

## **SETTING THE RECORD STRAIGHT: Vendor Misleads Because of Lost Contract**

Today, the AIDS Healthcare Foundation issued a misleading press release regarding HIV/AIDS care in Florida because they are upset that the Agency for Health Care Administration chose a different vendor who is capable of providing Medicaid services to HIV/AIDS patients in all 67 Florida counties. AHCA is taking this opportunity to set the record straight:

Agency Statement: “Our Agency has worked hard to ensure that those diagnosed with HIV/AIDS will have access to the critical care that they need. This includes multiple options and safeguards to ensure no one goes without coverage. While any of our health plans can serve the HIV/AIDS population, there is a specialty plan in all 67 counties designed specifically to serve this population – something this vendor never provided. In fact, this vendor has never provided managed care Medicaid services in Orlando and previously only provided services in 3 counties.”

“Our health plans were selected through a competitive procurement, and this vendor simply was not selected and is challenging the Agency’s decision. Our Agency pays the same rate for specialty plans, whether the vendor is for-profit or non-profit has no impact on the rates the state pays. This is nothing more than a disgruntled vendor upset because AHCA contracted with a provider capable of serving HIV/AIDS recipients statewide in all 67 counties.”

Please see claims made in a misleading press release today with accompanying FACTS:

CLAIM: Governor Rick Scott Denies Healthcare Coverage to Puerto Ricans and Other Vulnerable Populations Living with HIV/AIDS

- **This statement is demonstrably false. There are no cuts to Medicaid services for HIV/AIDS patients. Zero. No one is being denied health care coverage, and there are no cuts to the services provided to HIV/AIDS patients. In fact, the new procurement serves people with HIV/AIDS in all 67 counties, not just the three counties this vendor served.**

CLAIM: In late April, Florida Medicaid officials announced the awarding of Medicaid contracts, worth up to \$90 billion, to five for-profit managed care plans, excluding several other companies, including Positive Healthcare (PHC), the only non-profit healthcare provider that offers insurance coverage for the critical, sensitive healthcare needs of those living with HIV.

- **This was a competitive procurement mandated by Florida law where the Agency evaluated the services offered to the state by all bidders equally. Being a non-profit health care provider has no impact on the rates that the Agency pays to the health plans, all specialty plans that serve HIV/AIDS patients receive the same rate. It should also be noted that this vendor has**

**never provided coverage to managed care Medicaid patients in Orlando, where they are holding their publicity event.**

CLAIM: Following the submitted protests, state Medicaid officials met with each of the denied agencies, and subsequently have provided settlements with a select list of the for-profit providers, while continuing to shut out PHC, the only non-profit agency whose focus is on providing care to thousands of clients living with HIV in Florida,

- **AHCA met their statutory obligation and met with all protestors within seven days unless waived by the protestor. On May 17, 2018 the Agency met with AHF and their lawyers. AHF is currently exercising their due process right by challenging the Agency's decision not to award them a contract.**

While Scott and his cronies continue to play "business as usual" politics, the 2,000 HIV patients currently covered by PHC have become vulnerable to maintaining the care they critically need to stay alive, as they will be forced to choose for-profit companies that don't cover the doctors they have come to rely on and trust for over a decade of quality, life-saving care.

- **The only politics being played here is by AHF who continues to attempt to put political pressure on the Agency through misguided and false press releases such as this one after they failed to receive a contract award during the competitive procurement. This is simply a disgruntled vendor upset because the Agency decided to enhance services in all 67 counties by contracting with another organization.**
- **The Agency has taken steps to ensure that Medicaid recipients do not experience a disruption in care as they enroll into new health and dental plans.**
- **The Agency's contracts require a continuity of care period for all patients. Continuity of care for individuals who are new to a plan means the health or dental plan must honor all existing prior authorizations for any ongoing course of treatment, for up to 60 days after the effective date of enrollment. During this period, plans must pay for these prior authorized services without requiring an additional authorization, at no cost to patients, even if the provider does not participate in the plan's network.**

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