

**FLORIDA AIDS DRUG ASSISTANCE PROGRAM**  
May 28, 2014 Statewide Conference Call Minutes  
10:00 AM – 12:00 NOON

**Counties Represented:** Alachua, Bay, Brevard, Broward, Citrus, Clay, Collier, Desoto, Escambia, Hendry/Glades, Hillsborough, Indian River, Lake, Leon, Marion, Miami-Dade, Monroe, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Polk, St. Lucie, Sumter, Volusia

**ADAP Headquarters Participants:** Steven Badura, Jimmy Llaque, Paul Mekeel, Eunice Sawaya, Nicholas Dudley, Cherrishe Brown, Dianne Williams-Cox, Sean Saint-Fort

## ■ MEDICAID MATCH

To ensure that ADAP is the payer of last resort and meets HRSA policy requirements, ADAP headquarters performs a monthly Medicaid match against client records in the database. Recently ADAP sent out a list of clients who were identified as being eligible for or having received Medicaid asking that you review the list and update a client's status.

- For clients in open status, ADAP is requesting that CHDs confirm that a client's Medicaid benefits warrants a waiver to stay in the program. If a person is receiving full Medicaid, please close them to the program and request that the client be back-billed for Medicaid through the Central Pharmacy website.
- If a person was closed to the program and was eligible to receive Medicaid during open status, request that the client be back-billed for Medicaid through the Central Pharmacy website. .
- HRSA policy 13-05 states that RW and ADAP must be the payer of last resort. Please visit their website for more information  
<http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1305premiumcostsharing.pdf>
  - By statute, RWHAP funds may not be used "for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.
  - Grantees and their contractors are expected to vigorously pursue enrollment in other relevant funding sources (e.g., Medicaid, CIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance).

## ■ Medically Needy Medicaid (Share of Cost)

The Medically Needy Program helps individuals and pregnant women who would qualify for Medicaid except for having income that is too high. Individuals enrolled in Medically Needy may have a monthly "share of cost", which is similar to an insurance deductible. The share of cost amount varies depending on the household's size and income and is calculated by the Modified Adjusted Gross Income (MAGI).

- If you have a client who has Share of Cost, call ADAP headquarters to access a specialty pharmacy, which should be able to assist with these claims.

For Medicaid determination call 866-762-2237 and they will tell you what aid a person is receiving.

## ■ ACA MARKETPLACE PILOT PROJECT UPDATE

To continue to maximize federal and state funding, ADAP identified clients whose medication costs to the program would be lowered by enrollment into a Marketplace insurance plan. The primary role of ADAP is to provide medications and must purchase plans that mirror the formulary due to HRSA regulations.

- To meet grant requirement, clients were chosen by the following criteria:
  - between 100% - 400% of the Federal Poverty Level (FPL);
  - Clients with Pre-existing Condition Insurance Plans (PCIP).
  - Clients who lost their insurance during the roll-out of insurance plans
  - Clients with inadequate prescription insurance coverage
  - Clients with COBRA
  - Clients who have high-cost premium (\$750+ per month)
  - Uninsured clients whose costs to the program are > \$20,000 annually

ADAP shared information with the federal partners and stated that the program would only wraparound for this select group. The AIDS Institute identified silver plans which offered a lower cost to the program than to pay for medications. George Dowden reviewed all the plans that would meet requirements for ADAP: formulary completion; having drug deductibles; cover combination drugs; looking at prior authorization; and if there was a provider in the network.

Plans were selected for each participating county and not for the entire state.

- How were counties selected?
  - 12 counties were selected as they had the infrastructure in place and served a majority of the program's clients in addition to having experience with the marketplace.
  - Of the original 900 clients who were selected, 750 were verified as eligible.
  - A list was sent out to CHD for review to see if a person had insurance or uninsured, to coordinate with local CBOs for enrollment.
  - Of the 750 eligible client, 59 were enrolled into the Health Marketplace. Not all who were identified were able to transition due to various factors after screening.
  - March 31st was the end of the enrollment period.
- A SWAT analysis was used to review the pilot rollout to identify problems, gather suggestions, identify what worked and what did not. It also identified challenges, infrastructure, payment methods and the need of educating clients.

Clients that were enrolled are identified in the ADAP database as an ADAP Premium Plus Insurance program client with the waiver reason 'Marketplace'.

## ■ THE NOVEMBER 2014 OPEN ENROLLMENT AND WORKGROUPS

In anticipation of the next Marketplace open enrollment period, the ADAP program continues to move forward and has developed planning workgroups to write guidelines and implement structure to assist in enrollment. There are four workgroups:

- BUDGET WORKGROUP: This group will look at funding available to cover the costs of those targeted for enrollment into insurance plans.
  - It was recommended that the 100% to 250% FPL population be targeted first – this may change with a final notice being sent out.
  - *Participating on the workgroup are:* Shirley Boughton, David Brakebill, Enid Devine, Floyd Egner, Chris English, Karen Klubertanz, Barbara Kubilus, Alelia Munroe, Joey Wynn. *Facilitator:* Lorraine Wells
  
- COMMUNICATION WORKGROUP: This group will develop communication pieces that will answer questions that arose from the pilot project and pertain to the next enrollment. The CAPSULE will be the main communication method to deliver any topics and information to clients and ADAP staff.
  - The first CAPSULE “ADAP’s Primary Role” is being printed, with the 2<sup>nd</sup> CAPSULE “fees and penalties” being drafted.
  - Please send topics that you would like to have covered to Sean Saint-Fort or Steven Badura at ADAP headquarters.
  - *Participating on the workgroup are:* Lisa Agate, Joseph Bowles, Bobby Davis, Mitchell Durant, Ronald Henderson, Demarcus Holden, Sylvia Hubbard, Karen Jaeger, Sharon Murphy, Sebrenah Phillips, Max Wilson. *Facilitators:* Steven Badura, Paul Mekeel and Dianne Williams-Cox,
  
- TRAINING AND EDUCATION WORKGROUP: The group will develop the information and training needed for those involved with the insurance enrollment processes.
  - Provide an overview of ACA and marketplace.
  - Role specific training will be developed.
  - Advanced training will cover the vast amount of information to address issues and parameters that will affect clients and providers.
  - *Participating on the workgroup are:* Nadia Barreto-Najarro, Jeffrey Beal, Clifton Eserman, Rebecca Garcia, Steve Hoke, Joe May, Sean McIntosh, Kim Saisnick, Mary Elizabeth Swanson, Shelley Taylor-Donahue, Melissa Walton. *Facilitators:* Cherrishe Brown and Nicholas Dudley
  
- ENROLLMENT AND TRANSITION WORKGROUP: The group is developing information that will translate for a smooth enrollment.
  - Will work with the other workgroups to develop information and assemble an informational packet for all involved.
  - *Participating on the workgroup are:* Cynthia Albert, Laverne Bell, Geff Downie, Patrick Forand, Tonicia Freeman-Foster, Yul Knighten, Kyle Lidge, Ann Mercer, Donna Sabatino. *Facilitators:* Jimmy Llaque and Eunice Sawaya

- Open invitation to participate on a workgroup: we are looking to add four more persons for each workgroup – limit of 12 on a workgroup. Please consider being a part of this. You must be committed and engaged, one who will help drive the process. If you do not participate on scheduled calls three times, you will be dropped.

## ■ **COBRA CLIENTS AND INSURANCE ENROLLMENT**

If a client's COBRA coverage is ending outside the Open Enrollment period, they qualify for a special enrollment period. This means they can enroll in a private health plan through the Marketplace. They may qualify for tax credits that can lower monthly premiums depending on household size and income. The Marketplace allows for enrollment as a qualifying event when COBRA ends or during open enrollment period.

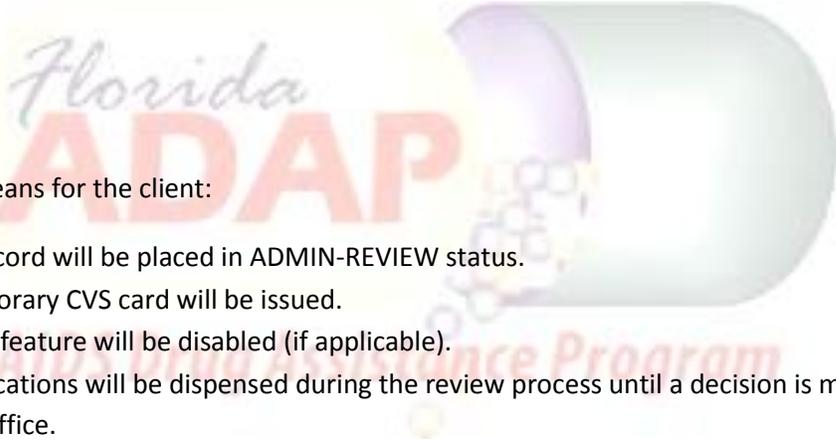
- Persons are able to get coverage for 18 months thru COBRA.
- ADAP is looking at end dates of those with COBRA, since a client has 60 days to enroll. Health Council of South Florida (HCSF) will send out letters to AIDS Insurance Continuation Program (AICP) clients whose COBRA will be ending to enroll in an ADAP approved plan.
- You may contact HCSF thru your local CBO to learn about assistance with AICP for enrollment plans and screening of insurance plans for any COBRA clients.

## ■ **SCREENING OF UNAFFORDABLE COPAYS WAIVER CLIENTS**

FL ADAP has implemented a change to the database that may affect ADAP clients with an Unaffordable Copay waiver reason. To ensure that new and returning clients are properly screened, placed in the correct waiver reason and can access their medications, the ADMIN-REVIEW feature will now be activated when the Unaffordable Co-pays and/or Deductibles waiver reason is selected.

ADAP Staff that are enrolling or recertifying clients who qualify for assistance with unaffordable copays or deductibles associated with approved insurance plans and who may pick up at CVS, should select the Insurance Waiver Reason "C. – Unaffordable Copays and/or Deductibles." Staff must then submit the client's current regimen and the Summary of Benefits to the ADAP office for review. Failure to do so or any efforts to circumvent the Administrative Review Process may result in unnecessary delay for clients.

- For current ADAP clients who have the Unaffordable Co-pays and/or Deductibles waiver reason :
  - Nothing will change until they come in for their six month recertification.
  - When you reenroll / recertify these clients, a message from the webpage will pop up 'Email has been sent to HIV/ADAP HQ team for approval'.
  - Click OK.
  - This will place the client record in ADMIN-REVIEW status on the registration page.
  - Submit the following documentation for review to your county consultant:
    - Summary of Benefits showing documentation of HIV medication costs and plan coverage.
    - Indicate the type of insurance: Employer sponsored, individual or private plan.



What this means for the client:

- Client record will be placed in ADMIN-REVIEW status.
  - No temporary CVS card will be issued.
  - The PDA feature will be disabled (if applicable).
  - No medications will be dispensed during the review process until a decision is made by ADAP central office.
  - Once documents have been reviewed and client is approved by ADAP headquarters, the client record will be placed in OPEN status.
- **NOTE: please allow five working days for approval and schedule appointments to accommodate this timeline.**
- If a client will run out of medications before the approval process is complete, please access Part A or Part B locally to cover any medications needed.

#### **■ PLACING CLIENTS IN THE CORRECT INSURANCE WAIVER REASONS**

During periodic reviews of “Insurance Waiver Reason” data, records indicate that some ADAP staff members are not choosing the appropriate waiver reason for ADAP clients. Choosing the correct Insurance Waiver Reason and entering matching insurance policy information in the Insurance Module is important because if these two do not match, the database will prevent the client from being listed in the file sent to CVS and the client will be unable to pick up medications.

- Please insure that clients are placed in the correct waiver reason in the ADAP database as it may also present financial consequences to a client.
  - If a client has Medicare Part D, then TrOOP will not be applied.
  - Waiver reasons selected determine that the correct temporary and permanent CVS card is created for medication pick up.