



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

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**Illinois AIDS Drug Assistance Program (ADAP)
Medical Issues Advisory Board (MIAB)**

DATE	April 16, 2013
BOARD MEMBERS PRESENT	J. Maras, A. Fisher, M. Williamson, C. Blum, B. Max, C. Conover, B. Schechtman
BOARD MEMBERS PRESENT BY CONFERENCE CALL	M. Maginn, P. Langehenning
BOARD MEMBERS EXCUSED ABSENCE	P. Moss-Jones, R. Lubelcheck, D. E. Munar, R. Rivero, A. Fisher, D. Graham, G. Harris, S. Feigenholtz.
BOARD MEMBERS INEXCUSED ABSENCE	
ILLINOIS DEPARTMENT OF PUBLIC HEALTH STAFF	P. Muir, J. Nuss, A. Komperda
CALLED TO ORDER AT	2:34 PM
MEETING WAS ADJOURNED AT	4:45 PM
ANNOUNCEMENTS	None

MIAB MINUTES

TOPIC/AGENDA	DISCUSSION	FOLLOW-UP
1. MINUTES FROM January 29, 2013 MEETING	Corrections or additions: None Motion to approve: M. Maginn Second: C. Blum Agree to approve: All Disagree: none Abstain: N/A	
2. Old Business	No Old Business. Date requests and reports addressed during the last January board meeting will be covered during the ADAP update section of this meeting.	
3. New Business		
i. Staffing Updates		
<ol style="list-style-type: none"> 1. Maria Cruz-Hurt (goes by Susanna) Bilingual Native Spanish speaker started today, April 16th. 2. Vacant position in ADAP - MPCA2, This position was vacated by Jennifer Ludwig. 3. Four vacancies in Part B. 	<p>-Blake asked if there will be a #800 option for Spanish Speakers. At this time all calls will continue into the main #800 number and we will transfer to Susanna as necessary.</p> <p>-Jeff reviewed training process, and our process for transferring calls when a bi-lingual Associate is required.</p> <p>The Epar process is currently in state then will go to the Governor's Office for approval for posting.</p> <p>We are aggressively trying to fill these positions. Dr. Williamson commented that some of these positions are at the director level other positions will go to the Governor's office for approval.</p>	
ii. Reporting of the ADAP budget for FFY 2013		

and SFY 2014.		
<p>1. HRSA Notice of Grant Agreement was received by the Department. It is partial (35%) Award of the Grant that came through based on Sequestration:</p>	<p>a. MAI - \$114,566.00 b. CARE - \$3,353,932.00- Lead Agents CARE -Lead agents level funding /federal reductions through sequestration we will be supporting through Rebate program. As we are moving through process lots of options down the road. -Jeff stated he feels confident at state and federal level we will be leveraging every avenue and resource to continue to sustain the same level of care for the population we serve. -Dr. Williamson agreed. Added that additional funding streams are being researched and utilized. c. ADAP - \$10,714,517.00 Emergency Competitive Fund -IL ADAP was awarded \$7 million needed to be spent by March 13, 2013, -IL Cares Rx Termination (Medicare clients) Takes Mid-April to get Medicare D clients through Troop and catastrophic level. We were denied grace period. Mid-Feb we were told this money could be extended till Sept. 2013 spent all but 3.8 million of award. Now using this portion of award to bridge the gap. -Governor called for IL HIV reduction of \$4.2 million: We are looking at Affordable Care Act, Medicaid expansion, 115 Cook County Waiver migrations to help us meet the proposed cuts. -Department has gone through appropriations for GRF- we are anticipating a cut of \$4.2 million dollars. We are taking the following steps: - ADAP Emergency Relief 3.8 million - Savings from Medicaid - Migrating to ACA Jan 1 d. ADAP Supplement - \$802,731.00 Illinois is in Cost containment status so we received additional ADAP supplemental, Encouraging that we were competitive and received partial award/ last year we received 2.4 million. -Dr. Blum asked if we know when we get the remainder of the reward. Jeff Responded: Has not yet had the project directors meeting to detail how we would use supplemental in next fiscal year, this is on his agenda. -No notice on 2nd installment of partial award. We are waiting for final federal budget for final award. Anticipating 5.2% cut. We are anticipating and planning how this will impact part A. -In 2010 2nd portion of award was given in September. e. No indication when the final award will arrive. f. Discussion with ADAP ERF Competitive, GRF, Rebate from April 1, 2013 thru March 31, 2014.</p>	<p>Jeff will confirm and the partial award amounts and dates.</p>

	<p>g. GRF appropriation has been proposed by Governor, which proposed a \$4.2M reduction. Appropriation hearing was last week, final determination is still pending.</p> <p>h. Questions/Discussion Points</p> <ul style="list-style-type: none"> -Question on County Care are we a contractor for county care: Ryan White payer of last resort. We monitor through Medicaid Data Base through every 6 month certification and fill. -ADAP checks at every 30 day drug fill, monitoring when clients enrolling into county care. We will begin to educate clients to migrate to county cares. -Blake Max- Commented that clients can go to any pharmacy contracted through Medicaid/county care clinic. -Question Clients can continue to use CVS mail order- drugs covered for county cares Ryan White Payer of last resort –we refer to them to the appropriate payer source. -Jeff explained Medicaid is not a hiccup for us, we monitor them behind the scenes as “revolving Medicaid or Pending Medicaid” once flag is flipped we can back bill. Clients in spend down in Revolving Medicaid if 3-4 months active we close them on ADAP same method for county cares this Ensures continuity of care. We remain closely in contact with HRSA to ensure there is full transparency and continuity of care. -County Cares last meeting -4,500 enrolled - 16,000 in queue. -Question on Cost expansion in Cook County Lower \$20 million <p>B. Max Question: what percentage of 2000 ADAP clients moving to county cares?</p> <p>-ALL CLIENTS MOVING TO Affordable Care Act: exceptions Medicare and un-documented resident aliens.</p> <ul style="list-style-type: none"> -Ryan White will be Insurance Completion and Drug Completion program. Our job is to navigate everyone to their correct medical care home. <p>Corrine Blum: Question Medicaid Question on Co Payments for HIV meds?</p> <p>Blake- Like we used Medicare Co-Pays</p> <p>Jeff-Down the road meds not on Medicaid formulary</p> <p>Jeff- Monitoring funding streams monthly, planning for changes. No decrease in level of care state has been able to support.</p>	
<p>2. Updated on ADAP Utilization report update and discussion</p>	<ul style="list-style-type: none"> -March 2013 had historic high Enrollment 7,199/5,072(copay or deductible) - means clients are accessing services. -142 new enrollments -1121 Reapplications - Denials almost always >500% FPL -Our recertification for clients that are closed out is very high, turnaround fast as clients do not receive 	<p>Request for reports that show a shift of clients to County Cares and clients moving through the Medicare “donut hole” requested by</p>

	<p>drug delivery and are quick to investigate.</p> <ul style="list-style-type: none"> -Insurance Spike in March Medicare Copays highest for donut hole process Feb-March-April. -Jeff noted clients in insurance are Private insurance, Medicare supplements, and Medicare/Medicaid copays. 	Blake.
<p>3. Updated/Discussion ADAP Emergency Rules with suspension of IL PCIP (Illinois Preexisting Condition Plan)</p>	<p>Discussion on the intent of the emergency rules.</p> <ul style="list-style-type: none"> -On February 27, 2013 we were informed that the Federal Government was suspending new enrollments in PCIP/IPXP effective March 2, 2013. Staff contacted clients in process or eligible pending approval and waiting for final determination. -IPXP stated docs must be submitted by March 1st, 2013 by close of business, payments after ok. IPXP was bridge for >300% FPL uninsured 6 months, then eligible for 500% FPL, bridge was no longer in effect. -Effective March 2, would've been eligible to IPXP created protected temp bridge to ACA eligibility. Support at executive level to create PCIP (301-500%) rule, JCAAR heard rule, was told that no objections but there is a recommendation. -If any individual was uninsured and had 301-500% FPL ADAP will cover with PCIP classification to track and report. Jeff urges Case Managers to have clients apply and ADAP trained staff will make determinations. 	Jeff will follow up on JCAAR Recommendation.
<p>iii. New Feature in PROVIDE Enterprise (Groupware Technology)</p>		
<p>1. Texting/Email Notifications/User Account.</p>	<ul style="list-style-type: none"> - Feature has been rolled out; ADAP web page has a tutorial within Provide has been in effect since November 3, 2012. -System walks client through process, tells client if we have docs that will meet requirements helps and eliminate wait time. It is to the clients benefit they have a web user account. -Case Manager needs client permission to setup for client, need email or cell phone. -Case Manager CANNOT USE their email address, system has 3 alternate emails for notification, and Case Manager can get email or text 90 days and 30 days prior to recertification. -Advancements are coming from Community to make user function better through GTI in the next 6 months. 	
<p>2. One Point of Enrollment-Eligibility determination/moving web-based.</p>	<p>We are looking for one point of entry for Ryan White regarding eligibility by July 1, then open to the portal of our services.</p> <ul style="list-style-type: none"> - This is development for Affordable Care Act, Modified Adjusted Gross Income (MAGI)- for Ryan White Income Eligibility will be standardized by July 1, 2013. -Regional option for sliding fee scale for Clinical Care, but must be Ryan White Eligible, Payer of last 	

	<p>resort threshold, Income Threshold, etc. CARE Peoria has sliding fee scale implemented ADAP has one but has not implemented.</p> <p>-Still doing notification letters 90 days in advance Spanish/English</p> <p>-P. Langehenning Question: Streamline Ryan White Eligibility Question: Does this Resolve the requirement to become part of Part B for a service deliverable under Ryan White? Must be in Provide to be part of Ryan White Part B?</p> <p>-Jeff Responded: Yes this will resolve a barrier. Case Management Services in Ryan White Portfolio- Care Service Deliverables that require Medical Case Management and Identifying Services that would not require full Medical Case Management just a service plan will be vetted at next quarterly meeting with lead agents.</p>	
<p>iv. Open discussion on Drugs on Medicaid Formulary and ADAP.</p>		
<p>1. Fuzeon, Selzentry, Complera (break out), Stribuild (4th drug counts in the four)</p>	<p>-Client denied drug on Medicaid for drug not on Formulary for Medicaid—We have vetted with HRSA to get guidance, we could consider covering as ADAP is drug/CHIC insurance drug completion program.</p> <p>-Questions on Fuzeon, Selzentry, Complera (break out), Stribuild (4th drug counts in the four) ALL OF THESE DRUGS ARE ON MEDICAID FORMULARY BUT ARE ON THE PRIOR APPROVAL LIST.</p> <p>-The Process is laborious for providers. Jeff discussing with Dr. Conover and Medicaid Director HFS Dr. Goyal. Prior approval determination 2-5 hours and sometimes longer. Concerns with prior approval on Medicaid bring to Dr. Boyles attention.</p> <p>-As drug completion program must move through prior approval process ADAP receives denial ADAP needs the denial on record to move forward. We are working with GTI to track clients that are Medicaid Eligible but denied prior approval. If issues arise contact medical director for Medicaid (Email: Arvid.Goyal@illinois.gov; Telephone number is 874-921-3683).</p> <p>-Continued difficulty let Jeff know to evaluate.</p> <p>-C. Blum voiced provider concern on prior approval process through experience, Jeff response the medical director needs this brought to his attention, Jeff does not want to be the intermediary but needs to know when clients are denied so we can make adjustment and get their meds to keep coverage, we are working on a process.</p> <p>-C. Blum questioned Medicaid not approving single drug for adherence, how far down chain to chase it? Jeff Agrees but we have to get guidance from HRSA-explained if adherence will allow us to step outside of current rules to link to coverage. Jeff wanted to support Providers to follow through</p>	

	<p>prior approval process for Medicaid coverage and notify Medicaid HFS medical director if issues.</p> <p>-Selzentry requires a lab profile that Medicaid does pay for is this why the drug is not covered.</p>	
<p>v. Discussion on educational efforts on Affordable Care Act – Open dialogue and brainstorming</p>	<p>Discussion around consumer base for payer sources. Goal is to get client base educated on the transmission in a timely manner. Would like formalize something collaboratively this may not be the forum since this board meets quarterly but would like to see what other groups are doing.</p> <p>B. Schechtman MATEC- Focus on Providers/Clinicians, discussions around Service Leadership to get information to providers. Some discussion on a potential survey. State Navigators not published, Federal is.</p> <p>-AFC is targeting ambulatory care providers</p> <p>-B. Max CORE Center: clients not being actively enrolled in County Care, Market place opens clients to other providers. County Care is capitated; HIV patients are expensive so this is a potential issue.</p> <p>-M.Maginn- John Spears will be doing a presentation possible link a recording though HIV Care Connect.</p>	
<p>vi. Open for other points of discussion by board members</p>	<p>None</p>	
<p>5. Floor Opens for Questions/Comments from Guest (20 -30 minutes)</p>	<p>-Question on FPL Limit for CARE: Jeff stated that there will be a standardization of FPL for the Ryan White Program; currently each service category has a different limit.</p> <p>P. Langehenning commented that State and City have limits.</p> <p>-Candice Webb New Project Director for Part B thanked everyone for being included on the call.</p>	
<p>6. Next Meeting Date:</p>	<p>If approved - next Quarterly meeting set for July 24, 2013 or July 30, 2013, from 2:30–5 pm (coordinate with CPC).</p>	<p>Jeff will Follow Up pm the date and notify via email.</p>
<p>7. Motion to Adjourn Meeting</p>	<p>Motion to Adjourn meeting at 4:45 PM by B. Schechtman.</p>	