California Department of Public Health, Office of AIDS
Statewide ADAP Enrollment Worker Conference Call Summary
February 1, 2017

ADAP Transition

The highest priority activity right now at the Office of AIDS and within CDPH is supporting ADAP enrollment workers and clients to insure that eligible clients have uninterrupted access to medications and health insurance assistance while at the same time addressing systems issues with the ADAP enrollment portal. Many Office of AIDS and CDPH IT managers and staff, as well as CDPH Executive Staff, are regularly working over 10 hours a day and on weekends to address these issues, and have been for months. Many enrollment workers are also working long hours to ensure that clients have access to medications and health insurance assistance. We want to formally express our gratitude to all enrollment workers for the extremely important work that all enrollment workers do on behalf of California's ADAP clients.

ADAP Staffing update

The ADAP Staff Assignment roster and OA-HIPP caseload assignment have been updated and are available on our website. At the beginning of this month, we anticipate adding three additional ADAP advisors. Effective January 13, 2017, Adrian Barraza was promoted to the ADAP Fiscal Section Chief. With Sheila Calagui's departure on January 17th, her OA-HIPP and ADAP caseloads have been distributed amongst the advisors. Effective February 1st, the Unit 1 Regional Manager Position was filled by Amy Cukovich. We are in the process of filling two more management positions.

Portal Update

The ADAP enrollment portal is currently available to several enrollment workers who are testing the system and access via a secure Citrix connection set up by CDPH. We will provide updates and guidance to enrollment workers regarding portal access and program policies and procedures as they become available.

Eligibility Extensions and SVFs and Postcards

Effective January 24, no active clients have eligibility that expires before March 1, 2017. In early February, CDPH extended eligibility six months for all clients who have an end date between March 2017 and June 2017.

Clients whose eligibility was set to expire March 1, 2017 through March 15, 2017 will receive Self-Verification Forms (SVFs) and annual re-enrollment postcards that include their *original eligibility* end date instead of their newly extended eligibility end date. For instance, if the original eligibility end date was March 1, 2017 but the eligibility was extended to September 1, 2017, the post card will indicate March 1, 2017 as the eligibility end date. SVFs and postcards are sent 45 days before the client's eligibility end date and, as noted above, eligibility for these clients was not extended until early February.

Clients whose eligibility is extended will still receive an SVF or re-enrollment postcard 45 days before their original end date. **With input from ADAP's Enrollment Worker Advisory Committee, the SVFs and postcards will not indicate the eligibility end date**. This is to ensure that clients come in to recertify and re-enroll even though their eligibility has already been extended. This will be implemented with the SVFs that will be sent to clients who are set to expire on or after March 16, 2017. For example, a client due for re-enrollment on March 30, 2017 whose eligibility has already been extended six

months will receive a re-enrollment postcard that says: "Your prescription coverage is ending soon. Please contact your enrollment worker by March 30, 2017 to renew your eligibility."

Client Signatures

ADAP applications, SVFs, and Consent Forms must be signed by the client. An enrollment worker cannot sign on the client's behalf. Also, "signature on file" is unacceptable.

Communication

Based on feedback from enrollment workers, the frequency of ADAP communications has been scaled back to once a week. Effective the week of January 16, 2017, enrollment worker communications are disseminated every Thursday.

Kaiser medical-out-of-pocket claims

Pool Administrators Incorporated (PAI) has obtained W9s for Kaiser which allows for PAI to submit medical out-of-pocket payments to Kaiser on behalf of OA-HIPP clients enrolled in Kaiser through Covered California or off-exchange. PAI is working with Kaiser to establish an electronic method for medical out-of-pocket claims to be submitted directly by the provider. With the current process, clients are billed for their medical out-of-pocket claim and may pay the claim and seek reimbursement from Kaiser once PAI makes the payment, or they may submit their claim to OA-HIPP and wait for PAI to remit payment to Kaiser.

Emergency Medication Access

If a client is out of medications, or is expected to run out of medications within three weeks, please indicate that on the fax coversheet by checking the appropriate checkbox. This enables A.J. Boggs to prioritize application processing to ensure that clients do not miss any doses of their medication.

If an ADAP client has active eligibility but still experiences issues at the pharmacy, the pharmacy may call Magellan.

Magellan Rx Assist Tool (MRx Assist Tool)

When the Magellan call center staff receives a call from a pharmacy concerning an eligibility issue, the Magellan call center staff is able to look into the A.J. Boggs enrollment portal and validate data elements, including the ADAP identification number, the client name, and the eligibility end date. Magellan must rely upon the A.J. Boggs eligibility data and may make limited changes to eligibility data in Magellan's system. Magellan can authorize a 30-day supply of medications for the following scenarios:

- If a client does not have active eligibility in the A.J. Boggs portal or the Magellan system and the client's most recent application is under any status except "In Progress" or "Denied".

- If the client has current eligibility in the A.J. Boggs portal but the eligibility end date is not up to date in the Magellan system. If this occurs outside A.J. Boggs CST operating hours, Magellan will copy the necessary client information into their Magellan system and will provide medication access for that client. If within normal A.J. Boggs CST operating hours, Magellan will contact

A.J. Boggs CST and request that the client's eligibility information is transferred via an eligibility data file.

Furthermore, if a client has a Third-Party Liability (TPL) in the Magellan system but upon checking the A.J. Boggs portal the client has an ADAP-Only Group Code (222311), Magellan will remove the TPL for that client to ensure there are no adjudication issues at the pharmacy. When the Magellan call center receives a call from a pharmacy concerning a claim denial that arises from a patient attribute (for example, first name, birth date) that does not match Magellan's system, the Magellan call center staff will look into the A.J. Boggs portal and make changes to the patient attributes in the Magellan system to be consistent with the A.J. Boggs eligibility data.

Q & A – Below are items that were covered during the Question & Answer session

1. **What is the turnaround timeframe for priority applications, also known as "emergency access"?**

   The turnaround timeframe for a priority application to be processed is dependent on the volume of priority applications in queue at the time. Our goal is to have A.J. Boggs process priority applications within 24 business hours.

2. **I have a client lost his insurance, what information must be submitted?**

   In order to ensure that the client's group code is changed form "ADAP with Private

   Insurance" to "ADAP Only" so that the client does not experience billing issues at the pharmacy, either an updated ADAP application or an insurance termination letter must be submitted. It is critical that the insurance end date is included.

3. **What phone number does a pharmacy need to call to access the "MRx Assist Tool" with Magellan?**

   The pharmacy must call the general Magellan Call Center phone number: 800-424-5906.

4. **Can clients submit a Medical Out-of-Pocket Claim form on their own?**

   Although it is encouraged that the Medical Out-of-Pocket Claim Form is completed by an enrollment worker, OA-HIPP clients have the option to complete and submit the form on their own. As a reminder, a separate form is required for each claim.

5. **Can clients re-enroll or recertify more than 45 days before their eligibility end date?**

   SVFs and annual re-enrollment postcards are sent no more than 45 days before a client's eligibility end date. Since all active clients have been extended six months, they will need to re-enroll or recertify no more than 45 days before their original eligibility end date.

6. **When will the portal be available to all enrollment workers?**

   We are diligently working on making the portal ready for enrollment worker access and use. We will provide updates and guidance to enrollment workers regarding portal access as they become available.

7. **When will the PrEP assistance program be implemented?**

We are working to ensure that all of the required pieces are in place in order to successfully implement the PrEP assistance program. We will share a definite implementation date once that information becomes available.

8. **What are the impacts to Ryan White funding and the Affordable Care Act under the new administration?**

It is unclear at this time what the impact of the new administration will be on Ryan White funding and/or on the Affordable Care Act. We will keep enrollment workers apprised of any new developments as they become available.

- **Next Call – March 1, 2017 –** *9:30 am – 11:00 am*