

# Using Technology to Improve Access to Care in CADAP

Mitchell Namias, Pharm.D, RPh

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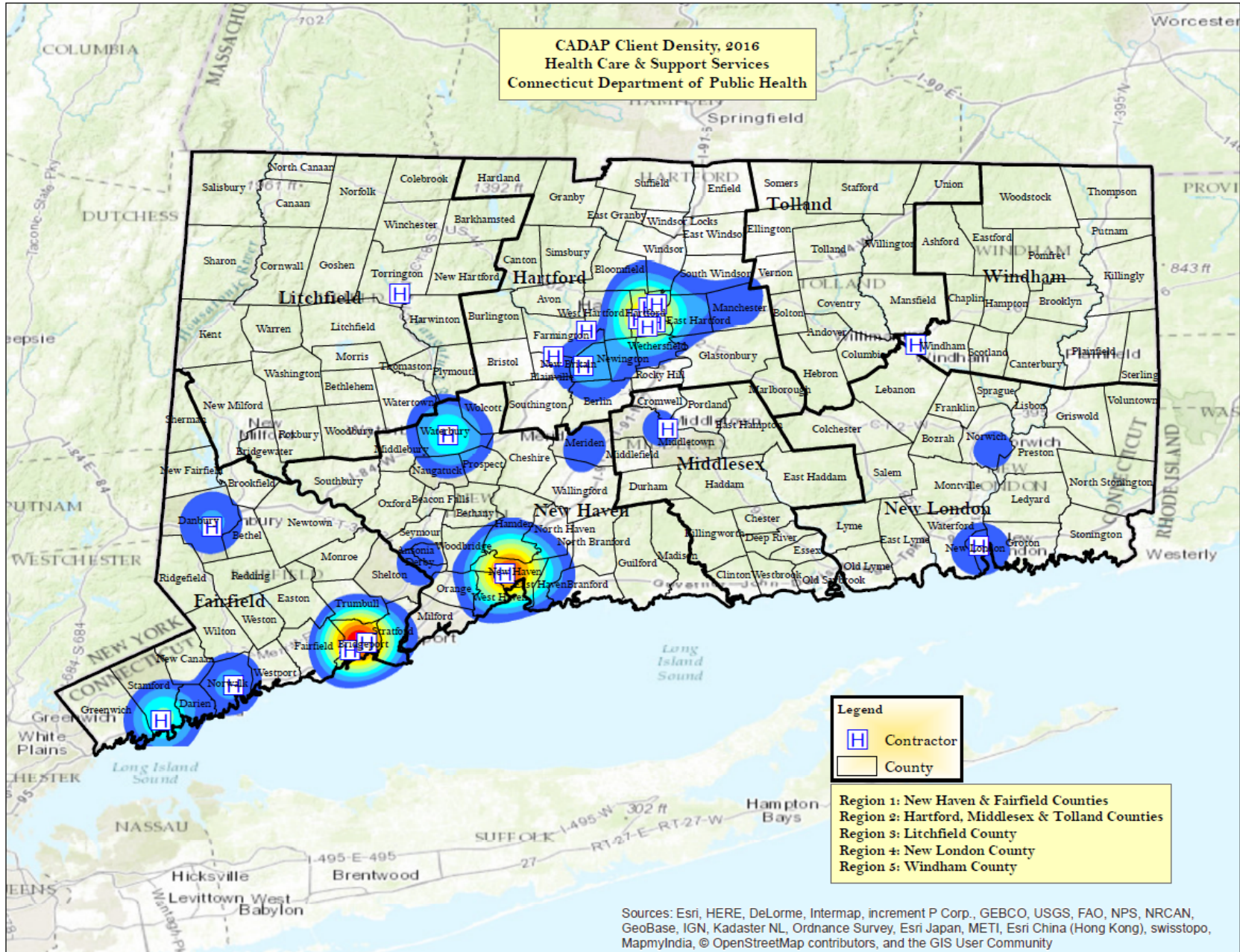
# QI Project Background

- Historically, CADAP had one of the highest ADAP disenrollment rates in the country
- HRSA questioned CADAP when the disenrollment rate reached 30%
- Upon initial investigation, it was found that the current vendor's processes did not support timely enrollment, leading to the client to lose benefits
- Based on reports from consumers, it took on average of 14 days processing time once completed application received and approved
- PDSA Committee formed to improve enrollment time and decrease disenrollment
- Goal: To improve timely access to HIV ART for clients awaiting CADAP approval and increase the percent of CADAP applications approved or denied within 14 days of receiving complete application

# The DPH PDSA Team

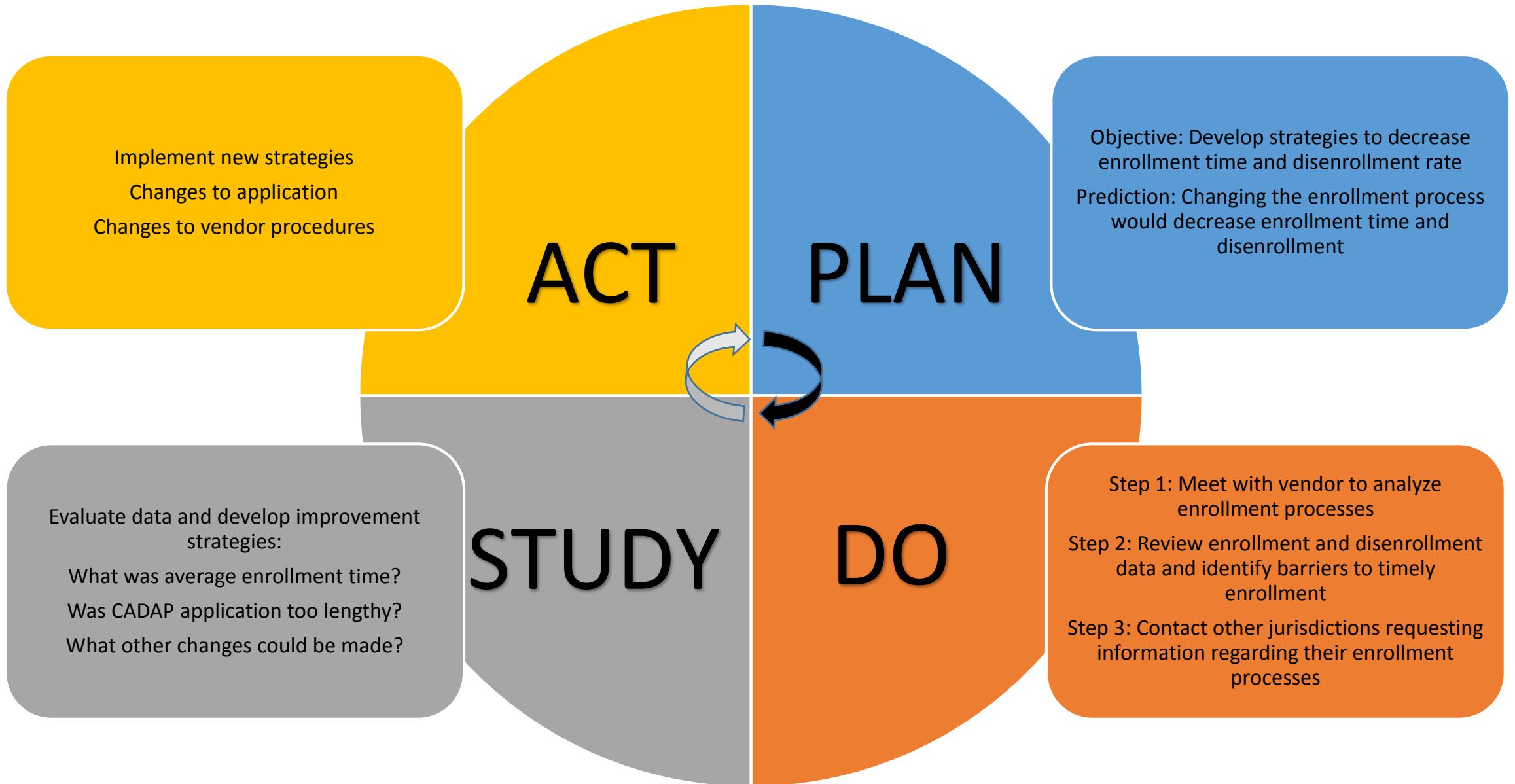
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- Deborah Gosselin, Previous CADAP Coordinator
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Sources: Esri, HERE, DeLorme, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community

# CADAP Enrollment PDSA Cycle 1



# Outcomes PDSA Cycle 1

## Plan

- Recognized that enrollment time may be due not just vendor policies, but also CADAP application
- Discuss process improvement strategies with vendor

## Do

- Reviewed vendor's policies and procedures and looked for areas for improvement
- Contacted other ADAPs and NASTAD to review CADAP enrollment application and give feedback

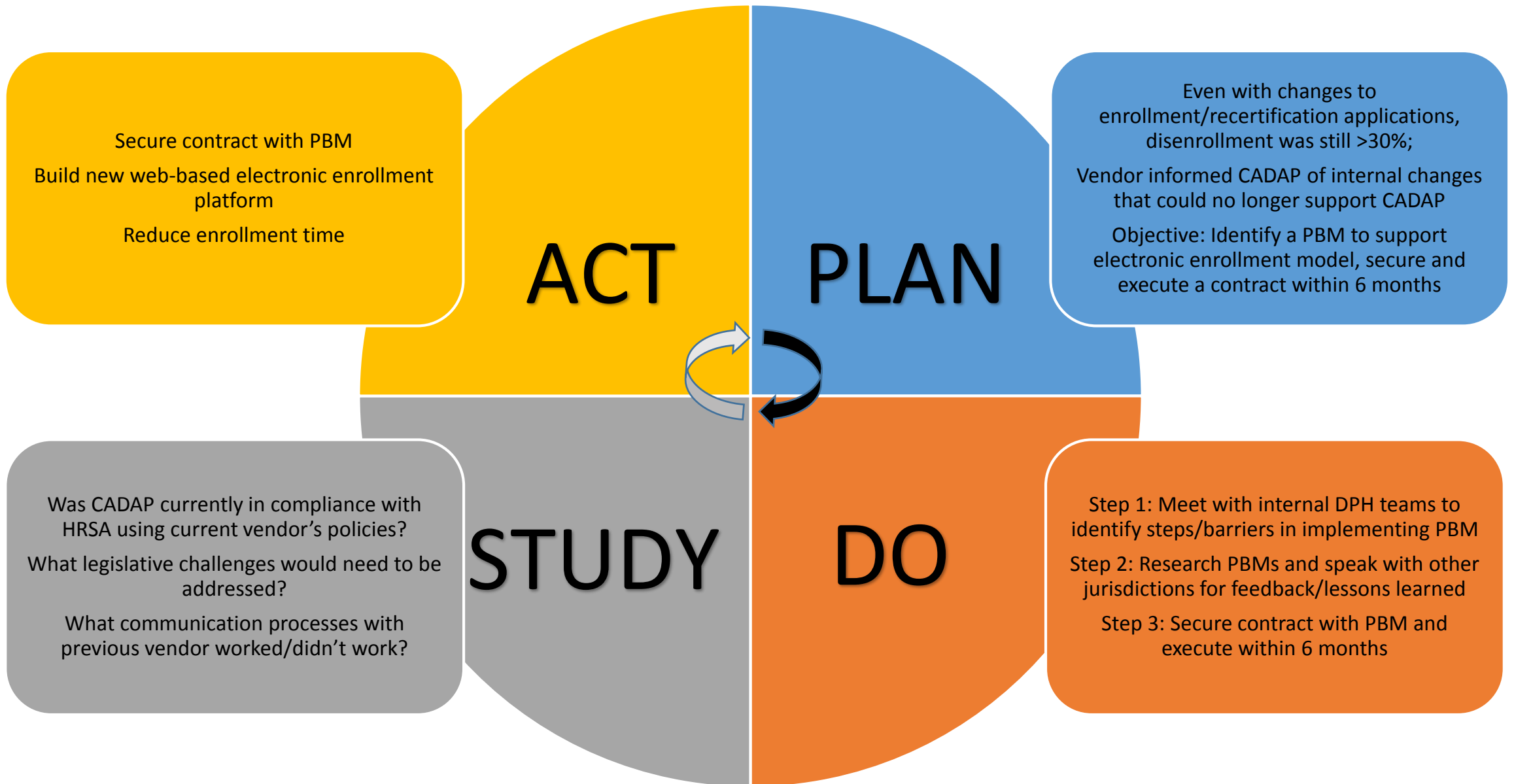
## Study

- Vendor processing procedures did not facilitate expedient process; average processing time was 3 days, 718 clients disenrolled 2016 (total enrolled=2366, 30% disenrolled) due to lack of communication from vendor to client regarding incomplete application
- Compared to other jurisdictions, most utilize electronic applications and Pharmacy Benefit Managers to handle enrollment
- CADAP application too long and needed to change recertification application to remove barriers

## Act

- Redesigned paper enrollment application, removed unnecessary requirements, more lenient reporting for CD4 and Viral Load
- Realized electronic enrollment platform was necessary and current vendor could not support
- Determined that it would be beneficial to have enrollment and pharmacy claims under same vendor, began to research Pharmacy Benefit Managers

# CADAP Enrollment PDSA Cycle 2



# Outcomes PDSA Cycle 2

## Plan

- Engaged in internal discusses to identify challenges/barriers and strategies to execute PBM contract
- Speak with other ADAP jurisdictions that use PBMs

## Do

- Challenge: needed legislative approval (within 10 days) to allow DPH to move CADAP
- After speaking with other jurisdictions and meeting with PBMs, Magellan Health was selected as the new vendor and contract was secured
- Transition teams for DPH, Magellan, and the incumbent established

## Study

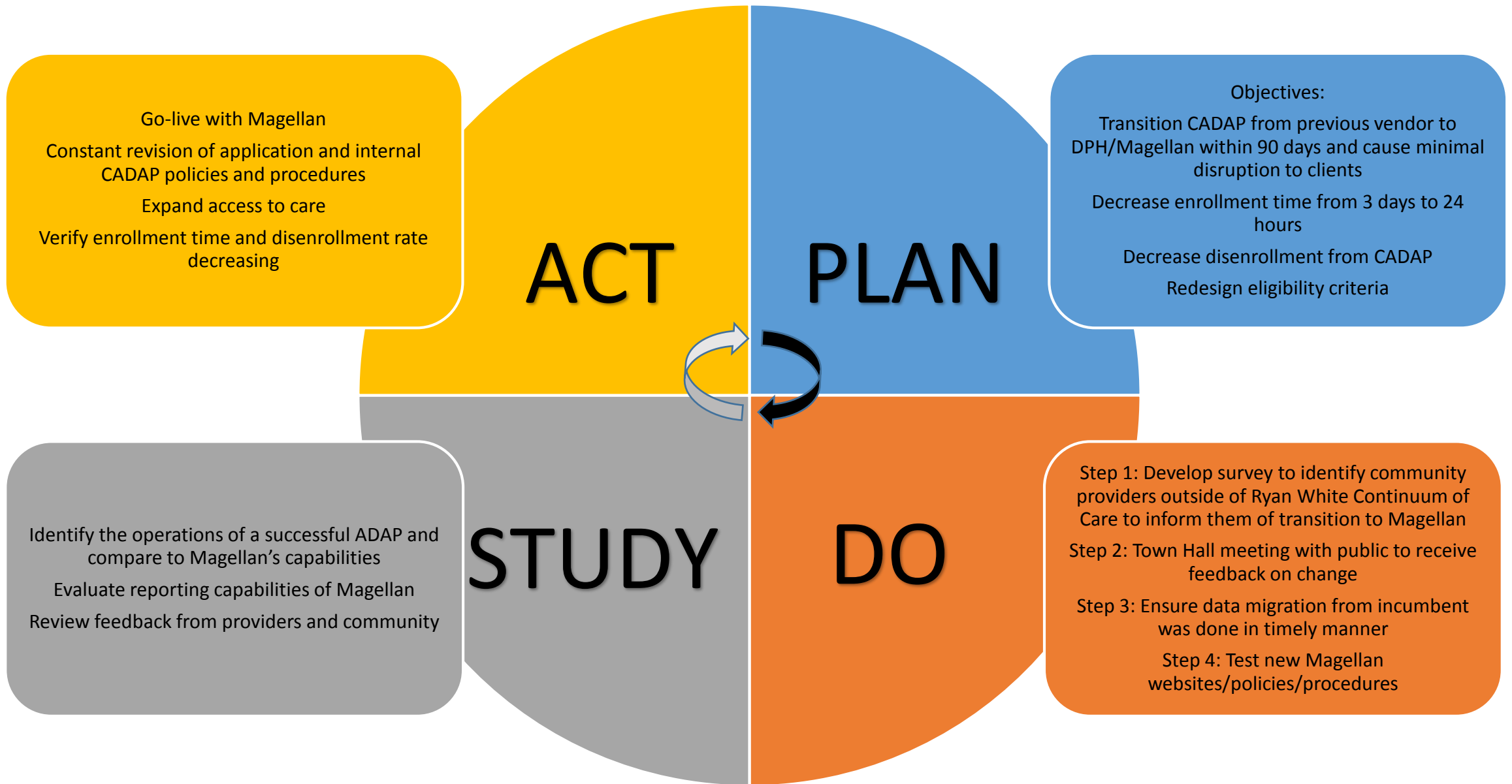
- While transition teams working, was found CADAP pharmacy claims not in compliance with HRSA
- Incumbent's internal departments did not communicate with each other, contributing to increased enrollment times. Verified with Magellan this would not happen.
- Found CADAP was required to keep legacy data from incumbent

## Act

- Obtained legislative approval
- Secured contract with Magellan
- Built new web-based electronic enrollment platform as well as pharmacy claims processing system to be in compliance with HRSA
- DPH implementation team developed data migration solution by linking different data sources



# CADAP Enrollment PDSA Cycle 3



# Outcomes PDSA Cycle 3

## Plan

- Worked with Magellan to develop plans to redesign enrollment criteria, application, and process
- Ensured all transition teams were communicating to keep the migration from the incumbent to Magellan on track

## Do

- Town Hall meeting with community, sent out survey and followed up with information about Magellan change
- Platform for enrollment and pharmacy claims delivered by Magellan and tested by DPH; established DPH agreement with CMS; Magellan established pharmacy agreements
- Medicaid/Medicare enrollment process developed with DSS for low-income clients that meet DSS enrollment requirements
- Go-Live date established with transition teams

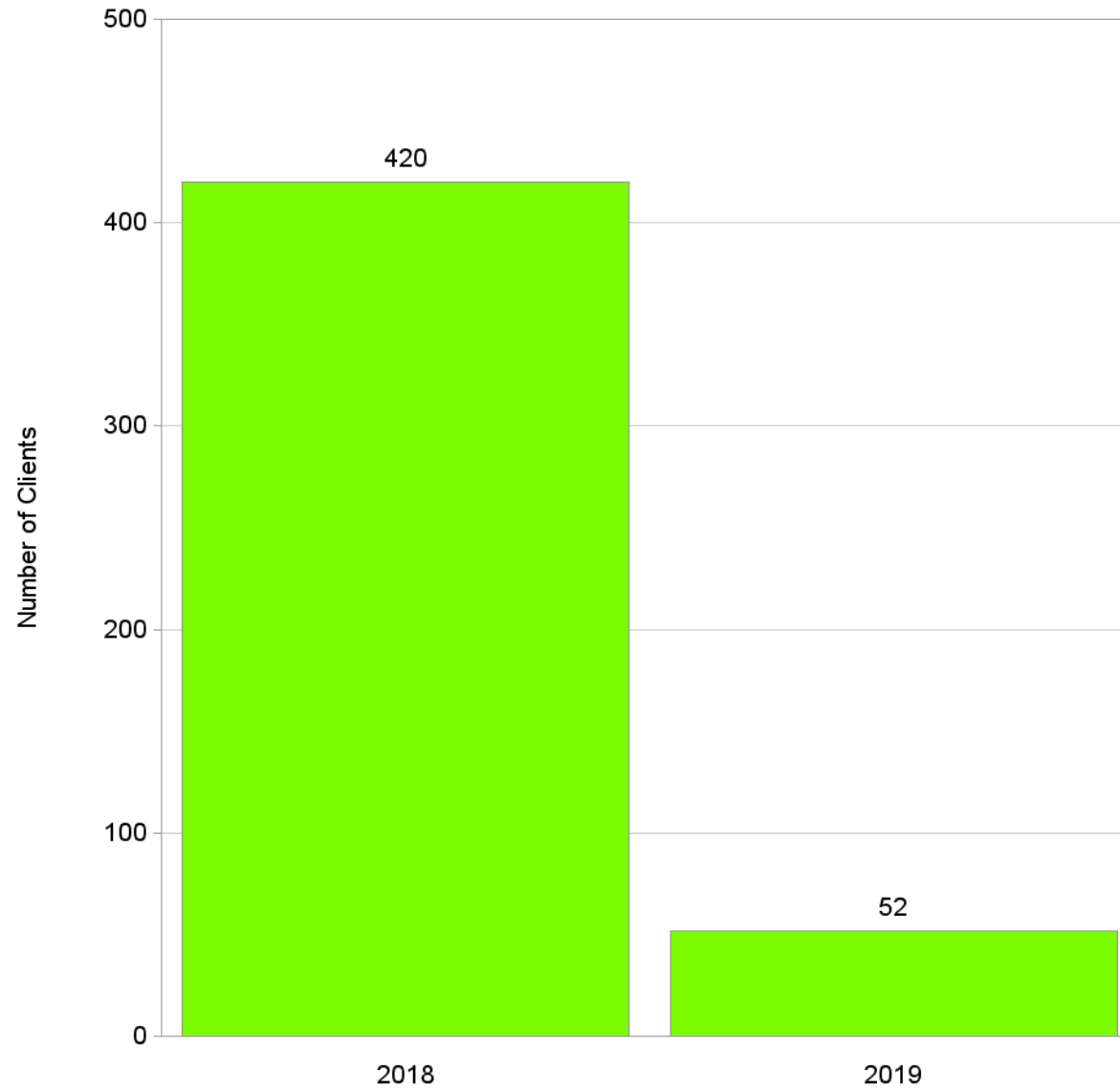
## Study

- Recognized successful operations of ADAP involved control over claims, rebates, and other agreements
- Magellan provides access to real-time data and reporting capabilities are on-demand
- Feedback from providers and clients was that the new enrollment process would be easier and quicker

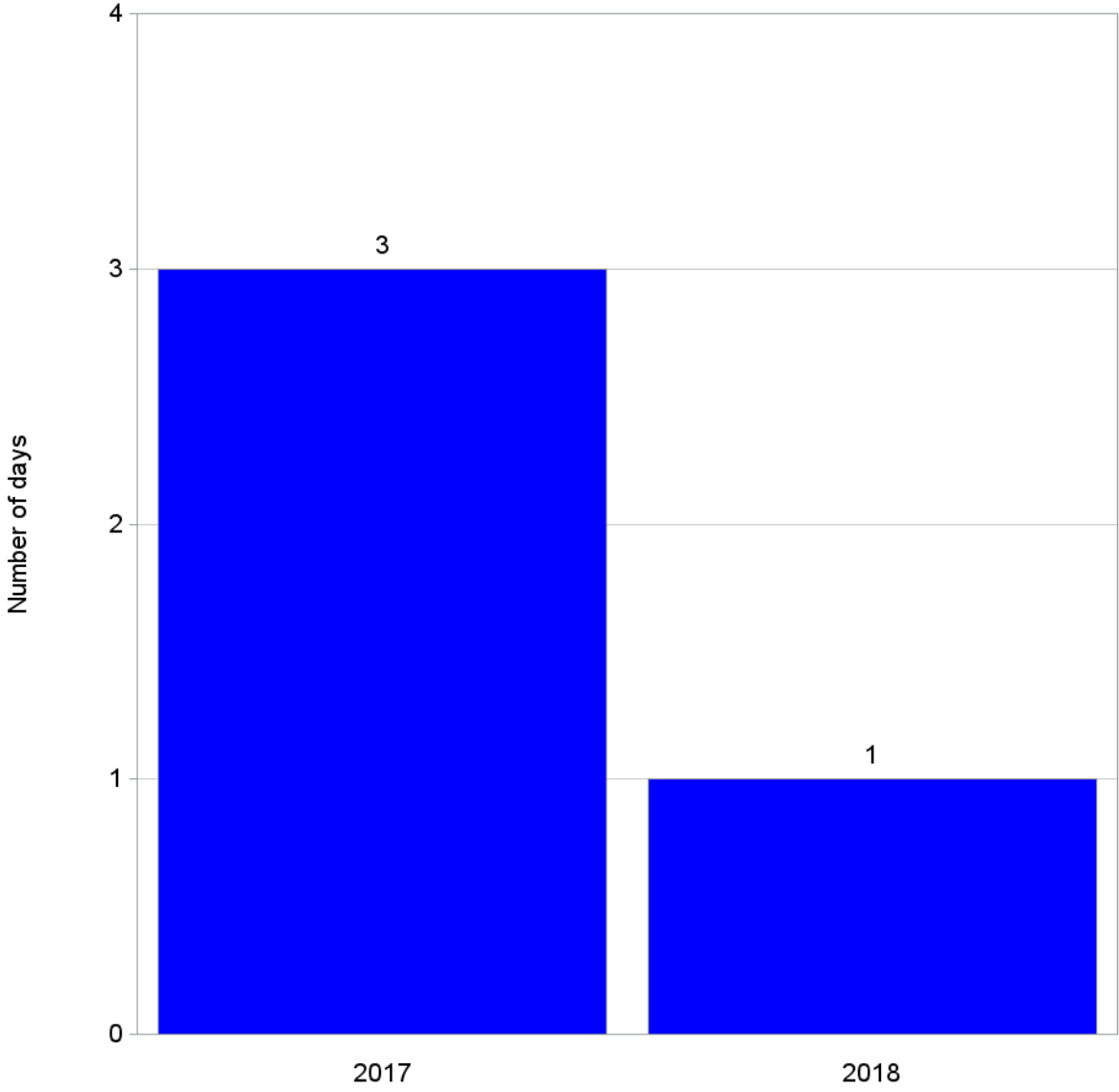
## Act

- Go-Live executed, 24/7 monitoring from Magellan with updates provided 3x/day to address any discrepancies and issues
- Easy to use website helped enrollment increase; enrollment processing time (see figure 1) and disenrollment decreased by 89% (see figure 2)
- Refined application and recertification twice since Go-Live, simplified process further
- Formulary updated, expanded access to more drugs, decrease in unallowable prescription claims

**Figure 1**  
**Clients disenrolled within first quarter and second quarter of the year**  
**Connecticut, 2018 - 2019**



**Figure 2**  
**Average number of days to enroll a new client**  
**Connecticut, Nov-Dec2017 | Nov-Dec2018**



Source:CT DPH, Health Care & Support Services

# Lessons Learned

- Other problems may be uncovered during the process that will need to be addressed
  - In this situation, we started with the disenrollment rate which led to the entire enrollment process and eventually the prescription claims process was involved
- Unexpected deadlines will arise and a plan must be developed to handle them
  - In this case, there was only 10 days to draft legislature to be approved by the State House/Senate to allow CADAP to move to DPH
- Utilize any and all resources available—peers are often the most helpful resource
- If the project's scope of work starts to snowball, create a plan to tackle things piece by piece, set deadlines, and have accountability
  - This project grew from revising the application to implementing a new vendor with a whole new enrollment and claims system

[Home](#)[Client](#)[Provider](#)[CTDPH/CADAP](#)

## Welcome to CADAP

The Connecticut AIDS Drug Assistance Program provides eligible low-income residents with essential medications for the treatment of HIV, related conditions, and other co-morbidities, as well as health insurance premium assistance.

[Client Portal](#)[Provider Portal](#)[CTDPH/CADAP Portal](#)

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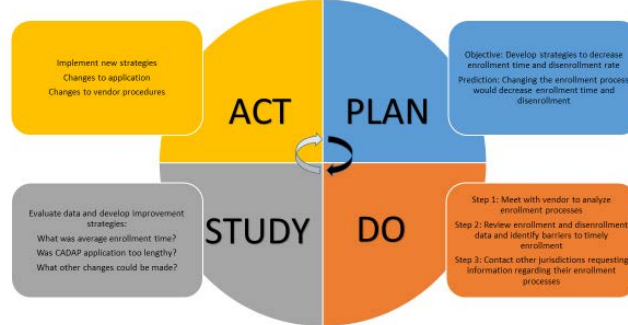
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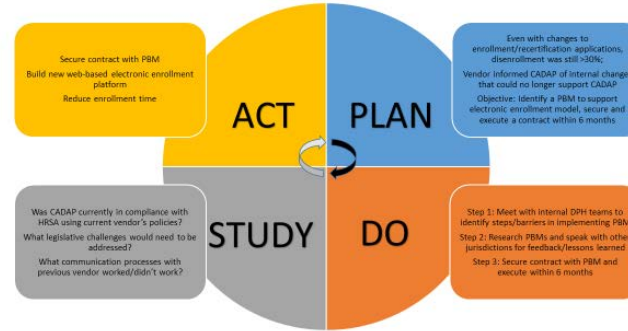
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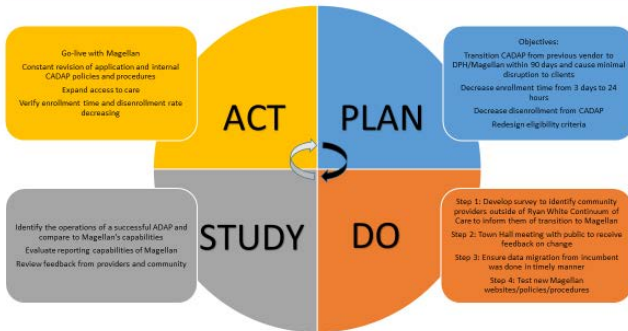
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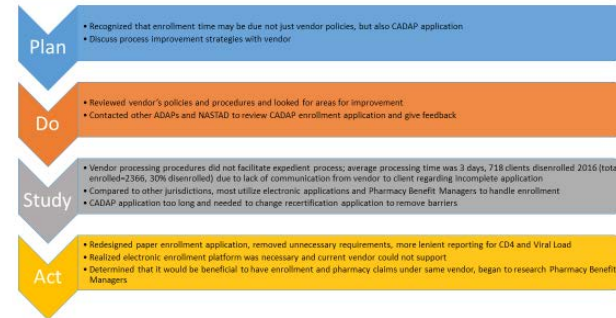
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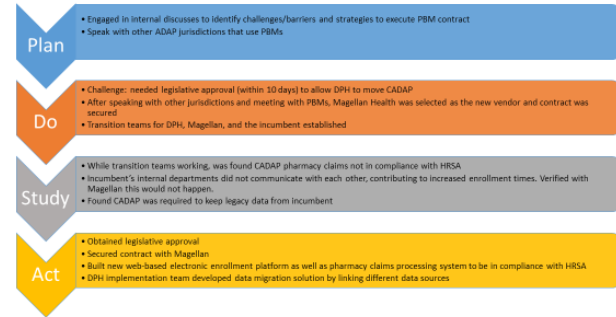
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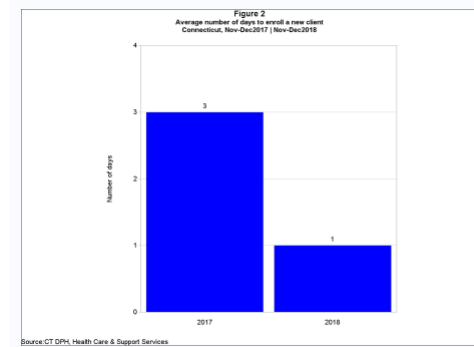
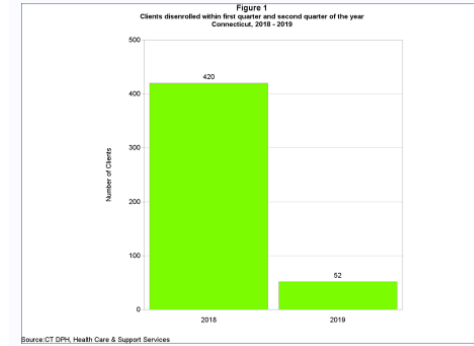
### Outcomes PDSA Cycle 1



### Outcomes PDSA Cycle 2



### Outcomes PDSA Cycle 3



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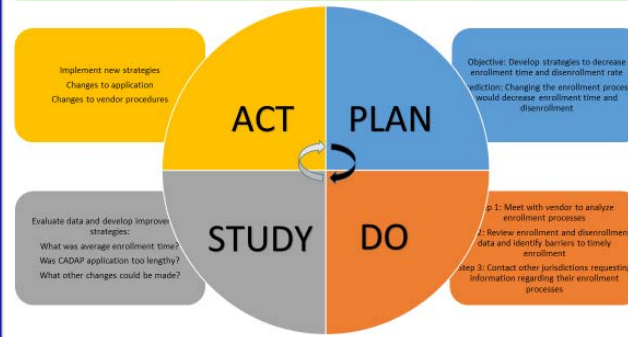
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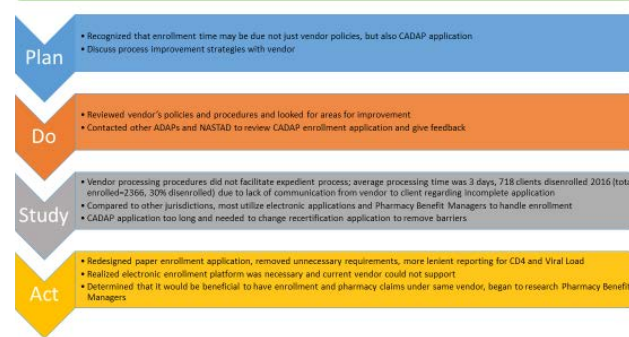




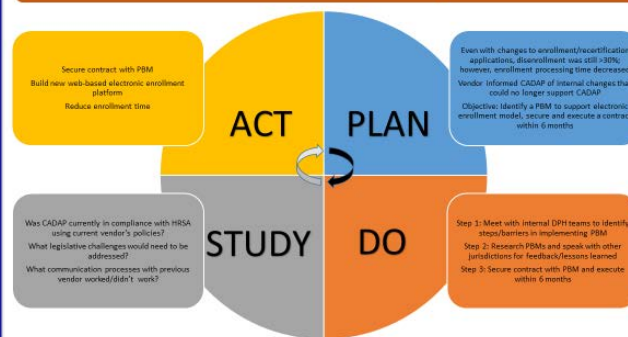
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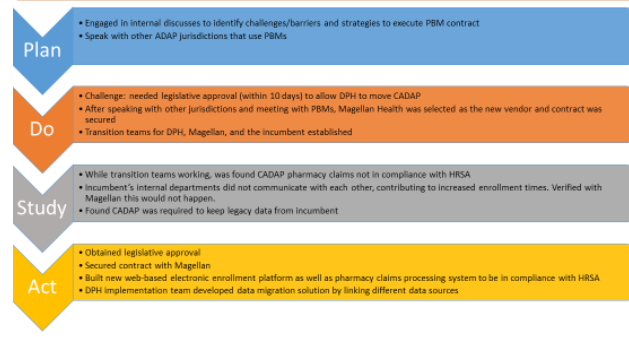
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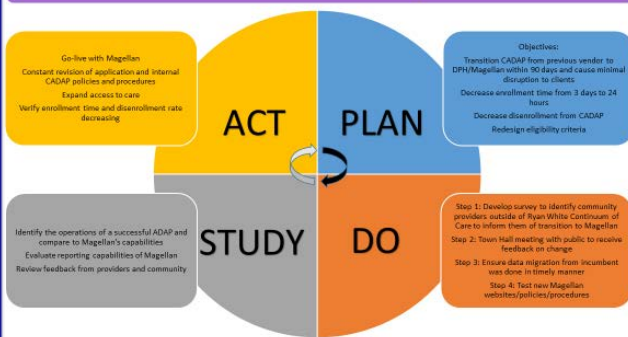
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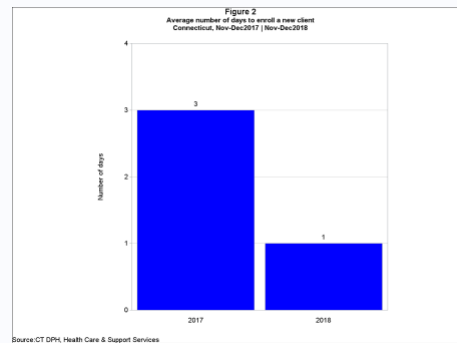
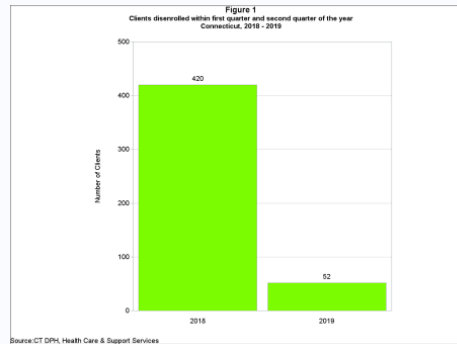


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