Ryan White Eligibility Determination and Recertification: Improving Efficiency

Amanda Bowes and Steve Bailey
NASTAD
OBJECTIVES

- Review Ryan White eligibility and recertification requirements
- Share state examples of efficient eligibility determination and recertification processes
  - Leveraging other data systems
  - Achieving acceptable rates of recertification
  - Monitoring recertification process
- Allow participants to share practices and questions
ELIGIBILITY DETERMINATION REQUIREMENTS

- HIV Status
  - ONLY upon initial determination

- Income
  - HRSA/HAB PCN #13-02 - “low-income” is defined by the Recipient
  - National Monitoring Standards (Universal) - Standard of low-income documentation is up to the Recipient as long as the same requirements are applied to all clients
  - Ryan White law - Section 2616 [300ff], (b) Eligible Individual “an individual shall (1) have a medical diagnoses diagnosis of HIV/AIDS; and (2) be a low-income individual, as defined by the State”
ELIGIBILITY DETERMINATION REQUIREMENTS

- Residency
- Insurance status
- Labs are not required
  - BUT important for program evaluation, care continuum and quality management activities
  - There are lab-related requirements on the ADR for clients receiving medication assistance
SEMI-ANNUAL RECERTIFICATION

- Required to collect documentation of financial eligibility, residential eligibility, third party coverage ONLY if there are changes

- Can be completed through self-attestation by the client, stating no changes in those three areas
  - Clients may self-attest by phone or e-mail (or in person)
  - Clients may sign self-attestation at next service utilization
  - Recipients determine what constitutes a signature (e.g., electronic)
  - If there are changes, documentation is required but can be collected at next visit
What if clients don’t recertify?

- Clients may not receive services if their eligibility period (6 months) has expired and they have not recertified
- There is no allowable grace period or “cushion”
- Recipients can
  - Ensure provision of sufficient time frames for recertification
  - Assess whether alternate flexible funding exists to cover costs for clients who do not recertify on time
  - Work with other Parts who may be able to cover costs during the recertification gap
CHALLENGES

- Staffing
  - Both centralized and decentralized systems
- Best schedule for 6 and 12 month certifications
  - Same date for everyone, Birthdays, Application Dates?
- Timeliness of completing determinations
- Tracking recertification/annual certification completion rates
- Maintaining acceptable recertification rates
- Obtaining documentation and participation from stakeholders
STATE EXAMPLES
Vermont Medication Assistance Program (VMAP)
Semi-Annual and Annual Recertification Policies & Procedures
HIV Epidemiology in Vermont

- 681 Vermont residents know to be living with diagnosed HIV infection.
  - 54% MSM
  - 77% White, not Hispanic
  - 34% are 50-59 yrs of age
  - 35% reside in Chittenden County
  - 77% are in care
  - 72% are virally suppressed
VMAP Client Profile

• **385 active clients**
  ▫ 68% are Male
  ▫ 38% are 50-59 yrs of age
  ▫ 88% are White, not Hispanic

**Insurance Status:**
▫ 52% are straight Medicaid
▫ 15% are dual eligible (Medicare + Medicaid)
▫ 12% are enrolled in Vermont Health Connect (VHC)
▫ 20% are straight Medicare (including SPAP)
▫ 1% are uninsured
VMAP Eligibility Requirements & Staffing

- 500% FPL (AGI – Individual)
- Vermont resident (no time requirement)
- HIV+ status verification
- Proof of insurance (if uninsured, must show proof of application to Medicaid or VHC)
- New applicants must submit proof of the above requirements at initial application.

Staffing
- All applications are reviewed and approved/denied in-house, by the VMAP Coordinator (eligibility determination takes up approx. 75% of Coordinator’s time).
- Applications are processed within 72 hours
- 2FTEs make up entire RW program (Part B & VMAP)
Recertification Process

- Semi-Annual recertification
  - All clients who are enrolled in a Medicaid (including an SPAP) or VHC program with tax credits, are automatically recertified using the State’s Medicaid eligibility platform (ACCESS)
  - All clients who are enrolled in VHC (no tax credits), employer-sponsored or uninsured are required to complete a self-attestation form and provide updated verification documentation if residency or income have changed.
Recertification Process (cont.)

• Annual Recertification
  ▫ All clients, regardless of insurance eligibility, must complete the full recertification form and provide updated income, insurance and residency documentation.

Note: Vermont is exploring being able to utilize the Medicaid platform for both initial enrollment and annual recertification (in addition to semi-annual recertification) for individuals on Medicaid, Medicare (with SPAP), and VHC (with tax credits).
Recertification Time Line (VMAP)

• Semi-Annual Recertification: February
• Annual Recertification: August

• All clients are recertified at the same time regardless of initial application date.
• Clients are given 45 days to respond, initially.
Recertification Process

Vigorously pursue; Vermont’s process:

• Initial recertification letter sent with 45 days to respond, prior to the beginning of the eligibility period (for example: the semi annual recertification eligibility period is Feb 1st – July 31st. Recertification letter and paperwork is mailed out on or around Dec 15th).

• At the 30 day mark, a second letter is sent to clients (case manager cc’d) who have not successfully recertified, reminding them that they have 15 days remaining to submit their paperwork or risk being terminated.
Recertification Time Line (cont.)

- At the 45 day mark, a termination letter is sent to all clients who did not respond.
- If client recertifies within 30 days of termination date, they only need to complete recertification paperwork. All others must reapply with the full application (minus the HIV+ status verification).
- Note: clients for whom responded timely, but their submission was incomplete get mailed follow-up correspondence indicating what is still needed. So long as the client remains in contact with the office, they will not be terminated.
Recertification Success Rate

- Last complete recertification (Annual): Vermont had a 90% success rate.
- Historically, we have always had good recertification success rates.
- Although we don’t currently have a way to measure the factors that attribute to our high success rate, anecdotally, we know the following are attributing factors:
  - the VMAP population size and the fact that we know the majority of the VMAP clients by name
  - The majority of VMAP clients have case managers (funded by Part B) who assist with the process
  - VMAP’s coverage is robust, most clients have zero out of pocket expenses.
Cross Departmental Coordination

• Historically, Vermont has always had a good relationship with Vermont Medicaid.
  ▫ VMAP utilizes their CMS data sharing agreement
  ▫ VMAP bills through Medicaid’s PBM
  ▫ VMAP eligibility “lives” in the Medicaid system (ACCESS)

Other data Sharing agreements:
  ▫ Ryan White Part B
  ▫ HIV Surveillance
  ▫ STD
Oklahoma ADAP Eligibility

Cindy Boerger MSW

cindyb@health.ok.gov

405-271-9444 #56616
**Program Eligibility**

**Determination/Enrollment System**

- Access Point for Program - statewide
  - Ryan White Part C clinics (OKC, Tulsa)*
  - AIDS Service organizations (OKC, Tulsa)*
  - Department of Human Services
- *Part B funded case managers
- Agency online enrollment data base
Program Eligibility
Determination/Enrollment System

• Application Process
  - Online with signature pages and documentation scanned and attached
  - Determination of eligibility made at ADAP grantee program staff (10 days)
  - Pharmacy contractor and case manager access to real time approvals and client record information
  - Recertification/6 month app prepopulated from previous online application
Program Eligibility Determination/Enrollment System

• Application/client record has sections on
  – Certification period
  – Client demographic information including address, contact information and household composition
  – Household Income
  – Benefits (including Medicaid), third party pay source, all medications prescribed (formulary and non-formulary) and prescribing physician, health information, current labs – CD4 and Viral load
Third Party Pay Source Assessment

• Application questions – SSA, Medicaid, Medicare, insurance

• Medicaid –
  – case manager assessment
  – ADAP staff Medicaid online access
  – Pharmacy system identify Medicaid and insurance coverage eligibility
Annual Program Enrollments

2 cycles:

• January – December – Medicare D and ACA

• April – March – direct medication and all other insurance/co-pay
Client notifications on cert period

• Real time on-line access for the HDAP case manager and contracted pharmacy
• Certification letter to client on each approval with certification and expiration dates
• Mail-out to clients specific to their HDAP enrollment cycle and coverage before the end of each annual enrollment period
• Reminders from both case manager and pharmacy of pending HDAP expiration
### Client Record

#### Application Information
- **Application ID:** 400107880
- **Application Year:** 2013
- **Application Type:** New
- **Requested Services:** Marketplace, Co-pay Assistance
- **Date Submitted:** 03/12/2014
- **Case Manager:** Nicole Ochti
- **Agency:** NASHOKLAHOMA
- **Application Status:** Approved
- **App Status Date:** 05/18/2014
- **1st Approved Date:** 04/01/2013
- **Approved By:** Cindy Beegar
- **Expiration Date:** 07/31/2014
- **Last Change User:** Cindy Beegar
- **Change Date:** 2/10/2014 3:10:21 PM

#### Person Information
- **Name:** Jam Goofy
- **Address:** 4224 Er. 26th St.
- **City:** Tulsa
- **State:** OK
- **Zip:** 74114
- **Primary Phone:** (918) 522-9138
- **Secondary Phone:**
- **Email:** Novo@health.com
- **Race:** White
- **Hispanic Ethnicity:** Not Hispanic or Latino
- **Gender:** Male
- **Current Gender:** Male
- **Social Security Number:** 443748990
- **Ryan White ID:** 400107880

#### Income Information
- **Employment Status:** Employed Full Time
- **Do you need to document Medical Expenses?** No

#### Household Income
- **Name:** Jam Goofy
- **Relationship:** Applicant
- **Age:** 42
- **Income Amount:** $2500
- **Source of Income:** Wages

#### Health/Medical Insurance
- **Effective Date:** 01/01/2011
- **Name of Person Insured:** Jam Goofy
- **Insurance Company:** Medical
- **Policy Number:** 11223456789
- **Does this policy cover HIV related care?** Yes
- **Prescription Coverage?** Yes
- **Prescription Coverage Copay?** Yes
- **RX BIN Number:** 010579
- **RX Processor Control Number:** OKA253
- **Annual Copay Deductible:** $0
- **Copay Amount - Preferred Generic:** $10
Utilization Exception Report

Public Health Investigation & Disease Detection of Oklahoma

| ADAP User Exceptions with Extended Name Matching | BirthDate |
| ID_Num | patient_name |
| Copay User Exceptions with Extended Name Matching | BirthDate |
| ID_Num | patient_name |
| LTCA User Exceptions with Extended Name Matching | DOB |
| SSN | patientname |
| ADAP User Exceptions by URN | Birth Date |
| ID Number | Patient Name |
| Copay User Exceptions by URN | Birth Date |
| ID Number | Patient Name |
| LTCA User Exceptions by SSN | Birth Data |
| SSN | Patient Name |
| NDC Number Exceptions | Drug |
When ADAP clients do not reapply

• No longer ADAP eligible for services until reapply and are approved again.
• ADAP approval eligibility tied into 340B compliance.
• Insurance premiums paid the month before.
• Utilization exception report.
• Reports generated on clients who have not accessed medication and/or have not enrolled again into ADAP for follow-up.
SUMMARY: STRATEGIES

- Leveraging data from other systems
  - HIV Surveillance
  - Medicaid
- Self-attestation
- Monitoring recertification rates
- Stakeholder engagement
- Aligning ADAP and Part B service eligibility determination
- Aligning Part B eligibility process to other Ryan White Parts
CONTACT INFORMATION:

- Amanda Bowes
  abowes@NASTAD.org
  (202) 434-8095