

**NVH Consortium Meeting**  
**November 3, 2016**  
**Summary Minutes**

Wade Menear, Chair, opened the meeting in the Northern Virginia Regional Commission (NVRC) main conference room.

**ANNOUNCEMENTS**

Suzanne Dorick of the Fairfax Health Dept. invited everyone to the 3-on-3 HOOPS basketball tournament and HIV/AIDS Summit on November 5. She also announced the 2016 Howard University conference on HIV/AIDS stigma.

Farima Camara of Neighborhood Health has been appointed to the Alexandria City Commission on HIV/AIDS.

Marco Zurita, Outreach Liaison for NIH, highlighted the way increased coordination with local providers has sped acceptance of PLWH/A (people living with HIV/AIDS) into clinical trials. Recently a client was accepted within one week of application.

**MINUTES OF OCTOBER 6, 2016**

The minutes of October 6, 2016 were approved as submitted.

**PLWH/A OPEN MIKE:** Mike Hughes spoke about the difficulties of selecting a Medicare Part D insurance plan under ADAP's MPAP (Medicare Part D Assistance Program). MPAP does not keep detailed information on HIV and other medications under different plans. Wade Menear asked that all Ryan White primary care providers routinely stock bandaging materials.

**PRESENTATIONS: HIV/AIDS SERVICES IN SUBURBAN VIRGINIA**

Institute for Public Health Innovation (IPHI): Christine Stewart, Program Manager, described their use of Community Health Workers (CHWs) to support health care for PLWH/A. CHWs are selected for life experience (and often culture and community) shared with their clients. Although IPHI serves the entire Washington metro area, their CHWs in Virginia offer Early Intervention Services (EIS): referral to services, linkage to care, and health education and literacy training that enables clients to navigate the HIV system of care. CHWs seek out PLWH/A not in care to link them into care. IPHI also seeks to identify best practices through other models of CHW services elsewhere.

Neighborhood Health: Andrew Torre, Program Assistant, summarized the Ryan White services offered by this Federally Qualified Health Center (FQHC): outpatient medical care, medical case management, mental health & substance abuse counseling, dental care, outreach and testing support, transportation, interpretation, health insurance enrollment, and co-payment assistance. Neighborhood Health offers services, including labs, at the Casey Clinic and at 6677 Richmond Highway (Rt. 1) and served 191 clients, including 23 new clients, in a recent grant year.

Tariku Mekonnen, Case Manager at Neighborhood Health, described their alcohol screening questionnaire (AUDIT) and their three current Quality Improvement Projects (QIPs) around screening for cervical cancer, screening for and Sexually Transmitted Infections (STIs), and oral health treatment plans.

### **UPDATE ON RYAN WHITE PART A IMPLEMENTATION OF FEE FOR SERVICE**

Tim Agar summarized the information on Fee-for-Service transition plans from the recent Part A Administrative Agents conference call.

Clover L. Barnes, Chief of the Care, Housing & Support Services Division at the DC Dept. of Health HIV/AIDS, Hepatitis, STI, TB Administration (HAHSTA), then offered the following points:

- Health care providers with Electronic Health Records (EHR) will submit invoices under Ryan White (RW) Fee-for-Service (FFS) to a third-party billing system. The third-party billing provider has not yet been selected. FFS will not use DC's EGMS electronic grants management system.
- Anthony Young can be contacted at DC HAHSTA for capacity building in the use of, and equipment for, electronic billing.
- HAHSTA is still exploring options for paper invoices from providers without EHR.
- All bills must be submitted in a timely manner (within 60 days). Complete bills will be paid within two weeks.
- Fees will be uniform across the DC Eligible Metropolitan Area (EMA) - five counties in Maryland, 11 counties and 6 cities in Virginia, 2 counties in West Virginia as well as the District of Columbia.
- Fees for medical services will be based on those for Federally Qualified Health Centers (FQHC) or Medicare.
- Fees for medical services will include nurse visits for the first time.
- AIDS Service Organizations (ASOs) with subcontractors will consolidate bills from those subcontractors and submit them to RW's Fee-for-Service third-party billing system on behalf of those subcontractors.
- Fees for other services will start with Medicare/Medicaid rates, not private insurance rates.
- Non-medical Care Management rates will be based on the number of defined contacts with a flat fee per such contact. Billing will not use DC's EGMS electronic billing system.
- HAHSTA is writing a request for a waiver from the Ryan White requirement that at least 75% of RW funds be spent on medical care and no more than 25% be spent on support services.
- HAHSTA anticipates adding providers to the RW Fee-for-Service every six months.
- MAI, Minority AIDS Initiative funds, will not be part of FFS but be grant-funded under a separate Request for Applications (RFA). The RFA will include a shortened narrative, a budget and a work plan.

### **AFFORDABLE CARE ACT (ACA) UPDATES**

Jennifer Zoerkler, Executive Director of Virginia Health Options, reported that they have begun enrolling and re-enrolling clients in ACA health insurance. Clients must complete enrollment or reenrollment AND submit their 2017 plan and premium information to VDH by December 15, 2016, in order to have coverage beginning January 1, 2017. This is true even for consumers receiving notice from their insurance plan that they have been auto-enrolled for 2017. She distributed a contact list for VHO's Ryan White Health Insurance Assistants, a chart of upcoming enrollment times and locations, and a flyer from the Virginia Dept. of Health (VDH) outlining the steps and documents needed to enroll or re-enroll.

**WASHINGTON METROPOLITAN AREA PLANNING COUNCIL REPORT**

The new Virginia representatives on the Planning Council were recognized: Doug Fogel, Jennifer Zoerkler, and Stan Brentini.

**VIRGINIA DEPARTMENT OF HEALTH UPDATES**

Ashley Yocum, the new HIV Services Coordinator (contract monitor) for Northern Virginia, reported that VDH had published the list of 2017 Health Insurance Marketplace plans approved for ADAP payments. They are available on the VDH ADAP webpage, <http://www.vdh.virginia.gov/adap>.

She also reported that as of October 18, 2016 there were 5,913 clients enrolled in Virginia ADAP (AIDS Drug Assistance Program):

- 3,289 in Health Insurance Marketplace Assistance Program (HIMAP);
- 1,684 in Direct ADAP;
- 543 in Medicare Part D Assistance Program (MPAP); and
- 495 in Insurance Continuation Assistance Program (ICAP)

**ADMINISTRATIVE AGENT REPORT**

Michelle Simmons reported that by the end of November, NVRC will be releasing an RFA (Request for Applications) for RW Part A services not part of the new fee-for-service delivery model.

Tim Agar reminded RW contractors of their November 16 meeting.

**UPCOMING MEETINGS**

Consortium December 1, 2016 at NVRC from 10:00 a.m. – 12 noon.

Minutes  Approved as Written  With Corrections

Tylee Smith 11/4/16  
Tylee Smith Date