

Ryan White Requirements and the LIHP - Frequently Asked Questions #6

Topic: ADAP Data Sharing with Low Income Health Programs (LIHPs)

Effective September 22, 2012, Assembly Bill (AB) [1468](#) (page 69) permits Office of AIDS (OA) to share [Ryan White HIV/AIDS Program](#) (Ryan White) client data, including ADAP client data, with county LIHPs and allows county LIHPs to share this data with the person to whom the information pertains, the person's HIV care provider, and OA. Additionally this new law allows county LIHPs to share data relating to persons diagnosed with HIV/AIDS with OA. For information on this law, click [here](#).

1) Why were laws needed to exchange data between ADAP and LIHPs?

Answer: California Health and Safety (H&S) Code only allows OA to share HIV/AIDS-related public health records (ADAP client data) with other public health agencies. California law did not allow OA to share client data with a LIHP that is administered by a county health care services agency or any other non-public health agency.

2) What is the purpose of the new legislation?

Answer: The purpose of client/beneficiary data sharing between OA and county LIHPs is to: 1) minimize potential disruption of access to and availability of care and services for ADAP clients as they transition to LIHP; and 2) ensure ADAP appropriately uses state and federal funds to ensure clients continue to access life-saving drug treatments.

3) What is the process for county LIHPs to request ADAP client data from OA?

Answer: A county LIHP administrator can contact Irene Wong, ADAP Advisor, (Irene.Wong@cdph.ca.gov) to request ADAP client data and must provide the purpose of the data request.

- a. An OA staff member will contact the county LIHP to discuss data variables (e.g., client name, date of birth, etc.).
- b. OA will draft a data use agreement (DUA) which outlines the purpose of the data sharing, the authorized use of the data, required protections for the data, and confidentiality and security forms that each employee must sign before accessing the data. OA will not release the data to a county LIHP until OA receives the signed DUA and employee-signed confidentiality and security agreements.

4) How long will this process take?

Answer: From the time of the county LIHP request, it may take at least eight weeks before OA can release ADAP data to the county LIHP. It depends on the time required for approvals to be obtained by CDPH and the county LIHP.

5) Can the ADAP data be used for something besides LIHP?

Answer: California law is very specific and only authorizes OA to share Ryan White (e.g., ADAP) client data with a county LIHP for the purpose of LIHP. This means a county LIHP can use ADAP client data to contact the ADAP client (or designated representative) or the client's health care provider in order to facilitate appropriate HIV/AIDS medical care and treatment. The DUA between OA and the county LIHP will specify the restricted use of the client data and includes information on the laws which prohibit the unauthorized use of ADAP data.

6) How will county LIHPs receive ADAP client data?

Answer: Once a signed DUA and LIHP employee-signed agreements are on file with OA, OA can release the data to the county LIHP. OA will post the data to a secure site, in encrypted format, in compliance with secure file transfer protocol. OA will contact the requesting party to provide instructions for retrieving the data.

7) Will OA ask a county LIHP for LIHP beneficiary data?

Answer: Yes. After OA provides ADAP client data to a county LIHP, OA may request that the county LIHP identify ADAP clients in their county who are enrolled in LIHP. It will be up to the county LIHP to inform OA of any data sharing agreements required by the county.

8) What will OA do with LIHP beneficiary data?

Answer: OA will use LIHP beneficiary data to ensure OA remains compliant with state and federal laws that require Ryan White funds to be the "payer of last resort." This means that once another payer source is identified, that payer source (e.g., private insurance, LIHP, etc.) becomes the primary payer instead of Ryan White funds. ADAP will recover eligible medication expenditures, identified as LIHP expenditures, by having the ADAP pharmacy benefits manager withhold the amounts ADAP paid for these back-billable medication expenditures from the pharmacy that dispensed the medications. The pharmacy will in turn submit the back-billed prescription claims to the county LIHP for payment at the LIHP-contracted reimbursement rate.

9) Can a person be in both LIHP and ADAP?

Answer: ADAP-only clients who become enrolled in LIHP will be dis-enrolled from ADAP. ADAP clients with private insurance or Medicare Part D who become enrolled in LIHP can remain co-enrolled in ADAP because ADAP can pay co-payments that the client would be required to pay under private insurance or Medicare Part D.