



COMMITTEE: JOINT EXECUTIVE COMMITTEE

MEETING AGENDA

Date/Time: THURSDAY, July 18, 2013, 12:45 P.M.

Location: BRHPC

KURYLA, S. Part A Co-Chair

WYNN, J. Part B Co-Chair

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 7-18-13 Joint Executive Committee Agenda and 3-21-13 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES / NEW BUSINESS**

<i>Goal / Work Plan Objective #:</i>	<i>Accomplishments</i>
Education and Training	<ol style="list-style-type: none"> 1. View a presentation on the impact of the implementation of the Affordable Care Act by Joey Wynn 2. Discuss the development of educational/training sessions for members and clients on the Affordable Care Act.
Establish Mission & Timeline	Develop a work plan that includes the mission and goal of the Joint Executive Committee as it relates to assessing Ryan White Part A Program services in preparation for the implementation of the Affordable Care Act. Establish a timeline to accomplish goals.
Summary of Data Review	Review summary of previously requested data to determine what other data sets are needed.

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING, 12:30 p.m. October 17, 2013**

<i>Agenda Items / Tasks for next Meeting (Work Plan Item #)</i>	<i>Party to Complete Task</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care
 Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments
 Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment



JOINT EXECUTIVE COMMITTEE

Meeting Minutes

March 21, 2013

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020

#	Members	Present	Absent	Guests
PART A				Downie, G.
1	Kuryla, S. - Part A Chair	X		
2	Taylor-Bennett, C.	X		
3	Creary, K.	X		Grantee Staff
4	Katz, H.B.	X		Jones, L. (Part A)
5	Roberson, C.		X	Strong, K. (Part A)
6	Grant, C.	X		Copa, R. (Part A)
7	Gammell, B.	X		
Spencer, W. <i>ex officio</i>				HIVPC Support Staff
PART B				Crawford, T.
8	Wynn, J. - Part B Chair	X		LaMendola, B.
9	Agate, L.	X		Eshel, A
10	Washington, L.		X	Solomon, R.
11	Saiswick, K.	X		
	Quorum = 7	9	2	

1. CALL TO ORDER (Please sign-in)

The Part A Co-Chair called the meeting to order at 12:55 p.m.

2. WELCOME AND INTRODUCTIONS

- a. Review Meeting Ground Rules, Sunshine and Public Comment (Sign-in at Front of Room)
- b. Committee Member and Guest Introductions

3. MOMENT OF SILENCE

A moment of silence was observed.

4. APPROVALS:

a) Today's Agenda

Motion #1	To approve 3/21/13 Meeting Agenda
Proposed by	Spencer, W.
Seconded by	Saiswick, K.
<i>Amendment</i>	Add discussion item on PSRA presentation (6c)
Action:	Passed Unanimously

b) Joint Executive Meeting Minutes 11/15/12

Motion #1	To approve the Joint Executive Meeting Minutes
Proposed by	Creary, K.
Seconded by	Spencer, W.
<i>Amendment</i>	Brad Gammell was listed under Part B for attendance but should be under Part A
Action:	Passed Unanimously

5. UNFINISHED BUSINESS

a). 2013 Work Plan from South Florida AIDS Network (HANDOUT A)

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

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South Florida AIDS Network (SFAN) is completing its work plan, which will include key dates. The Part B Co-Chair said completion is expected in 30-60 days. Once done, Planning Council staff can integrate the SFAN work plan with the Council work plan, with the aim of increasing collaboration. It was noted that collaboration between Part A and B has increased.

6. NEW BUSINESS

a). Update on Florida Patient Care Planning Group

The Part B Co-Chair reported that he and others plan to attend an upcoming meeting of the Patient Care Planning Group (PCPG), and will give the update at the next meeting. A letter is being crafted to ask the Department of Health how any Part B budget cuts will be handled if approved in Tallahassee, and if local cuts are anticipated. It was noted that the federal budget for the year has passed with a continuing resolution through October. The letter to be expected to cover: How do they foresee and when will there will a draft of how budget cuts will impact part B statewide; how do they envision working with AIDS Drug Assistance Program (ADAP), AIDS Insurance Continuation Program (AICP), Affordable Care Act (ACA) and the local consortia moving forward? The Part B Co-Chair noted that ADAP and AICP are pivotal to the Ryan White program; ADAP provides \$20-25 million worth of services in Broward County; AICP provides approximately \$500,000 worth of insurance to avoid approximately \$3 million of services.

b). Review Revised Committee Agendas and Meeting Summaries (HANDOUT B)

The Grantee and Support Staff created standardized agenda and meeting summary forms for all Committee meetings in order to keep on track with the work plan. Members suggested some changes in the template, including moving "public comment" after "Grantee reports" and adding a section for "additional agenda items" when needed. To the summary template, add a line called "rationale for recommendation" and "data requests." Members discussed the need to have "public comment" at Committee meetings. The conversation on public comment may be revisited at an upcoming HIVPC meeting. It was suggested that Part A and Part B work plan goals be part of the template agenda. Committee Chairs and Support Staff to fill out agenda based on the work plan. Future agenda items are to be reviewed at the end of each Committee meeting. The Committee agreed to test the template agenda with the Executive Committee. There was a consensus that the template agenda can be put into motion for all Committees by this summer. Several chairs favored starting right away. New Committee meeting summaries will be used for the April HIVPC meeting.

c). PSRA Data Presentation Discussion

The Committee discussed holding a Priority Setting Resource Allocation (PSRA) event in the community, to describe how the Council allocates Ryan White dollars. Members differed on what points the Council should try to make and on the best approach. Videos and social media may be better than an event. For events, members suggested recruiting and promotion, with ads to include the material to be covered to help people know if the event pertains to them. Some members suggested that information be given to the community rather than bringing the community to the information. One member suggested making a 20 minute video summary covering: What the Council did in the PSRA process, why we did it and where to find more information (such as epidemic profiles and funding details). It could be distributed via DVD, YouTube and in face to face meetings. The Committee agreed that the Grantee and Staff develop ideas and a plan, to be discussed at the next meeting. Members agreed to assist with networking to find affordable sources.

7. GRANTEE REPORTS

a) Part A

The Grantee introduced the new Administrative Manager, Rafael Copa.

The Grantee noted that an initial plan to sweep unexpended funds into ADAP did not occur. The Grantee made bulk purchases in food bank and food vouchers, and a \$60,000 bulk purchase in pharmacy.

Health Resources and Services Administration (HRSA) sent a letter indicated that grant funds would be reduced by 5%, but it was unclear if the deduction applies to formula funding only or to total funding. A deduction in formula would be \$505,000 and a deduction in total funding would be \$770,000. The cut in award is not projected to impact the EMA due to bulk purchases and carryover from FY 2012/2013. It was also noted that there have been leadership changes at HRSA; this has the potential to create challenges in implementation of the ACA.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to January 31, 2013.

Non-Medical Case Management conducted 835 eligibility interviews in January. Medication co-payment served 250 clients of which 15 were new to the program. There were 242 clients served in December for Medication Co-Payment and 8 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for January is \$45,122.86. Total cost savings April – January 2013 is approximately \$105,042. Home Delivered Meals served zero (0) clients. Medical Transportation for January 2013: A total of 128 (10 ride) and 175 (31 day) passes were distributed. There are approximately 400 Part A passes left. It was noted that carry over funding is intended to go to ADAP.

8. PUBLIC COMMENT

A guest Ph.D candidate gave an overview of his doctoral thesis, focusing on Broward. He is collecting qualitative data from interviews and collecting quantitative data from a survey. He is studying patterns of information exchange across HIV providers and organizations in Broward, in the areas of policy information, funding and other aspects. He asked members to take his online survey.

9. REQUEST FOR DIRECTIVES (from Staff)

- ❖ 20 minute data presentation
- ❖ Use new agenda format at Committee meetings

10. AGENDA ITEMS FOR NEXT MEETING: Thursday, 05/16/13 at 12:30 p.m. Venue: BRHPC

- ❖ Standing Agenda Items
- ❖ Patient Care Planning Group update (PCPG)
- ❖ Legislative Update
- ❖ ADAP Update

11. ADJOURNMENT

Without objection the meeting was adjourned at 2:30 p.m.

Joint Executive Committee Attendance CY 2013

Member	3/21/13
Part A	
Kuryla, S. (<i>Chair</i>)	1
Taylor-Bennett, C.	1
Creary, K.	1
Katz, H.B.	1
Roberson, C.	A
Grant, C.	1
Gammell, B.	1
Spencer, W. (<i>ex officio</i>)	1
Part B	
Wynn, J. (<i>Chair</i>)	1
Agate, L.	1
Washington, L	A
Saiswick, K.	1

Healthcare Reform Implementation: Moving Forward and Managing Change

Joey Wynn,

**Co Chair – Florida HIV AIDS Advocacy Network / FHAAN
Chairman, South Florida AIDS Network (SFAN) Area 10 Consortia
July 8th, 2013**

**aaa+ National ADAP Conference
Washington D.C.**



The Health Care Law and You



Health .gov



What does Reform really do?

- People with very low income will be eligible for Medicaid (<133% of Poverty level)
- People with some income will be eligible for Insurance Exchanges (a bare bones, no frills kind of insurance coverage)
- People with Private Insurance will get more protections and probably better services from their existing plans (no more pre existing condition exclusions)

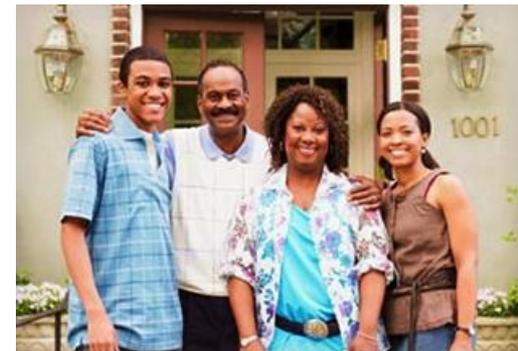
The Problem

- Insurance companies could take advantage of you and turn away the 129 million Americans with pre-existing conditions.
- Premiums had more than doubled over the last decade, while insurance company profits were soaring.
- Tens of millions were underinsured, and many who had coverage were afraid of losing it.
- And 50 million Americans had no insurance at all.



What the Law Means for You: 4 Things to Know

- Ends the worst insurance company abuses
- Makes health insurance more affordable
- Strengthens Medicare
- Provides better options for coverage



The Law Stops Insurance Companies from Taking Advantage of You

TODAY, it is illegal for insurance companies to:

- Deny coverage to children because of a pre-existing condition like asthma or diabetes.
- Put a lifetime cap on how much care they will pay for if you get sick.
- Cancel your coverage when you get sick by finding a mistake on your paperwork.
- And more...

The Law Makes Health Insurance More Affordable

In many cases, you can get preventive services for free:

- ✓ Cancer screenings such as mammograms & colonoscopies
- ✓ Vaccinations such as flu, mumps & measles
- ✓ Blood pressure screening
- ✓ Cholesterol screening
- ✓ Tobacco cessation counseling and interventions
- ✓ Birth control
- ✓ Depression screening
- ✓ And more...

Visit www.healthcare.gov/prevention for a full list.



The Law Makes Health Insurance More Affordable

BEFORE, insurance companies spent as much as 40 cents of every premium dollar on overhead, marketing, and CEO salaries.



TODAY, the new 80/20 rule says insurance companies must spend at least 80 cents of your premium dollar on your health care or improvements to care.



If they don't, they must repay the money.

The Law Provides Better Options for Getting Coverage

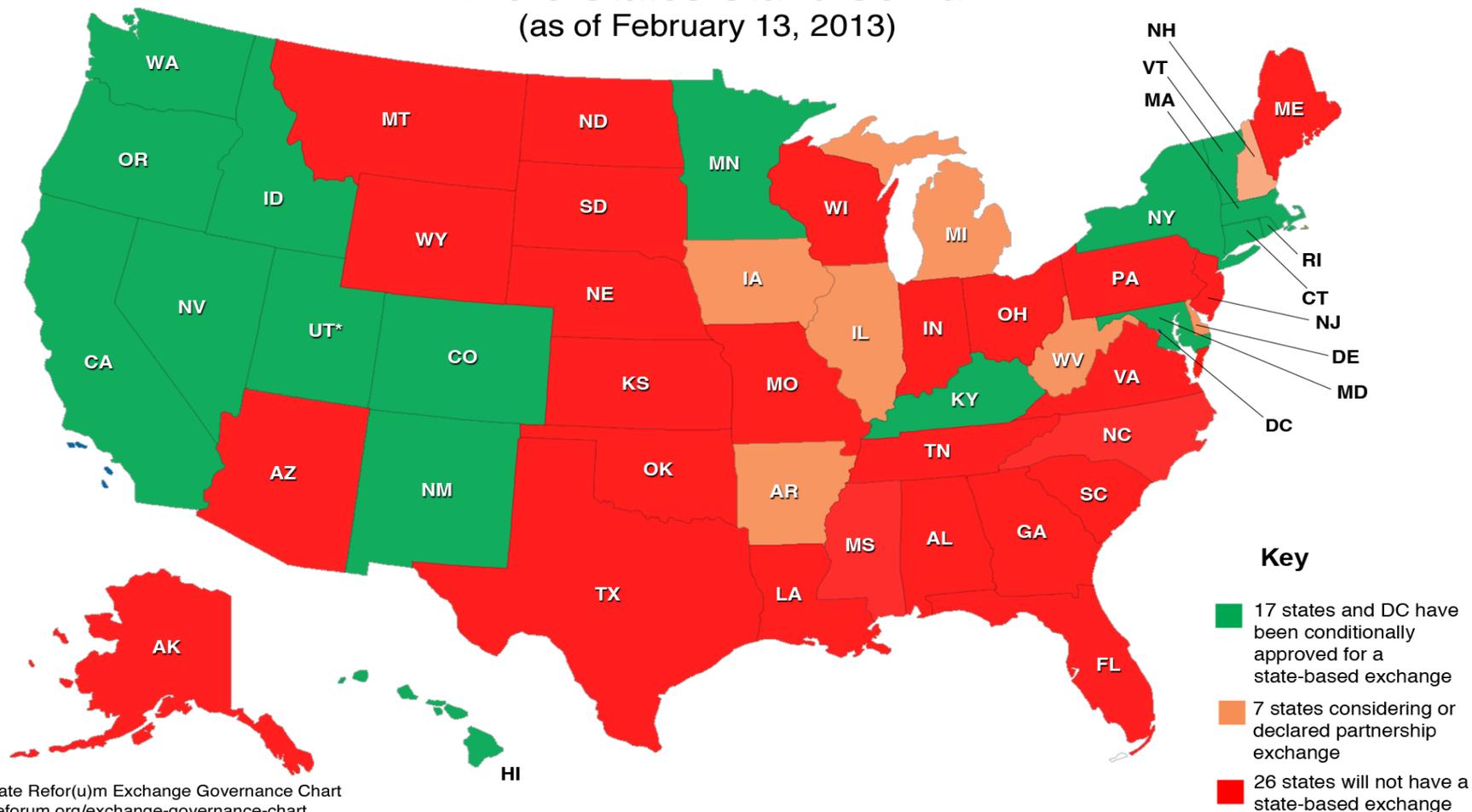
Starting in 2014:

- Discriminating against people with pre-existing conditions or because they are women will be illegal.
- There will be new State-based marketplaces where you'll have a choice of private plans.
- Tax credits will make buying insurance more affordable.



Medicaid Reforms Still Happening in States

State, Partnership, or Federal Health Insurance Exchange?
Where States Stand So Far
(as of February 13, 2013)



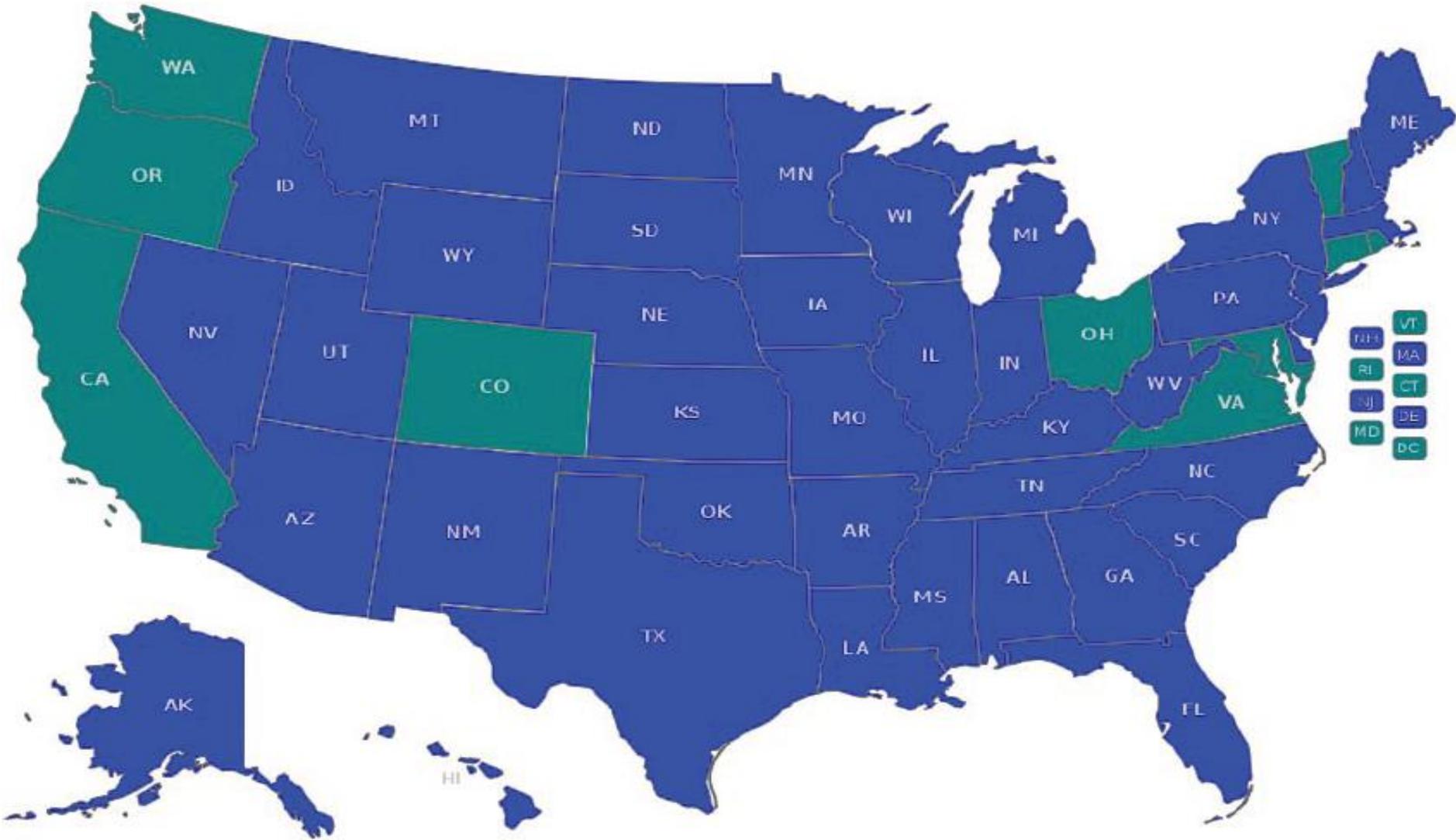
Sources: State Refor(u)m Exchange Governance Chart
<http://staterforum.org/exchange-governance-chart>

State Refor(u)m Exchange Blueprint Chart
<http://www.staterforum.org/exchange-blueprint-chart>

State Refor(u)m Exchange Policy Decisions Chart
<http://staterforum.org/exchange-policy-decisions-chart>

* UT announced it will not pursue a state-run individual exchange although it received conditional approval.

Exchanges with Preliminary Plan Rates



Produced by:
statereforum

Key:

- 11 States released exchange rates
- 40 States with rates not yet released

Ryan White Core Services vs. EHB

Ryan White Core Services

- ✓ **Ambulatory and outpatient care**
- ✓ **AIDS pharmaceutical assistance**
- ✓ **Mental health services**
- ✓ **Substance abuse outpatient care**
- **Home health care**
- **Medical nutrition therapy**
- **Hospice services**
- **Home and community-based health services**
- **Medical case management, including treatment adherence services**
- Oral health care (not standard)

ACA “Essential Health Benefits”*

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management, and
- Pediatric services, including oral and vision care

Moving Forward: Planning for Role of Ryan White Program Services

Ryan White will not be going away anytime soon, but will look completely different for most areas:

ADAP COVERAGE TO INCLUDE:

INSURANCE PREMIUM SUPPORT

MEDICATION CO PAYS

“STATE EXCHANGE & PRIVATE INSURANCE” DEDUCTIBLES

PHARMACY SERVICES (PROBABLY IN A VERY LIMITED CAPACITY)

PART A & B (AND MAYBE C & D)

DENTAL SERVICES

CASE MANAGEMENT (OF SOME TYPE)

PEER NAVIGATION / ELIGIBILITY / ENROLLMENT STAFF

EPISODIC CARE

COVERAGE FOR UNDOCUMENTED (AT LEAST FOR NOW)

“LINKAGE TO CARE CATEGORIES” SUCH AS TRANSPORTATION, HEALTH LITERACY, FOOD, DAYCARE ETC....) NEED TO REBRAND FROM SUPPORTIVE DEFINITION

Ongoing State Implementation Issues

- Outreach and enrollment programs
 - Patient Navigator program design
 - Eligibility criteria for state contracts must include those with disease specific expertise
 - Training must include range of health and social services programs (e.g. Ryan White Program)
 - Program should utilize subcontracts to smaller CBOs with expertise in reaching vulnerable populations
 - Coordination of ADAP/Ryan White Program application and eligibility determination with new systems
 - E.g., Data sharing with Medicaid, Dep't of Insurance, and others
- Provider network adequacy standards
- Payer of last resort compliance
- Infrastructure to serve an insured population

Learn More

<http://www.healthcare.gov/>

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October 6, 2011 Home | Blog | Newsroom | Videos | FAQs | Glossary | Text Size A A A | En Español

HealthCare.gov

Take health care into your own hands

Search

Find Insurance Options | Get Help Using Insurance | The Health Care Law & You | Comparing Care Providers | Prevention & Wellness

Explore your coverage & pricing options

Find out which private insurance plans, public programs and community services are available to you.

Pick Your State GO

Your Health Care, Explained

Need help? Get **consumer assistance** in your state

Learn More

The Affordable Care Act at 18 Months

Since March 2010, the health care law has already helped 1 million additional young adults receive health coverage. In 18 short months, countless other Americans, including seniors, women, and children, have already begun to benefit from the Affordable Care Act.

Read the latest report on health reform at 18 months.

How the Marketplace Works



Create an account

First you'll provide some basic information. Sign up for Marketplace emails now and we'll let you know as soon as you can create an account.

Apply

Starting October 1, 2013 you'll enter information about you and your family, including your income, household size, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

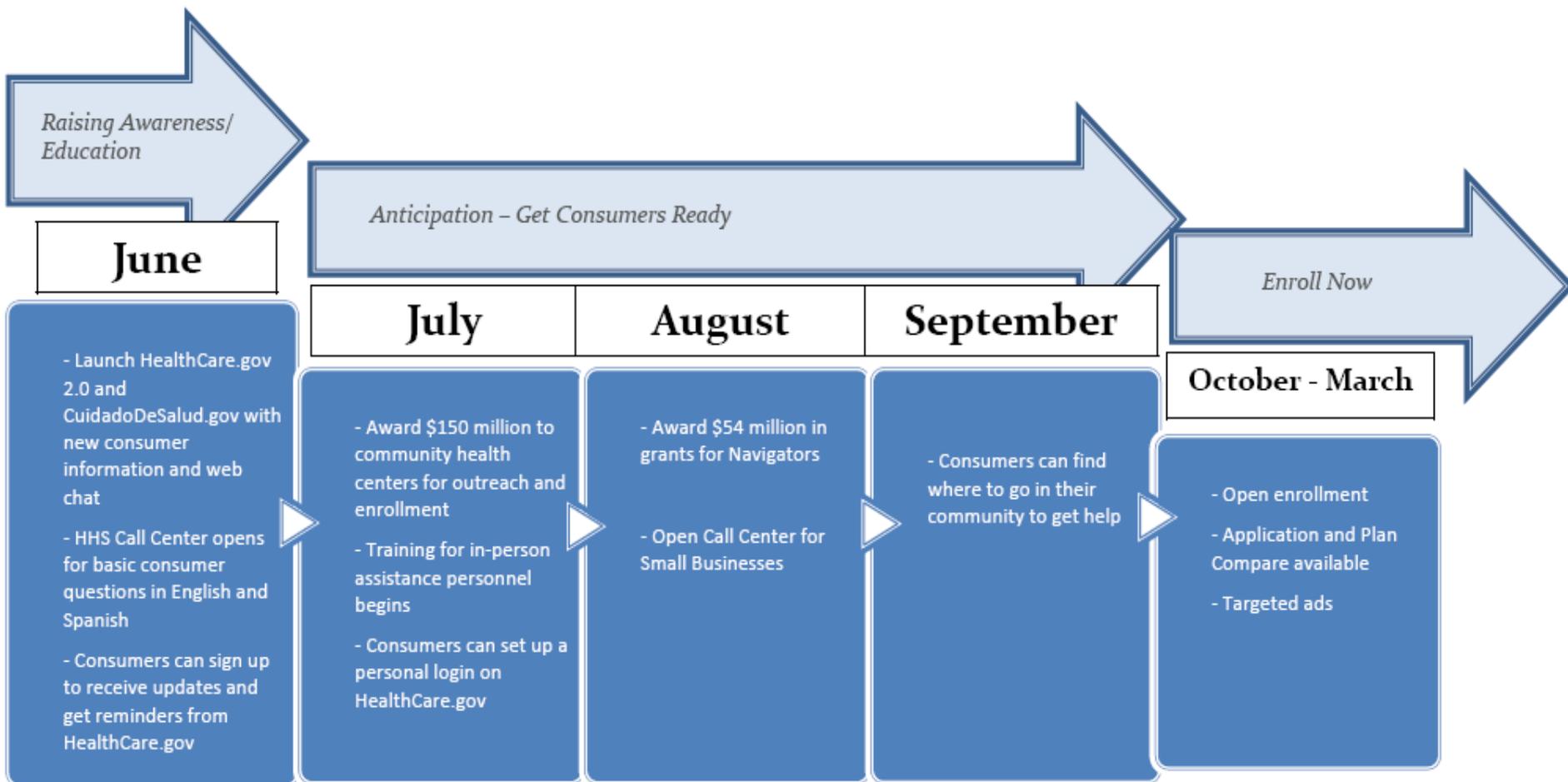
Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.



On Target for Opening the Health Insurance Marketplace



Ongoing outreach: Digital Media, Public Events, Engaging Partners

Enroll America

Our Mission

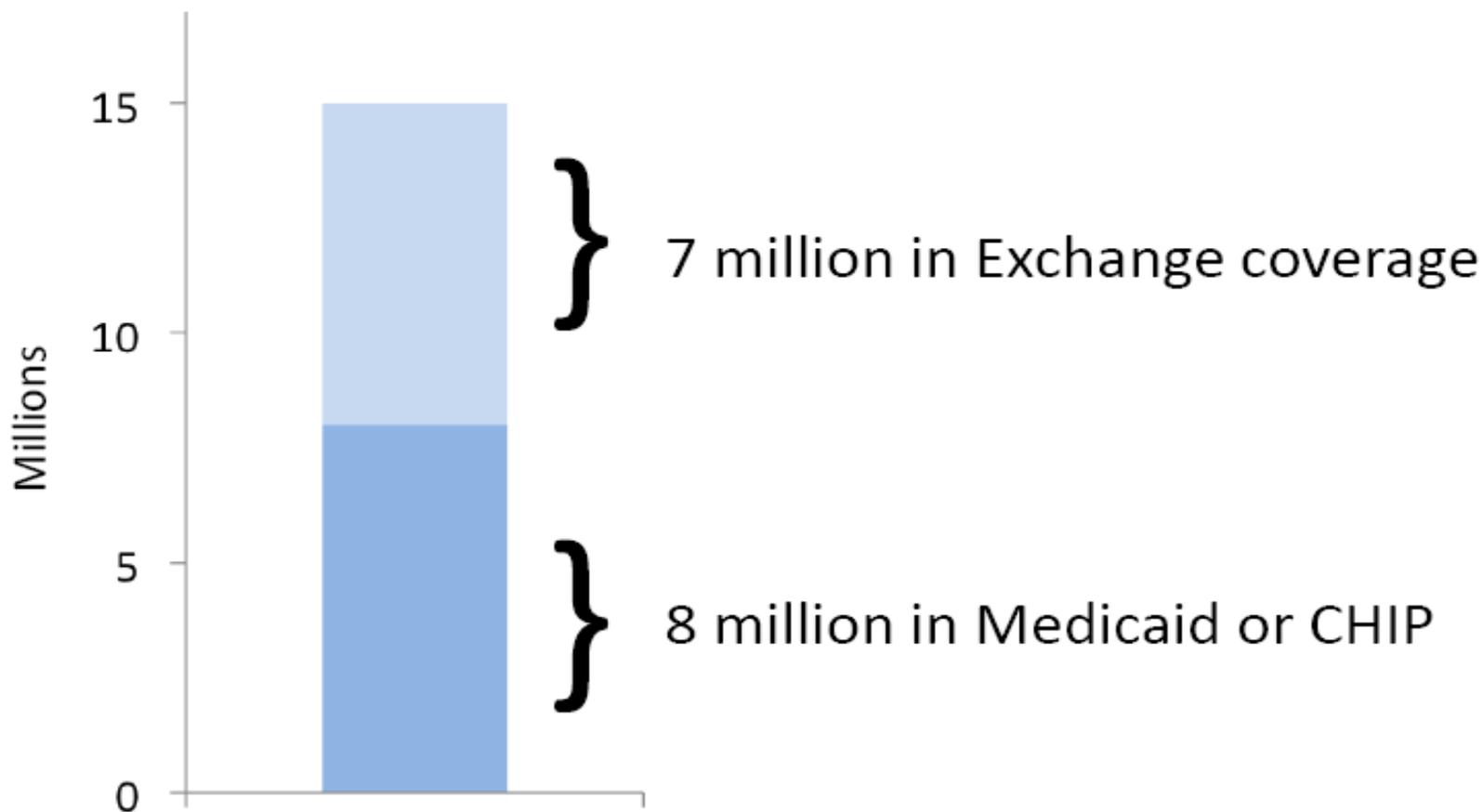
Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act

Two-fold Strategy

- 1** Promoting Enrollment Best Practices
- 2** National Enrollment Campaign Using Cutting Edge Engagement Strategies

The 2014 Enrollment Opportunity

Enroll at least 15 million people in new coverage options



Source: February 2013 CBO estimates

Sampling of Partners



KAISER PERMANENTE®



Four Key Messages to Reach Most Uninsured

All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions.

You might be able to get financial help to pay for a health insurance plan.

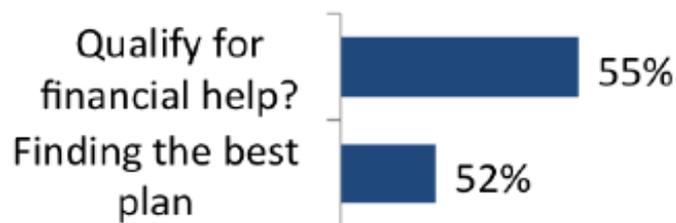
One of these =
top message
for 89% of
population

If you have a pre-existing condition, insurance plans cannot deny you coverage.

All insurance plans will have to show the costs and what is covered in simple language with no fine print.

Help, I Need Somebody!

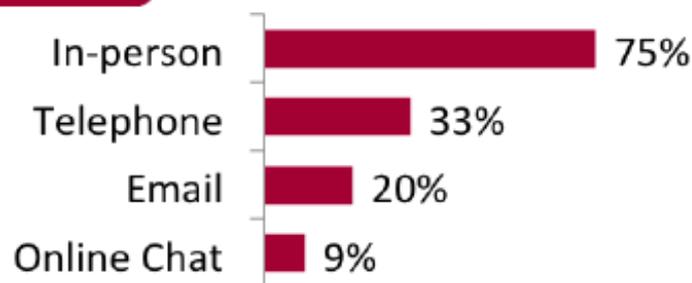
What Kind?



From Whom?



How?



Where?



Understanding State Assistance Options

Who will provide Help?



*In-Person Assistance Programs not available in federally facilitated exchange states.

Data-driven Verification System

Now	2014
<ul style="list-style-type: none"> Assumed ineligible until proven otherwise 	<ul style="list-style-type: none"> Real-time, electronic verification to the greatest extent possible <ul style="list-style-type: none"> Must use federal electronic service (“data hub”)
<ul style="list-style-type: none"> Onerous paper documentation burden: pay stubs, birth certificate, proof of residency, etc. 	<ul style="list-style-type: none"> Reasonable Compatibility standard <ul style="list-style-type: none"> Attestation allowed for most elements Paper documentation requirements prohibited if data available electronically
<ul style="list-style-type: none"> Asset tests common 	<ul style="list-style-type: none"> Asset tests not permitted

Single, Streamlined Application

2014

- Regulations require a single application as gateway to all coverage programs
- Must be available online, by telephone through a call center, by mail, and in person
- Interview requirements prohibited



Application for Health Coverage & Help Paying Costs



Use this application to see what coverage choices you qualify for

- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
 - A new tax credit that can immediately help pay your premiums for health coverage
 - Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)
- You may qualify for a free or low-cost program even if you earn as much as \$94,000 a year (for a family of 4).**



Who can use this application?

- Use this application to apply for anyone in your family.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- If you're single, you may be able to use a short form. Visit HealthCare.gov.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.



Apply faster online

Apply faster online at HealthCare.gov.



What you may need to apply

- Social Security Numbers (or document numbers for any legal immigrants who need insurance)
- Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family



Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We'll keep all the information you provide private and secure, as required by law.



What happens next?

Send your complete, signed application to the address on page 7. If you don't have all the information we ask for, sign and submit your application anyway. We'll follow-up with you within 1-2 weeks. You'll get instructions on the next steps to complete your health coverage. If you don't hear from us, visit HealthCare.gov or call 1-800-XXX-XXXX. Filing out this application doesn't mean you have to buy health coverage.



Get help with this application

- **Online:** HealthCare.gov
- **Phone:** Call our Help Center at 1-800-XXX-XXXX.
- **In person:** There may be counselors in your area who can help. Visit our website or call 1-800-XXX-XXXX for more information.
- **En Español:** Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX.

NEED HELP WITH YOUR APPLICATION? Visit HealthCare.gov or call us at 1-800-XXX-XXXX. Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX. If you need help in a language other than English, call 1-800-XXX-XXXX and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1-800-XXX-XXXX.

THINGS TO KNOW

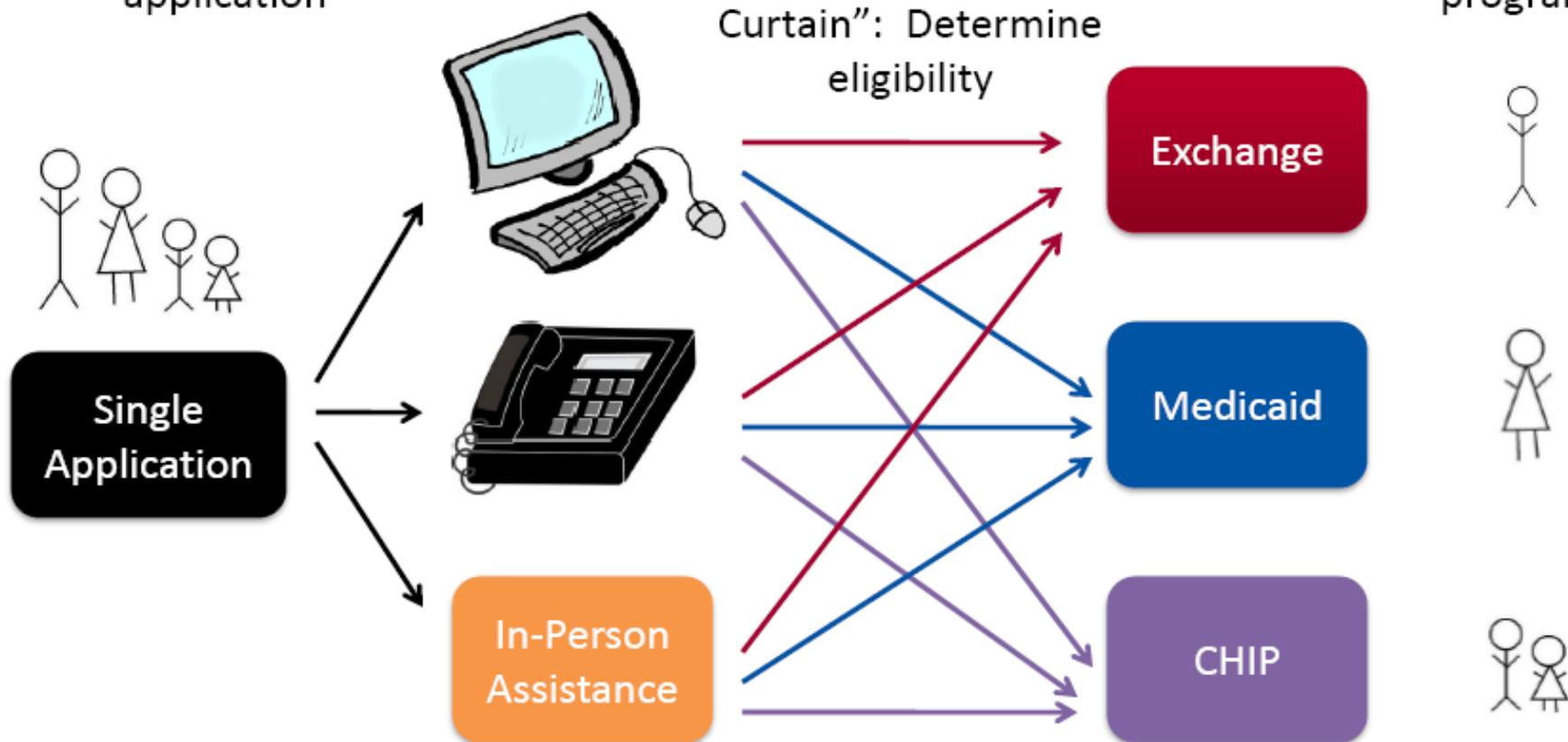
A New Way to Enroll in Coverage

Consumers can connect to whichever program they are eligible for, no matter where they start.

Complete single application

“Behind the Magic Curtain”: Determine eligibility

Enrolled in correct program!



www.enrollamerica.org

More Information On:

- Best practices in outreach and enrollment
- Exchange branding research
- Public opinion polling
- Statewide marketing and outreach plans



Where to go to keep up on all the information????

Joey's personal favorite: <http://marketplace.cms.gov>

■ Health Care Reform Resources

- State Refo(ru)m, www.statereforum.org
- Kaiser Family Foundation, www.kff.org
- Healthcare.gov, www.healthcare.gov