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THIS MONTH IN HISTORY

On January 4, 2010, the Department of Health & Human Services enacted a rule removing HIV from the list of inadmissible infections and removing HIV testing from required medical examinations. This action ended a 22 year ban on PWH traveling & emigrating to the United States.

Part B Network Meeting

January 25, 2022



Heart of Florida United Way



Welcome!

***Please drop your name, role,
and agency in the chat 😊***

Yasmin Andre, Director

Doris Huff, Planning & Evaluation Coord.

Vera Smith, Accountant

Mika Mendoza, Clinical Quality Manager

Whitney Marshall, PCS Manager



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Agenda

1. Planning Council Updates
2. Ryan White Updates
 - a. HIV Needs Survey
 - b. ADAP Verification & Enrollment form
 - c. Delta Dental
 - d. Mental Health
 - e. 366-Day Eligibility & Reciprocity
 - f. DH3203
 - g. OSA QM Technical Workgroup
3. Medicaid Unwinding Announcement
4. Knowledge Building: Medication Assistance
5. Evaluation
6. Provider Announcements

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Central Florida HIV Planning Council

Whitney Marshall



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World AIDS Day **Unsung Hero Awards**



Orlando EMA Recipient:
Scott Bowles
EIS at Hope & Help

Orlando EMA Nominee:
Annai Centola
NMCM/RS at Hope & Help



Brevard County Recipient:
Colleen Cunningham
Adherence & Outreach Coordinator
at Unconditional Love (CHC)

Upcoming Events

RW Community Meeting

CENTRAL FLORIDA HIV PLANING COUNCIL

Ryan White Community Meeting

Ida Starks
Patient Care Consumer
Representative



Co-Chair

Andre Antenor
Consumer Prevention
Representative



Co-Chair

**TUESDAY
FEBRUARY 14, 2023
6:00 PM**

SPEAKERS:

- Renee Little
Senior Human Services Analyst
- Suzette McLeod
Senior Human Services Analyst

Topic:
ADAP
AIDS Drug
Assistance
Program

lyft
For transportation
contact PCS at
(407) 429-2116

Heart of Florida United Way
1940 Cannery Way
Orlando, FL 32804
centralfloridahivpc.com

Heart of Florida
United Way is a
smoke-free facility.
No smoking allowed
on property.

**Tuesday February 14, 2023
from 6:00 PM to 8:00 PM**

1940 Cannery Way, Orlando, FL 32804

Topic: AIDS Drug Assistance Program

**Transportation available
by calling (407) 429-2116**

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Ryan White Updates

Mika Mendoza, Doris Huff, and Yasmin Andre



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RW Update

HIV Needs Survey Extended

<https://survey.zohopublic.com/zs/GBCs5k>


Florida Comprehensive Planning Network (FCPN) has voted to extend the HIV Care Needs Survey deadline until March 31, 2023 due to the impact of Hurricane Ian on Florida's West coast.

**Please share this survey link with your clients.
Paper surveys are no longer being accepted.**



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BREVARD COUNTY ADAP REFERRAL and ENROLLMENT VERIFICATION FORM
FAX TO: 321-690-3286



Please include this form with client referral/NOE to expedite ADAP enrollment.

REFERRAL TO ADAP DATE: ___/___/___

HIV Case Manager: _____

FAX #: _____

Required for assisting ADAP, Brevard in pulling information and documentation from CAREWare.

Client Name: _____
(exactly as entered in CAREWare)

Birth Date: ___/___/___ Current Gender: (circle) M F T Birth Gender: (circle) M F

Telephone Number(s): _____

Preferred Language: (please check) ___English ___Spanish ___Other _____

HIV Diagnosis Date: ___/___/___

For ADAP Staff Completion

ADAP QUALIFIED
Individual Qualified for ADAP Program Enrollment Date: ___/___/___

ADAP NON-QUALIFIED
Individual is not qualified for ADAP Program Enrollment Date: ___/___/___

Based on the information provided, the above individual is not eligible for ADAP dispense enrollment. This individual is non-qualified because of the following:

___ Individual has a private individual insurance policy that covers medications.
Individual insurance in non-Marketplace coverage that individuals purchase for themselves or Marketplace plan not ADAP supported. Individual plans are those plans that are NOT sponsored by an employer or the government.

___ Individual has a Medicare Prescription Plan and is below 150% of FPL. *Proof of denial for LIS or partial LIS needs to be presented to ADAP for further review of eligibility.*

___ Individual is not the sole beneficiary of currently held health insurance policy. *Other beneficiary is not ADAP-enrolled/qualified*

___ Other reason: _____

*Reapplication for ADAP is encouraged if there are any changes to this status.
Please be advised that all information provided will be verified for accuracy.*

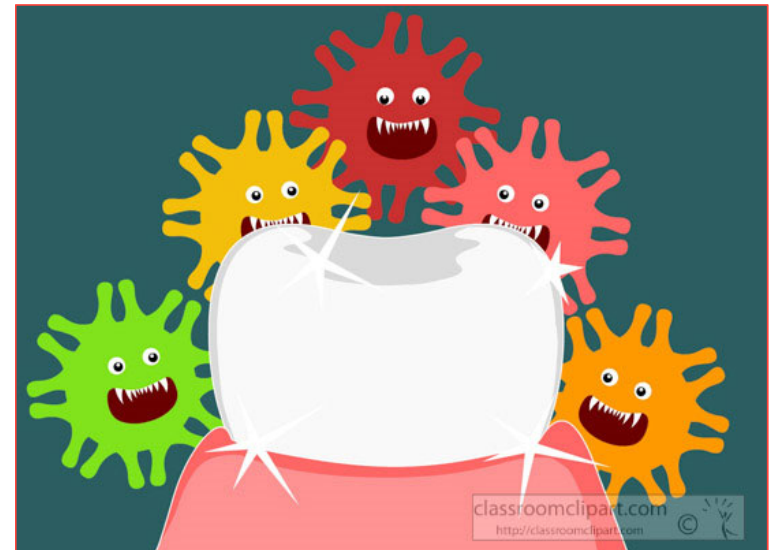
01/2023

Brevard County ADAP Referral and Enrollment Verification Form

1. Form must be completed by case managers and sent to ADAP in order to refer clients
 2. ADAP will return the form to the case manager with the bottom portion filled out
 3. Case manager must scan the form into CAREWare > Attachments once received
- This form will be reviewed when processing & approving medication assistance requests for clients
 - Clients who are requesting assistance for ADAP formulary medications must have documented reason for not accessing ADAP

Delta Dental Enrollment

- There is currently **NO** waitlist for enrollment
- Jan 1, 2023 restarts the annual maximum
- Any services that exceed the total \$1,500 must be pre-approved through a Cap-Max-Exceed request
- Remind clients to complete their preventive care every six months to avoid being disenrolled from dental insurance





RW Reminder

Mental Health Services

- Uninsured clients must have a documented referral with date of referral scanned into CAREWare
 - Initial referral: limited to 15 units (1 unit = 1 visit)
- After 15 visits, BWCA must consult with the case manager to request the second referral. This contact must be documented in case manager's case notes and in BWCA's medical records
 - Second referral: limited to 11 visits
- Maximum 26 visits per year
- Insured clients must access mental health providers that are in-network. HFUW can cover co-pays for mental health appointments.

Coding Services

Medical Case Management

Use the appropriate MCM## codes for non-eligibility tasks performed for all level 2 clients. If specific task is not on the list, please use:

- MCM03 – F2F Service Coordination / Referral
- MCM53 – Non F2F Service Coordination / Referral

Non-Medical Case Management

Use the appropriate CM### codes for tasks relating to eligibility assessments for all clients, e.g.:

- Completing eligibility
- Reminder calls to schedule eligibility appointment
- Rescheduling appointments if client does not have documents

Referral Specialist

Use the appropriate REF## codes for non-eligibility tasks performed for all level 1 clients. If specific task is not on listed, please use:

- REF99 – Referral Service Unspecified (specify task in comments)

For referrals to Peer Support:

- REF11 – Psychosocial Support Referral

For referrals to Medical CM:

- REF12 – Treatment Adherence Referral



RW Check-In

Reciprocity & One-Year Eligibility



RW Check-In

Auth. to Disclose for EC/External Use



Opportunity for Client Involvement **OSA CQM Technical Workgroup**

WE NEED YOU!

The Orlando Service Area
Quality Management Workgroup

Working for Brevard, Lake, Orange, Osceola, and Seminole Counties

needs
YOUR voice
YOUR opinion
YOUR experiences

to help us improve the quality of our programs and continue to meet your needs!

Meetings held QUARTERLY

Reviewing health outcomes and data to improve agency processes & client experience

Contact Yasmin Andre at yasmin.andre@hfuw.org to learn how to get involved

- The Orlando Service Area Clinical Quality Management Technical Workgroup is looking for two PWH to join as members
- PWH do not have to be clients
- PWH do not have to be unaligned
- Flyer on Resource Hub

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Medicaid Unwinding

Yasmin Andre



Heart of Florida United Way



Medicaid Unwinding

Important Announcement

- A new law passed in December 2022 is removing the "continuous coverage requirement" for Florida Medicaid enrollees.
 - Official end date is March 31, 2023
 - A process called "Medicaid unwinding" will begin at that time
- **States that choose to begin the process in February can start disenrolling people from Medicaid as soon as April 1, 2023.**
- **It's critical that individuals contacted by their Medicaid program follow up and provide any information requested.**
- If a person does not (or cannot) respond to requests for information, they risk being disenrolled from Medicaid, regardless of their eligibility.



Medicaid Unwinding

How Can We Help

1. Reach out to your Medicaid clients now, and make sure they confirm their current contact information with the Medicaid office. This will ensure they receive all communication from the Medicaid office moving forward.
2. Make sure your clients know to contact you right away if they get information from Medicaid, so you can help them interpret and respond.
3. You can help clients understand why this information is important, how it will be used, and how it will not be used.



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Knowledge-Building

Medication Assistance through Ryan White

Yasmin Andre & Mika Mendoza



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Medication Assistance

Overview

- Multiple points of access:
 - ADAP
 - AIDS Pharmaceutical Assistance (Local) service category
 - Part B Health Insurance service category
 - Emergency Financial Assistance (EFA) service category
- Refer to the appropriate formulary – either ADAP, LPAP, or insurance plan summary of benefits
- Payer of last resort principle always applies

Medication Assistance **Formularies**

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list. (healthcare.gov)

- Formularies limit what medications can be billed under Ryan White services and private insurance
- ADAP, LPAP, Medicare Part D plans, and Medicaid Preferred Drug List formularies are updated periodically
- For private insurance: most formularies can be found online, and the client's Summary of Benefits dictates what tiers of medication are covered
- EFA is the only category not limited to a formulary, but the service has other restrictions

Agency Responsibilities

- Case manager must assist client with obtaining their Summary of Benefits and Coverage (SBC)
- CM must upload SBC to CAREWare > Attachments

Resources

- “Understanding the Summary of Benefits and Coverage: Fast Facts for Assisters” ([link](#))
- ADAP FDOH homepage ([link](#))
- APA FDOH formulary, under “Additional Resources” ([link](#))
- Medicaid Preferred Drug List ([link](#))

AIDS Drug Assistance Program

- Accessed through local Department of Health
- Clients must have active Ryan White eligibility with the current NOE in Custom Forms
- Formulary was recently expanded in December 2022
- Three programs: direct dispense, co-pay assistance, and Marketplace enrollment
- Some clients may not be eligible due to type of insurance plan, but all clients should be referred. Ineligibility must be documented by:
 - Uploading ADAP Referral & Enrollment Verification form completed by ADAP
 - Case note from case manager documenting referral and reason for ineligibility

Agency Responsibilities

- Case manager must refer clients to ADAP upon initial enrollment and as needed
- Efforts must be documented in both case notes *and* by uploading the Referral & Enrollment Verification form

Resources

- ADAP FDOH homepage ([link](#))

AIDS Pharmaceutical Assistance (Local)

- Accessed through the Lead Agency
- Clients must have active Ryan White eligibility with the current NOE in Custom Forms
- Medications must be accessed at a 340B pharmacy
- Formulary recently condensed in December 2022 – medications moved to ADAP formulary
- Clients with insurance can access LPAP if their insurance does not cover the medication
 - Summary of Benefits & Coverage (SBC) must be on file for review

Agency Responsibilities

- Case manager must ensure eligibility is active
- Case manager must upload SBC to Attachments for review
- Agencies must ensure to adhere to the most recent formularies

Resources

- APA FDOH formulary, under “Additional Resources” ([link](#))

Medication Assistance Health Insurance Premium & Cost-Sharing Assistance

OSA service standards ([link](#)) limit this category to dental insurance & cost-sharing expenses (deductibles, co-pay, and co-insurance)

- Accessed through the Lead Agency
- Clients must have active Ryan White eligibility with the current NOE in Custom Forms
- Medications must be on the LPAP or ADAP formulary
- If covering an ADAP formulary medication:
 - Insured clients must first be documented as ADAP-ineligible
 - All patient assistance programs (PAP) must be exhausted

Agency Responsibilities

- Case manager must ensure eligibility is active
- Case manager should refer client to ADAP to determine whether client is eligible for co-pay card
- Clients ineligible for ADAP must have the ADAP form in their profile
- Case managers must assist with accessing any PAPs as available
 - Efforts must be documented in case notes

Resources

- AETC list of patient assistance programs ([link](#))
- Medicare PAP directory ([link](#))
- GoodRx ([link](#))
- NeedyMeds ([link](#))

Emergency Financial Assistance

OSA service standards ([link](#)) limit EFA funds to medication assistance

- Accessed through the Lead Agency
- Clients must have active Ryan White eligibility with the current NOE in Custom Forms
- Medications do not have to be on the LPAP or ADAP formulary
- Medications do have to be:
 - Short-term (needed for less than six months)
 - HIV-related or one-time emergency
- PAPs should be accessed first whenever possible
- Case manager must document reason for EFA need and process for resolving the medication gap

Agency Responsibilities

- Case manager must ensure eligibility is active
- Case managers must document the following in case notes:
 - Reason for need
 - Length of time of need
 - Plan to resolve need
 - Applications for PAPs whenever possible

Resources

- AETC list of patient assistance programs ([link](#))
- Medicare PAP directory ([link](#))
- GoodRx ([link](#))
- NeedyMeds ([link](#))

Review

- Patient Polly returns to the clinic for a visit with her medical provider. The doctor prescribes several medications following the visit:
 1. Ketoconazole (Qty 30) 1 refill ← Short term
 2. Amoxicillin (Qty 30) 0 refill ← One-time
 3. Alprazolam (Qty 90) 3 refills Long-term
- What information is needed to determine the service type?
- Which of these medications may be eligible for Emergency Financial Assistance? Why?
- What steps would need to occur to document this request?

- Client Cal arrives as a new patient on 12/1/2022 and visits with the medical provider for the first time. Cal is uninsured, but has income at 175% FPL. The doctor prescribes several medications:
 1. Genvoya
 2. Dicylomine
 3. Metronidazole
- What information is needed to determine the service type?
- Which of these medications may be eligible for EFA? Why?
- What steps would need to occur to document this request?

Review

- Patient Paul was laid off last year and lost his insurance. He started a new job last week and will be able to enroll in health plan in 30 days. The doctor provides Paul with samples of HIV medication and prescribes several medications:
 1. Symtuza
 2. Insulin
 3. Metformin
- What information is needed to determine the service type?
- Which of these medications may be eligible for EFA? Why?
- What steps would need to occur to document this request?



Medication Assistance

Payer of Last Resort

- Clients must exhaust all other possible payer sources before accessing Ryan White Part B medication services, including ADAP and available Patient Assistance Programs
- Do not change anything about your current process yet
- February's meeting will be going over Patient Assistance Programs

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Evaluation

Mika Mendoza



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UNITED WE FIGHT.
UNITED WE WIN.

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Mentimeter



Menti.com code:
2313 8056

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Provider Announcements & Updates

Meeting Attendees



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