Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, August 6, 2013, 1:00 p.m.
Location: BRHPC

H. Bradley Katz, **Part A Co-Chair** Leslie Washington, **Part B Co-Chair**

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 8/6/13 & 6/4/13 Agenda, 6/4/13 & 5/7/13 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a. TESTIMONIALS
4. **HOT TOPIC PRESENTATION** (WP Item 1.2): Be trained on the scope of HIV/AIDS by Dr. Puga
5. **UNFINISHED BUSINESS**
   a. **Plan 2nd Community Event: Resource Fair**
      ACTION ITEM: Discuss JCCR's role in the upcoming Resource Fair being held on September 24, 2013.
   b. **Plan for the 3rd Community Event**
      ACTION ITEM: Discuss venue and target population. Discuss social media strategies utilized in other EMAs.
6. **MEETING ACTIVITIES/NEW BUSINESS**

Goal/Work Plan Objective #:	*Accomplishments*
Overview of ACA	ACTION ITEM: Discuss the impact of the Affordable Care Act on the Committee. Briefly view PowerPoint Presentation on Health Care Reform implementation (Informational Item)
Training for Peer Educators (WP Item 1.3)	ACTION ITEM: Develop a plan to send peer educators to community events for consumers. Discuss training JCCR members on how to be peer educators.

7. **GRANTEE REPORTS**
8. **PUBLIC COMMENT**
9. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** September 3, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Plan for the next Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Continue planning the details of the next community event. Choose a date and a target population, or request more research/details to consider.

10. **ANNOUNCEMENTS**
11. **ADJOURNMENT**

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MEETING MINUTES

COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, May 7, 2013, 1:00 p.m.
Location: BRHPC

H. Bradley Katz, **Part A Co-Chair** Leslie Washington, **Part B Co-Chair**

	Members	Present	Absent		Guests
1	Katz, H.B., Part A Co-Chair	X			Taylor-Bennett, C.
2	Washington, L., Part B Co-Chair	X			Fields, A.
3	Franks, H.	X			Burgess, D.
4	Bhrangger, R.	X			
5	Schiffer-Laxamana, K.		X		
6	Marcoviche, W.	X			**Grantee Staff**
7	Myers, K.		X		Jones, L. (Part A)
8	Parker-Maysonet, P.		X		Strong, K. (Part A)
9	Stoakley, M.	X			Mercer, A. (Part B)
10	Wilkins, D.		X		
11	Dyer, L.	X			**HIVPC Support Staff**
12	Sampson, R.		X		Eshel, A.
					Crawford, T.
	Quorum = 7	**7**	**5**		Rosiere, M.
					Solomon, R.

1. CALL TO ORDER:

The Part A Co-Chair called the meeting to order at 1:20 p.m. without quorum. Quorum was established at 2:17 p.m.

The Part A Co-Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.

Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1	To approve today's meeting agenda
Proposed by:	Franks, H.
Seconded by:	Stoakley, M.
Action:	Passed Unanimously

Motion #2	To approve meeting minutes of 4/2/13
Proposed by:	Dryer, L.
Seconded by:	Franks, H.
Action:	Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

There were no testimonials.

4. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
"Hot Topic" training on PSRA Process (WP Item 1.2)	The Committee received training on the Priority Setting and Resource Allocation (PSRA) Process by Carla Taylor-Bennett, Part A Co-Chair of the Joint Priorities Committee. The objective is to educate members on the PSRA process in order to make an informed decision when ranking service categories. The ultimate goal is ensure committee members are knowledgeable when relaying Ryan White information to other consumers and the community at large. The presentation included: PSRA process; Planning Council and Committees roles; data utilization; processes to estimate anticipated need; Grant documentation; persons living with HIV/AIDS (PLWHA) involvement; priority ranking (*copy on file*). A question and answer session followed the presentation; Committee Members discussed how the Affordable Care Act (ACA) is anticipated to affect the PSRA Process.
Rank PSRA Service Categories (WP Item 1.2)	The Committee ranked the PSRA service categories for both core and support services. Staff explained Joint Client/Community Relations (JCCR) ranking differences between December 2012 and May 2013. Members observed historical rankings from FY12/13 and FY13/14, and reviewed how consumers ranked services in the 2012 Client Survey. Members noted the differences in ranking and discussed what factors may have contributed to these differences: i.e., absence of JCCR Members on the day of ranking who are community members living with the virus; personal stance at time of ranking. It was suggested that there may have been an ADAP waitlist when the consumer ranking was done contributing to the difference in ranking for ADAP between consumers and JCCR. It was noted that historically there are no major changes in ranking between service categories when comparing fiscal years.
Choose "Hot Topics" (W.P. 1.2)	Members chose additional "Hot Topics" for future Committee meetings: Surveillance data education session by Department of Health and ACA update as we approach 2014. Topics discussed for next meeting include: the scope of HIV/AIDS epidemic (the extent of the epidemic in relations to affected populations), the dental program for adults and children and Dr. Ana Puga: the future of HIV/AIDS (recent story involving infant).

Additional Items

- July meeting cancelled-quorum will not be achieved. The work plan will be adjusted accordingly.

5. GRANTEE REPORTS

a) Part A

The Grantee discussed collaboration with the Ryan White Part A Office at the Resource Fair in October, 2013. The Resource Fair to be the Fall Community Event for JCCR. The Grantee will provide details closer to the event.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to March 2013. Non-Medical Case Management conducted 997 eligibility interviews in March. Medication co-payment served 291 clients of which 20 were new to the program. There were 277 clients served in March for Medication Co-Payment and 14 clients served for Mail Orders. Cost avoidance for Medication Co-Payment program for March is $47,415.74. Total cost savings April – March 2013 is approximately $200,000. Home Delivered Meals served 2 clients. Medical Transportation for March 2013: A total of 179 (10 ride) and 311 (31 day) passes distributed.

It was noted that Part B is working on scorecards; scorecards to be sent electronically when complete. There was a discussion on enrollment in ADAP Premium Plus and the process to use the co-pay assistance card at CVS.

c) PUBLIC COMMENT

There was no Public Comment.

d) AGENDA ITEMS / TASKS FOR NEXT MEETING: Date: June 4, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Hot Topic Presentation (WP Item 1.2)	JCCR, Staff	Be trained on a topic dealing with the scope of HIV/AIDS. Recap the past Hot Topic and take a post-test.
Social Media Strategy (WP Item 1.1)	JCCR, Staff	Develop a new strategy for using social media to reach consumers.
Plan for the next Community Event (WP Item 2.2, 3.2)	JCCR, Staff	Plan the details of the next community event. Choose a date, a topic and a target population, or request more research/details to consider.

e) ANNOUNCEMENTS

There were no announcements.

f) ADJOURNMENT

Without objection the meeting was adjourned at 3:20p.m.

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE - ATTENDANCE CY 2013

Member	1/8/13	2/5/13	3/5/13	4/2/13	5/7/13
Part A			Community Event- No Attendance		
Katz, H.B., Co-Chair	1	1		1	1
Bhrangger, R.	1	1		1	1
Marcoviche, W.	1	1		1	1
Parker-Maysonet, P.	1	1		A	A
Dyer, L.	1	1		1	1
Part B					
Washington, L., Co-Chair	1	1		1	1
Franks, H.	E	1		1	1
Stoakley, M.	A	1		1	1
Schiffer-Laxamana, K.	1	A		1	A
Myers, K.	1	A		A	A
Wilkins, D.	1	1		1	A
Quorum=7	9	9		9	7

MEETING MINUTES

COMMITTEE: Joint Client/Community Relations Committee
Date/Time: Tuesday, June 4, 2013, 1:00 p.m.
Location: BRHPC
H. Bradley Katz, **Part A Co-Chair** Leslie Washington, **Part B Co-Chair**

	Members	Present	Absent		Guests
1	Katz, H.B., Part A Co-Chair	X			
2	Washington, L., Part B Co-Chair	X			
3	Franks, H.	X			
4	Bhrangger, R.	X			
5	Schiffer-Laxamana, K.		X		
6	Marcoviche, W.	X			**Grantee Staff**
7	Parker-Maysonet, P.	X			Strong, K. (Part A)
8	Stoakley, M.		E		Mercer, A. (Part B)
9	Wilkins, D.		E		
10	Dyer, L.		E		
11	Sampson, R.		X		**HIVPC Support Staff**
					Eshel, A.
					Crawford, T.
	Quorum = 7	**6**	**5**		Rosiere, M.
					Solomon, R.

1. CALL TO ORDER:

The Part B Co-Chair called the meeting to order at 1:17 p.m. without quorum; Quorum was not established.

The Part B Co-Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed.
Chairs, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

The June 4, 2013 meeting agenda and May 7, 2013 meeting minutes were not approved due to lack of quorum.

3. STANDARD COMMITTEE ITEMS

a. TESTIMONIALS

- A Member announced that the Minister from Lighthouse Church of God in Christ has a son who has been battling kidney disease; He recently received a kidney transplant and is doing well.

4. MEETING ACTIVITIES / NEW BUSINESS

Goal/Work Plan Objective #:	*Accomplishments*
"Hot Topic" training on PSRA Process (WP Item 1.2)	The Committee completed a brief evaluation survey on the Hot Topic training that they received at the May meeting on the Priority Setting and Resource Allocation (PSRA) Process. This evaluation was developed to ensure that the JCCR training sessions are as effective and meaningful as possible. It also assessed what members learned from the training session. Members received training on the scope of Ryan White Part A and B services by Kim Strong and Ann Mercer. The Part A presentation covered the following topics: The structure of the Part A Grantee office; Grantee's role/responsibility; Uses of Part A Service Funds; Overview of Core and Support Services; The structure of the Part A HIV Health Services Planning Council's Committees and QI Networks. The Part B presentation detailed the following: Part B Funded Programs (Medication Co-Payment, Home Delivered Meals, Medical Transportation, and Non-Medical Case Management); Core Eligibility Requirements; Other Funded Part B Programs (ADAP and AICP); Contact Information for the Part B Program.
Social Media Strategy (WP Item 1.1)	The Committee reviewed a handout of the proposed Social Media/Strategy Communication Plan (*copy on file*). The Committee was asked to review the current Social Media/Strategy Communication Plan and determine the efficacy to increase community involvement. This handout included various ways to reach consumers in order for them to attend JCCR's community events (letters, posters, press releases, PSAs, and provider websites). It was suggested to not reinvent the wheel rather to build on strategies already in place such as using the internet. Members discussed having a Facebook account as well has getting more peers involved in order to attract individuals to the events. It was also suggested that case managers get involved by actively informing clients of upcoming community events. There was a discussion on ways to engage the community and bring the community to JCCR events; it was noted that the only communication strategy yet to be tried is the internet. Staff to research other efforts done at other EMAs for ideas moving forward.
Plan for the next Community Event (W.P. 2.2, 3.2)	The Committee commenced the discussion regarding their 3rd community event. Members focused on the following venues: Shadowood, MODCO, and MDEI. The Committee reviewed information regarding holding an event at Shadowood, which was requested at a previous meeting. Members concluded that the topic should be on the Affordable Care Act (ACA) or Health Care Reform (HCR). Members agreed that one of their upcoming Hot Topic presentations should be on the ACA or HCR in order to become more knowledgeable on the issue before holding the community event. There was a discussion on JCCR involvement at the Part A Resource Fair in October; Members to help recruit for the event.

5. GRANTEE REPORTS

a) Part A

The Grantee announced the upcoming HRSA site visit scheduled for June 17-20, 2013; Grantee's office is preparing for the visit. Members were invited to join a Community Forum as a part of the HRSA site visit, held on June 20, 2013 from 9:00 a.m.-11:30 a.m.; location TBD. The Committee was informed that the quarterly Case Management Training just concluded; the training included a question and answer session with the Part A physicians to increase collaboration.

b) Part B

The written Part B Grantee report was provided detailing expenditures up to April 2013.
Non-Medical Case Management conducted 972 eligibility interviews in April. Medication co-payment served 253 clients of which 17 were new to the program. There were 245 clients served in April for Medication Co-Payment and 8 clients served for Mail Orders.
Medical Transportation for April 2013: A total of 323 (10 ride) and 225 (31 day) passes distributed.

The Committee reviewed the Part B scorecards for the following service categories: Non-Medical Case Management; Medical Transportation; Part B Medication Co-Payment/AICP program; Home Delivered Meals. Information included allocations, expenditures, and utilization data for each service category

c) PUBLIC COMMENT

There was no Public Comment.

d) AGENDA ITEMS / TASKS FOR NEXT MEETING: Date: August 6, 2013 **Venue:** BRHPC

Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)	*Responsible Party*	*Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.*
Plan for the next Community Event (WP Item 2.2. 2.3)	JCCR, Staff	Plan the details of their next community event. Choose a date, a topic and a target population, or request more research/details to consider.
Training for Peer Educators (WP Item 1.3)	JCCR, Staff	Develop and plan to send peer educators to community events for consumers. Discuss training JCCR members on how to be peer educators.

e) ANNOUNCEMENTS

There were no announcements.

f) ADJOURNMENT

Without objection the meeting was adjourned at 2:47p.m.

JOINT CLIENT/COMMUNITY RELATIONS COMMITTEE - ATTENDANCE CY 2013

Member	1/8/13	2/5/13	3/5/13	4/2/13	5/7/13	6/4/13
Part A			Community Event- No Attendance			
Katz, H.B., Co-Chair	1	1		1	1	1
Bhrangger, R.	1	1		1	1	1
Marcoviche, W.	1	1		1	1	1
Parker-Maysonet, P.	1	1		A	A	1
Dyer, L.	1	1		1	1	E
Part B						
Washington, L., Co-Chair	1	1		1	1	1
Franks, H.	E	1		1	1	1
Stoakley, M.	A	1		1	1	E
Schiffer-Laxamana, K.	1	A		1	A	A
Wilkins, D.	1	1		1	E	E
Sampson, R.	*App. 4/25/13*			1	A	A
Quorum=7	9	9		9	7	6

SOCIAL MEDIA STRATEGY/COMMUNICATION PLAN

JCCR Community Events

Goal	Product	Activity	Responsible Party	Target Date of Completion	Comments/Status
A. Develop Written Communication for Consumers					
1. Inform clients of JCCR community events	Letter	Develop letter to clients informing them about upcoming JCCR community events	JCCR, Grantee, Staff		
2. Inform Providers of Upcoming events		Write and Distribute letters to HIV Providers	JCCR, Grantee, Staff		
3. Develop Client Informational Poster/Flyer	Poster	Develop draft design of one client poster or flyer in 3 languages.	JCCR, Staff		
		Distribute posters/flyers to Providers	JCCR, Grantee, Staff		
B. Media Exposure					
1. Inform the Public through newspaper and media sources of upcoming event	Press Release	Develop Press Release regarding community event	JCCR		
2. Develop Public Service Announcement regarding event	Public Service Announcements (PSA)	Develop PSA for local radio station announcements regarding community event	JCCR		

C. Internal County Media Exposure			
Sharing of resources to County Employees	Plasma Screen Television (Announcement)	Create advertisement for county employees to display on T.V. in Governmental Center Lobby	JCCR, Grantee
D. External Exposure (Community)			
	Letters	Create informational letter for distribution at Ryan White provider sites	JCCR, Grantee, Staff
	Community Calendars	Post events in various local newspapers in Broward County i.e. Westside Gazette, Sun Sentinel, City Newsletters etc.	JCCR, Grantee, Staff
	HIV Provider Websites	Post Informational Bulletin on BRHPC and HIV Provider Websites informing public of upcoming events.	JCCR, Grantee, Staff

EMA Comparison of Social Media Strategies

San Francisco	Baltimore	Philadelphia
San Francisco Department of Public Health: Prevention for Positives Targets prevention to individuals living with HIV to help them break the chain of HIV transmissions through media efforts, support groups, social events, community forums, provider training and outreach.	***Baltimore City Commission on HIV/AIDS Prevention and Treatment: NHAS Recommendations*** "Outreach and engagement through traditional media (radio, television and print) and networked media (such as online health sites, search providers, social media and mobile applications) must be increased to educate and engage the public about how HIV is transmitted and to reduce misperceptions about HIV transmission" (ONAP 2010b:20).	***Office of HIV Planning: Philadelphia Positive Committee*** Strategically placed billboards publicizing HIV testing and online video about the Myths of HIV that is intended to counter common community beliefs about HIV transmission and treatment.
Event: HIV Stops With Me Social marketing campaign that aims to prevent the spread of HIV while also reducing the stigma associated with the disease. Utilizes the campaign website, newspaper ads, postcards, and a television commercial currently aired during prime time and available online.	***Event: City Uprising HIV Outreach Day*** Event to increase awareness and access to care in Baltimore City. Utilized Facebook pages with commissioners posting statuses about the event, Youtube, print media and online articles, the website: myblacknetworks.com, etc	***Event: Do One Thing Campaign*** Outside of using Twitter and Facebook for their HIV testing outreach, their Facebook page has become a way to engage and energize their volunteers. Volunteers are very engaged on the page and they happily share pictures of HIV testing and other community events. The Facebook page showcases their work, demystifying and hopefully reducing stigma around HIV testing.

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

.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.

60% / 40%

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.

80% / 20%

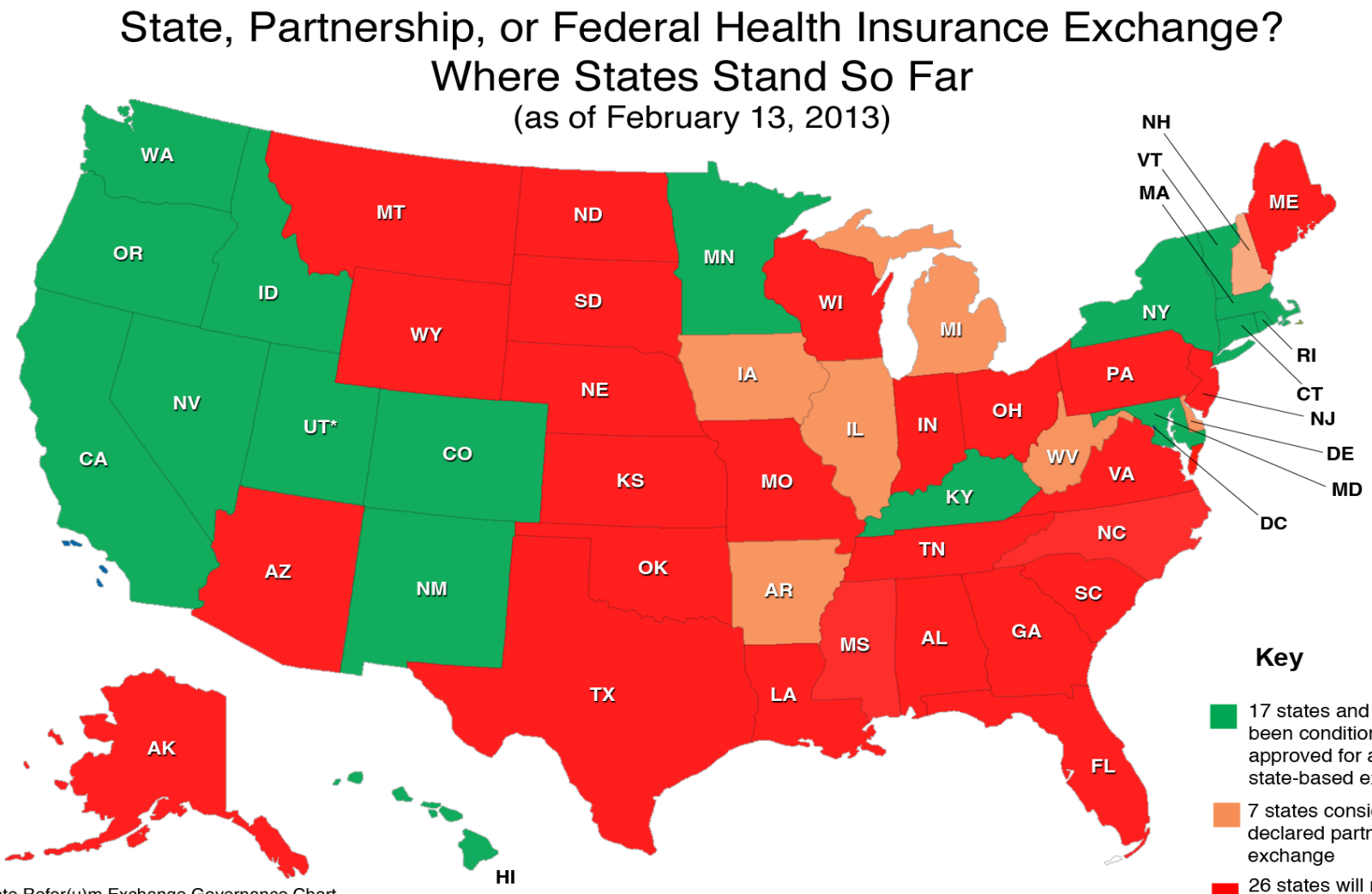
If they don't, they must repay the money.

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



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

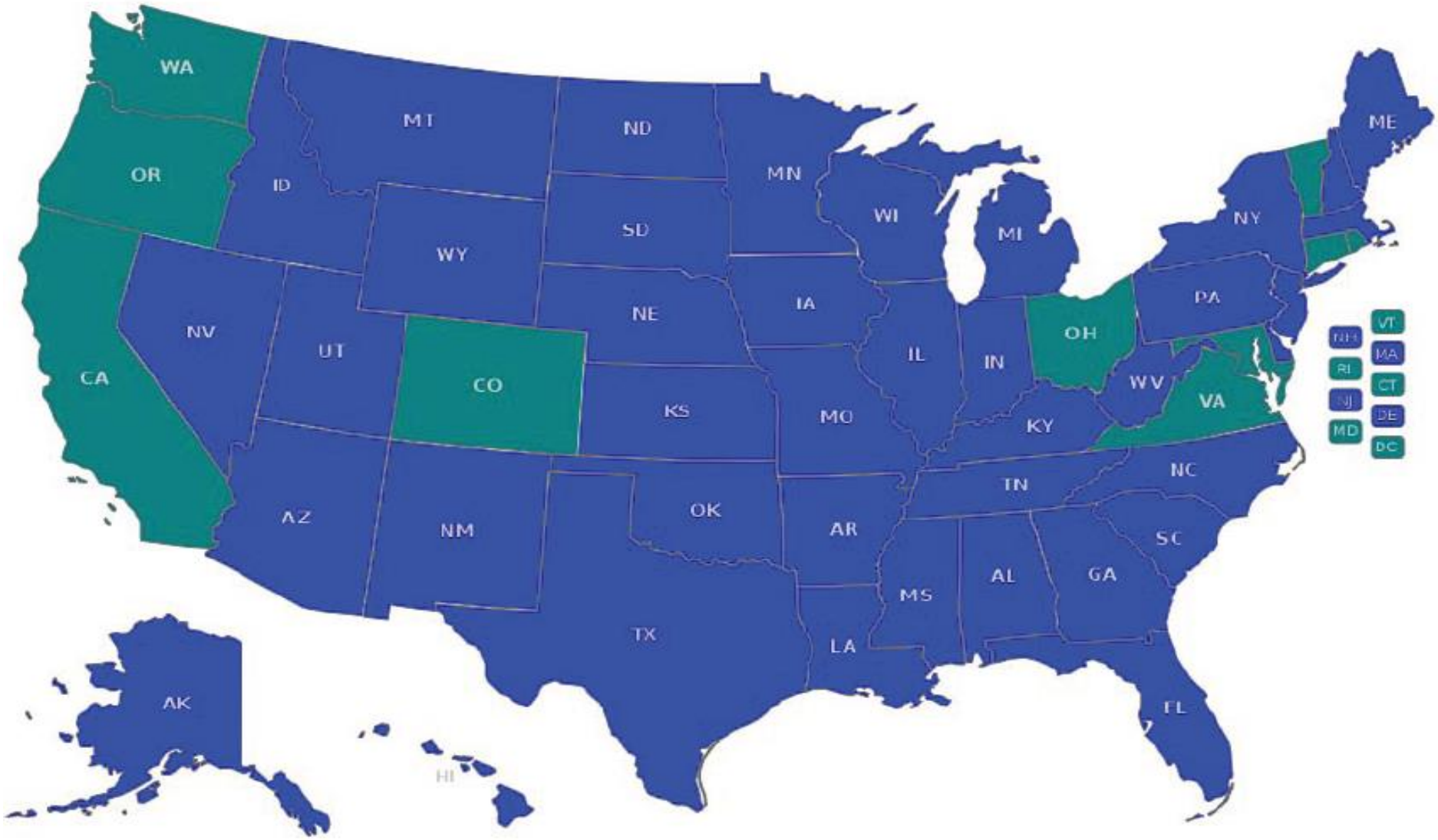
State Refor(u)m Exchange Blueprint Chart
http://www.statereforum.org/exchange-blueprint-chart

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

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

statereforum

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/

Stay Connected

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YouTube

facebook

twitter

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

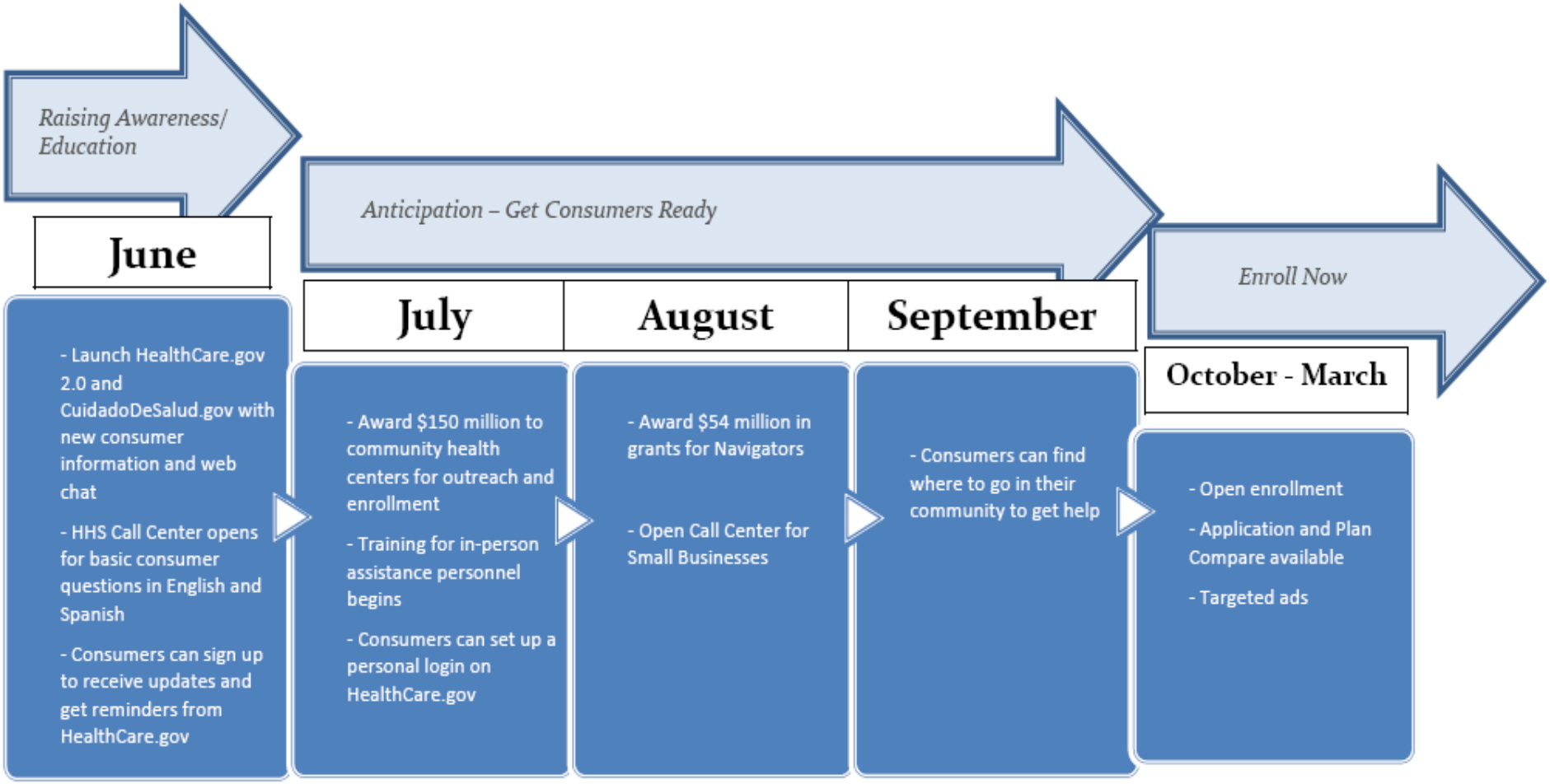
Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

Health Insurance Marketplace
HealthCare.gov
1-800-318-2596

CMS Product No. 11671
June 2013

On Target for Opening the Health Insurance Marketplace



Ongoing outreach: Digital Media, Public Events, Engaging Partners

Enroll America

Our Mission

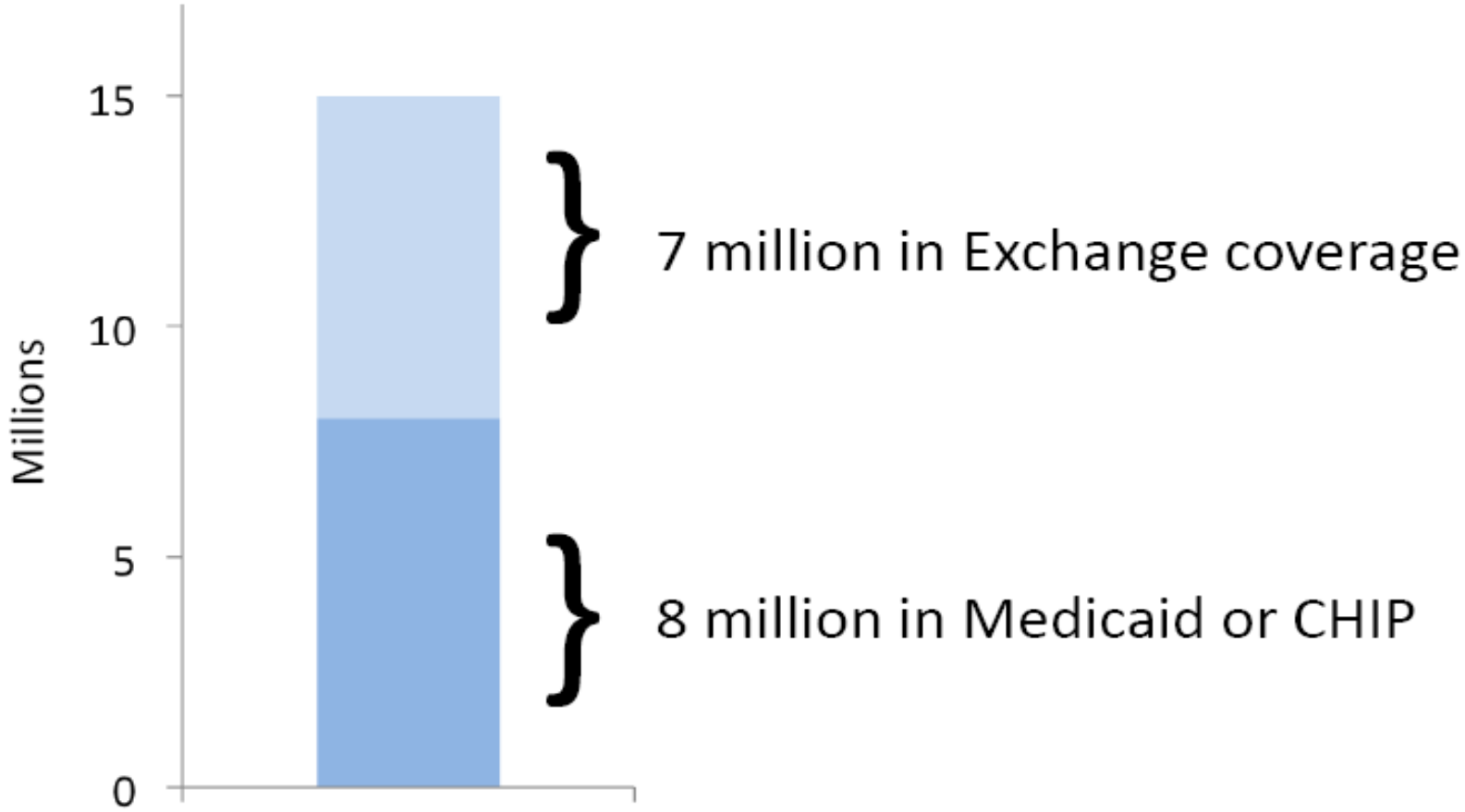
Maximize the number of uninsured Americans who enroll in health coverage made available by the Affordable Care Act

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

Enroll America

Sampling of Partners

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

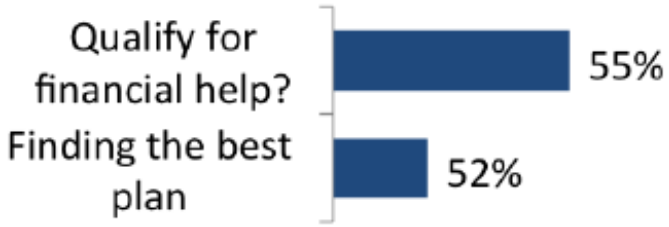
If you have a **pre-existing condition**, insurance plans cannot deny you coverage.

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

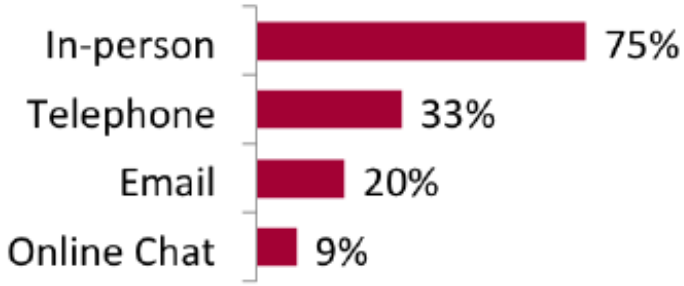
Source: Enroll America, November 2012

Help, I Need Somebody!

What Kind?

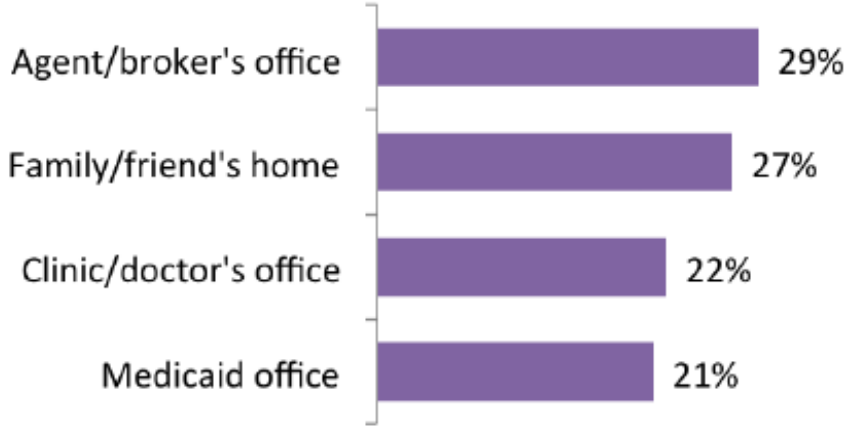


How?



From Whom?

Where?



Source: Enroll America, November 2012

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
• Assumed ineligible until proven otherwise	• Real-time, electronic verification to the greatest extent possible • Must use federal electronic service ("data hub")

• Onerous paper documentation burden: pay stubs, birth certificate, proof of residency, etc.	• Reasonable Compatibility standard
	  • Attestation allowed for most elements
	  • Paper documentation requirements prohibited if data available electronically

• Asset tests common	• 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

Health Insurance Marketplace

Application for Health Coverage & Help Paying Costs

THINGS TO KNOW

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. Filling out this application doesn't mean you have to buy health coverage.

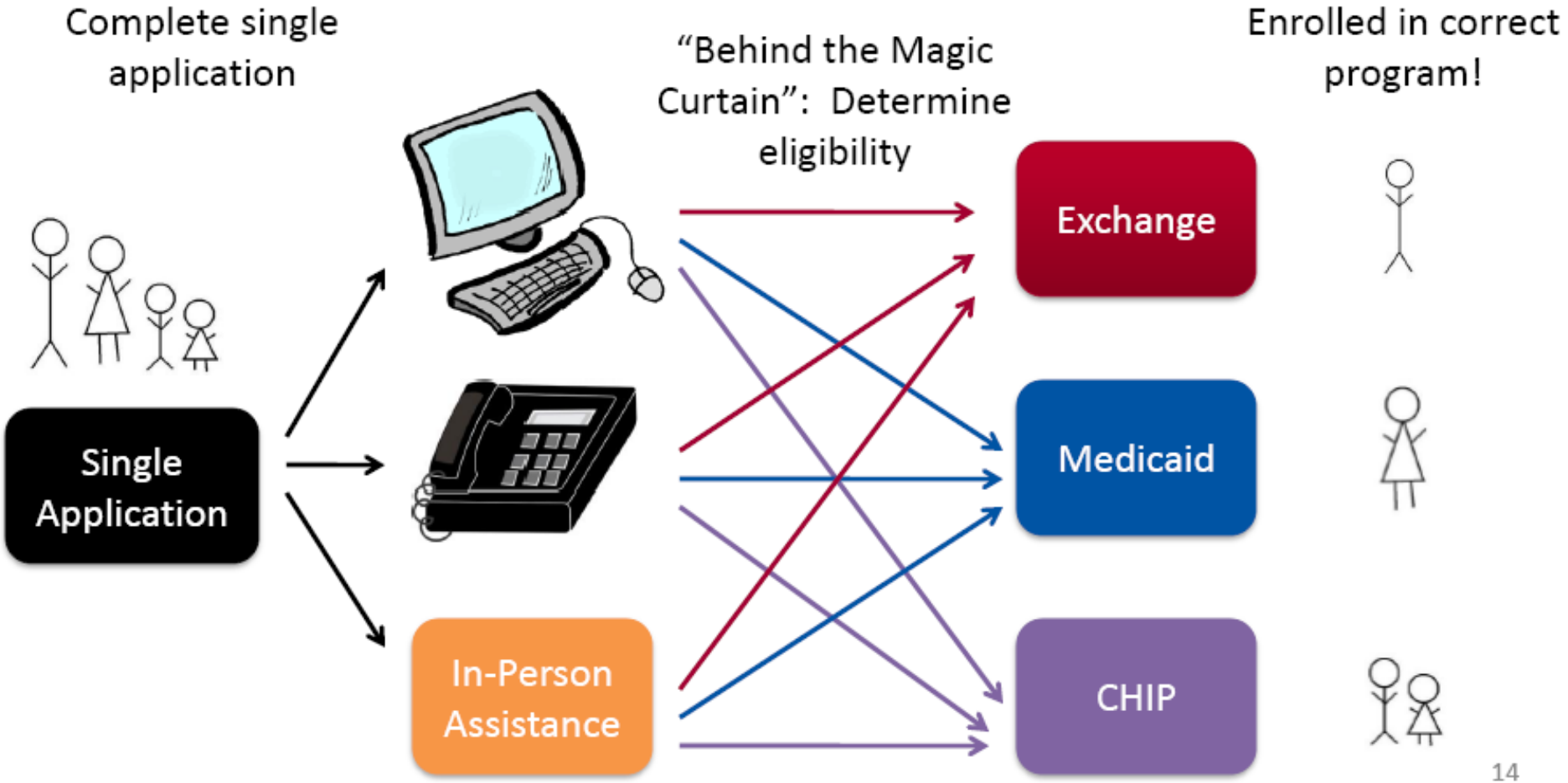
Get help with this application

- **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.

A New Way to Enroll in Coverage

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



www.enrollamerica.org

More Information On:

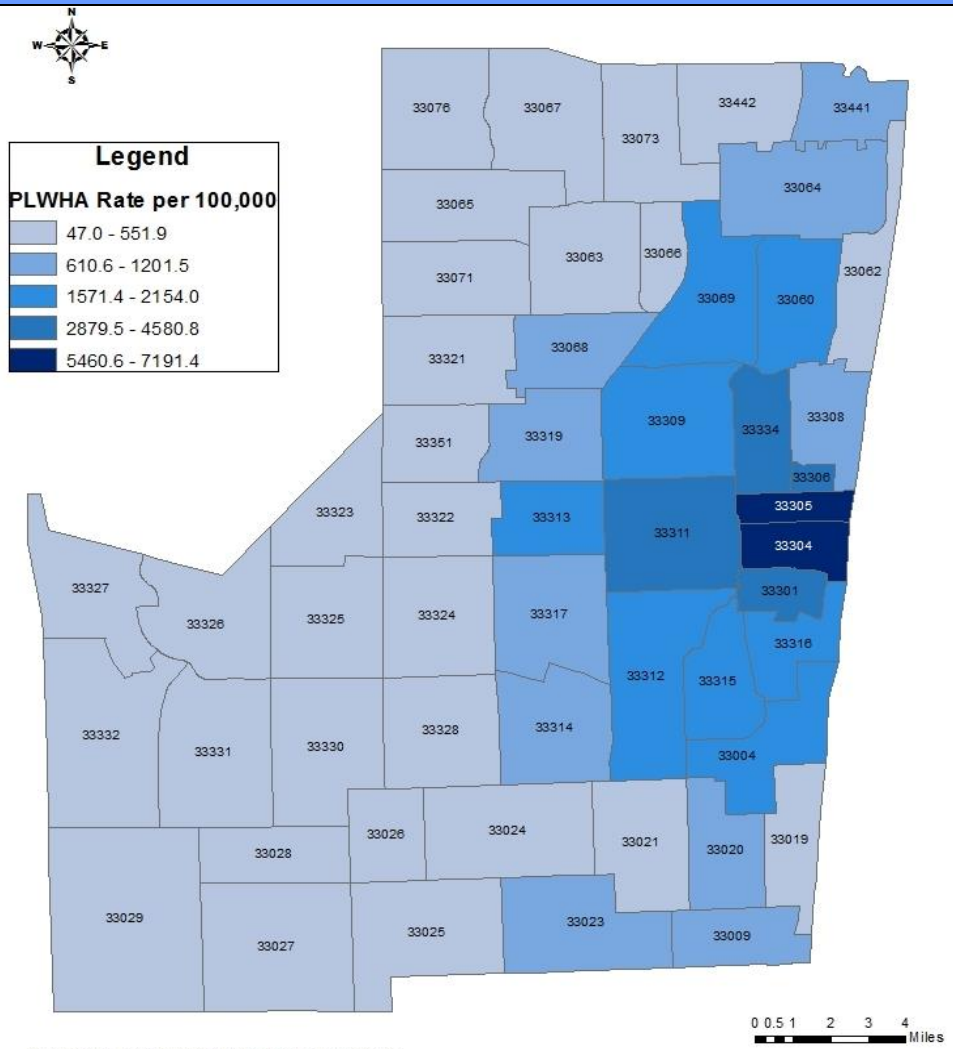
- Best practices in outreach and enrollment
- Exchange branding research
- Public opinion polling
- Statewide marketing and outreach plans

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

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

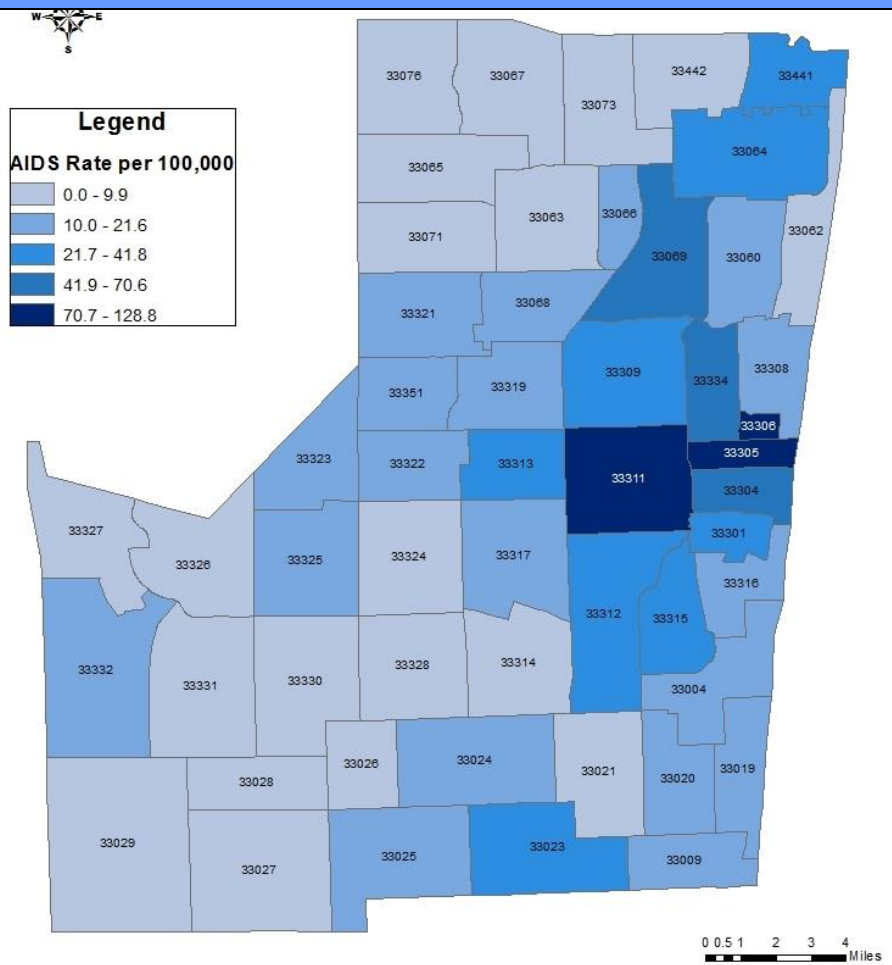
- **Health Care Reform Resources**
  - State Refo(ru)m, www.statereforum.org
  - Kaiser Family Foundation, www.kff.org
  - Healthcare.gov, www.healthcare.gov

People Living with HIV/AIDS (PLWHA) Rates Per 100,000 Through 2012, Broward County, Florida



Source: FL DOH HIV/AIDS Surveillance Program
Living data represent a snapshot of all living cases reported through 2012, as of 12/31/12.

New AIDS Case Rates Per 100,000 in 2012, Broward County, Florida



Source: FL DOH HIV/AIDS Surveillance Program
Data as of 12/31/12

Save the Date!

Resource Fair

This fair is mandatory for Ryan White Program and HOPWA Case Managers, Peers, and Supervisors

Date: Tuesday, September 24th, 2013

Location: TBD

Time: 5:00PM-8:00PM

Please RSVP to Rachele Solomon at quality@brhpc.org or 954-561-9681, Ext. 1244

Ryan White Part B
Expenditure Report
June 2013

Service Category	Part B 2013-14 Allocated	Part B 2013-14 (June/ Encumbered)	Part B 2013-14 Monthly Average Left	Part B 2013-14 (YTD Spent/ Encumbered)	Part B 2013-14 (% Encumbered)	Part B 2013-14 (% Left)	Part B 2013-14 (Balance)
Home Delivered Meals	$ 2,479	$ -	$ 248.00	$ -	0%	100%	$ 2,479
Medication Co Pay	$ 610,000	$ 29,088	$ 60,117.67	$ 68,941	11%	89%	$ 541,059
Case Management (non-med)	$ 228,287	$ 11,634	$ 19,883.22	$ 49,338	22%	78%	$ 178,949
Medical Transportation	$ 150,971	$ -	$ 16,774.56	$ -	0%	0%	$ 150,971
Administration	$ 110,192	$ 8,459	$ 9,550.78	$ 24,235	22%	78%	$ 85,957
TOTALS	**$ 1,101,929**	**$ 49,181**	**$ 106,574.22**	**$ 142,514**	**13%**	**87%**	**$ 959,415**
					87%		

Home Delivered Meals 0
Non-Medical Case Management conducted 623 eligibility interviews in June.
Medication Co Payment served 234 clients in June in which 12 were new to the program.
266 Clients served in June Medication Co Payment
8 Clients served in June Mail Order
Medical Transportation 244 (31 day) and 198 (10 ride) were distributed in June.