



NCAP NOTES

December 2011 News from NCAP

From the Regional Director

This time of year is always busy for almost everyone with the holidays, however it is especially busy here at NCAP as we have funding applications due for 2012 prevention programming as well as re-applications for the client services and counseling programs. Good news comes our way when revisions to applications are requested as it means the Colorado Department of Public Health and Environment believes we are doing good work and they wish to continue to support our efforts. As they are around 70% of our annual budget, we like working with them!

Our November 2nd annual fundraising luncheon was a great success. As we observed “30 Years of AIDS” and the 25th anniversary of NCAP in 2011, over 200 people showed up even with the heavy snow storm and we raised the most I have seen from one event in the time I have served as Director! Thanks to our sponsors: the Gill Foundation, Bohemian Foundation, the FC Hilton, A-Train Marketing, Rowe’s Flowers and Gifts, AlphaGraphics, FLEXX Productions, and an anonymous \$4,000 donor. With their generous donations and underwriting the costs of the event were covered.

It continues to be interesting, challenging and rewarding to work with the Denver, Colorado Springs and Grand Junction offices. The Regional Directors and other staff are such a great group of people, and have such commitment to our services and vision it ultimately is a great experience to evolve our organization and programs. We all participate and cooperate in the tasks at hand, including being very active at the statewide level with the Colorado HIV/AIDS Care and Prevention Advisory Committees and Coalition, and advocacy for client confidentiality. We also play a role in Colorado Organizations Responding to AIDS as we work with the Colorado legislature every year to protect our programs and services from budget cuts or discriminatory laws.

The NCAP board of directors has transitioned into the Northern Regional Council and their focus is now community relationships and development, including fund raising. We are

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looking for new members to serve on our Northern Regional Council, as well as the client and provider based Regional Advisory Committee. Let your volunteer spirit and talents come out in 2012 and give some time back to NCAP in ways that really count!

As we approach the end of 2011, all I can say is WOW, what a year 2011 has been, and best wishes for safe and warm holidays to all of you!

—Jeffrey Basinger,
NCAP Regional Director

An Opportunity to Improve Care for People Living with HIV

Are you concerned about your health care, mental health, and other needs of the HIV community? You can help by lending your voice to the Consumer Advisory Board at the Beacon Center. If interested, please contact Guy Lively at (303) 938-5336 or glively@bch.org.

Medicare Part B premiums for 2012 lower than projected

Affordable Care Act helps keep Medicare affordable

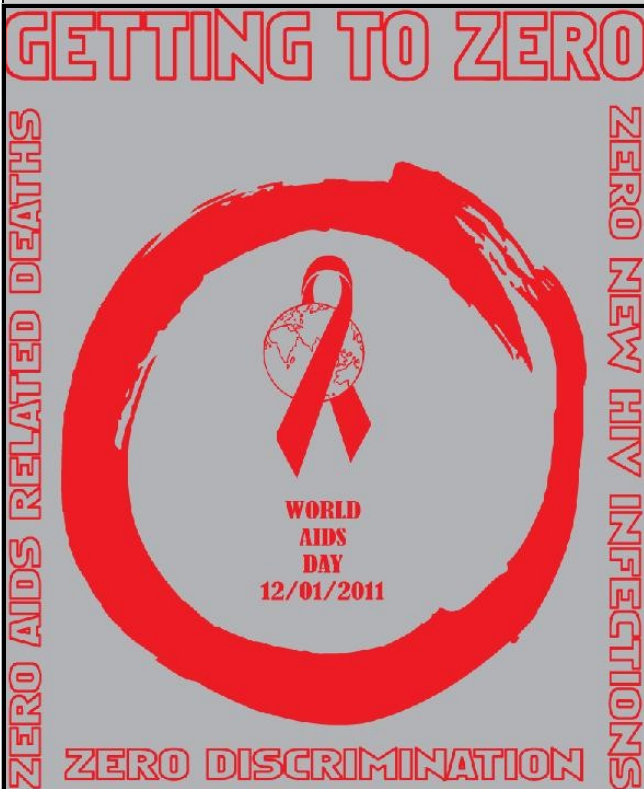
The U.S. Department of Health and Human Services (HHS) announced that Medicare Part B premiums in 2012 will be lower than previously projected and the Part B deductible will decrease by \$22. While the Medicare Trustees predicted monthly premiums would be \$106.60, premiums will instead be \$99.90. Earlier this year, HHS announced that average Medicare Advantage premiums would decrease by four percent and premiums paid for Medicare's prescription drug plans would remain virtually unchanged.

Thanks to the Affordable Care Act, people with Medicare also receive free preventive services and a 50 percent discount on covered prescription drugs when they enter the prescription drug "donut hole." This year, 1.8 million people with Medicare have received cheaper prescription drugs, while nearly 20.5 million Medicare beneficiaries have received a free Annual Wellness Visit or other free preventive services like cancer screenings.

Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. In 2012, the "standard" Medicare Part B premium will be \$99.90. This is a \$15.50 decrease over the standard 2011 premium of \$115.40 paid by new enrollees and higher income Medicare beneficiaries and by Medicaid on behalf of low-income enrollees.

The majority of people with Medicare have paid \$96.40 per month for Part B since 2008, due to a law that freezes Part B premiums in years where beneficiaries do not receive cost-of-living (COLA) increases in their Social Security checks. In 2012, these people with Medicare will pay the standard Part B premium of \$99.90, amounting to a monthly change of \$3.50 for most people with Medicare. This increase will be offset for almost all seniors and people with disabilities by the additional income they will receive thanks to the Social Security cost-of-living adjustment (COLA). For example, the average COLA for retired workers will be about \$43 a month, which is substantially greater than the \$3.50 premium increase for affected beneficiaries. Additionally, the Medicare Part B deductible will be \$140, a decrease of \$22 from 2011.

"Thanks in part to the Affordable Care Act, people with Medicare are going to have more money in their pockets next year," said Centers for Medicare & Medicaid Services (CMS) Administrator Donald Berwick, M.D. "With new tools provided by the Affordable Care Act, we are improving how we pay providers, helping patients get the care they need, and spending our health care dollars more wisely."



The STI/HIV Section of the
Colorado Department of Public Health and Environment (CDPHE)
Invites you to participate in a

OPEN COMMUNITY FORUM

on the

**Coordination of HIV care, data sharing, and
the role of CDPHE in the
HIV care and treatment system**

WHEN: DECEMBER 5, 2011 from 9:00 AM to Noon
WHERE: DANIELS FUND, 101 MONROE STREET, DENVER

The Daniels Fund has limited free parking (56) spaces, so you are encouraged to carpool or use public transportation. Additional parking is available on side streets and area lots. There is also accessible parking available in their underground parking garage. When you RSVP for the meeting, let us know if you need accessible parking.

If you would prefer to call in for the forum, please call
1-866-751-5725

and enter Room Number *1210707*

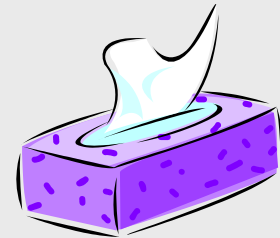
Make sure you enter the star key before and after the room number. If you are calling in, please provide your email address when you RSVP so meeting materials can be emailed to you. If you have conference calling problems, call 303-692-2737.

RSVP to Maria.Jackson@state.co.us
or [303-692-2785](tel:303-692-2785)

If there is wide enough interest, we will present this forum again in early 2012

Got your seasonal flu vaccine?

Influenza activity in the United States is low right now, making this the perfect time to get vaccinated. It takes about two weeks after vaccination for your body to develop an immune response. Get vaccinated now so that you will be protected when flu season begins. Everyone 6 months and older should get a yearly flu vaccine. Ample supplies of influenza vaccine are now available. For more information go to: <http://www.cdc.gov/flu/> and talk to your medical provider!



It's time again to apply for LEAP for help with your heating costs

The Colorado LEAP program is a federally funded state-supervised, county-administered system and is designed to *assist* with your winter heating costs. The LEAP Program eligibility period runs from November 1st through April 30th. LEAP is not intended to pay the entire cost of home heating. If you are applying for assistance continue to pay your home heating bill. You *may* be eligible for LEAP assistance if:

- You are a U.S. Citizen and a resident of Colorado
- You pay heating fuel costs directly to an energy provider or pay the cost of heating your dwelling with your rent, or in addition to rent

Your gross monthly household income falls within the guidelines set annually and posted no later than November 1st of each year. "Household" means the people who reside with you within your dwelling at which you reside and apply for assistance and for whom you as applicant have financial responsibility for. The maximum gross income is based on 150%* of the federal poverty level, \$1,361 per month for a household of one.

To apply, go to <http://www.colorado.gov/cs/Satellite/CDHS-SelfSuff/CBON/1251580884665> and print the LEAP Application or go to your county LEAP office and pick up an application, complete it and attach your recent heating fuel bill (how you pay your heat), your proof of income and identification and mail or fax it to your county LEAP offices. LEAP applications will be accepted starting November 1st.

Hepatitis B and C Coinfection among HIV Positive People in the U.S.

Written by Liz Highleyman

Liver disease and coinfection with hepatitis B or C are common among people with HIV, according to a recent analysis, leading researchers to recommend that viral hepatitis screening, vaccination, and treatment should be considered a priority for HIV positive individuals.

Since the advent of effective antiretroviral therapy (ART), liver disease -- often related to hepatitis B virus (HBV) or hepatitis C virus (HCV) coinfection -- has become a leading cause of illness and death among people with HIV.

As described in the [April 14, 2011, World Journal of Gastroenterology](#), Susan Buskin from the Seattle and King County Department of Public Health and colleagues evaluated trends and risk factors for liver disease and viral hepatitis among HIV positive people age 13 and older.

The analysis included 29,490 participants in the Adult/Adolescent Spectrum of HIV-related Diseases Project, a multicenter review sponsored by the Centers for Disease Control and Prevention (CDC) that looked at medical records of HIV patients at more than 100 medical facilities in Atlanta, Dallas, Denver, Detroit, Houston, Los Angeles, New Orleans, New York City, Puerto Rico, San Antonio, and Seattle.

The project started collecting information in 1990, but the present analysis was restricted to data obtained between 1998 and 2004 (not long after the widespread

adoption of combination ART).

Every 6 months researchers collected data about presentation, treatment, and outcomes of HIV disease and associated conditions, including presence of liver disease, hepatitis screening, and hepatitis diagnosis. Participants were followed for 2.4 years on average, contributing a total 69,487 person-years of observation.

Results

- Overall, 3% of cohort participants were diagnosed with liver disease, 8% with chronic hepatitis B, and 19% with hepatitis C; 2% had both hepatitis B and C.
- 25% had a liver disease diagnosis at baseline (first record examined), while 75% developed new liver disease during follow-up.
- The rate of chronic hepatitis B diagnosis showed a small but significant rise, from 7% in 1998 to 9% in 2004.
- The rate of hepatitis C diagnosis nearly tripled over the same period, from 9% to 24%.
- 832 participants diagnosed with liver disease had the following conditions:
 - 31% with non-alcoholic cirrhosis (or alcohol not specified as a cause);
 - 20% with alcoholic cirrhosis;
 - 3% with a primary liver cancer;
 - 3% with liver failure not otherwise specified;
 - 29% with other liver disease.
- Over the course of follow-up, the rate of new or incident liver disease was 0.9 cases per 100 person-years.

○ The incidence of chronic hepatitis B was 1.8 per 100 person-years, and the rate for hepatitis C was 4.7 per 100 person-years.

○ Significant risk factors for new chronic hepatitis B diagnosis included male sex, men having sex with men, lower nadir (lowest-ever) CD4 T-cell count, injection drug use, alcohol use, and triple infection with HCV.

○ Significant risk factors for new hepatitis C diagnosis included male sex, older age, white or Latino race/ethnicity, triple infection with HBV, injection drug use (4.7-fold higher risk), and hemophilia (7-fold higher).

○ In a multivariate analysis, independent predictors of liver disease included:

○ Older age, history of injection drug users, heavy alcohol consumption, and diagnosis of AIDS (CD4 T-cell count < 200 cells/mm³) was associated with greater risk.

○ Black patients had a lower rate than other racial/ethnic groups.

○ Neither ART use overall nor use of specific antiretroviral drugs was positively or negatively associated with liver disease after controlling for other factors including HBV and HCV.

○ 25 participants were diagnosed with liver cancer, including 15 with hepatocellular carcinoma; 2 of these patients were lost to follow-up and the rest died.

○ 13 patients with liver cancer had HCV and 10 had chronic HBV (including 2 people with both).

○ Mortality was much higher among people diagnosed with liver disease, 57%

compared with 15% for the study population overall.

- o 10% of all deaths occurred among participants with liver disease.
- o An estimated 1% of all deaths may have had liver disease as a cause or contributing factor, rising to 2% among people with HBV or HCV.
- o The likelihood of HBV and HCV screening increased significantly during the study period -- from less than 20% to more than 60% -- but repeat screening was uncommon, even for people with ongoing risk of infection.

Less than one-third of people without prior hepatitis B had a record of HBV vaccination, although this increased from 10% to 28% during

the study period.

The researchers noted that despite care guidelines calling for HBV vaccination and hepatitis B and C screening for people with HIV, these were not universally performed (or if done, were not documented).

Based on these findings, they concluded, "Due to high rates of incident liver disease, viral hepatitis screening, vaccination, and treatment among HIV-infected individuals should be a priority."

"Although HBV vaccination rates have improved and screening rates for HBV and HCV have climbed steadily, they are still inadequate, and efforts are needed to improve vaccination and screening rates," they elaborated in their discussion.

"The high rates of incident HCV

(5/100 person-years) indicate that individuals at risk should be screened and while remaining at risk, re-screened on a regular basis. Similarly, a sizable HBV incidence (2/100 person-years) supports improved screening and vaccination," they continued.

"Until better data are available, annual screenings for HCV and HBV vaccination discussions are suggested," they recommended. "Treatment of HBV and HCV should be considered for all HIV co-infected individuals."

Reference

SE Buskin, EA Barash, JD Scott, et al. Hepatitis B and C infection and liver disease trends among human immunodeficiency virus-infected individuals. *World Journal of Gastroenterology* 17(14):1807-1816

Medicaid expands to cover Adults without Dependent Children

Colorado Medicaid will be expanding coverage to adults without dependent children (AWDC) on March 1, 2012. If you make between 0-10% of federal poverty level (\$91 per month for a household of one) and are currently uninsured, you may be eligible. Currently, the eligibility will be limited to adults ages 19 through 64 without Medicaid dependent children who have incomes up to 10 percent of the Federal Poverty Level (FPL). Enrollment will be limited to the first 10,000 individuals who apply and are determined eligible. A waitlist of applicants will be maintained and eligible individuals will be automatically enrolled on a first-come-first-serve basis. NCAP and ADAP will be on alert to enroll eligible individuals from ADAP once the Medicaid expansion on March 1st 2012. The Medicaid application will be available online at CO Peak and at other Medicaid enrollment sites like Denver Health and University Hospital. NCAP and ADAP are working with the Colorado Medicaid office to ensure that people living with HIV will have proper access to medical care under the Medicaid expansion. Please contact your case manager if you have questions and to see how to apply.

Doctors Young and Hammer leave NC4

NCAP would like to thank Dr. Ben Young and Dr. John Hammer for their generous service and commitment to the Northern CO Collaborative Care Clinic (NC4) this past year. Unfortunately, due to demands on their private practice the doctors are no longer able to continue seeing patients at NC4. December will be the last clinic operated by Dr. Young. NCAP is working with a new provider to continue operating the clinic. It is likely that the clinic will be suspended for a couple of months in early 2012 while a new provider is trained and possible funding options are explored. Please contact your case manager if you would like to transfer to another clinic for your care. Drs. Young and Hammer can continue to see insured patients at their clinic in Denver, Denver Infectious Disease Consultants. We want to assure you that we are committed to sustaining NC4 and bringing HIV primary and specialty care to northern CO. Please contact your case manager with questions or concerns. Thank you for your understanding. We are very excited about the new opportunities at NC4 and we will keep you updated.



December 2011



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 World AIDS Day	2 Support Group for Aging Gay, Lesbian, Bisexual, Transgender Adults and Allied Friends 11 AM-noon	3
4 Fortitude Coffee Social 11:30 AM	5 NC4 (Fort Collins) Community Forum (See newsletter ad)	6	7	8 Fortitude Workshop 7PM	9 Support Group for Aging Gay, Lesbian, Bisexual, Transgender Adults and Allied Friends 11 AM-noon	10
11	12	13	14	15 Case Management/ Prevention in Sterling 10AM-2PM	16 Support Group for Aging Gay, Lesbian, Bisexual, Transgender Adults and Allied Friends 11 AM-noon	17
18	19	20	21	22 Fortitude Social Event 7PM	23 NCAP Closes Early at 1PM for Christmas Holiday Support Group 11AM-noon	24
25	26 NCAP Closed for Christmas Holiday	27 RAC Quarterly Meeting at NCAP 2:00-3:30	28 Hep C Support Groups 6:30 PM at PVHS	29	30 NCAP Closes Early at 1PM for New Year's Holiday Support Group 11AM-noon	31

More Information About...

Support Group for aging gay, lesbian, bisexual, transgender adults and allied friends: Meets at Lambda Community Center on Fridays from 11am-noon. Lambda Center: 212 S. Mason St. - Fort Collins, CO 80524

Fortitude Events: Contact info@coloradofortitude.org or call (970) 484-4469

Hepatitis C Support Groups: Contact Jerry at (970) 214-2912

Living Well with HIV

We use this space to look at how different substances impact our bodies. This month, we'll look at the effects of ecstasy.

Ecstasy is also known as X, E, or Roll and is commonly used in conjunction with other club drugs. According to improvinghealthcolorado.org, ecstasy increases the amount of serotonin (a substance that impacts our emotions) in the user's body (2011). This increase causes people to feel more energized and can make some people feel happier towards other people, hence the nickname "love drug." Some like to use ecstasy because of these feelings and because it can have a long-lasting high that wears off after three or four hours. Coming off of ecstasy can be like coming off of speed for some people because it functions in a person's body similar to other stimulants. Many people feel tired or depressed after coming off the high produced by ecstasy. Ecstasy can be dangerous when combined with alcohol or other drugs and it is often hard to know if an ecstasy pill has been cut with other street drugs.

For people living with HIV, there are some unique things to think about. People taking anti-retroviral medications may want to be aware that some HIV medications increase the impact of ecstasy in their bodies causing an unexpected reaction that can be dangerous (aidsmap.com, 2011). Be sure to speak honestly with your doctor about all substance use to avoid unwanted interactions. You can also call your case manager or Lauren with our SBIRT program. The SBIRT program includes a full assessment of substance use, brief interventions and referrals to therapy and/or treatment.

DAY 4 FUN

ANNUAL HOLIDAY PARTY

FOOD

BRING A POT LUCK DISH THAT SERVES 8-10 PEOPLE

FRIENDSHIP

MEET NEW FRIENDS AND SEE OLD ONES

FUN

DOOR PRIZES

CHANCE TO WIN ONE OF THREE DOOR PRIZES

GIFT EXCHANGE

BRING A \$5.00 GIFT or WHITE ELEPHANT PER PERSON

DATE: DECEMBER 2, 2011 / TIME: 1:00 - 4:00 PM

LOCATION: POUFRE LEARNING CENTER

8313 F Street, Greeley, CO 80634 / (970) 352-1267

Directions from Greeley:

Hwy 34 west to 83rd Ave Turn right (north) to F Street

Directions from Ft Collins or Loveland:

Hwy 34 east to 83rd Ave Turn left (north) to F Street
(building and parking will be on south west corner)

TO RSVP AND FOR CARPOOL INFORMATION CALL

CARL @ 970-371-7470 / DEBI @ 970-506-4142 FOR GREELEY

DAVID @ 970-484-4469 EXT 24 FOR FT COLLINS & LOVELAND

This is a client sponsored activity for clients, family & friends

Counseling Services Program News Update!

Have you been diagnosed with HIV in the last few years? Would you like to be a part of a short-term support group for NCAP clients who have been recently diagnosed? This support group will begin in January, 2012. If you are interested, please contact Danielle or Suzannah from the Counseling Services Program, or talk with your Case Manager.

News From NCAP Via E-mail!

You can choose to receive the newsletter and/or important announcements by e-mail to help save precious resources! Please provide your e-mail address to your case manager and ask to receive the newsletter and/or announcements via e-mail.

Delta Dental of Colorado Fund:
Because a healthy smile can change a life

One of the best ways to improve the oral health of Colorado families is to get more people covered by dental insurance. In fact, 81% of people with dental insurance report seeing a dentist twice a year or more. Unfortunately, for many the cost of essential dental care is simply out of reach. This is why Delta Dental of Colorado is proud to offer an innovative new program to help low income Coloradans get the dental care they need. The goal of the Fund is to remove financial barriers and empower patients to take control of their oral health. In the end, it's simple. We just want to improve the oral health of the communities we serve. Adults living at or below 250% FPL (\$2,270/mo. for a household of one) are eligible to apply. Call 720-489-4713 to submit an application to find out if you are eligible or go to: <http://www.deltadentalco.com/DDCO-Fund.aspx>

CenturyLink offers Internet plan for low-income Colorado households

Andy Vuong, The Denver Post

CenturyLink is joining Comcast in offering Internet service to low-income households in Colorado for \$10 a month. Those who qualify for the state's Low-Income Telephone Assistance, or Lifeline, program are eligible for the discounted broadband service from CenturyLink, which tops off at 1.5 megabits per second. Faster speeds will cost more. CenturyLink also is offering an Internet-ready netbook to eligible households for \$150, plus taxes, shipping and handling. Lifeline eligibility requirements are available at <http://1.usa.gov/uKPyn5>. For information on CenturyLink's Internet Basics call 866-541-3330 or visit centurylink.com/internetbasics. Comcast launched its low-cost broadband service in Colorado in September. The service is available to families with at least one child in grades K-12 who qualifies for free lunch. Comcast estimates that 250,000 children in Colorado are eligible.

Are You Currently or Have You Ever Injected Street Drugs?

NCAP is seeking people who currently or formerly injected street drugs to provide testimonials on why and how syringe exchange programs (SEPs) can benefit our communities. All information is completely confidential and anonymous.

This information may be presented to officials and community members to underline the importance and value of SEPs. Please contact Chris or your case manager at NCAP if you are interested in participating and improving our communities!



Exciting New Treatments in the World of Hepatitis C!

a discussion with

Marcelo Kugelmas, MD, FACP

Join Dr. Kugelmas and Hep C Connection for a **Free Dinner and Patient Education Forum.**

Have your questions answered by a hepatitis C expert!

December 5th, 2011

5:30-8:00 p.m.

**Swedish Medical Center
501 East Hampden Avenue, Englewood
Pine Room (second floor)**

Reservations are required and space is limited.

Please RSVP by December 1st with
Laura Ginnett by phone or email:
(720) 917-3960 or lginnett@hepc-connection.org

Free Nutritional Advice at NCAP!

Proper nutrition is critical to maintaining a healthy life for those who are afflicted with HIV. Eating right can keep your immune system strong, providing you with a better chance at fighting off various illnesses. But knowing how much, when and what to eat can often be quite complicated and confusing. That is why NCAP will now be offering free nutritional advising for all of our clients. One of our interns, Zac Larsen, will be in charge of providing this service for you. Besides being an all-around swell guy, he is a health major at CSU and has a serious passion for food. He will be meeting with clients on a walk-in or call-in basis in the NCAP office on Tuesdays and Thursdays from 9-2. Just mention to the receptionist that you wish to speak with Zac and he will be more than happy to meet with you and help guide you down your own, personalized track towards proper nutrition and a healthy lifestyle.



THE POSITIVE PROJECT

The Positive Project

Looking for HIV+ Veterans

Tell Your Story & Help Others

Denver – November 2011

The Positive Project is the largest video collection of HIV+ persons in the world. Over 150 HIV+ people from across the country have stepped up and spoken out to educate others. Stories are kept in a digital archive available on the Internet for free public access. If we can't talk about it, we can't change it. We are a non-profit community based organization helping the world talk about HIV/AIDS.

Learn more and see interviews at www.ThePositiveProject.org

Participants need to be:

- English speaking
- HIV+
- A Veteran (whether you receive care through the VA system or not)
- Out about your HIV status
- Willing to sign a consent (for use of your video materials extensively in all media formats, including internet applications)
- About 1 ½ hours of your time

You will receive:

- A DVD copy of your full unedited interview
- \$25 gift card
- Satisfaction knowing that you are helping educate others

Call and reserve a spot to add your story!

The Positive Project

Tony Miles:

TMilesPhD@aol.com

303-733-0545

NEWS FROM NCAP RAC

This article is written
by clients for clients

The Regional Advisory Committee would like to thank everyone who came out in the snow to make NCAP's 4th Annual Fundraiser Luncheon the most successful ever. Our special thanks goes to the clients who shared their stories about living with HIV, the NCAP staff for all their hard work in organizing the event, and especially all the donors for their generous contributions that are so needed for NCAP to continue in the life saving services they provide. For those of you unable to attend the luncheon, please be aware how emotional and informative an event it was. RAC would like to encourage clients to become more involved in the organization that is here to meet your needs and to join the committee where your voice can be heard and you can contribute your ideas to policy making decisions. We meet the 4th Tuesday of each month at the NCAP office in Ft Collins and can be contacted through our confidential email: ncaprac@gmail.com. Please come join us. Our bylaws are at the NCAP office in Ft Collins and also at <http://www.ncaids.org/> then click *How You Can Help-Regional Advisory*

NCAP Greeley Office Hours

Monday: 10am-4pm (Prevention services)

Tuesday: CLOSED

Wednesday: Mental Health services (contact case manager)

Thursday: 10am-12pm 1pm-3pm (case management services)

Friday: CLOSED

Are you living with Hep C? Have a story to share? Looking for some support?

Attend the Hepatitis C Support Group
Sponsored by Hep C Connection!

Located at Poudre Valley Health Systems, 2809 East Harmony, 3rd Floor, Fort Collins on the last Wednesday of each month from 6:30 P.M. to 8:00 P.M. Please call the group leader before attending. Contact Jerry: (970) 214-2912, jwelchfish@netzero.com. Call the toll-free HelpLine at (800) 522-HEPC (4372) or visit <http://www.hepc-connection.org> for more information.

Bridging the Gap Colorado renewals due 12/28/11 for 2012 assistance

Do you need assistance with your Medicare Part D premium and/or copayments? If so, Bridging the Gap Colorado (BTGC) can help you. BTGC “wraps around” MAPD and Medicare Part D coverage by paying for participants’ premiums, co-pays, deductibles and co-insurance, including fees in the so-called “coverage gap.” This allows participants to access the entire formulary of their prescription drug plan at significant cost savings. If you qualify for ADAP and Medicare Part D, talk to your case manager about the benefits of enrolling in BTGC.

World AIDS Day Vigil at the Capitol December 1, 2011



Please join us to remember the lives that have been lost and to support those who are living with HIV/AIDS.

The west steps of the state Capitol on December 1, 2011 at 5:30 p.m.

Do you know your status?

HIV Testing Free & Confidential December 1, 2011

Denver:
The Center
1301 E. Colfax Ave | 4 - 7 p.m.

Planned Parenthood of the Rocky Mountains
921 E 14th Ave | 9 a.m. - 5 p.m.

Aurora:
Planned Parenthood of the Rocky Mountains
1284 S. Abilene St | 11 a.m. - 6 p.m.

The Client Corner

Contact your CM if you have a submission for the client corner. The contents of The Client Corner are intended to provide useful information for our clients. While NCAP makes every effort to present accurate and reliable information, The Corner is designed for client advertisement and communication. NCAP does not endorse, approve, or certify such information, nor does it guarantee the accuracy, completeness, efficacy or timeliness of this information.

Advertise in the Client Corner!

Have something to sell, something to trade or looking for a roommate? Help wanted or needed? Advertise here! Please send your submissions to your case manager.

