



State of California—Health and Human Services Agency
California Department of Public Health



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OFFICE OF AIDS (OA)
 AIDS DRUG ASSISTANCE PROGRAM (ADAP) Management Memorandum
 Memorandum Number: 2016-09

DATE: MAY 20, 2016
 TO: ADAP ENROLLMENT WORKERS AND COORDINATORS
 SUBJECT: NEW ADAP CONTRACTORS & OTHER UPDATES

The purpose of this memo is to inform ADAP enrollment workers that ADAP (which includes the ADAP medication assistance program, Office of AIDS Health Insurance Premium Payment [OA-HIPP] program, and the Medicare Part D premium payment program) has new contractors effective July 1, 2016:

Contractor Name	Service	Who this applies to
 A.J. BOGGS COMPANY	Program Eligibility & Enrollment	All clients
 MAGELLANRX MANAGEMENT	Pharmacy/Medication Benefits	All clients
 (Pool Administrators Inc.)	Payment of Insurance Premiums & Medical Out of Pocket Costs	ONLY clients enrolled in the OA-HIPP program
	Payment of Part D Insurance Premiums	ONLY clients enrolled in the Medicare Part D premium payment program

A.J. Boggs

The A.J. Boggs system will be the central hub for ADAP enrollment and eligibility. Enrollment workers will be able to complete electronic applications with the client to enroll the client in ADAP’s medication assistance program and the OA-HIPP program or the Medicare Part D premium payment program. Besides electronic enrollment, the system includes secure messaging and a dashboard for enrollment workers and clients to view the status of applications. An A.J. Boggs representative will be on the ADAP Statewide Enrollment Worker Call on 06/01/2016. **A.J. Boggs will provide system training for ADAP enrollment workers on June 16, 2016 in the morning and June 21, 2016 in the afternoon via a two and a half hour live webinar on each day. A.J. Boggs will send an email to all ADAP enrollment workers on June 7, 2016 regarding registration for the training. It is critical that all ADAP enrollment workers participate in this training.** By the last week in June, all ADAP

Enrollment Workers will have the opportunity to log-in to the enrollment system and preview the basic application and messaging functionality and the resource library. Starting June 20, 2016, the A.J. Boggs Customer Service Representatives can be reached at 844-550-3944.

The scanners that were previously provided to your site will need to be used to scan supplemental application documents and upload them to the system as an attachment. Please work with your IT to ensure that the scanners are properly set-up. If your site did not receive a scanner, please call CDPH at 844-421-7050.

Magellan Rx

Magellan Rx is replacing Ramsell Corp. Clients' program ID number (their PMDC number) will stay the same. Clients' Ramsell PMDC Prescription Benefit Card will be deactivated effective July 1, 2016. Clients will receive a new prescription benefit card from Magellan Rx by June 30, 2016. If clients do not present their prescription benefit cards at a pharmacy within the Magellan Rx network, they will still be able to access treatment. Magellan Rx has a large pharmacy network in California, with over 6,000 pharmacies and will contact each pharmacy to notify them of the change. A small number of clients will have to switch pharmacies. We will contact such clients via phone and mail to inform them of how to locate a new pharmacy. We will also notify each client's enrollment worker.

Pool Administrators Incorporated (PAI)

PAI will remit health insurance premium payments on behalf of clients enrolled in OA-HIPP and Medicare Part D premium payment programs. If the health insurance plan permits, PAI will send the payments electronically.

For OA-HIPP clients, PAI will also pay outpatient medical out of pocket costs, up to the insurance plan's annual maximum amount. OA-HIPP clients will receive a letter from PAI by the end of June that will include a client ID card. The letter will also provide detailed instructions regarding how the client can use the card to access medical out of pocket cost benefits that will start July 1, 2016. A separate management memo will be issued to enrollment workers to explain the new medical benefits component of OA-HIPP. The memo will include a copy of the client letter.

Re-enrollment and Recertification Updates

The Self Verification Form (SVF) has been updated to include recertification for the OA-HIPP program. OA-HIPP clients no longer need to do a separate six-month recertification. Upon receipt, clients must send the completed SVF to A.J. Boggs. A return envelope will be included.

After July 1, 2016, current ADAP clients will still need to meet with their ADAP enrollment worker to complete their next upcoming ADAP re-enrollment. At that time, the enrollment workers will help clients establish an electronic client profile in the A.J. Boggs system. Thereafter, clients will be able to access their electronic client profile on their own to re-enroll, recertify via SVF, or provide updates electronically as needed. Clients will be able to log-in to their account and scan and upload documents. They'll also be able to take a picture of a document on their cell phone and upload it to their portal.

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New ADAP applicants will need to meet with an ADAP enrollment worker to provide identification proof and get assistance with establishing their client profile and submitting the electronic ADAP application.

Attached for your reference is the client letter that will be sent to all ADAP clients on June 1, 2016. If you have any questions about anything in this memo, please contact your [ADAP Advisor](#).

Thank you,

A handwritten signature in cursive script that reads "Niki Dhillon". The signature is written in black ink on a light-colored background.

Niki Dhillon, ADAP Branch Chief
California Department of Public Health



June 01, 2016

Dear Client:

You are getting this letter because you are a client of the California Department of Public Health (CDPH), Medication Assistance Program. This program pays the full or partial cost of your monthly prescription drugs on the program’s formulary. This program may also pay your health insurance premiums if you are co-enrolled in the Health Insurance Premium Payment (HIPP) program or Medicare Part D premium payment program. **This letter is to inform you that, effective July 1, 2016, our program has new contractors:**

Contractor Name	Service	Who this applies to
	Program Eligibility & Enrollment	All clients
	Pharmacy/Medication Benefits	All clients
	Payment of Insurance Premiums & Medical Out of Pocket Costs	ONLY clients enrolled in the HIPP program
	Payment of Part D Insurance Premiums	ONLY clients enrolled in the Medicare Part D premium payment program

What you should know:

1. Your program client ID number will stay the same.
2. Magellan Rx is replacing the current Pharmacy Benefits Manager. Your current prescription benefit card will be deactivated effective July 1, 2016. You will receive a new prescription benefit card from Magellan Rx by June 30, 2016. Magellan Rx has a large pharmacy network. However, some clients may need to switch to a new pharmacy. If this is the case for you, CDPH will notify you by phone and mail to inform you how to find a new pharmacy near you.
3. If you are a HIPP program client, PAI will send you a letter by June 30, 2016. The letter will include a HIPP ID Card. It will also provide detailed instructions regarding how to use the card to access your new benefit that will cover medical out of pocket costs effective July 1, 2016.

What you must do:

1. As usual, complete your annual program re-enrollment with your enrollment worker by your birth date. There has been no change in who your enrollment worker is.

2. Six months after your annual re-enrollment, complete & return your Self Verification Form (SVF) when you receive it in the mail. The SVF now includes an update for those clients enrolled in the HIPP program or Medicare Part D premium payment program.
3. If you are uninsured, check to see if you qualify for Covered California coverage. Covered California open enrollment period is November 1, 2016 - January 31, 2017.
4. If you anticipate a change in your address or contact information, please notify CDPH directly or notify your enrollment worker.

Have Questions?

Please contact your enrollment worker or call CDPH at (844) 421-7050.

Thank You
California Department of Public Health Notice

SELF-VERIFICATION FORM

Client ID # _____

DATE:

Dear Client,

Your program eligibility will end on: ____/____/____. Follow the steps below to complete and return this form before the expiration date or you may not be able to get your medication from the pharmacy.

STEP 1 – REVIEW AND VERIFY YOUR ELIGIBILITY INFORMATION

	↓BELOW↓ is the most current information in our database:	Is the eligibility information still correct?
A	is still my residential address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	\$ is still my annual household income:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C	is still the <u>only</u> health insurance coverage I am enrolled in:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>ONLY if you are enrolled in CDPH Health Insurance Premium Payment (HIPP) Program:</u></p> <p>You must submit a copy of your most recent health insurance billing statement along with your completed SVF.</p>		

STEP 2 – RETURNING THE SELF-VERIFICATION FORM

If you answer “YES” to box ‘A.’, ‘B.’, and ‘C.’ above : **(1)** Read the *Client Acknowledgement* below; and **(2)** Return this completed form by mail to SVF Processing Center, 4660 S. Hagadorn Rd. Suite 290, East Lansing, MI 48823, using the pre-paid envelope provided. You can also return the form to your Enrollment Worker/enrollment site before your eligibility end date highlighted at the top of this page.

If your answer is “NO” to box ‘A.’, ‘B.’, and/or ‘C.’ above: **Do Not Return This Form by Mail.** You must contact your Enrollment Worker/enrollment site to complete your eligibility recertification process before the eligibility end date highlighted at the top of this page. Take this form with you when you meet with your Enrollment Worker.

If you have questions or need help completing this form, please contact your Enrollment Worker. Or you can contact a representative at 1-844-550-3944. More information can be found at CAMEDAssist.org.

If you are a HIPP client : You must submit a copy of your most recent health insurance billing statement along with your completed SVF. Return this completed form by mail to SVF Processing Center, 4660 S. Hagadorn Rd., Suite 290, East Lansing, MI 48823 , using the pre-paid envelope provided. You can also return the form to your Enrollment Worker/enrollment site before your eligibility end date highlighted at the top of this page. **If you do not submit a copy of your most recent health insurance billing statement, your insurance assistance may be canceled.**

Client Acknowledgement

I am providing information on this form to continue my eligibility for the program. I understand that I may be denied program services if I have given false information or if I fail to give complete information by the eligibility end date above. By signing below, I certify, to the best of my knowledge, the information provided is true and correct.

Client Name (Print): _____

Client Signature: _____
Signature required; forms returned without signature cannot be processed

Date: ____/____/____