



2022
NATIONAL

HIV & HEPATITIS
TECHNICAL ASSISTANCE MEETING



Maximizing ADAP Engagement and Utilization in EHE Implementation

October 12, 2022

Agenda

Welcome

California

Arizona

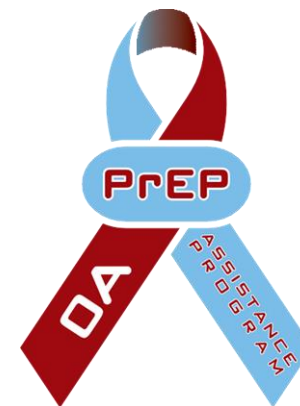
Facilitated Discussion

Q&A / Close



California Department of Public Health

PrEP Assistance
Program (PrEP-AP)



Alej Contreras, MSW
Pronouns: They/He
Strategic Development Unit Chief
Office of AIDS- CDPH



PrEP-AP

AT A GLANCE

The Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) works to increase PrEP accessibility and uptake for eligible Californians, and ensures that underserved, at risk Californians have access to medical care and services to prevent new HIV infections. PrEP-AP provides assistance to both uninsured and insured individuals at risk for HIV.

PrEP-AP Benefits

All enrolled PrEP-AP Clients can access these services at no cost:

Medication



PrEP & PEP,
STI Treatment/Prevention,
Rapid ART

Testing



HIV,
Renal & Liver Function,
STI & Hepatitis,
Pregnancy

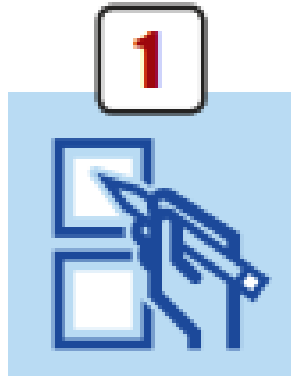
Services



PrEP related Office
Visits & Services

Note: PrEP-AP will cover remaining costs for these services after third party payers such as pharmaceutical assistance programs and insurance have been utilized

How do clients enroll into PrEP-AP and access PrEP Medication ?



**Visit an
Enrollment
Worker**



**Provide
Eligibility
Documents**



**Visit
a
Clinician**



**Labs
&
Prescription**

Where is PrEP-AP?

Throughout California, PrEP-AP partners with:

- Enrollment sites
- Clinical providers
- Pharmacies (Magellan network, or AssistRx for clients enrolled in Advancing Access®)
- **Telehealth services available**

Find a PrEP-AP enrollment site or clinical provider at:

<https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>

PrEP-AP SITE Locator

-  PREP-AP ENROLLMENT SITE
-  PREP-AP CLINICAL PROVIDER SITE
-  PREP-AP CLINICAL PROVIDER AND ENROLLMENT SITE
-  PREP-AP ENROLLMENT SITE (KAISER CLIENTS ONLY)



How Does PrEP-AP Coordinate with Other Forms of Insurance?

Coverage Type	Assistance with PrEP Medication Costs	Assistance with PrEP-related Medical Costs	Assistance with other PrEP-AP Formulary drugs
Uninsured	Covered by pharmaceutical assistance program	Covered by PrEP-AP	Covered by PrEP-AP
Standard Medi-Cal with Share of Cost	Covered by Medi-Cal	Covered by Medi-Cal	PrEP-AP covers share of cost after Medi-Cal
Full Scope Medi-Cal	Covered by Medi-Cal	Covered by Medi-Cal	Covered by Medi-Cal
Private Insurance	Covered by insurance, co-pay covered by pharmaceutical assistance program	Covered by insurance, co-pay/deductibles covered by PrEP-AP	Covered by insurance, co-pay/deductibles covered by PrEP-AP
PrEP-AP Minor (12-17) PrEP-AP Client with Confidentiality Concerns	Covered by PrEP-AP	Covered by PrEP-AP	Covered by PrEP-AP
Medicare with Prescription Coverage	PrEP-AP covers co-pay after Medicare	PrEP-AP covers co-pay after Medicare	PrEP-AP covers co-pay after Medicare
Medicare without Prescription Coverage	Covered by pharmaceutical assistance program	PrEP-AP covers co-pay after Medicare	Covered by PrEP-AP
Tricare	Covered by Tricare	Covered by Tricare	Covered by Tricare

Temporary Coverage

Uninsured individuals, minors (12-17), and clients with confidentiality concerns can enroll at a PrEP-AP Temporary Coverage pharmacy to access PrEP or PEP at the pharmacy.

- Coverage lasts for 30 days
- Regular PrEP-AP eligibility requirements do not apply
- Enrolled clients must see a [PrEP-AP Clinical Provider](#) for services

PrEP



2x in 24 months

PEP



13x in 12 months

What is PrEP-AP Temporary Coverage?

- Expedient way for people to start PrEP or PEP
- Developed to compliment SB159
- Pharmacy staff enrolls their client in PrEP-AP Temporary Coverage to assist with cost of medication and services
- Available through pharmacies that contract with PrEP-AP
 - Must have a pharmacist trained to dispense PrEP and PEP
 - Must be a [MagellanRx ADAP/PrEP-AP network pharmacy](#)
 - Find Temporary Coverage Enrollment Sites on the [PrEP-AP site map](#)
- Enrolled clients must see a [PrEP-AP Clinical Provider](#) for services such as a medical office visit or testing

Immediate Access

Individuals 13 and older can enroll through the [Immediate Access portal](#) to access PrEP or PEP.

- Coverage lasts for 30 days
- Regular PrEP-AP eligibility requirements do not apply
- Clients see a [PrEP-AP Clinical Provider](#)
 - Note: Insured clients must see a provider in their health plan's network
- Clients pick up their medications at a [MagellanRx pharmacy](#)

PrEP



2x in 24 months

PEP



13x in 12 months

What is PrEP-AP Immediate Access?

- Expedient way for people to start PrEP or PEP
- Developed to address gaps in quick access to PrEP & PEP care
- Clients self-enroll in PrEP-AP Immediate Access through the [Immediate Access Portal](#) to assist with cost of medication and services
- After enrolling, clients will need to see a provider for a PrEP or PEP prescription
 - Insured clients must see a provider in their health plans network
 - All other Immediate Access clients must see a [PrEP-AP Clinical Provider](#)*

*Clients who already have a prescription for PrEP/PEP can pick up their medications at a [MagellanRx pharmacy](#)

nPEP for Existing Clients & Enrollment Through the ADAP Call Center



Enrolled PrEP-AP Clients

Refer to PrEP-AP Clinical Provider (including telehealth providers)



Individuals not Enrolled in PrEP-AP

ADAP Call Center

1 (844) 421-7050

Open M-F 8 AM - 5 PM (PST, excluding holidays)

PrEP-AP Telehealth Services

- Insured clients can contact their health insurance plan to determine available telehealth options
- Uninsured clients, Medicare clients without Part D coverage, minor clients, and adult clients with confidentiality concerns, must be referred to a provider within PrEP-AP's clinical provider network.
 - PrEP-AP is piloting a project with two contracted PrEP-AP Clinical Provider sites that will provide PrEP and PEP telehealth services to PrEP-AP clients statewide.

PrEP-AP Telehealth Referral Guide

PrEP-AP's Statewide Telehealth Providers

Northern California

Primary Care at Home, Inc.

Phone: (510) 822-2588

Fax: (510)822-2589

Email: hello@pcahi.org

Southern California

East Valley Community Health Center

Phone: (855) 535-5545,
(909) 620-8088, or (626) 919-5724
ext. 3200 for all

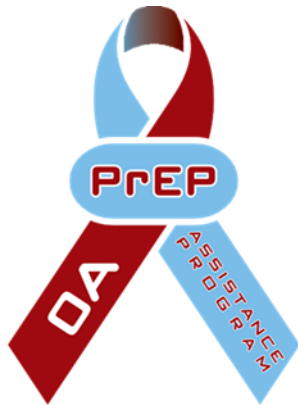
Fax: (909) 525-9278

Email: prep@evchc.org

Thank You!

Questions & Comments
Welcome

PrEP.Support@cdph.ca.gov





Arizona



Maximizing ADAP Engagement and Utilization in EHE Implementation In Arizona

Ricardo Fernández

Arizona Department of Health Services

Overview

Background

Eligibility and Rapid Start

Leveraging Community Partners and Community
Priorities

Communication of ADAP Resources

Future Goals

Questions



Background of ADAP

Ending the HIV Epidemic Response

Challenges of ADAP and EHE

- ADAP programs traditionally are the least nimble of the HIV programs.
- Generally have the most eligibility rules and compliance requirements from HRSA
- Costliest programs to operate to to high cost and volume of drug purchases, co-pays, and insurance costs.
- Traditionally more risk averse programs as need to maintain the safety net to the safety net to ensure all who need prescription drugs is paramount.



Evaluation of ADAP To Meet EHE Goals

- Arizona looked at areas where ADAP programs could add flexibility within the context of HRSA rules and requirements.
- ADHS coordinated with community partners and stakeholders about community priorities for ADAP that would help further EHE goals.
- We also looked at awareness of ADAP services and resources in the community and utilization of ADAP to see if there were gaps or unmet needs.



Eligibility and Rapid Start Strategies

Eligibility and Rapid Start Strategies

- Arizona worked with our Part A partners to implement changes to eligibility processes to allow rapid enrollment into ADAP program for persons with HIV.
- Persons who were newly diagnosed with HIV in the past 30 days, had run out of HIV medications or will run out of HIV medications in the next seven calendar days, have not seen a medical provider for HIV care in over 12 months and is not virally suppressed, or have been re-engaged through the Data To Care Program all qualified for a pre-approval for ADAP services with only a proof of HIV status. Acceptable proofs of HIV status were expanded.
- One page application form created for Rapid Start enrollments in ADAP.



Eligibility and Rapid Start Strategies (continued)

- For ongoing eligibility and retention:
- We eliminated the viral load requirement after extensive analysis and work with HIV surveillance and set up processes to collect all viral loads through exports from eHARS.
- COVID-19 changes made permanent and all applications can be completed completely remotely.
- Simplified income and insurance reporting requirements.



Leveraging Community Partners and Community Priorities



Community Partner Identified Challenges

- Community partners identified communication challenges between partner organizations working with clients that needed ADAP.
- Identified insurance barriers to care for patients and clinics managing care.
- ADAP formulary had some drugs to provide gender affirming care but it was missing some drugs that were commonly prescribed by providers.



Responses to Challenges and Community Priorities

- Rapid Start red phone system set up to allow immediate communication between all rapid start community partners. This setup allowed eligibility and medical appointments to be coordinated and set up immediately same day or next day and have ADAP services immediately available to support the patient.
- Leveraged high level of knowledge of insurance from ADAP staff to develop accepted insurance lists of all the Rapid Start partners and troubleshoot insurance problems encountered by community organizations.
- ADHS hired trans health consultants from community who worked with ADAP staff and the ADAP Formulary Committee to add drugs for gender affirming care to the ADAP formulary and have a robust and comprehensive roster of treatments.



Communication of ADAP Resources

Awareness of ADAP Resources

- ADHS conducted assessments and informal stakeholder feedback sessions that established there was a lack of awareness among both staff persons at HIV service organizations and patients enrolled in ADAP of the full breadth of ADAP services available.
- Patients unaware of some of these services were incurring costs and not taking medications consistently when there were resources available to support them.
- Communications from ADHS did not always reach patients.



New Communication of ADAP Resources

- Created updated and improved HIVAZ.org website in English and Spanish replacing the old website detailing ADAP resources among others.
- Created K cards in English and Spanish showing services available to clients through ADAP that could be easily handed and distributed to clients.



Future Goals

Future Goals

- Much work and further improvements to our system remain to be accomplished to maximize how we leverage ADAP to support EHE goals.
- Identified need for an online application for ADAP services which is currently under development for mid-2023 launch date.
- Need for further simplified eligibility policies- working to set up ways to verify income, insurance, and residency without needing applicants to provide the information.
- Ensuring ADAP stays responsive through robust community engagement and listening to our patients.



Questions?

Ricardo Fernández

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Facilitated Q&A



1. What do you see as the role of ADAPs to advance and meet EHE goals?
2. Are there lessons learned from ADAPs that could be transferable to the EHE overall structure?



3. What can EHE jurisdictions learn or take away from ADAPs existing infrastructure?
4. How can existing data systems be leveraged to manage the flow of clients under the EHE program?



5. How is your ADAP currently working with EHE jurisdictions?

- What is important for jurisdictions to know when embarking on similar work?
- What would you do differently knowing what you know now?

6. How has your ADAP adjusted eligibility timelines and/or increased integration, coordination, and alignment across various RWHAP Part A, B, ADAP programs?

7. What else should we explore that hasn't been addressed?



Questions

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