

# Ryan White Eligibility Determination and Recertification: Improving Efficiency

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NASTAD



# OBJECTIVES

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- 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

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- 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 diagnosis of HIV/AIDS; and (2) be a low-income individual, as defined by the State”

# ELIGIBILITY DETERMINATION REQUIREMENTS

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- 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

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- 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?

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- 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

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- 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 1<sup>st</sup> – July 31<sup>st</sup>. Recertification letter and paperwork is mailed out on or around Dec 15<sup>th</sup>).
- 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

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# ***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

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**Application Information**

Application ID: 400107880  
 Application Year: 2013  
 Application Type: New  
 Requested Services: Marketplace, Co-pay Assistance  
 Date Submitted: 03/05/2009  
 Case Manager: Nicole Diehl  
 Agency: RAIN OKLAHOMA  
 Application Status: Approved  
 App Status Date: 02/18/2014  
 1<sup>st</sup> Approved Date: 04/01/2012  
 Approved by: Cindy Boerger  
 Effective Date: 02/01/2014  
 Expiration Date: 07/31/2014  
 Last Change User: Cindy Boerger  
 Change Date: 2/18/2014 3:10:21 PM

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**Person Information**

Name: Iam Goofy  
 Address: 4824 E. 24th St.  
 City: Tulsa  
 Primary Phone: (918) 625-9138  
 Email: igoofoy@hello.com  
 Date of Birth: 02/14/1965  
 Birth Sex: Male  
 Hispanic Ethnicity: Not Hispanic or Latino  
 Race(s): White  
 Social Security Number: 443745950  
 Ryan White ID: rdrs0214651

Person Number: 400107880  
 County: Tulsa  
 Zip: 74114  
 State: OK  
 Secondary Phone:  
 Age: 44 Age Type: Years  
 Current Gender: Male

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**Income Information**

Employment Status: Employed Full Time  
 Do you need to document Medical Expense? No

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**Household Income**

Name	Relationship	Age	Income Amount	Source of Income
Iam Goofy	Applicant	49	2500	Wages

Total Gross Monthly Household Income: 2500  
 Work Deduction from earned Income: 0  
 Adjusted Total Monthly Income: 2500  
 Income Level: 200 - 299 %

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**Public or Private Coverage and Benefits**

For Social Security disability only the following No Benefits will be accepted:

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**Income Eligibility and Documentation**

Employment/Salary Documentation: Tax returns

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**Health/Medical Insurance**

Health/Medical Insurance: Yes  
 Effective Date: 01/01/2011  
 Name of Person Insured: Iam Goofy  
 Name of Company: OHRP  
 Type of Insurance: Medical  
 Policy Number: KHJ123456789  
 Does this policy cover HIV related care? Yes  
 Prescription Coverage? Yes  
 Prescription Coverage Copay? Yes  
 RX BIN Number: 010579  
 RX Processor Control Number: OKA01  
 Annual Copay Deductible: 0  
 Copay Amount - Preferred Generic: 10\$



Search Ryan White

Search

Results

Ryan White Filters

Submit Date - From:  /  /  12

Thru:  /  /  12

Approved Date - From:  /  /  12

Thru:  /  /  12

Effective Date - From:  /  /  12

Thru:  /  /  12

Expire Date - From:  /  /  12

Thru:  /  /  12

Last Name:

First Name:

Tip: try just the first 4 letters

Tip: try just the first 2 letters

Date of Birth:  /  /  12

SSN:

Application ID:

URN:

Case Manager:

City:

County:

Reporting Institution:

Search

Clear



# Utilization Exception Report

PHIDDO  
Creating a State of Health

Public Health Investigation & Disease Detection of Oklahoma

Print Report

ADAP User Exceptions with Extended Name Matching  
ID\_Num patient\_name BirthDate

Copay User Exceptions with Extended Name Matching  
ID\_Num patientname BirthDate

LTCA User Exceptions with Extended Name Matching  
SSN patientname DOB

ADAP User Exceptions by URN  
ID Number Patient Name Birth Date

Copay User Exceptions by URN  
ID Number Patient Name Birth Date

LTCA User Exceptions by SSN  
SSN Patient Name Birth Date

NDC Number Exceptions  
NDC\_Num 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

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- 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:

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