

RYAN WHITE PART A PROGRAM TTRA COVERAGE AND EXPECTATIONS UPDATE

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*(with update
highlighted
in yellow –
see slide 13)*



"Delivering Excellence Every Day"

HRSA DISCLAIMER

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TEST & TREAT / RAPID ACCESS (TTRA) GOAL FOR MIAMI-DADE COUNTY

For all people with HIV who are not in care, facilitate immediate access to HIV medical care and antiretroviral therapy (ART) to improve client health outcomes, reduce viral load in the community, and get the number of new HIV infections to zero.



DEFINITIONS OF TTRA ENROLLMENT TYPE

- **New to HIV Care:** completely new HIV diagnosis
- **New to RWP Care:** previously diagnosed, but never received services from the local Ryan White Part A or Minority AIDS Initiative (MAI) Program
- **Returned to RWP Care:** lost to local RWP care and is now returning to care
 - **NOTE:** the timeframe for this enrollment type is not specified, but consider a client as Return to Care if client has missed multiple medical appointments in a row or has been off medications for a few months; do NOT use this enrollment type for clients who are already adherent to care and simply don't want to wait for a regularly scheduled appointment



TTRA EXPECTED TIMEFRAMES

■ ENROLLED IN TTRA

- Same day as client is newly diagnosed with HIV, same day as new client shows up to local Ryan White Program, or same day as client's first Return to Care encounter, but not more than 7 days later

■ MEDICAL VISIT, LABS, AND WRITTEN PRESCRIPTION

- Same day as TTRA Enrollment date, but not more than 7 days later

■ FILLED PRESCRIPTION FOR ARV MEDICATION

- Same day as TTRA Enrollment date, but not more than 7 days later



TTRA EXPECTED TIMEFRAMES (continued)

■ ENROLLED IN PART A

- Same day as TTRA Enrollment date, but not more than 14 days later (30 days should be the exception, NOT the norm)

■ ENROLLED IN ADAP

- Same day as TTRA Enrollment date, but not more than 14 days later (30 days should be the exception, NOT the norm)

■ FOLLOW UP BY MCM, PEER OR OUTREACH WORKER

- Regularly and as appropriate to ensure client is connected to care and is taking ARV medications as prescribed



PRE-SCREEN FOR PART A ELIGIBILITY

- Ask pre-screening questions BEFORE enrolling client in TTRA process:
 - ✓ Are they HIV+ (confirmatory test, preliminary positive test, etc.)?
 - ✓ Do they live in Miami-Dade County full-time?
 - ✓ Are they low-income (e.g., less than \$54,495 for a household of one in 2022)?

NOTES:

- If “NO” to any of the above, do NOT provide Part A/MAI assistance. Connect the client to other resources in the community where they live, such as a FQHC, private insurance, etc.
- *Part A/MAI services provided to TTRA clients who enrolled based on a preliminary positive test result but are ultimately determined to be HIV negative will need to be disallowed from Part A/MAI reimbursement.*



PRE-SCREEN FOR PART A ELIGIBILITY (continued)

- ✓ Does the client have private insurance, Medicaid or Medicare?
 - If NO, enroll client as TTRA and follow local TTRA protocol.
 - If YES (see slides 9 through 11):



PRE-SCREEN FOR PART A ELIGIBILITY (continued)

- ✓ Does your agency accept the client's private insurance, Medicaid or Medicare?
 - If YES, bill the insurance, Medicaid or Medicare; not Part A
 - ❖ Record client as a TTRA client, then immediately disenroll them from TTRA and indicate the reason (e.g., transferred to private insurance, Medicaid, Medicare, etc.)
 - If NO, refer the client to an agency (e.g., Part A provider) that accepts the client's insurance, Medicaid or Medicare (see list of insurance accepted by Part A providers, as prepared by FDOH)



PRE-SCREEN FOR PART A ELIGIBILITY (continued)

- ✓ Does the client have prior authorization requirements that delay access to medical visit for more than one week?
 - If YES, use Part A TTRA process for initial medical visit and TTRA-allowable labs; and document the barrier or delay
 - If NO, use client's insurance to access medical visit and labs;
 - ❖ Record client as a TTRA client, then immediately disenroll them from TTRA and indicate the reason (e.g., transferred to private insurance, etc.)
 - ❖ Do NOT continue using the Part A TTRA process



PRE-SCREEN FOR PART A ELIGIBILITY (continued)

- ✓ Does the client have prior authorization requirements that delay access to ARV medications for more than one week?
 - If YES, use local Part A TTRA process for initial medical visit and TTRA-allowable labs, **ONLY IF NEEDED**; use FDOH TTRA pharmacy process or Patient Assistance Program for immediate access to ARVs
 - ❖ If using Part A TTRA process, document the barrier
 - If NO, use client's insurance to access the ARV medications
 - ❖ Record client as a TTRA client, then immediately disenroll them from TTRA and indicate the reason (e.g., transferred to private insurance, etc.)
 - ❖ Do NOT continue using the Part A and FDOH TTRA process



TTRA FOR MEDICARE OR MEDICAID MMA & LTC CLIENTS

- Connect Medicare or Medicaid [including Managed Medical Assistance (MMA) and Long Term Client (LTC)] clients to a medical practitioner and care coordinator in their health plan
 - Part A/MAI providers may use one or more allowable TTRA medical case management, peer, and/or outreach encounters
 - Must occur within the 30-day window for TTRA



FIRST MEDICAL VISIT

- One, abbreviated medical exam focusing on HIV, appropriate labs, and client's need for ARV prescription
- Medical practitioner orders appropriate, initial labs:
 - HIV 1,2 Ag/Ab preferred, if HIV diagnosis is not confirmed
 - Complete Blood Count
 - Comprehensive Metabolic Panel (ALT, AST, creatinine [eGFR],
 - CD4 count,
 - HIV-1 RNA PCR (viral load),
 - HIV-1 genotype resistance test(s), -- **** IMPORTANT: medical practitioners should order a genotype test at initiation of care for all newly diagnosed clients and for all return to care clients ****
 - Hepatitis B surface antigen (if indicated),
 - Note: if HBV vaccine verified, do not need to order HBsAg
 - Also recommended: HBsAg, HBsAb (qualitative and quantitative) and HBcAb total and HBcAb IgM antibody
 - urinalysis,
 - pregnancy test (if indicated)
 - collection of venous blood by venipuncture



FIRST MEDICAL VISIT (continued)

- Possible additional labs to order (ONLY IF patient is symptomatic OR Part A eligibility is confirmed):
 - RPR (test for syphilis); Gonorrhea; and Chlamydia
- Medical practitioner should write TWO prescriptions:
 - ✓ ONE for ARV Rx to be filled by TTRA-participating pharmacy
 - ✓ ONE for ARV Rx to accompany referral to other sources of access to medications (e.g., ADAP, Patient Assistance Programs, etc.) – written for a maximum of 5 refills
- **NO** diagnostics (X-rays, MRIs, CT scans, etc.) or immunizations until client is fully enrolled in the Part A Program; no other payer source
- Additional medical visits and follow-up care require full eligibility assessment review and enrollment in Part A –

**** GET ELIGIBLE CLIENTS ENROLLED WITHIN 14 DAYS OF TTRA START ****



COVERAGE OF MEDICATION NOT IN TTRA PROTOCOL FORMULARY

- Other resources to access ARV medications that are not in the local TTRA Protocol (Formulary):
 - Patient Assistance Programs
 - General Revenue Short-term Medication Assistance
 - Any others?



MENTAL HEALTH VISIT

- One visit with a mental health provider is allowable under Part A within the first 30 days of TTRA Enrollment.
- Once local Part A eligibility is confirmed, a diagnosis of mental illness is required to access on-going services under Part A Mental Health Services.



MEDICAL CASE MANAGEMENT LIMITS

- A combined total up of to three (3) visits (encounters) with a medical case manager (MCM) and /or peer educator/counselor (PESN) may be provided to a client within 30 days from the date of the initial TTRA enrollment or immediate return to care.
- An Eligibility Assessment for full enrollment in Part A or MAI must be completed within 30 days for additional case management services to be provided to clients and billable to the Ryan White Program.



OUTREACH SERVICES LIMITS

- A total up of to three (3) visits (encounters) with an outreach worker and/or outreach supervisor may be provided to a client within 30 days from the date of the initial TTRA enrollment or immediate return to care.
 - any combination of outreach service codes recorded by outreach supervisor or outreach worker on same day = one visit/encounter
 - this is in addition to the 3 combined MCM/PESN visits



PRELIMINARY (PRESUMPTIVE) POSITIVES

- **IMPORTANT NOTE:** Per HRSA guidance, clients entering care through the TTRA process who have a preliminary (presumptive) positive test result, but are later determined to be HIV negative, must be disenrolled from the Ryan White Part A Program, and any TTRA-related services must be disallowed.



QUESTIONS?

- **Related to the Part A Process - Access to Part A services, incl. medical visit, labs, mental health services, medical case management, and outreach services:**

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