



**Medical Care Subcommittee Meeting  
Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230, Coral Gables, FL 33134  
September 24, 2021**

*Approved October 22, 2021*

#	Members	Present	Absent	Guests	
1	Baez, Ivet	x		Robert Greif	
2	Bauman, Dallas	x		John McFeely	
3	Cortes, Wanda	x		Ray Sawaged	
4	Dougherty, James	x		Michelle Soheil, DDS	
5	Goubeaux, Robert	*		Chris Varela	
6	Palacios, Carlos	x			
7	Pinero, Carmen		x		
8	Romero, Javier	*			
9	Thornton, Darren		x		
10	Torres, Johann	x		<b>Staff</b>	
11	Valle-Schwenk, Carla	x		Christina Bontempo	Susy Martinez *
12	Vasquez, Silvana		x	Barbara Kubilus	Marlen Meizoso
<b>Quorum: 5</b>					
<b>*virtual attendance</b>				Robert Ladner	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at [www.aidsnet.org/meeting-documents](http://www.aidsnet.org/meeting-documents).

**I. Call to Order**

Carlos Palacios, the Chair, called the meeting to order at 9:39 a.m. He introduced himself and welcomed everyone.

**II. Meeting Rules and Housekeeping**

Mr. Palacios reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. He also identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, they could speak to BSR after the meeting.

**III. Roll Call and Introductions**

Mr. Palacios requested members introduce themselves around the room. Staff introduced those members participating via Zoom.

**IV. Floor Open to the Public**

Dr. Robert Goubeaux read the following: *“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.”*

*“BSR has a dedicated phone line and email for statements to be read into the record. No statements were received.”*

There were no comments, so the floor was closed.

## **V. Review/Approve Agenda**

The Subcommittee reviewed the agenda. John McFeely indicated he had an announcement regarding the Anchor study. Carla Valle-Schwenk indicated the address on the agenda needed updating. The Subcommittee made a motion to adopt the agenda with change of address and addition of the announcement.

**Motion to accept the agenda with the recommended addition.**

**Moved: Dallas Bauman**

**Second: James Dougherty**

**Motion: Passed**

## **VI. Special Discussion: Oral Health Care Items**

Marlen Meizoso explained that there were two issues for input by former members of the oral health care workgroup, one related to implants and the second to performance measures (copy on file). She explained that a member of the affected community requested that the topic of dental implants be revisited. In November 2014, based on the recommendations of the Ad Hoc Oral Health Care Workgroup, the Partnership made a motion that the local Ryan White Part A program will not cover the placement of implants or services related to restoration of implants, except for D6095 (Repair implant abutment, by report) since this code is already on the formulary with restrictions. Codes D6000-D6199, related to implant services, will not be covered. The recommendation was based on the Ryan White Part A program's limited resources and the need to restrict implant codes, no private health insurance pays for implants. The question before the committee is whether this restriction should be revisited. The maximum annual dollar cap is \$6,500 for oral health care for an individual RWP client. There was a request for more information on the cost implications of implants. Staff can bring cost estimates to the next meeting. There was an additional request for a list of other programs that provide the service.

The second item was related to performance measures and was presented by Robert Ladner. The Clinical Quality Management program produces a quarterly 'CQM Performance Report Card' on services. There are two measures that relate to oral health care: (A) the proportion of all clients in care who receive at least one Ryan White-billed oral health service in the preceding 12 months, and (B) the proportion of all oral health care clients who see a dentist for a periodic oral examination in the preceding 12 months. The measure is the "percentage of clients who are receiving oral health care" is referenced in the CQM Report Card as "D1," and is calculated by dividing the unduplicated persons with one or more oral health care procedures billed to the RWP by the total number of RWP clients in RWP care. In FY 2020, 1,711 unduplicated clients had at least one OHC code billed, out of a total of 8,127 clients in care. This yields 21.1%. No standards have been set for what percentage is desired. Utilization of codes for 2020 will be provided for the next meeting.

The next measure is the "percentage of clients who have an annual check-up by their dentist." In discussions, it was agreed that clients should have one oral exam a year, and this measure is a HRSA OHC provider-based outcome measure intended to reflect the ability of the oral health care providers to engage RWP clients in regular oral care. It is referenced in the CQM Report Card as "D2" and is calculated by dividing the number of unduplicated OHC clients with one or more of the oral health examination codes (D0120, D0150, D0160, D0170 and D0180) billed to the RWP each year (numerator), by the number of clients receiving any kind of oral health care (D1) (denominator). In FY 2020, 986 clients at eight OHC providers had at least one of these D-codes billed by their dentist, out of a total of 1,711 clients who had any kind of OHC service billed at all. This yields 57.6% and a range across OHC providers from 29% to 90%. No standards have been set for what percentage is desired. In discussion, it was remarked that case managers should remind clients to see a dentist once a year.

An additional issue was raised regarding using D0140 (limited oral evaluation), which HRSA specifically excludes from "regular oral examination" codes because it is a problem-focused evaluation code with only two billable instances allowable per client per year. Should this code be "counted" as a periodic oral examination for measuring the degree to which an oral health care provider is providing regular ongoing dental services? In discussions, problem

focused exams should not count as regular care, and the OHC providers concurred with the HRSA recommendation to exclude the code from the oral examination codes .

## **VII. Review/Approve Minutes of July 23, 2021**

Members reviewed the minutes of July 23, 2021 and accepted them with no changes.

### **Motion to accept the minutes of July 23, 2021.**

**Moved: Dallas Bauman**

**Second: Dr. Johann Torres**

**Motion: Passed**

## **VIII. Reports**

### **▪ Membership Vacancies**

*All*

Mrs. Meizoso referenced the membership vacancy report (copy on file) which has been revamped to be more user friendly. Mrs. Meizoso indicated that Mr. McFeely had resigned from the Subcommittee. Vacancies were reviewed and attendees were encouraged to recommend that persons interested in joining the Subcommittee contact staff or download an application online at [www.aidsnet.org](http://www.aidsnet.org).

### **▪ Ryan White Program**

*Carla Valle-Schwenk*

Ms. Valle-Schwenk reviewed the Ryan White Program expense reports and notes (copy on file). All contracts are out for execution, and half of them have been signed. By the next Subcommittee meeting, expenditures should be reflective of expenses. The County sent out a survey regarding the ACA plans that are being used, and advocates keeping the current plans. For those who did not reply, Ms. Valle-Schwenk will resend the email.

### **▪ ADAP Program**

*Dr. Javier Romero*

Dr. Javier Romero referenced the August 2021 report (copy on file). He indicated projections are on target for 2021. There are 24 clients on Cabenuva. There are issues with the medication. Clients indicate they have not been given information on the medication, clients were unaware they were on new medications, and some clients continued receiving and using their old medications since the DOH pharmacy was not informed of the medication change. Also, some providers send the prescriptions for Cabenuva directly to the ADAP pharmacy. In 2022, eligibility for ACA insurance premium reimbursement will be expanded for clients between 75%-99% FPL. Clients must be documented and have a valid social security number. The lower FPL levels will likely only add a small number of clients, since most would not qualify because of the requirements. There have been some changes to the ADAP formulary, with 54 new medications added and 5 ARVS being removed. There was a question regarding the new medication, semaglutide: are all brands covered since some brands are used to treat obesity. Dr. Romero indicated he would inquire.

## **VII.. Standing Business**

### **▪ Cabenuva Barriers**

*All*

Mrs. Meizoso reviewed the replies submitted (copy on file). The form indicated at the top the items identified at the last meeting. There were three questions asked of providers: how many clients are on Cabenuva, a list of possible barriers, and finally, if there were any other issues. Any replies from today's meeting will be incorporated into the document and presented at the next meeting.

The following items were identified at the meeting:

- There is issue with application process, incomplete forms.
- The forms are completed online.

- Additional training by ViiV is available and can be requested.
- Delays in receiving medications at doctor's office.
- Issue with bill and buy option; poor reimbursement rate through this option but this maybe an issue with insurance/health care center.
- CVS is unreliable, it took 1 hour 47 minutes to discuss 3 patients.
- Issue with a clinical trial client, called 10 days in advance as instructed and still had medication delays.
- Issues with getting orders on time with FL Blue or ADAP CVS Specialty.
- Medications will not ship Friday to Monday.
- Suggest calling ADAP pharmacy to make sure client does not receive old medication since ViiV is not contacting ADAP when a client is placed on Cabenuva.
- J-code for proper billing (J0741) will available as of October 1.

▪ **Primary Medical Care Standards**

*All*

The full draft of the Primary Medical Care Standards was shared (copy on file). Because of time constraints the Subcommittee deferred discussion of the item until the next meeting.

**Motion to defer the Primary Medical Care Standards until the next meeting.**

**Moved: Dr. Johann Torres**

**Second: Dallas Bauman**

**Motion: Passed**

**IX. New Business**

▪ **ADAP formulary changes**

*All*

Mrs. Meizoso provided an email from ADAP announcing the new formulary changes and the September 2021 formulary list (copies on file). The formulary was color coded with items in pink (ARVs) being automatically added to the Ryan White Formulary, yellow items are new medications to the formulary that the Subcommittee would need to address, blue items are new items already on the Ryan White Formulary, and green items have some restrictions on the Ryan White Formulary. The ADAP program also removed five ARV medications from the formulary because they were being discontinued or no longer used (standard of care). The Subcommittee decided to also remove the five medications from the Ryan White Formulary allowing for a 90-day window for any clients who may use those medications to access other options.

**Motion to remove the following ADAP listed ARVs fosamprenavir, indinavir, nelfinavir, saquinavir and tipranavir from the Ryan White Prescription drug formulary effective within 90 days of approval.**

**Moved: Wanda Cortes**

**Second: Dr. Johann Torres**

**Motion: Passed**

The list of new medications will be divided among the pharmacists. They will provide information on cost and any other concerns regarding the new medications. The information will be shared at the next meeting.

▪ **OI Medications and HIV Section Test and Treat program**

*All*

The Subcommittee reviewed the email from the DOH regarding recommended OI medications that are being considered for inclusion in the Test and Treat program (copy on file). The County was looking for feedback on the proposed medications and the Subcommittee indicated the list was fine.

▪ **Service Descriptions-Outpatient Ambulatory and AIDS Pharmaceutical**

*All*

The drafts of the Outpatient Ambulatory and AIDS Pharmaceutical service descriptions were distributed for discussion (copy on file). Because of time constraints the Subcommittee deferred discussion of the items until the next meeting.

**Motion to defer the Outpatient Ambulatory and AIDS Pharmaceutical service descriptions until the next meeting.**

**Moved: James Dougherty**

**Second: Dallas Bauman**

**Motion: Passed**

**IX. Announcements**

Mr. McFeely announced the Anchor Study had met the study goals and indicated screenings help reduce mortality by identifying anal cancer early. An official announcement is expected in the next few weeks. The final recommendations will be forwarded to the National Guidelines. Additional capacity will need to be built for the screenings.

Christina Bontempo announced Community Coalition is hosting a roundtable at Empower U and indicated flyers were available at the meeting to post or distribute at agencies.

Dr. Romero indicated that ADAP open enrollment for ACA insurance plans has been extended until January 15, 2022. The Ryan White Program continues work with American Exchange to assist clients in the application process.

**X. Next Meeting**

The next Subcommittee is scheduled for October 22, 2021.

**XI. Adjournment**

**Motion to adjourn.**

**Moved: James Dougherty**

**Second: Dr. Robert Goubeaux**

**Motion: Passed**

Mr. Palacios adjourned the meeting at 11:30 a.m.