

Medication Access

Effective October 28, 2016 through November 30, 2016, ADAP's Pharmacy Benefits Manager, Magellan, has the mechanism to provide real-time access to a 30 day supply of medications for ADAP clients who experience medication access issues at the pharmacy. ADAP will monitor and track the number of clients who receive this 30 day access to medications and evaluate extending this process beyond November 30, 2016, based on need. This updated emergency access process does not apply to individuals whose applications have a status of "Denied" or "In progress". Please note that if an ADAP client does not have current eligibility due to failure to re-enroll or recertify, he or she must reapply to the program in order to receive ADAP benefits.

Effective October 27, 2016, A.J. Boggs began sending eligibility data files to Magellan *every 15 minutes*. This data exchange occurs *8:00am to 8:00pm every day, including weekends*. The type of applications that get sent to Magellan are: applications submitted with a TAP, approved applications, and applications with a status of "Needs Information".

Covered California Open Enrollment and Binder Payments

[Management Memo 2016-18](#) informs enrollment workers of the Covered California Open Enrollment period and binder payment process for new Covered California clients enrolling in OA-HIPP.

Clients are encouraged to work with an enrollment worker who is both a Covered California enroller and an ADAP enrollment worker. A list of enrollment sites that have dual-certified enrollers is posted to our [webpage](#). Working with an enrollment worker who can conduct simultaneous enrollment in ADAP and Covered California ensures that ADAP would be able to remit the time-sensitive binder payment within the required timeframe.

If you are not a Covered California enroller and a client comes to you for OA-HIPP enrollment and it has been 24 to 48 hours since the client enrolled in Covered California, you may still follow the binder payment process to ensure a binder payment is made:

1. Enroll the client into OA-HIPP, via the A.J. Boggs Portal, 24 to 48 hours after the client is enrolled into a Covered California health plan or non-Covered California health plan. ADAP has established a binder payment process with the following health plans: **Covered California plans: Blue Shield, Kaiser, Anthem Blue Cross, Health Net; Non-Covered California plans: Anthem Blue Cross**. ADAP is continuing to work on establishing a binder payment process with other health plans and will notify all enrollment workers when other health plans are added to the list.
2. The following required document must be uploaded for Covered California clients: Covered California Welcome Letter or coverage summary page or screenshot of the online Covered California account. The documentation should include the premium amount, health plan, APTC taken, enrollment confirmation number, and a health plan billing address (if available).
3. The documentation must be uploaded in the Insurance Assistance tab in the upload field that asks for the "**most recent medical plan billing statement**". In this situation, a billing

statement will not be required until after the binder payment is made and the health plan issues the billing statement to the client.

4. The enrollment worker needs to **enter the Covered California enrollment confirmation number into the “Member or Subscriber ID” field**. Since the client may not have his/her health plan member/subscriber/policy ID number until after the billing statement is received, it is critical that the Covered California enrollment confirmation number is communicated to OA-HIPP.

5. The enrollment worker should notify his/her [OA-HIPP Advisor](#) right away to alert him/her that a new OA-HIPP application that requires an initial premium payment to be made has been submitted in the ADAP enrollment portal. The ADAP Advisor will ensure that such applications are prioritized for review/approval.

6. Once the initial premium is paid by OA-HIPP, the client will receive a health plan billing statement from his/her health plan. It is important that the billing statement is uploaded to the ADAP enrollment portal so that we may obtain the client’s health plan member ID/policy number.

The process for Anthem Non-Covered California is being finalized and will be shared with all enrollment workers via email.

Medicare Part D Open Enrollment and New Medicare Part D Premium Program Requirements

The Medicare Part D open enrollment period for 2017 coverage is October 15, 2016 through December 7, 2016. Beginning with the 2017 Medicare Part D open enrollment period, ADAP will no longer require existing Medicare Part D Premium Payment Program clients to submit a new Medicare Part D Premium Payment Program application during each annual open enrollment period, unless their Medicare Part D plan has changed from the previous enrollment year. The program will continue to make payments to the client’s Medicare Part D plan as long as they continue to meet ADAP eligibility requirements.

When the client is due for their annual re-enrollment for ADAP, clients enrolled in the Medicare Part D Premium Payment Program must also complete the ‘Insurance Assistance’ section of the ADAP application, and provide a copy of their Medicare Part D Prescription Drug card. If a client’s Medicare Part D plan changes at any time during the year, they will need to provide the updated Medicare Part D plan information to ADAP.

On October 24, 2016, OA sent a letter to Medicare Part D Premium Payment Program clients informing them of the Medicare Part D open enrollment period and of the change in the Medicare Part D Premium Payment program requirements.

Clients new to the Medicare Part D Premium Payment Program or existing clients switching health plans no longer need to submit a separate Medicare Part D Premium Payment Program application to receive Medicare Part D insurance assistance. This application has been folded into the ADAP application, under the ‘Insurance Assistance’ section.

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To apply for the Medicare Part D Premium Payment Program and have payments made starting January 1, 2017, a complete ADAP application or an update with the Insurance Assistance Section completed, and the Medicare Part D card must be received by February 28, 2017. A management memo outlining this process is currently under internal review and will be disseminated to all enrollment workers once finalized.

➤ **A.J. Boggs Update**

Development Cycle Plan

The secure messaging functionality has been delayed. An updated ADAP Enrollment Portal Development Cycle Plan will be sent to enrollment workers. Enrollment Worker trainings to walk through the planned November portal functionalities will be scheduled for the following dates/times:

Date	Time
Thursday, November 17, 2016	10 am to 11:30 am
Tuesday, November 29, 2016	2 pm to 3:30 pm
Wednesday, November 30, 2016	10 pm to 11:30 am

Approved SVF with no Changes

If your client has an approved SVF with no changes and the eligibility end date displays “None Pending”, please contact A.J. Boggs Customer Support Team so that they can update the eligibility end date.

Temporary Access Period (TAP) Request form

If submitting a TAP, please ensure that it is uploaded to the **TAP upload field** in the **Consent & Submit tab**. The TAP must be uploaded to this field in order to ensure that a 30 day temporary access period is implemented.

Emergency Medi-Cal

If your client has “Emergency Medi-Cal”, please do *not* indicate “yes” for Medi-Cal in the Medi-Cal section of the Health Coverage tab. Doing this will erroneously assign a group code of “ADAP with Medi-Cal”. Since Emergency Medi-Cal does not cover prescriptions, this would create an access issue at the pharmacy. Until further notice, for clients who have Emergency Medi-Cal, please indicate that the client does *not* have Medi-Cal in the Medi-Cal section of the application.

➤ **PAI Update**

Medical Out-of-Pocket Costs

PAI is continuing to work with providers to obtain W-9s and to establish automatic payment mechanisms with providers. As of October 31, 2016, a total of 221 providers have submitted W-9s. PAI plans to meet with Kaiser in the next two weeks to resolve the W-9 issue and move forward with paying pending Kaiser medical out of pocket claims.

➤ **Magellan Update**

On October 28, 2016, a fax blast was sent to all pharmacies in the ADAP pharmacy network regarding the updated emergency access process. The week of November 7, 2016, Magellan

plans to disseminate another fax blast that will include Frequently Asked Questions and the Medi-Cal Share of Cost Prior Authorization process.

Q & A – Below are items that were covered during the Question and Answer session of the call:

1. Do current Medicare Part D Premium Payment Clients need to enroll via the Portal?

Existing Medicare Part D Premium Payment clients do not need to re-enroll via the Portal *except* if his/her Part D plan changed.

2. Per the Affordable Care Act (ACA), what constitutes an affordable employer-based insurance plan?

For 2016, an employer-based insurance plan is considered affordable under the ACA rules if the employee's required premium contribution to the plan does not exceed 9.66% of the employee's household income for the year and if the Out-of-Pocket Maximum rates for the year are no more than:

- \$6,850 for single coverage
- \$13,700 for family coverage

For 2017, an employer-based insurance plan is considered affordable if an employee's required contribution to the plan does not exceed 9.69% and if the Out-of-Pocket Maximum rates for the year are no more than:

- \$7,150 for single coverage
- \$14,300 for family coverage

3. Can EWs/Clients submit medical out of pocket invoices or must the client have paid out of pocket during the time of his/her doctor's visit?

An invoice can be submitted. If PAI has the W-9 from the provider, they will be able to remit the payment directly to the provider.

4. Can I bundle multiple medical out of pocket claims into one Medical Out of Pocket Claim Form?

No, each claim must be submitted with a separate Medical Out of Pocket Claim Form.

5. Can we discuss a client's ADAP status with the client's parent, spouse, friend, etc.?

Yes, if the ADAP client is present and gives verbal consent to share ADAP information with a friend or relative with them at the time of their enrollment appointment(s). However, when the client is not present, EWs may not disclose/discuss the client's ADAP information to any unauthorized individual. Please note that the client can authorize an individual to handle his/her ADAP related activities via the [ADAP Special Power of Attorney](#). A client may designate an agent and still continue to act on his/her own behalf regarding ADAP activities. Please refer to [management memo 2016-05](#) for more information regarding the ADAP Special Power of Attorney.

Please see the confidentiality flowcharts, based your enrollment site type, to see whom you may disclose ADAP client information to and for what purpose: [Local Public Health Department](#), [Community Based Organization](#), [Health Care Provider](#).

6. Do I have to create a client log-in for each client I enroll?

Yes, please see the steps for creating a profile for a new client:

1. Enter User Administration from the Main Menu.
2. Click Add New Client Account.

User Management

First Name	Last Name	Highland Hospital A/C Clinic	All Roles
DOB	SSN	434	California (B)
Email Address	Client ID	Login ID	Active



3. Enter the Client's First Name, Last Name, a Login ID, and Initial Password.

User Profile (* indicates required fields)

*Enterprise:	California (5)	Office:	
*First Name:		*Last Name:	
Prefix:	< Select >	Middle Name:	
*Login ID:		*Initial Password:	

Force user password change on next login:

Address Information

Phone Numbers

Email Addresses

Notes:

*Status: Active

4. Click "Add". You can now find this Client in the People Picker to create their Initial Enrollment Application. Enrollment Workers no longer need to sign in as the Client to create applications.

7. How do I do a Statewide search for a client?

EWs may search for clients statewide and Move Clients to their Enrollment Site by doing the following:

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In User Administration, the 'Move Client to My Enrollment Site' tool requires the Enrollment Worker to know a minimum of four client identifiers for the Client they wish to locate. This includes the Client's First Name, Last Name, Social Security Number, and Date of Birth. If the Enrollment Worker does not know this information, they cannot complete the statewide search and change the Client's site.

The screenshot shows the 'User Management' interface. It features several input fields for search criteria: First Name, Last Name, a dropdown for 'El Dorado Jurisdi', and a dropdown for 'All Roles'. Below these are fields for 'DOB' (with a calendar icon), 'SSN', a text field containing '447', and a dropdown for 'California (8)'. Further down are fields for 'Email Address', 'Client ID', 'Login ID', and a dropdown for 'Active'. At the bottom, there are three buttons: 'Add New Client Account' (green), 'Move Client to My Enrollment Site' (green and highlighted with a red box), and 'Search' (blue).

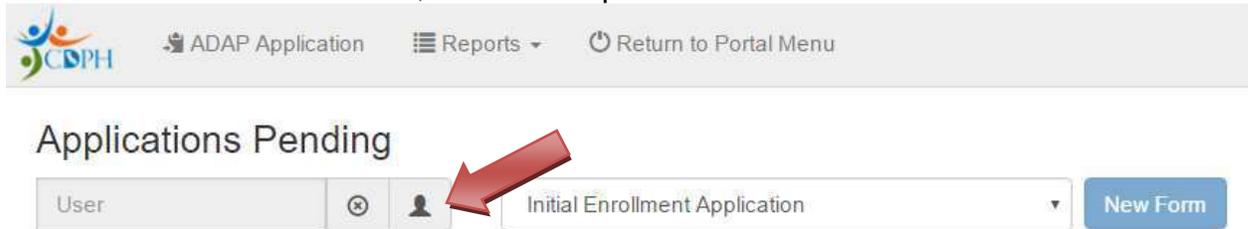
The screenshot shows a dialog box titled 'Move Client to My Enrollment Site - Client Search'. It contains search fields for First Name, Last Name, SSN (with a mask 'XXX-XX-'), and Date of Birth (with a calendar icon). There is a checkbox labeled 'Client does not have a SSN', a 'Clear' button, and a 'Search' button (highlighted with a red box). Below the search fields, a yellow box displays the following information: 'Move Client to Your Enrollment Site?', 'Client ID: 41', 'SSN: XXX-XX-', 'DOB: ', 'Current Enrollment Site: Butte Jurisdiction(Butte)', and 'New Enrollment Site: El Dorado Jurisdiction(El Dorado)'. At the bottom of this yellow box are 'Cancel' and 'Move' buttons (the 'Move' button is highlighted with a red box).

8. How do I search for a client who is in my enrollment site?

Use the People Picker feature:

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1. In the ADAP Portal, click on the person:



2. People Picker page will pop up
 3. Select the client for whom you wish to complete an application by clicking on the check box next to his/her name from the table
- **Next Call: December 7th, 2016 – 9:30 am – 11:00 am**