

FLORIDA AIDS DRUG ASSISTANCE PROGRAM

September 10, 2015 Statewide Conference Call Minutes

10 AM – 11 AM

Counties Represented: Alachua, Baker, Bay, Bradford, Brevard, Broward, Charlotte, Collier, Desoto, Duval, Escambia, Hendry /Glades, Hillsborough, Jackson, Lake, Lee, Leon, Manatee, Marion, Martin, Miami-Dade, Monroe, Okaloosa, Palm Beach, Pasco, Pinellas, Polk, Putnam, Santa Rosa, St. Lucie, Sumter, Volusia.

ADAP Headquarters Participants: Jimmy Llaque, Steven Badura, James Easton, Joseph Cohen, David Kolar, Nneka Abara.

■ Interim State ADAP Director Jimmy Llaque

- Lorraine Wells has accepted the new position of Quality Manager / Planner in the Patient Care program; as many are aware by reason of the email sent by HIV / AIDS Section Administrator Marlene LaLota.
- In harmony with this transition, Jimmy Llaque is currently serving as the state ADAP Interim Director.

■ ADAP Premium Plus Administrative Review

- ADAP staff must be cognizant of insurance policy eligibility for wraparound assistance. ADAP Central Office staff reviews the insurance documentation of each eligible client. Assistance with deductibles, ADAP Formulary medication copayments and premium payments disbursed directly to employers or insurance carriers is granted according to the policy's adherence to the standards of the Health Resources and Services Administration (HRSA).
- The program has implemented an Administrative Review process, in an effort to verify that all assisted clients include formulary ARV prescription coverage within their insurance policy.
- As a strategy to decrease the volume of reviews and reduce the time used for completion, county ADAP staff is to assess the client's policy details and prescription benefit information. The pre-screening of each policy is vital, before the submission of an Admin Review request to ADAP Headquarters staff.
- Several insurance policies do not qualify for ADAP Premium Plus assistance. ADAP will not provide premium assistance towards the following plans:

Family Plans

Clients covered under family plans are ineligible for assistance; however, if each family member under the presented policy is HIV-positive and an enrolled ADAP client, an exception can be made to this precept.

Individual or Non-Sponsored Policies

Individual / Non-Sponsored policies are ineligible for assistance, as they are purchased outside of the ACA Marketplace and they are not employer-sponsored or COBRA plans.

ACA Marketplace Plans

ACA Marketplace Plans purchased independently by enrolled ADAP clients (who have not been pre-selected to transition to an ACA plan) are ineligible for assistance. To be considered, clients must meet the qualifications for ACA Marketplace aid through ADAP Premium Plus. Otherwise, ADAP will not offer assistance to independently purchased plans.

Medicare Supplemental Plans

Medicare Part F / Supplemental plans discontinued the provision of a prescription drug benefit in 2010—making these plans ineligible. Policies must provide a prescription drug benefit, covering the costs associated with ADAP Formulary medications.

If a policy lacks this attribute, ADAP cannot wraparound the plan. Medicare provides Prescription Drug Assistance through Medicare Part D. Eligible ADAP clients, covered under Medicare Part D plans, qualify for co-payment assistance on ADAP Formulary medications that are purchased through our Pharmacy Benefit Manger (PBM). In addition to this, Medicare Part D clients may qualify for share of cost assistance.

Health Savings Accounts

To qualify for assistance, clients must have depleted all funds within their Health Savings Account. For the purpose of verification, a copy of the most recent HSA account statement must be provided. If clients have not exhausted all funds within the account, the existing wherewithal can cover medication costs. HRSA regulation requires that Ryan White funded programs, such as Florida ADAP, remain the payer of last resort.

■ Admin Review continued

- A review of the client's policy information / explanation of benefits, along with the pre-screening questions will assist in determining if a request should be sent for Administrative Review.
- It is imperative that all policies receiving wraparound assistance are deemed cost-effective, as ADAP funding is limited and varies widely every year.
- Staff who are unfamiliar with the Administrative Review process are advised to register and attend the upcoming ADAP Programmatic Training sessions. The schedule for these trainings is included with this call's agenda, emailed by James Easton on September 8, 2015.

■ Enrolled ADAP Clients with Current 2015 ADAP-Approved ACA Plans

- All individuals covered under a Marketplace plan in 2015 are set to be automatically re-enrolled into the same plan, if a new one is not selected for the 2016 benefit year. However, certain Marketplace plans may no longer be available, while others may have changes in premium amounts or benefit structures.

Clients who are currently enrolled in ADAP approved plans must select a plan that is supported by ADAP, by December 15, 2015. The list of ADAP approved plans, for the 2016 benefit year, is not yet available. Staff should advise clients not to switch their plan, until the program has released the list of supported plans.

ADAP will only purchase the plans of eligible clients that are cost-effective, formulary compatible and are permitted to coordinate benefits with the ADAP Pharmacy Benefits Manger, which is currently CVS Caremark.

Due to the possible changes in insurance premium plan amounts and benefit structures for the year 2016, ADAP, in concurrence with community partners and insurance advisors, will review all available Marketplace plans for the 2016 year. Once the review process is complete, plans that the program will support will be selected.

- The central ADAP office will provide a list of insurance plans, by county, that will be supported for the 2016 benefit year.
- Additional information will be released preceding open enrollment, signifying what clients need to do, to ensure they are enrolled in supported plans.
- Premium tax credits impact the premium cost of plans purchased through the Marketplace. Client eligibility must be re-evaluated, as an individual's qualification may change from year to year.
- To reference these details, refer to the ADAP Program Update, emailed by Steven Badura on September 3, 2015.

■ What Do You Do When Checks Are Returned to Clients?

- When a premium payment, disbursed by the insurance carrier, is returned directly to the client, the check must then be sent to ADAP Headquarters.
- The package should be addressed as follows:

**FL DEPT OF HEALTH, BUREAU OF HIV / AIDS
ATTN: JOSEPH COHEN
4051 BALD CYPRESS WAY, BIN A09
TALLAHSSEE, FLORIDA 32399**

- Before the client leaves the presence of consultants, the client should be instructed to endorse the back of the check, in preparation for check deposit.

■ ADAP Clients Transitioning Into Medicare

- Florida ADAP currently holds an agreement with the Centers for Medicare & Medicaid Services (CMS). This enables a monthly matching process, to identify individuals who may be eligible for Medicare Part D coverage.
- Using current data provided through CMS, a list will be sent by county, displaying enrolled ADAP clients, who may be eligible for Medicare Part D. Upon obtaining these lists, county consultants are to research possible exceptions that challenge the validity of Medicare Part D eligibility. CVS Caremark may be utilized for medication, if the stipulations permit.
- ADAP staff is focused on implementing actions to improve the existing open enrollment process:
- ADAP Headquarters will select clients to transition into the Marketplace and provide a list of these clients by county.
- Local county health department staff is to notify and schedule clients for appointments to inform them on the transition.
- Clients will then be referred to Navigators to select an ADAP supported plan.
- Clients should be advised to wait for new policy information to be delivered in the mail, before providing new information to their CHD. This will prevent the

submission of the wrong policy information, which will cause a delay in premium payments.

■ ADAP Training Schedule

- The schedule for upcoming calls and trainings was included in the Conference Call email, sent by James Easton on September 8, 2015.
- Monthly ADAP Conference Calls will cover the most current issues / topics related to the program.
- Clients should be made aware of upcoming Client Insurance calls. These calls are for ADAP clients who are currently receiving insurance assistance and will include topics such as the 2016 Marketplace re-enrollment. It will also give an opportunity to discuss current plan coverage.
- ADAP Programmatic Trainings will fully cover the database application. This will be a two-day training. The first training will be for NEW ADAP staff who need access to the database. This will cover all the basics of ADAP and provide a walk-through of the database application. The trainings following will cover the updated policy manual.
- Marketplace Enrollment Trainings will consist of three sessions, covering different facets at each assembly. These trainings are mandatory, covering the 2016 Marketplace enrollment.
- Administrative Review Trainings will present the entire review process, using multiple scenarios. This will be a great opportunity to ask questions and find out why one of your submissions may have been rejected.
- The ADAP Training and Conference Call Calendar, provided via email, should be reviewed in preparation for all calls and trainings.
- ADAP Headquarters will be sending reminders and links for trainings as needed.

■ ADAP Database Updates

- The Marketplace Insurance Module is currently under revision, in an effort to produce an expedited process. This topic will be revisited in depth, during future meetings.

Please join us for our next statewide conference on October 22nd at 10am EST. If you have further questions, concerns or would like to offer ways that we may better assist you, please contact a member of the ADAP Headquarters staff.