

Virginia Community HIV Planning Group
Call Summary
July 15, 2021

Members Present: Yolanda Alexander, Maria Altonen, Antonia Bowman, Darryl Cannady, Robert Cheek, Doug Fogal, Beverly Franklin, Anthony Hayden, Russell Jones, Elaine Martin (VDH Co-Chair), Gia Martinez, Shannon Meade, Anjeni' Moore, Darryl Payne, David Pintor, Doris Plant-Hill, Bryan Price, Robert Rodney, Thomas Rodriguez-Schucker, Jennifer Shiflett,, Nechelle Terrell (Community Co-Chair), Thomas Villa,

Absent: Keith Arendall, Gennaro Brooks, Victor Claros, Bobby Jones, Rodney Lewis, Daniel Lopez, Joseph Lyttle, Clay Porter, Alexandria Robinson, Kysha Washington,

Others present: Kristen Donovan, Ashley Yocum, Sadie Adkins, Dwight Venson (proxy for Rodney Lewis), Medaris Banks, Maureen Nevins, Felencia McGee, Brianna Carey, Brigitte, Dwight Rackley, Dwight Venson, Eric Mayes, Jasmine Ford, Jason Watler, Marquietta Alston, Rachel Stallings, Shahid Hafidh, Tammy Sowards, Sarah Lannon, Kimberly Scott, Tim Agar

Greetings and Introductions – Elaine Martin

- Attendance
- Approved May minutes- Approved VIA email

Prevention and Care Updates

- **Prevention:**
 - **CHR**
 - The Chris Atwood Foundation in Northern Virginia is now operating as an authorized comprehensive harm reduction site. The site has been operational for less than 30 days and has already enrolled over 60 people! Due to the increasing number of overdoses in the state, DDP started a Naloxone Partner Program. This program allows businesses, both for-profit and non-profit, to be approved to receive free naloxone (Narcan) from VDH. Prior to distribution, sites must complete:
 - Online training in REVIVE, a course that teaches people how to respond to an opioid overdose and administer Naloxone, and
 - Online training in harm reduction education and counseling, which provides techniques for providing education in a short, concise manner and to provide one-on-one harm reduction counseling.
 - Additional technical assistance is also available from DDP.
 - Additional questions can be sent to **Bruce Taylor**, Drug User Health Coordinator at bruce.taylor@vdh.virginia.gov or (804) 864-8015.
 - **September 1 Prevention and Care Joint Contractor's Meeting**
 - Please SAVE the Date! The September 1, 2021, Joint HIV Prevention and Care contractors meeting will be held as a virtual meeting (internet, phone). An agenda and registration link will be available closer to the event date. If you have any questions, please contact Beth Marschak at (804) 864-8008 or elizabeth.marschak@vdh.virginia.gov.

- **Congratulations to Inova Juniper and LGBT Life Center** for being awarded funding under CDC's cooperative agreement “Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations”. Inova and LGBT Life Center were 2 of 96 CBOs to be awarded. The funding will help CBOs develop new –and enhance existing –strategies focused on populations disproportionately affected by HIV.
- **COVID-19 Update**
 - A self-service portal is now live and accessible via [Vaccinate.Virginia.gov](https://vaccinate.virginia.gov) to view COVID-19 vaccination records. Access to the records requires two-factor verification. The record can be saved and printed or downloaded as a PDF. The vaccination record will only show COVID-19 immunizations. Vaccines administered and not reported in the Virginia Immunization Information System (e.g., out-of-state vaccinations, vaccinations administered by federal entities not reporting to VIIS) will not reflect in the self-service portal. This portal is not intended to be a “vaccine passport” but serves as a way to prove COVID-19 immunization if needed.
- **Integrated Plan Guidance**
 - [HRSA released guidance for the next integrated plan](#). Ashley and Kristen will present an overview in an upcoming meeting
- **CBO Needs assessment**
 - DDP is coordinating with Mid-Atlantic AIDS Education and Training Center (MAAETC) on a workforce needs assessment for CBOs.
- **Care:**
 - New Updates:
 - Next Virtual QMAC Orientation is scheduled for Wednesday, July 21 from 2:30-3:30. The orientation will provide an overview of QMAC's background and purpose, including each subcommittee's collective role and activities.
Register here: <https://zoom.us/meeting/register/tJ0kc-2tpzMuG9UVpRiUNfXSZtgsMvPXodoE>
 - Next Virtual QMAC Meeting is scheduled for August 18, 2021 from 9 AM – 2 PM. Registration link will be sent out soon.
 - Ongoing-Updates:
 - VA MAP Updates
 - **2021 Special Enrollment Period (SEP)**
 - The deadline for the SEP has been extended to through August 15, 2021. This SEP period will be available to all Marketplace-eligible consumers who are uninsured or underinsured. During this time eligible Virginia Medication Assistance Program (VA MAP) clients may be able to enroll into an insurance plan through the Marketplace. VA MAP has identified clients within its records that may be eligible for this SEP. **VA MAP's contracted insurance enrollment assister, [Benalytics](#),**

will complete all Marketplace enrollments during this SEP and will continue to enroll eligible clients into Medicaid. Please see the additional information below.

- **What should clients do to complete an application with the Marketplace or Medicaid?**
 - Contact Benalytics Consulting directly at 1-855-483-4647.
 - Benalytics' hours of operation are:
 - Monday, Wednesday, Friday – 9 a.m. to 5 p.m.
 - Tuesday, Thursday – 8 a.m. to 7 p.m.
 - Saturdays – 9 a.m. to 5 p.m. (in addition to the above hours, Benalytics staff will be available during these times to assist clients from April 15 – May 15)
- **What should clients have available when completing the application process?**
 - Clients should refer to the application checklist provided by [healthcare.gov](https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/) (<https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>) if they believe they are eligible for a Marketplace plan. Benalytics can help clients determine if they are eligible for insurance and help them enroll.
 - Clients eligible for Medicaid should refer to the application checklist provided by [coverva.org](https://coverva.org/apply/) (<https://coverva.org/apply/>). Benalytics can help them determine eligibility and help them enroll.
 - Having the required information available while completing the application will help it go smoothly and ensure clients complete the application in one session.
 - VA MAP requires proof of current income (within the last 30 days) be submitted when completing the enrollment process for Marketplace coverage. This is important because it helps determine which type of insurance coverage a client is eligible for and helps determine if the client will receive tax credits, which affect the monthly premium amount. Benalytics cannot complete the enrollment process without this information.
 - Clients who recently received denials from Medicaid must submit those Medicaid denial letters in order to enroll in a Marketplace plan.
- **How will VA MAP communicate with clients and community partners about this SEP?**
 - Benalytics is mailing letters to all eligible clients that VA MAP identified for this special enrollment with the Marketplace and to those eligible for Medicaid enrollment. The letter advises clients how to contact Benalytics to complete the enrollment process. VA MAP is targeting February 19, 2021 to start the mailings.

- VA MAP is also partnering with the VACAC on consumer education about open enrollment steps and the importance of having insurance.
- Look for information on this SEP on the VA MAP website. Community partners should check the website for updates throughout the enrollment period. Information on this enrollment period will also be shared at all HIV Care Services (HCS) meetings and events in the upcoming months (i.e., Quarterly Contractors' Meeting, Case Management Summit, Quality Management Summit, etc.).
- **How can a provider obtain a list of its clients that have been identified as eligible for this Marketplace SEP or for Medicaid enrollment and receive updates on their enrollment status?**
 - The provider must submit a client list to VA MAP (Excel spreadsheet only for data imports and exports). VA MAP will do an initial match of the provider list to the master client list generated by VDH. Afterwards, VA MAP will submit individual agency enrollment updates every two (2) weeks using a specific Excel template created by VA MAP (see attachment). All file exchanges must occur through the secured portals.
 - A small number of providers participated in a regular file exchange process with VA MAP during the previous open enrollment period. To reduce the number of duplicate calls from providers coming through the medication access hotline, VA MAP is requiring that all providers participate in this file exchange for enrollment. The initial client file from the provider should be uploaded to the secured portals by Friday, February 19, 2021.
- **How can clients access medications while the Marketplace or Medicaid application is being completed?**
 - Currently enrolled, active clients can access medications through Direct MAP until the application process is completed. The client's provider should follow the standard process of sending prescriptions to the dispensing pharmacy (i.e., Central Pharmacy, Alexandria HD Pharmacy, and Fairfax HD Pharmacy).
- **SFTP Folders**
 - Sub-recipients need to use their SFTP folders to send documents to VA MAP (new applications, re-certifications, supporting documents, etc...).
 - Exchanging Medicaid-eligible client data with subrecipients to identify and assist eligible clients with enrollment into Medicaid. This effort is necessary to ensure the program is meeting the payer of last resort requirement under the RW grant.

- Use of these folders will also be critical as the 2021 open enrollment season begins for Medicare and ACA. There will be specific instructions shared later this month regarding what documents will be required and how to submit those documents to ensure they are forwarded to the appropriate staff for processing.
- **HIPPA Reminder:** VDH has been receiving non-secure emails that contain PHI and PII. As a reminder, VDH cannot accept any client information through email unless it is encrypted and sent through secure email.
 - This includes Client level data, Personal Health Information (PHI), and/or Personal Identifiable Information (PII)
 - If you need to communicate information that includes any PHI or PII, please use SFTP to share that information or fax info to VDH. If fax, please inform VDH know so they can pick it up and it's not sitting on fax machine.
 - If you are a client, please do not send your personal information through email to VDH. Please call VDH to discuss your needs.

Cabenuva Update – Brigitte Costello, Dwight Rackley, NP-C, & Eric Mayes

Small Group Reporting

- *Excited to discuss about Cabenuva:*
 - First step in additional treatment options. Can possibly go to 2 months and maybe longer in the future. First different item in a long time.
 - Like one dose and going to the doctor. Good for those who struggle with daily medication adherence.
 - Like having options.
 - Appreciative of options, still on the fence about it because need more information about transgender patients and those who may have had body modifications where the medication will be injected.
 - Agree with everyone, excited about new medications and gives opportunities to discuss other things with providers with more frequent visits.
 - Allows consumers to come in for a shot rather than take a daily pill.
 - Some people may change but
 - Interesting that it can go from pills to shots. Option isn't for everyone but many may be interested in switching from daily pills.
 - Injection medications could be a trigger for previous-PWIDs. Some people are used to taking a daily pill, "if it isn't broken, don't fix it".
 - More options are great for people. Transportation for monthly appointments could be an issue for clients who live in rural areas.
 - Most exciting thing is that it is the first of new treatments and prevention of HIV medications. Many logistical issues for clinics and providers to figure out (i.e. transportation, time off for work, reimbursement).
 - Most interested in the window period for people traveling.

- More medically adherence, window of 7 days to get shot, and logistics of taking time off work for appointment if don't have paid time off.
- Could local health department patients receive Cabenuva through ADAP?
- Access beyond normal clinic hours?
- What are the plans for more locations? Who would do the injectable?
- *Concerns about Cabenuva:*
 - Didn't have as much information in study for people of color or transgender persons.
 - Many people still don't know about the medication, and need more education and advertisement.
 - Very excited to use for PrEP. Don't have limitations of VLS and adherence is more challenging with PrEP since don't have medical urgency as with PLWH and ART. Have seen people seroconvert with intermittent PrEP use.
 - What are the health equity implications? How can we make sure this is available to all?
 - Will logistical concerns limit the applications?
 - No shows
 - Administration (buttocks) limits distribution through drugstores
 - Candidates self-select right now, which allows providers to establish their process with people who will show up
 - People going from one or two visits a year to 12 visits a year
- *Experience from Ryan White Providers:*
 - If looked back historically, had similar issues: how VA MAP pay, how it was administered. Will work out.
 - Logistics are more complicated than adding a new pill regimen to the formulary.
 - VDH conducted a survey for both consumers and providers on Cabenuva to gather information on knowledge, training needs, and such.

Adjourn- 11:00

Upcoming topics:

- **August:** Membership
- **September:** Planning for the next plan
- **October:** Orientation/new member welcome

Next scheduled meeting: Thursday, August 12 2021 9 AM-11 AM