

FLORIDA AIDS DRUG ASSISTANCE PROGRAM
November 21, 2013 Statewide Conference Call Minutes
10:00 AM – 12 NOON

Counties Represented: Alachua, Bay, Bradford, Broward, Charlotte, Collier, Duval, Escambia, Flagler, Hendry/Glades, Hillsborough, Indian River, Lafayette, Lake, Lee, Leon, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Palm Beach, Pasco, Pinellas, St. Johns, Volusia

ADAP Headquarters Participants: Steven Badura, Jimmy Llaque, Paul Mekeel, Ashok Rajendran, Eunice Sawaya, Sean-Steven Saint-Fort, Stoney Anderson

REVIEW OF ADAP DATABASE ENHANCEMENTS

LOG MISSING DRUG PICKUPS

- What does this screen enable you to do?
 - When drug pickups are not captured in the database, this feature will allow staff to manually enter pickup dates.
 - This will be used for insurance clients only, whose pick-ups from a CVS or CVS mail order have not been captured in the client's record. When a claim is not adjudicated due to ADAP not being a secondary payer a pick-up is not recorded.
 - This screen should not be confused with the log drug pick-up page for uninsured clients who receive medications through Central Pharmacy.
 - If you have a client on a drug study, you may enter that information under the 'other' drop down selection and type in the information.
 - For migrant workers who pick up from CVS, an override needs to be requested from CVS corporate as well as the primary insurance (if needed).
 - If a client does close-out in the system, you will need to fill out the exception form that automatically pops-up.

Populating the 'Log Missing Drug Pickup' screen

- You may use this feature when a client has provided documented proof of picking up (as when picking up from CVS and is not getting recorded in the client's record). This will prevent the client's record to being closed due to '2+ Months No Drug Pick-up'.

Steps to enter data into "Log Missing Pick-up" table:

1. Under the EDIT section of a client's detail page, click the "Log Missing Pick-ups" tab
2. Select the ADAP fiscal YEAR in the first drop down list.
3. Type the SSN of the client whose pick-up information that you are trying to enter, and then click "Search". It will populate the client's first and last name.
4. Select pick-up month that is missing,
 - a. Example: If the pick-up was for the month of May, Check the box for May.
5. Enter the "Actual Pick-up Date" on the next field.

6. 'Expected Date of Pickup' field is for the next date the client is expected to pick-up.
7. Select "Type of Pick". Example: CVS or CVS Mail Order, etc.
8. Select your county under "County of Pickup".
9. Click 'SAVE" button.

This information will prevent the client's name to appear on the 30 days Closure report and the client record will not close after 90 days.

■ INSURANCE MODULE

Clients With Insurance

Insurance Type

- Once you have selected the insurance waiver reason on the registration page, select "Go to Insurance Module" to enter the data for a client's private insurance. The "Check Boxes" have modified to help select the correct type of insurance.
 - Check the box "AICP/PI – (Private Insurance) when you are enrolling or re-enrolling an AICP client.
 - Check the box "Unaffordable Copay (Not AICP)" if you have selected "Unaffordable Copays / Deductibles" as the Insurance Waiver reason on the registration page.

What type of help is needed?

- Selecting the type of insurance assistance needed:
There are 3 options in the drop down list for you to select:
 - **Premium:** for those clients who do not need assistance with medications and / or need co-pay assistance. NOTE: *If you select this option, the temporary CVS card will not be generated.*
 - **Copay and deductible:** Not applicable for AICP clients, as all AICP clients receive premium assistance. This would be for Medicare Part D clients, since ADAP does not pay for Medicare Part D premiums. NOTE: *If you select this option, the temporary CVS card will be generated.*
 - **Premium, copay and deductible:** for the majority of AICP clients. If a client does not know what type of assistance they currently receive, check with their case manager or Health Council of South Florida. ADAP is requesting that the 'type of assistance' be noted on the core eligibility letter and/or the AICP enrollment form. NOTE: *If you select this option, the temporary CVS card will be generated.*
- End dates for coverage: If the insurance card does not indicate an end date, you may enter 10 years from now or 2099. You must put a date in for the information to save correctly. The database does not link to the end date so it does not matter what date is used.
- **Make sure you click the save button!** You can view the insurance information entered at the bottom and also edit it if needed – this shows that it has been saved.
- For Medicare Part D clients:
 - When you select Medicare Part D, you do not have the option of selecting the type of assistance needed.

Is client receiving assistance with prescription copays and deductibles?

- This is a Yes or No question.
- Select "Yes", if the client is getting assistance through the local CBO and HCSF for copays/deductibles.
- Select "No", if the client is getting assistance with any other local program for copays/deductibles.
- Type the program name where the client is getting assistance in the text field.
- Please do not forget to SAVE once you have entered all the data.
- Once saved, you will be seeing a grid at the bottom showing all the data that you entered.
- Close the window and continue the enrollment process.

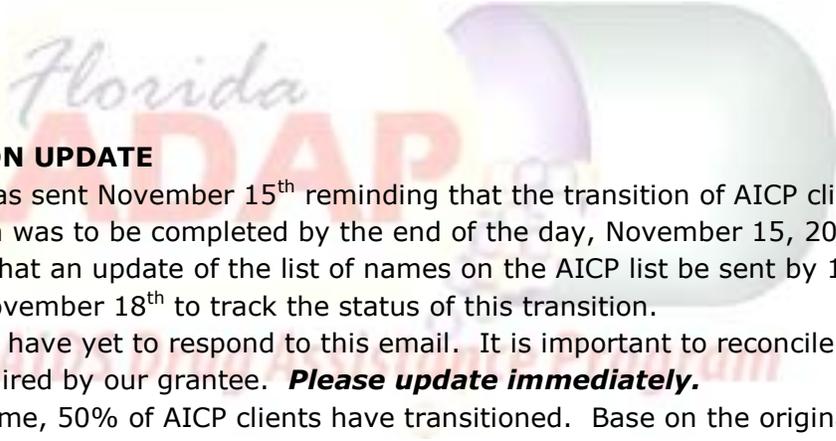
Note: Both 'Yes' or 'No' questions will appear only when the 'AICP/PI- Private Insurance' box is selected, not for the other insurance categories.

INSURANCES THAT DO NOT HAVE CVS IN THEIR NETWORK

- If an insurance client has coverage through a company that does not have CVS as part of their pharmacy network, a client should request a permanent override, allowing them to pick-up at CVS. Once an override is approved, the client may pick up at CVS.
- The override will need to be requested by the client; case management may help if needed. You will need the consent of the client and for them to be present when talking to the insurance companies. You can relay the information that this is a government assistance plan provided thru a specialty pharmacy filled by CVS to cover copays and deductibles.
- If no override is approved, call ADAP headquarters for assistance in contacting HCSF to continue to assist with payments for premiums.
- Select 'Premium' only in the insurance module.
- If a client's primary insurance is covering the full cost of meds with co-pays and deductibles, they may continue to pick-up at their own pharmacy.
- If an AICP client is paying for co-pays themselves they must still enroll in ADAP for reporting purposes.

Temporary CVS Cards Are Now Generated Automatically

- When you enroll an insurance client, the CVS card is automatically generated. If the card does not 'pop up' at the end of enrollment, go under 'Reports' and you will find it listed there. This allows you to print the temporary card for the client.
- If the card is not available: For AICP clients: confirm that you entered the type of assistance needed in the insurance module. If premium only is selected, no card will be made available. Select Premiums, Copays and Deductibles for card to be generated.
- If the client already has a card, they may continue to use that card, as the information will not change.
- The permanent card will be sent to the county at a later date.



■ AICP TRANSITION UPDATE

- An email was sent November 15th reminding that the transition of AICP clients into ADAP which was to be completed by the end of the day, November 15, 2013. It also requested that an update of the list of names on the AICP list be sent by 1:00 pm Monday, November 18th to track the status of this transition.
- 17 counties have yet to respond to this email. It is important to reconcile the AICP list, as required by our grantee. **Please update immediately.**
- As of this time, 50% of AICP clients have transitioned. Base on the original list 1092 have enrolled, from 1900+ from HCSF.
- The lists will be reconciled with the original list with HCSF and will be matched with the ADAP system to see who has enrolled.
- AICP clients can continue to enroll in ADAP after Nov. 15th, ADAP is not closed.
- Work with the local CBO to coordinate contacting the outstanding clients to schedule appointments for enrollment.
- A cut-off date will be determined once a final list is compiled. Clients will be notified of the date after working with the local CBOs to identify and contact them for transition.
- ADAP wants to eliminate any barriers to servicing these clients. We are aligning policy to reflect challenges and any changes that need to be addressed. If a client does not have all the documentation, call the case manager for assistance.
- PCIP clients (pilot program): On December 31, 2013 PCIP client's insurance will expire. ADAP will coordinate with Monroe and Alachua counties to transition PCIP clients to be serviced by central pharmacy. Letters will be going out to clients alerting them of the change. ADAP will also coordinate with PCIP to see about other insurance options. If they can afford their own premiums, but need assistance with co-pays, they can go to another insurance program and then will be placed under the 'unaffordable copays and deductibles' waiver.

■ MEDICAID MATCH & BACK BILLING

- As a reminder, ADAP is the payer of last resort. If service is provided for a Medicaid eligible client, ADAP must back-bill for those months.
- Check with FMMS to see if a client is Medicaid eligible, then go ahead and submit the information to Douglass Woodlief at central pharmacy to initiate back-billing process of those identified. Write your findings in the notes section in the database and close the record.
- HRSA requires ADAP to remain the payer of last resort for all of its clients (Please see HRSA Policy Clarification Notice (PCN) #13-01). Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671 (i) of the Public Health Service Act state that 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 must assure that sub-grantees make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their sub-grantees are expected to vigorously pursue Medicaid enrollment for individuals who are likely eligible for coverage, to seek payment from Medicaid when they provide a Medicaid-covered service for Medicaid beneficiaries, and to back-bill Medicaid for RWHAP-funded services provided for all Medicaid-eligible clients upon determination. This is a continuation of current program policy.
 - However, once an individual is enrolled in Medicaid, RWHAP funds may be used to pay

for any medically necessary services which Medicaid does not cover or where Medicaid coverage is limited in scope.

- Most Medicaid eligible applicants are not eligible for ADAP. However, there are a few instances when a Medicaid recipient may be eligible to receive services from ADAP. ADAP Policy, Section VIII addresses clients with Medicaid who may receive ADAP services:
 - A client's Medicaid coverage does not provide prescription medications.
 - A client's Medicaid plan only provides full benefits if the cost of treatment (including medications) exceeds the share-of-cost amount. The Medicaid approval/denial for a "share of cost" client is determined on a monthly basis. To qualify for this waiver, a client's medication costs must be less than their Medicaid Share-of-Cost.
- Florida ADAP will perform a match with Medicaid, and back-bill Medicaid for Medicaid eligible clients.
 - The program recognizes that Medicaid may determine retroactively.
 - The initial match was completed on September 20 of this year.
 - The Program Central Office anticipates automating this process, and performing the match on a monthly basis.
- The Central Pharmacy and the ADAP office will be issuing a Program Letter to provide guidance on back-billing for Medicaid-covered services provided to ADAP clients. Counties may contact Douglas Woodlief at Central Pharmacy at 850-922-9036.

- When Tivicay is not covered on the formulary of a Part D client who is dual eligible for Medicare and Medicaid, ADAP is not able to cover that drug. The individual will need to be assisted with Patient Assistance Program (PAP) coverage if possible. ADAP must be payer of last resort. Any special situations will need to be trouble shoot thru ADAP headquarters.
- Since Tivicay has just been approved, at beginning of covered year, Medicare must cover this drug. Law states that all Medicare Part D now cover all ARVs.

PRINTING A PDA BEFORE ORDERING MEDICATIONS FOR UNINSURED CLIENTS

- As a reminder for all uninsured clients who pick up locally:
Section Five, page 1 of the ADAP Policy Manual states: The ADAP Database is the authorizing agent for all medication dispensing; ALL County Health Departments must print out a Prescription Dispensing Authorization (PDA) form BEFORE requesting medications from the Central Pharmacy or requesting that medications be dispensed from the local county health department pharmacy.
- Scenarios of when a PDA may be outstanding:
 - A client's record is grayed out.
 - Cannot log a pick up due to a prescription that has expired before the client picked up.
- If a PDA is printed and no medications are picked up, go under 'Edit' in the client's file, select 'Edit PDA' select the medications listed, then select 'Remove'. Select a reason and then type in the justification.

Thank you for attending the ADAP statewide call. ADAP headquarters wish you a blessed and happy Thanksgiving.