NVH Consortium Meeting
December 7, 2017
Summary Minutes

Doug Fogel, Vice Chair, opened the meeting at Northern Virginia Regional Commission (NVRC).

ANNOUNCEMENTS
Jennifer Zoerkler, Executive Director for VHO, reminded those present that open enrollment for the Affordable Care Act (ACA) closes December 15 for those wishing to be covered by Jan. 1, 2018.

Hugo Delgado, Executive Director for Nova Salud, announced that they had a new brochure describing their services following the latest round of refunding.

Colleagues announced that Tom Decker, Inova Patient Navigator, was attending a graduation of one of his clients from a GED program, and was this unable to attend.

PLWHA OPEN MIKE
Jan Hendrik requested a Consortium presentation on Aging & HIV, specifically on the long-term impacts of HIV medications.

Ron Scheraga reported that he and several other consumers were unable to get through on the VDH phone line for the Ryan White MPAP, Medicare Part D Medicare Assistance program. He had also written to MPAP and had not received a response. Consumers were lost without the supporting documents available from MPAP. Mike Hughes and Jan Hendrik reported the same experience. Ashley Yocum, HIV Services Coordinator for HIV Care Services at the Virginia Department of Health (VDH), promised to relay this concern.

Mike Hughes also announced that Tom Decker was the newly-elected head of the Consortium's PHWHA Committee.

[Later in the meeting Ashley Yocum provided the VDH MPAP contact who is Damarious Perry at 804/864-7919.]

EDITED PREVENTION PLAN/NEXT STEPS
Michelle Simmons, Director of Human Services at NVRC, reported that she had worked with Suzanne Dorick to incorporate context from the National HIV/AIDS Strategy and the integrated care and prevention plans produced by the District of Columbia and Virginia Depts. of Health into the regional prevention plan. After a few finishing edits have been made, the draft regional prevention and care plan will be posted on the NVRC website for comments.

DISCUSSION: 2018 REGIONAL SERVICE DELIVERY PLAN
Michelle Simmons distributed a draft Service Delivery Work Plan worksheet a component of the Suburban Virginia Service Delivery Plan. A regional service delivery plan is required of Consortia by VDH.

Needs Assessment Findings: Prior to opening up the discussion on work plan goals and objectives she apprised participants of needs assessment findings from the Provider Survey from

2015, 2016, and 2017. Staff in 8 of 9 Ryan White providers contributed information to the Provider Survey.

Findings included:

1. Unmet needs among core services for:
    a. MH services, including psychiatry
    b. Population-specific support groups
    c. Substance Abuse services
    d. Medical Nutrition services

2. Unmet needs among support services for:
    a. Non-medical case management
    b. Interpretation
    c. Residential mental health services (The difficulty of obtaining contracts with facilities was mentioned.)
    d. Medical transportation, expecially for those needing HIV treatment in Charlottsville and Richmond
    e. Eyeglasses for needs identified through opthomology services
    f. Emergency Financial Assistance for food, especially ethnic foods
    g. Outreach to specific groups, especially young men of color
    h. Housing Support for those at risk for or experiencing homelessness

Cultural needs included culturally-competent staff, especially those able to address stigma issues among Hispanics and Africans.

In response to a suggestion, the strategy of adding Virginia-specific questions to the metro-area Planning Council's annual survey will be explored.

Regional Service Delivery Plan Work Plan: Michelle walked participants through the beige handout which describes last year's goals and provides updates on the status of each.

- Goal 1: Remaining Priorities. Participants received updates on the status of work on this goal. The need to redesign insurance literacy training was discussed. Presentations to the Consortium about (1) the agency identifying better use of insurance by its clients, (2) the entity implementing the new MAI service structure and (3) a roundtable presentation on the various roles HIV+ peers are playing in the region were discussed. A planned 2018 IPHI CHW Certification Class and the need for female CHWs were also mentioned.

- Goal 2: Coordinating Prevention & Care Programs. Updates were provided on this goal. This is one area where entities receive funding directly from the state and are not subject to Consortium direction. It was agreed that this goal should not include activities over which it has no policy control. Discussion was tabled until comments on the Regional Prevention Plan can be received.

- Goal 3: Focusing Housing on Vulnerable Populations. Progress on housing was thwarted by changes in the policy focus for HOPWA from HUD and DC HAHSTA. Participants agreed to revisit what can be done around housing where the Consortium has more policy control at the next meeting.

The 2018 Regional Service Delivery Plan will be reviewed and finalized at the January 4 NVH Consortium meeting.

METROPOLITAN DC RYAN WHITE PLANNING COUNCIL REPORT

Jennifer Zoerkler, member of the Planning Council, reported that representatives from Chicago's integrated care and prevention planning body explained their approach and early experience at the November meeting as part of the move to better integrate care and prevention. The metro Consumer Access Committee will be revitalized. The Care Strategies, Coordination & Standards Committee will finalize new standards for Emergency Financial Assistance, enabling expanded use of this funding. Jennifer relayed Tom Decker's urge for participation by Virginia providers and consumers in these decisions.

VIRGINIA DEPARTMENT OF HEALTH (VDH) UPDATES

The complete report by Ashley Yocum, the Northern Virginia HIV Care Services Coordinator, is attached. Among the important points were:

1. Although the Affordable Care Act's Open Enrollment ends December 15, there will be an additional 60-day enrollment period, starting January 1, for those who lost insurance coverage because their current insurer will not continue in the Marketplace in 2018.

2. VDH is arranging for a hybrid model of reimbursing physicians and labs for HIV care when no ACA plan with such physicians exists in a plan network within a PLWH's locale. Funding for the hybrid plan will come from non-Ryan White resources. Clients are expected to meet 1 of 4 criteria to be covered by the hybrid:
    a. Travel time to medical appointment is greater than 60 minutes with public transportation or greater than 45 minutes with private transportation;
    b. There are no other HIV providers in the area that can provide quality care and that accept new clients;
    c. Wait time for new patient visit at new provider is greater than 2 weeks; or
    d. Assessment and documentation of structural barriers that may contribute to the client dropping out of care/not keeping appointments or that add excess time and cost for travel to new providers such as bridges, tunnels, tolls, distance needed to travel, unreliable transportation, etc.

    When medical providers are out of network and benefits are available for out of network, the medical provider should bill insurance for eligible out of network reimbursement.

    If no out of network benefits are available or there is a balance charge remaining for the cost of the client's service, the medical provider should invoice RW Part B recipients/ subrecipients to see if there is an agreement in place to reimburse services for the remaining cost. This charge may not exceed the maximum rate set by VDH.

NVRC ADMINISTRATIVE AGENT UPDATES

Michelle Simmons announced that NVRC is updating its 2017-18 spending plan to accommodate changing circumstances in both Ryan White Part A and Part B. Providers who are

underspending can expect some de-obligation (take back) of funds in order to meet the target of no more than 5% underspending by the ends of the grant years.

UPCOMING MEETINGS

- January 4, 2018 from 10:00 a.m. – 12 noon NVH Consortium at NVRC

Minutes ___ **Approved as Written** ✓ **With Corrections** Tylee Smith 1/4/18
Tylee Smith **Date**

NVRC Consortia Meeting
VDH Update
December 6, 2017

1. Updated Virginia ADAP Application

The Virginia ADAP application has been updated to include a checklist of items needed to complete an application. Please begin using this updated application immediately and include all supporting documentation when sending an application to VDH. The new application can also be found on the ADAP website (http://www.vdh.virginia.gov/disease-prevention/eligibility/).

HCV/HIV Tx Assistance Program Update
There are a total of 89 clients that have accessed the program; 77 have completed therapy and 6 are currently on treatment. HCV Medications are on the ADAP Formulary. VDH has purchased medications and have 9 treatment slots available. More information can be found on the ADAP website (http://www.vdh.virginia.gov/disease-prevention/virginia-aids-drug-assistance-program-adap/hepatitis-chiv-co-infected-treatment-assistance-program/)

Virginia ADAP Eligibility Update
Virginia ADAP eligibility criteria has been updated. CD4 and Viral Load values within 6 months are no longer required for eligibility in Virginia ADAP. The medical certification form must be included with new applications, as HIV Disease status is still required. The CD4 and Viral Load information is, however, useful for surveillance purposes, thus if available, please include. Virginia ADAP staff will still continue to request the medical certification at the time of recertification.

2017 Open Enrollment Update
ACA update/enrollment challenges discussion: Carrie Rhodes

- Thank you for coordination and assistance for ACA enrollment period.
- 9 days left in Enrollment
- As of 12/5/17, currently have 1,756 clients enrolled in ACA plans:
    - Central 303
    - Eastern 532
    - Northern 475
    - NW 212
    - SW – 229
    - Covering all plans except Optima Gold
    - Working with Benalytics to assist 1-855-483-4647
    - VDH ADAP Hotline: 855-362-0658
    - Benalytics is open on Saturdays from 9 AM – 1 PM.
    - All updates on website
    - Debriefing after ACA for best practices and prepare for GY19.
    - VDH is beginning to make payments for clients.
    - Reach out if questions or need assistance
    - Although enrollment end 12/15 – may clients be eligible for special enrollment.
        - IF client carrier no longer available in marketplace, will be able to enroll after Dec. 15 – Feb. 28
    - How VDH doing on enrollment
        - Little higher in enrollment as compared to last year, but shorter enrollment period.
        - Clients beginning to call now since enrollment ending soon.

        - Ways to go to maintain but with special enrollment period, helps
    - VDH has received a large list of VDH bad phone numbers from Benalytics. Please review those lists and update numbers/addresses.
    - Also please update any health insurance info that you have for clients in those
    - Duplicate checklists:
        - Please do not send checklists by fax if the information had been entered by ACA.
            - If need to submit changes, please submit those changes through e2 support e-mail using the e2 support team.
    - ACA Enrollment – E2VA
        - Several duplicate checklists in e2
            - If edits need to be made, please e-mail support@e2virginia.com
            - Small support team (VDH staff) that can assist and answer programmatic questions.
            - Please do not call RDE for questions as they cannot assist with edits to ACA enrollment records.
            - Also seeing, users need password or LKM reset. Go ahead and e-mail support E2va (don't click forgot password).
            - IF questions for ACA edits, lost passwords/LKM reset, programmatic questions – email support team at E2..
            - Feedback loop – verify info got to VDH through E2.
                - After enrollment made in E2, person entering data will receive an e-mail confirming the enrollment. VDH must have time to confirm accuracy of data prior to
                - Email confirming only that VDH received the information
                    - VDH build module quickly so can't send e-mails in real-time.
                    - Also, using ADAP database to confirm information prior to sending confirmation.

- Once ACA data is entered in E2, data pulled into ADAP database. Please ensure that information entered correct and sent to VDH, because if info is not correct, client could be disenrolled from insurance.

Premium amounts – premium amount should be premium amount after tax credit is applied. Not full amount, not before tax credit – after tax credit applied. IF concerns that that info has been entered incorrectly, please e-mail support E2. Again, please use the e2 ID when communicating about a client through e-mail.

- Hybrid model – modifications, reallocations
    - Limited number of plans available this year for ACA.
    - VDH is encouraging clients to enroll clients in plans even if their provider is not in network for the plan available with their area.
    - VDH is working on a Hybrid model in order to reimburse those providers with other funding.
    - If clients do not enroll in ACA, will affect our ADAP and OAMC/Lab services that have previously been paid by insurance.
    - VDH can only pay for HIV services with RW funds, therefore if clients not enrolled in insurance and previously used that insurance for non-HIV related medical services, VDH will not be able to pay for those services. Must be HIV-related services.
    - This model should only be used for clients who are enrolled in an ACA plan in which their ID physician is not in-network for their insurance carrier's plan.

- Agencies will need to apply and document at least one of the following criteria for each RW client:
    - Travel time to medical appointment > 60 minutes with public transportation or >45 with private transportation.
    - There are no other HIV providers in the area that can provide quality care and accept new clients
    - Wait time for new patient visit at new provider >2 weeks
    - Assessment and documentation of structural barriers that may contribute to client dropping out of care/not keeping appointments or that add excess time and cost for travel to new providers such as bridges, tunnels, tolls, distance needed to travel, unreliable transportation, etc.
  - When medical providers are out of network and benefits are available for out of network, the medical provider should bill insurance for eligible out of network reimbursement.
  - If no out of network benefits available or there is a balance charge remaining for the client's service, the medical provider should invoice RW Part B recipients/subrepients ~~to see~~ if there is an agreement with VDH in place ~~plan~~ to reimburse services for the remainder cost. This charge may not exceed the maximum rate set by VDH.

2. HCS Services Update

1. Changes to contract language for GY18
    - HIPAA
    - HITECH – The Health Information Technology for Economic and Clinical Health
        i. Requirements that both VDH and subrecipients must abide by as RW recipients.
    - Working with State legal and procurement staff to amend contracts for GY18.
    - Items also in the confidentiality guidelines but must codify that in contract.
    - If questions, please contact services coordinator and VDH will respond.

2. FY17 expenditures calls; de-obligations
    - FY17 expenditures – VDH will be calling all recipients to discuss where agencies are with FGY17 expenditures.
    - At this point in grant year, 67% of the Grant Year and only 38% of awards expended. Many agencies have not submitted November invoices (some agencies more delayed).
    - Please submit invoices on time so that VDH knows how much funds have been expended.
    - If agencies are not within 5% of spending, VDH will discuss the option to de-obligate in order to reallocate/repurpose funds.
    - VDH needs to make sure that agencies will spend down the funds, if agencies think they will spend down the fund, they must submit a spending action plan. There is no penalty in deobligating, there is a penalty if agencies do not deobligate funds and then leave funds on the table at the end of the grant year.
    - Gale Skinner, Mary Browder, and Kimberly Scott (and Service Coordinator) will be calling providers
    - If agencies can reallocate funds, that is fine. But agencies must spend down their awards, if not agencies need to de-obligate their funds.
3. FY18
    - Contracts begin April 1, 2018
    - Budgets and work plans
        i. SC working on justifications now, SC will be requesting budgets and work plans for FY18 soon.

- Services (Psychosocial support)
  i. Adding this service for GY18. Many clients and agencies have requested this service. If questions, let SC know.
  ii. VDH will provide more info soon.

4. Division of Disease Prevention (DDP) subrecipients should review the DDP Security and Confidentiality Policies and Procedures (DSCPP), and sign the *Verification of Receipt and Assurance of Key Requirements for Non-DDP Personnel* form (also attached). The following requirements must be met by **January 31st, 2018**:

   - First, every staff person involved in a DDP contract must thoroughly read the attached DSCPP and address any questions to myself or the appropriate DDP contract monitor;
   - Second, every staff person involved in a DDP contract **who has any contact with client personal information (PHI or PI)** must sign the attached Verification of Receipt form;
   - Third, all signed Verification of Receipt forms can be submitted between December 6, 2017 and January 31, 2018 but **must be submitted to Chelsea Caumont by January 31st, 2018**. Forms can be submitted via email, fax or hard mail:
     - **Email**: chelsea.caumont@vdh.virginia.gov
     - **Fax**: (804) 371-2895
     - **Mail**: Virginia Department of Health
       Attn: Chelsea Caumont
       109 Governor St., 2nd Floor
       Richmond VA 23219
   - Last, a copy of the DSCPP and each signed form must be retained at your site.

Please also keep in mind that new staff must read the attached DSCPP and sign the Verification of Receipt form within two weeks of their start date.

Please remember that this is an annual process and these forms must be submitted every year. If you have any questions about this process, or the material, please do not hesitate to contact Beth Leftwich (Elizabeth.leftwich@vdh.virginia.gov) or your Services Coordinator

5.
6. E2Virginia Updates:
   i. PN module webinar tomorrow – 2-3:30 PM
      1. Newly updated PN module and other select features of E2.
         Meeting request was sent out, if interested
         Webinar: Refresher webinar.
         Same webinar – if already attended, don't need to attend again unless you have additional webinar.
         RW PN agencies should have started entering data for PN clients on December 1st.

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