

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

Contractor Update

After careful and thoughtful consideration of all options, CDPH has decided to terminate its contract with A.J. Boggs & Company. This decision was made in order to best serve ADAP clients. Effective March 6, 2017, eligibility and enrollment services will be handled by CDPH.

ADAP Eligibility & Enrollment Services

CDPH worked with a consulting firm to create a new ADAP enrollment system. We want to thank enrollment workers who have provided feedback and suggestions, which have been incorporated into the new system.

CDPH has also established an ADAP call center and data processing unit in order to conduct eligibility and enrollment services starting March 6. Consistent with usual business practices, the call center will be closed on weekends. Existing clients can call Magellan 24 hours a day, 7 days a week at (800) 424-5906 with questions or issues related to medication access at the pharmacy. The call center and data processing unit are staffed by current CDPH employees who have undergone two weeks of intensive training. CDPH is working quickly to hire permanent staff to fill the 18 positions required for the call center and data processing unit. We began providing enrollment workers training and access to the new enrollment portal during the week of March 20.

Effective Monday, March 6, enrollment workers should:

- Fax ADAP applications directly to the ADAP data processing unit at 844-421-8008.
- Call the ADAP call center at 844-421-7050 for questions regarding enrollment and eligibility. The call center is open 8 a.m. to 5 p.m., Monday through Friday.

On the call, enrollment workers were informed to fax OA-HIPP and Medicare Part D applications to separate fax numbers. However, to streamline processes, as of March 30, enrollment workers were informed to fax OA-HIPP and Medicare Part D applications to the ADAP data processing unit instead of to the separate OA-HIPP and Medicare Part D fax numbers.

Self-Verification Forms & Postcards

A.J. Boggs has mailed March and April Self Verification Forms (SVFs) and postcards. A.J. Boggs will re-route completed and returned SVFs to CDPH.

ADAP Document Submission Requirements

Until further notice, ADAP will maintain its minimized document submission requirements. Please continue to submit applications *only* for:

1. New Applicants or Clients with Expired Eligibility

Only an ADAP application and ADAP Consent Form are required. Supplemental documentation is *not* required. However, the entire application packet (application, consent form, and supplemental documentation) must be kept in the client's physical file at the enrollment site.

2. Existing Clients with Changes in Health Coverage Status or Mailing Address

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

Only the ADAP application with the updated information should be submitted.

Supplemental documentation does not need to be submitted, but must be kept in the client's physical file at the enrollment site.

OA-HIPP Document Submission

OA-HIPP clients' health plan billing statements must be submitted at the time of re-enrollment, recertification, and any time there is a change in order to ensure that premium payment is made accurately. Again, please submit this information directly to the appropriate [OA-HIPP Analyst](#) or fax it to OA-HIPP at (916) 440-5490.

Effective March 6, 2017, [Medical Out-of-Pocket Claim Forms](#) and supporting documentation must be submitted directly to Pool Administrators Inc. via fax, secure e-mail, or mail:

E-Fax Number: 860-560-8225

E-mail: CDPH_MBM_Fax@pooladmin.com

Mail: PAI-CDPH 628 Hebron Ave., Suite 100, Glastonbury, CT 06033

Client Communication

At this time, there is no required action for clients. Clients will receive a letter in English and Spanish from Magellan Rx Management informing them of this transition. Clients will also receive a new Magellan Rx Management card with the CDPH phone number for eligibility questions. Clients enrolled in OA-HIPP will receive a letter from Pool Administrators Inc. informing them of the medical out-of-pocket claims submission process. PAI will also issue new client ID cards.

Additional Information

There is no change to the Magellan Rx Management contract. Magellan will notify all in-network pharmacies via fax of the change in contractors. Pharmacies should not be impacted by this transition. Magellan will continue to provide real-time, 24/7 access to medications, including a 30-day supply for existing ADAP clients who experience access issues at the pharmacy.

The Pool Administrators Inc. contract has been modified to include a full-time employee to oversee and manage Medical Out-of-Pocket Claim forms and supporting documentation for eligible OA-HIPP clients.

Medical Out-of-Pocket Claims

Due to the enrollment portal being unavailable to enrollment workers and a high volume of medical out-of-pocket claim submissions, a backlog of unprocessed claims developed. A number of CDPH and PAI staff were re-directed to enter these claims into the portal, and the backlog was substantially reduced. We have devoted additional resources to assist with clearing this backlog.

Problems with the data transfer between the A.J. Boggs enrollment portal and PAI resulted in claims which had been entered into the enrollment portal, not being transferred to PAI for payment. Our data team put in a huge amount of work into working with A.J. Boggs on this issue to make sure that medical out-of-pocket claims were successfully transferred to PAI.

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

Once claims arrive at PAI, they are processed timely; however, due to the high volume of backlog claims that are being submitted from CDPH to PAI, several claims either needed additional information or are awaiting an IRS W9 from the provider. We received a total of 338 W9s from providers and 28 of those were received in February which will assist in clearing a good portion of the backlog at PAI. As mentioned, there are a number of fully approved claims that cannot be sent to the provider until the provider submits an IRS W-9 form to PAI; this is a requirement of federal law.

We have completed a contract amendment with PAI that will streamline the process by having all medical out-of-pocket claims sent directly to PAI, effective March 6. By centralizing the process, claims will be processed in a timelier manner and duplicate claim submissions will be decreased.

The PAI contract amendment also includes additional communication of claim status (that will be implemented in the future) from PAI to clients by providing the following:

- 1) Monthly medical out-of-pocket claim summary: This summary will be automatically generated each month and mailed to clients who have had medical out of pocket claim activity. The summary will outline denied claims, appealed claims status, and approved claims.
- 2) An approval letter will be generated and mailed to clients from PAI once a medical out-of-pocket claim has been paid.
- 3) The medical out-of-pocket claim denial letter will be enhanced to include more information including provider's name, date of service, and claim amount.

○ **MOOP Document Requirements**

- When assisting clients with submitting medical out-of-pocket claims, please ensure that clients provide either an:
 - Explanation of Benefits and/or
 - Invoice from the medical provider that shows the clients name, date of service, whether the claim was for inpatient/outpatient services, and specifically indicates the portion covered by the insurance carrier.

○ **Prescription Co-Payment Reimbursements**

- Please note that prescription co-pays are not eligible for reimbursement under the medical out of pocket benefit. Prescription co-pay reimbursements must be sent to Magellan.
 - Magellan pays copays and claims for prescriptions and not medical out of pocket expenses. The paper claim form is for drug (co-pay) reimbursement only.
 - There is no retro-active eligibility for payment of prescriptions. If a client doesn't have eligibility on the date the prescription was processed Magellan will not pay the claim.

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

- If prior authorization is denied because the client doesn't meet published criteria, the provider may appeal to CDPH with documentation of why the drug selected is required.
- CDPH requires a new prescription every 6 months. Clients can access the original/new prescription fill and 5 refills for non-controlled medications. This policy is to encourage clients to maintain contact with their medical provider at a minimum of every 6 months. California law allows 11 prescription refills but CDPH does not. There is a limit of 5 refills. Additionally there is a limit to 13 refills for a medication in a 12 month time frame for the same medication to prevent misuse. If a client loses or misplaces or has medication stolen only one override may be allowed, with CDPH review and approval.

Health Coverage Status Change

If a client's health coverage status has changed, an updated application or supporting documentation outlining the change and the effective date must be submitted. For example, if a client no longer has health insurance, either an updated ADAP application or an insurance termination letter must be submitted. It is critical that the insurance end date is included. In this scenario, the client's group code should be changed from "ADAP with Private Insurance" to "ADAP Only", in order to ensure proper billing and medication access at the pharmacy.

Modified Self-Verification Form (SVF)

In keeping with federal ADAP recertification requirements, the income verification question on the Self-Verification Form has been modified, as outlined in [Management Memo 2017-02](#). If a client's annual household income has changed, but it is still within the program income eligibility requirements, the client does not need to meet with his/her enrollment worker or provide supporting income documentation. This change reduces income documentation requirements for clients and enrollment workers. Please read the management memo for more information and to see the new SVF template. The modified SVF is effective March 2017. If the client's annual household income has changed and the income is outside of the program income eligibility requirements, the client will need to meet with his/her enrollment worker and provide supporting income documentation. The enrollment worker will need to verify that the client does not meet program income eligibility requirements and notify ADAP that the client is no longer eligible for the program.

Eligibility Extension

In early February, CDPH extended eligibility by six months for all clients in the portal who were not disenrolled or whose applications were not denied. Clients whose eligibility was extended will still receive an SVF or postcard 45 days before their original eligibility end date. Even though client eligibility is extended, enrollment workers must continue to meet with clients to conduct the reenrollment or recertification process to ensure the clients are still eligible for ADAP. This is a requirement of ADAP's federal funder, written in federal Ryan White legislation. The application and supplemental documentation must be stored in the client's physical file at the enrollment site for audit purposes.

California Department of Public Health, Office of AIDS
Statewide ADAP Enrollment Worker Conference Call Summary
March 1, 2017
Open Discussion/Question & Answer Session

- 1. Can enrollment workers be provided with a fill-able SVF so that we may provide it to clients who may not have received their SVF in the mail?**

Yes, a fillable SVF is attached to these notes.

- 2. If a client opts out of an employer-based insurance and enrolls in a Covered California plan, will OA-HIPP cover the premiums?**

Individuals who are eligible for employer-based health insurance can opt out if their portion of their employer-based health insurance premiums is deemed unaffordable per the Affordable Care Act (ACA) standards, and can enroll in a Covered California health plan. These individuals may enroll in OA-HIPP after obtaining coverage in a Covered California health plan. An employer-based health plan covering only the employee that costs 9.69% (in 2017) or less of the employee's household income is considered affordable per the ACA.

- 3. How will enrollment sites get paid after the A.J. Boggs contract is terminated?**

At this time, all enrollment sites with executed contracts have been paid the \$5,000 floor amount. Since A.J. Boggs was unable to generate the reports needed to determine payment to the sites, and because of the minimized document submission requirements that would not accurately capture sites re-enrollment activities, we are currently working on gathering ADAP enrollment activities data to determine payment amounts for sites.

- 4. Who is beta testing the new ADAP enrollment system?**

ADAP provided a walk-through of the enrollment system training to the Enrollment Worker Advisory Committee and is receiving feedback from the committee on the training. The committee had access to the new system during the week of March 13. Training for all other enrollment workers began the week of March 20, via WebEx.

- 5. Will there be new system training for enrollment workers? How will training be conducted?**

Enrollment system training for enrollment workers will begin the week of March 20, via

WebEx. The training schedule is outlined below. Enrollment workers will be required to participate in *one* of the training sessions. All ADAP enrollment workers must complete a training webinar via WebEx, complete the self-paced, 30-40 minute eLearning course, receive their username and password, and log into the ADAP Enrollment System by May 5, 2017.

- March 20th 10:00 a.m. - 11:30 a.m.
- March 22nd 1:00 p.m. - 2:30 p.m.
- March 24th 11:00 a.m. - 12:30 p.m.
- March 27th 11:00 a.m. - 12:30 p.m.
- March 29th 10:00 a.m. - 11:30 a.m.

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

- March 30th 1:00 p.m. - 2:30 p.m.
- April 6th 1:00 p.m. - 2:30 p.m.
- April 11th 11:00 a.m. - 12:30 p.m.
- April 19th 10:00 a.m. - 11:30 a.m.
- April 27th 11:00 a.m. - 12:30 p.m.

6. 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 anticipate that the program will be implemented in early 2018.

7. What documentation needs to be submitted for a re-enrollment for an existing client?

Enrollment workers must submit just the signed ADAP Consent Form for the medication assistance program annual re-enrollment. Enrollment workers should *not* submit an ADAP application or any supplemental application documentation for medication assistance program annual reenrollments unless the client has a change in health coverage status or mailing address. Enrollment workers must still meet with their clients to conduct the re-enrollment process to ensure that clients are still eligible for ADAP. The application and supplemental documentation must be stored in clients' physical files at the enrollment site for audit purposes.

8. Will kind of medical out of pocket costs will PAI cover?

On behalf of ADAP, PAI will cover outpatient medical out of pocket costs that count towards the medical insurance annual out of pocket maximum.

9. What documentation does PAI require for medical out of pocket claims?

Required documents for medical out of pocket claims include:

1. [The Medical Out of Pocket Claim Form](#) and
2. Explanation of Benefits and/or invoice from the medical provider that shows the clients name, date of service, whether the claim was for inpatient/outpatient services, the service provider name, and specifically indicates the portion covered by the insurance carrier.

10. Will enrollment workers receive another client caseload report with clients' eligibility end dates?

We will provide more information regarding the possibility of issuing caseload reports as it becomes available

11. Are health insurance premium payments made effective the day the application is received or the day the application is approved?

OA-HIPP premiums are made effective the month the complete application is received or the coverage effective month (if the effective month is later than the application receipt date). For

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

March 1, 2017

example, if a complete OA-HIPP application is received in March and the health coverage starts in April, OA-HIPP will make a payment starting in April. If a complete OA-HIPP application is received in March and the health coverage started in February, OA-HIPP would pay the March premium, and would not pay retroactive to February.

12. How can we verify if an OA-HIPP application has been approved?

To verify the status of an OA-HIPP application or payments, enrollment workers must contact the appropriate [OA-HIPP Analyst](#).

13. Can the Interim ADAP Application be used for an OA-HIPP enrollment?

Yes, the [Interim ADAP Enrollment Application](#) can be used for OA-HIPP initial enrollment and annual re-enrollment.

14. When can new OA-HIPP clients start using their medical out of pocket benefits?

New clients can begin using their medical out of pocket benefit the same month for which OA-HIPP has paid the insurance premium.

15. Will OA-HIPP cover binder payments (initial premium payment) during Special Enrollment?

Yes, if the client enrolls in a health plan that has established a binder payment process with CDPH (Covered California Blue Shield, Kaiser, Anthem Blue Cross, and Health Net and non-Covered California Anthem Blue Cross) and the enrollment worker enrolls the client in OA-HIPP 24 to 48 hours after enrollment in Covered California. The enrollment worker must submit the application directly to the appropriate [OA-HIPP Analyst](#) and make it clear that a binder payment is needed.

16. Is there a Medicare Part D fax coversheet?

We have consolidated the ADAP, OA-HIPP, and [Medicare Part D fax coversheet](#)

17. Will enrollment workers be able to email the data processing unit directly to check on the status of ADAP applications?

No, enrollment workers will not be able to directly email the data processing unit. However, the data processing unit will issue fax confirmations to enrollment workers upon *approval* of an application. Priority applications are processed within 24 hours and non-priority applications are processed within 48 hours.

18. Where can I find the most recent Residency Verification Affidavit?

The Residency Verification Affidavit (in English and Spanish) can be found on the ADAP website, along with other [ADAP forms](#)

19. Can we get a copy of the Prescription Drug Claim Form?

[The CDPH Prescription Drug Claim Form can be found on Magellan's website](#), here:
https://cdph.magellanrx.com/member/external/commercial/cdph/doc/en-us/CDPH_Paper_Claim_Form.pdf

Next Call – April 5, 2017 – 9:30 am – 11:00 am