

**FLORIDA AIDS DRUG ASSISTANCE PROGRAM**  
December 19, 2014 Statewide Conference Call Minutes  
10:00 AM – 11:10 AM

**Counties Represented:** No roll call was taken

**ADAP Headquarters Participants:** Steven Badura, Jimmy Llaque, Paul Mekeel, Cherrishe Brown, Joseph Cohen

Thank you to all of you for your hard work in transitioning clients into marketplace plans. There have been a number of counties who have worked overtime on behalf of ADAP clients and many rescheduling appointments to assist clients in the transition process. We acknowledge and truly appreciate all the sacrifices in time that you have made.

Marketplace open enrollment started November 15th which places us at one month into the process of transitioning eligible clients into the marketplace. 4045 clients were identified for the transition with approximately 1095 contacted and over 950 agreeing to the transition.

With marketplace open enrollment currently underway, the purpose of this call today, is to go over the process of premium payments being made as well as guidance on selected ADAP clients currently being served through the AIDS Insurance Continuation Program.

## **MARKETPLACE PLAN PAYMENTS**

### **Verification Screen:**

It is imperative that all fields on the verification screen be completed.

**Required data Fields:** (In order for the provider to execute client payments the following information is needed:

- Social Security Number
- Clients first and last name
- Date of Birth
- Insurance Plan Name
- Policy Number
- Initial Insurance Premium Amount – This information should be in the documentation clients bring back to the CHD. If not, staff will need to obtain the clients Healthcare.gov login information (Username and Password) to obtain their initial premium payment amount.
- Subsequent premium payment amounts - will need to be obtained from the client. The client will receive this information by email or by mail. The client should know what contact information they provided the Navigator during enrollment.
- Insurance Carrier Address

**Usernames and Passwords: For Healthcare.gov and Insurance Carriers** (Florida Blue, Molina, United Healthcare)

The client should have login credentials for both the Healthcare.gov website and the Insurance carriers website to access their information. The client will only be able to

establish login credentials for the insurance carrier after the initial premium payment has been made.

**Payment Confirmation:**

Client premium payment confirmation will be based on the method of payment. The more information we are able to obtain from the client determines how the provider executes payment. If we are able to obtain the clients username and password for the initial payment and subsequent payments, the provider is able to confirm payment within approximately 48 hours. If the provider makes premium payments by check, confirmation of payment will be approximately 5 to 15 business days.

**Payment Challenges:**

Obtaining the clients Healthcare.gov and Insurance Carrier Login Credentials  
If paying by check, knowing exactly what information will need to go on the check to execute premium payment and also knowing what supporting documentation will need to accompany checks (example: Molina).

**AICP MATRIX**

In addition to the uninsured ADAP clients identified for transition into the marketplace, there are ADAP clients currently being served through the AIDS Insurance Continuation Program (AICP) who were identified for transition as well.

Letters were sent informing them of the transition and instructions to contact ADAP staff at their local county health department to set up an appointment.

The following guidance was a culmination of a number of phone calls with HAPCs and Part A's. The categories of clients targeted for transition into the Marketplace are outlined in the following guidance.

## STREAMLINING AND TRANSITIONING ADAP/AICP CLIENTS (Interim Guidance)



CATEGORIES	FPL RANGE	POLICY CONSIDERATION
<b>COBRA (Existing Clients)</b>	0-99%	AICP coverage of COBRA until COBRA policy period ends. When the COBRA policy terminates, client is served through the ADAP <u>uninsured</u> program.
	100% - 249%	Client transitions into an ADAP supported Marketplace plan if it is more cost-effective than the COBRA policy.
	250% - 400%	AICP coverage of COBRA until COBRA policy period ends. When the COBRA policy terminates, client is served through the ADAP <u>uninsured</u> program.
<b>COBRA (Existing Clients)</b>  COBRA Policy terminates on December 31, 2014	0-99%	AICP coverage of COBRA until COBRA policy period ends on December 31, 2014. When the COBRA policy period terminates, client is served through the ADAP <u>uninsured</u> program.
	100% - 249%	Client transitions to an ADAP supported Marketplace plan by December 15, 2014. If the deadline is passed, enroll by January 15, 2015 and assist locally with needed medications through Part B resources and/or Part A if assistance is available.
	250% - 400%	AICP coverage of COBRA until COBRA policy period ends on December 31, 2014. When the COBRA policy terminates, client is served through the ADAP <u>uninsured</u> program.
<b>NEW CLIENTS WITH COBRA</b> <u>Evaluation:</u> AICP will assess for cost-effectiveness	0-99%	AICP will assess for cost-effectiveness of the COBRA policy to determine if immediate ADAP un-insured coverage is needed or continue COBRA plan until it terminates. Once the plan terminates client transitions to ADAP <u>uninsured</u> .
<u>Evaluation:</u> AICP will assess for cost-effectiveness	100% - 249%	<u>During Marketplace Open Enrollment:</u> If eligible, a client in this range will transition to an ADAP supported Marketplace plan.  <u>Outside of the Marketplace Open Enrollment:</u> AICP will assess for cost-effectiveness of the COBRA policy to determine if immediate ADAP <u>uninsured</u> coverage is needed or continue COBRA plan until "qualifying event" (this is when the plan terminates)" or next open enrollment—whichever comes first.

## STREAMLINING AND TRANSITIONING ADAP/AICP CLIENTS (Interim Guidance)



<b>Evaluation:</b> AICP will assess for cost-effectiveness	250% - 400%	AICP will assess for cost-effectiveness of the COBRA policy to determine if immediate ADAP <u>uninsured</u> coverage is needed or continue COBRA plan until it terminates. Once the plan terminates client transitions to ADAP <u>uninsured</u> .
<b>MP PILOT PROJECT CLIENTS (DEC. 15<sup>TH</sup> DEADLINE)</b>	All FPL Total 59 clients statewide	Client transitions to an ADAP supported Marketplace plan by December 15, 2014. If the deadline is passed, enroll by January 15, 2015 and assist with needed January medications through Part B or Part A resources.
<b>INDIVIDUAL PLANS</b>	0-99%	AICP will continue coverage of the individual plan until policy period terminates. When the policy terminates, client is served through the ADAP <u>uninsured</u> program.
	100% - 249%	Client transitions to an ADAP supported Marketplace plan by December 15, 2014. If the deadline is passed, enroll by January 15, 2015 and assist locally with needed medications through Part B resources and/or Part A if assistance is available. If clients are not enrolled by February 15, 2015, clients will be served through the ADAP <u>uninsured</u> program upon expiration of the individual plan coverage.
	250% - 400%	AICP will continue coverage of the individual plan until policy period terminates. When the policy terminates, client is served through the ADAP <u>uninsured</u> program.
<b>EMPLOYER SPONSORED</b>	All FPL	AICP will assess for viability and wrap-around assistance of the employer-sponsored policy for each client to determine whether to serve through the AICP or have client apply for hardship to obtain a viable insurance option.
<b>OVER \$750 MONTH (Inclusive of all categories)</b>		AICP to evaluate and provide policy specific information. ADAP Central Office will review the information for a decision.
<b>SUPPLEMENTAL PLANS</b>		<b>Will not be covered through ADAP/AICP after March 31, 2015</b>