

# HIV Health Improvement Affinity Group

Improving Quality of Care for  
Medicaid Beneficiaries Living with  
HIV: Strategies to Engage Managed  
Care Plans and Providers

August 17, 3:30pm-4:45pm ET



# Moderator

**CDR Cathleen Davies**, Project Officer, State HIV/AIDS  
Program, Health Resources and Services Administration



# Logistics for the Webinar

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and  
**Provider Engagement**

**August 17, 2017 HIV Health Improvement Affinity Group**

***Improving Quality of Care for Medicaid Beneficiaries Living with HIV:  
Strategies to Engage Managed Care Plans and Providers***

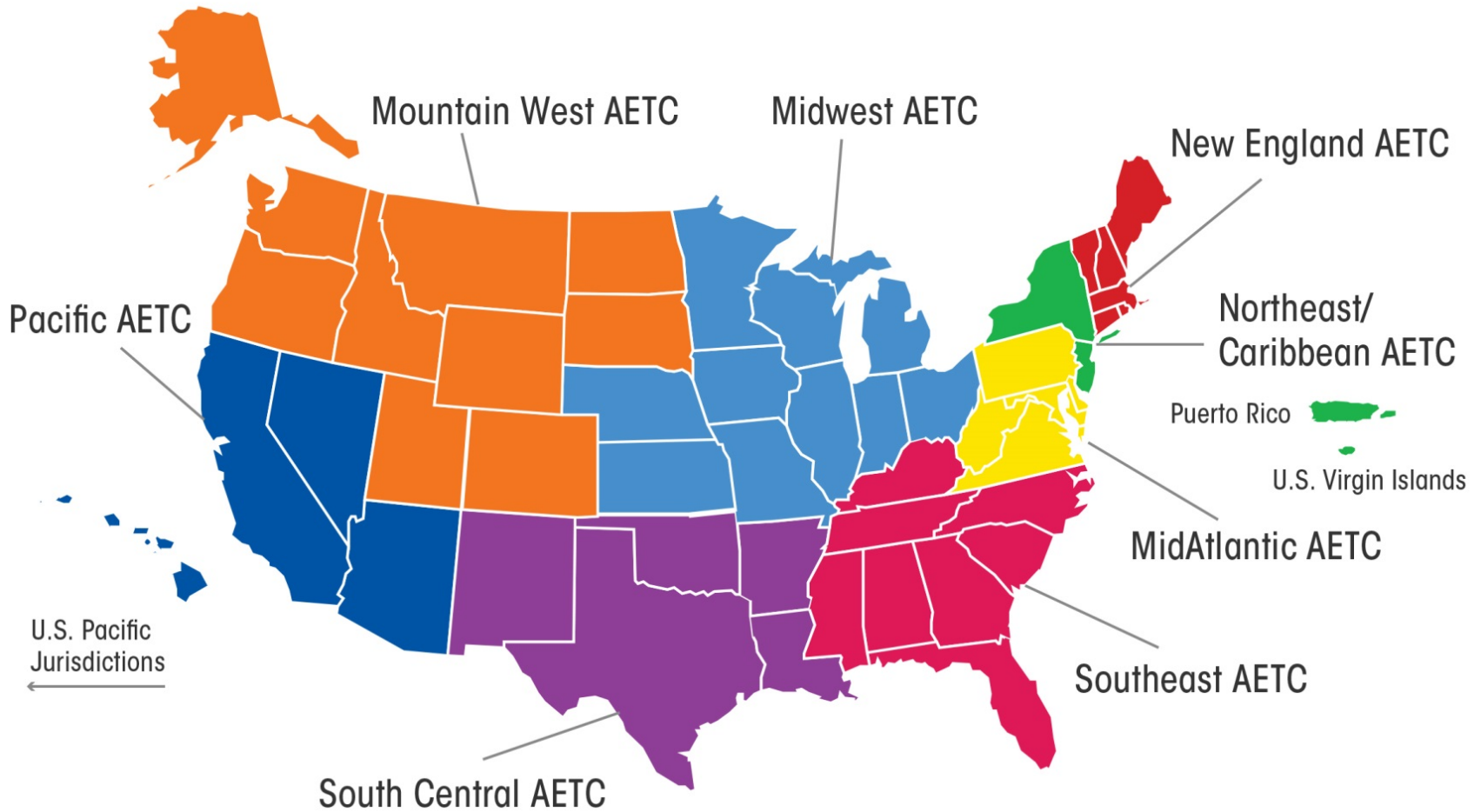
# About the AETCs

-  Training arm of the Ryan White HIV/AIDS Program.
-  National network of **leading HIV experts** who provide **locally based, tailored education, clinical consultation and technical assistance** to healthcare professionals and healthcare organizations.
-  Goal to integrate **high quality, comprehensive care** for those **living with or affected by HIV**.
-  HIV care is a complex, challenging field, and ongoing, high-quality training and support is essential for clinicians caring for people living with HIV.

# Mission of the AETCs

To improve the quality of life of persons living with or at-risk of HIV through the provision of high-quality professional education and training.

# Map of the Regional AETCs



# National Coordinating Resource Center (NCRC)

-  Centralizes training and clinical materials through a virtual library: [www.aidsetc.org](http://www.aidsetc.org)
-  Maintains the AETC Program Directory
-  Provides marketing and communications services for the AETC Program

# The Importance of HIV Disease Management

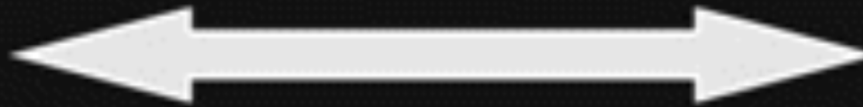
 Retaining patients in care results in better health outcomes.

 Attending all medical appointments during the first year of HIV care increases survival rates.



# Continuum Engagement in Care

Not in  
Care



Fully  
Engaged

Unaware of  
HIV status  
(not tested or  
never  
received  
results)

Aware of HIV  
status  
(not referred  
to care; didn't  
keep referral)

May be  
receiving  
other medical  
care but not  
HIV care

Entered HIV  
primary  
medical care  
but dropped  
out  
(lost to  
follow-up)

In and out of  
HIV care or  
infrequent  
user

Fully  
engaged in  
HIV primary  
medical care

Although people living with HIV who fully engage in care reap the maximum benefits, the term *engagement* in care describes a spectrum of patient care, ranging from initial diagnosis to full engagement in care.

# *The AETCs are available along the way to assist health care centers & providers with...*

Conducting  
Readiness  
Assessment

Providing  
Training and  
Technical  
Assistance

Engaging in  
Quality  
Improvement

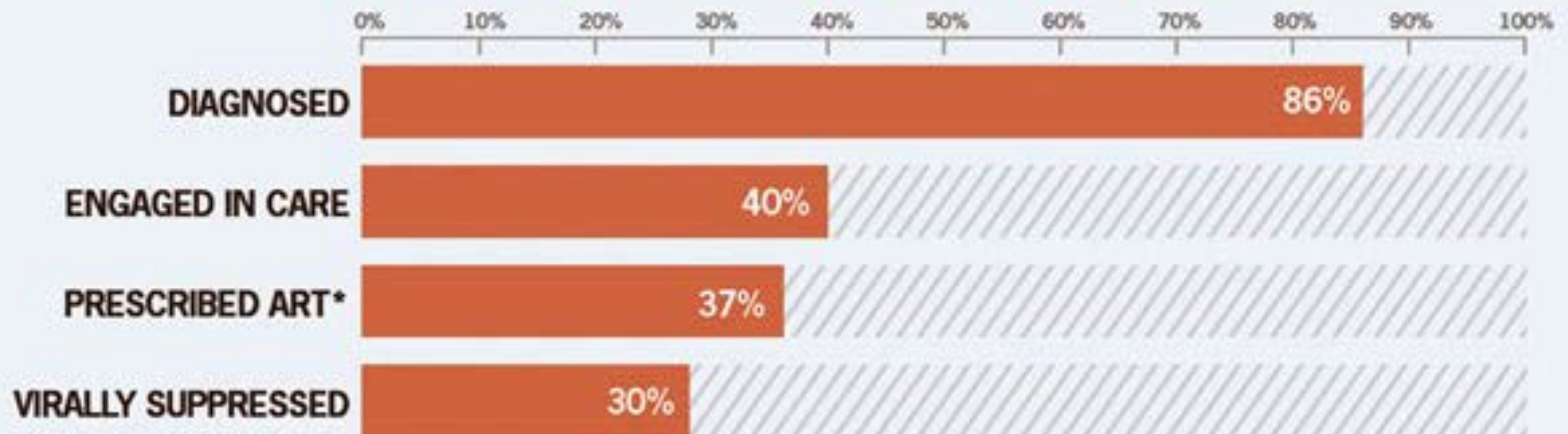
# Training and Technical Assistance on Evidence-based Models of Engagement such as:

- Clinic-wide Messaging
- Outreach
- In-reach
- Motivational Interviewing
- Cultural Competency/Sensitivity
- Health System Navigation
- Traditional & Enhanced Case Management
- Information & Communication Technology

# HIV Care Continuum

## HIV Care Continuum Shows Where Improvements are Needed

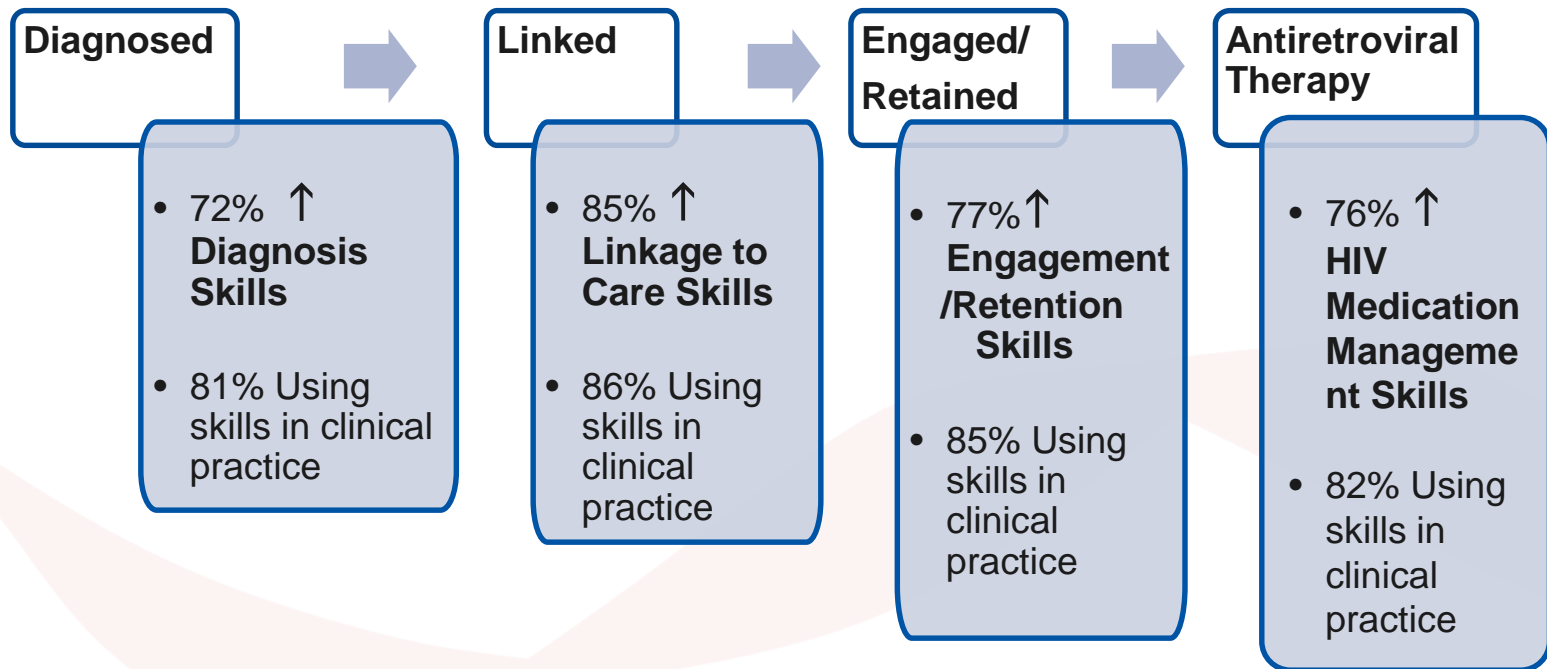
In the US, 1.2 million people are living with HIV. Of those:



SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

\*Antiretroviral therapy

# AETC Training Impact & the Continuum



# *Questions? Comments?*



# Thank you!

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**Department  
of Health**

# **Quality of Care for Medicaid Beneficiaries Living with HIV: NYS Strategies to Engage Managed Care Plans**

**Affinity Webinar  
August 17, 2017**

# Agenda

- Defining the Governor's End of AIDS Initiative and Medicaid Re-design
- HIV and the Medicaid Delivery System in NYS
- NYS Affinity Project
- Quality of Care in Medicaid Managed Care (MMC) and HIV Special Need Plans (HIV SNPs)
- Looking Ahead
- Value Based Payments
- NYS DOH Resources

# Defining the “End of AIDS”

## A 3-Point plan announced by the Governor on June 29, 2014

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative.

NYS Ending the Epidemic Resources:

[https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/)



Andrew M. Cuomo - Governor

**Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State**

Printer-friendly version

*Three-pronged Plan Focuses on Improved HIV Testing, Preventing the Spread of the Disease, and Better Treatment for People Who Have It*

Albany, NY (June 29, 2014)

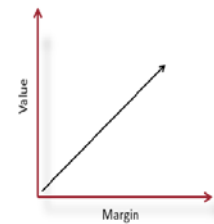
**Reduce the number of new HIV infections to just  
750 [from an estimated 3,000]  
by 2020**

# NYS Medicaid Transformation Since 2011



**2011:** Governor Cuomo created the Medicaid Redesign Team (MRT) which developed a series of recommendations to lower immediate spending and propose future reforms.

**2014:** As part of the MRT plan, NYS obtained a 1115 Waiver which would reinvest MRT generated federal savings back into redesigning New York's health care delivery system known as Delivery System Reform Incentive Payment (DSRIP) Program.












As part of DSRIP, NYS undertakes an ambitious payment reform plan working towards 80% Value Based Payments (VBP) by the end of the waiver period.

# NYS Medicaid and the HIV Continuum of Care

In NYS, greater than 50% of persons living with HIV are either on Medicaid or are Medicaid pending.

A regulatory framework was established through the Medicaid program and HIV-specific fee for service Medicaid rates that provides a substantial source of ongoing support for HIV services. Medicaid managed care and HIV SNP reimbursement models have replaced HIV specific rates.

## AIDS InSTITUTE Medicaid Initiatives:

-  1986 Designated AIDS Center
-  1988 AIDS Nursing Facilities
-  1989 Pediatric Maternal AIDS Center
-  1989 AIDS Home Care Programs
-  1990 Community Follow up Program (in 2012 converted to Health Homes)
-  1990 HIV Primary Care Medicaid Program
-  1991 Enhanced Fees for Physicians Programs
-  1993 AIDS Adult Day Health Care Programs
-  2003 HIV Special Needs Plans – specialized Medicaid Managed Care Plans in New York City

## 2017 NYS Medicaid Enrollment

<b>NYS Medicaid Enrollment</b>	<b>Medicaid Managed Care</b>	<b>Fee for Service</b>
6.1 million	4.7 million	1.4 million

\*Certain populations such as Dual Medicaid-Medicare (duals) are exempt from mandatory Medicaid managed care. Duals account for nearly 15% of total Medicaid enrollment. 90% of eligible NYS Medicaid enrollees are in MMC plans.

## Medicaid Managed Care VLS Pilot

- MMC Plans (including HIV SNPs) offer a unique infrastructure of established networks, quality programs, care management programs and health home care coordination partners to conduct EtE activities.
- In early 2016, an Ending The Epidemic Medicaid match viral suppression project was launched where Medicaid members are matched with the HIV surveillance data registry. A Pilot program was launched with six NYC based MMC plans that account for 75% of unsuppressed enrollees.
- Pilots were provided member data that identified those who were not suppressed at last viral load or had no documented viral load in the last year. Plans combined this data with their own analysis of members use of the care system and have launched multiple initiatives to link these members to care and treatment.
- The refresh of pilot data in 2017 indicates over 40% of enrollees in this cohort achieved viral load suppression, an impressive testimony to the State's multi- faceted EtE efforts.

## Affinity Project: Medicaid VLS Match Statewide

- In 2017, CDC/HRSA/CMS launched a joint HIV Affinity collaboration project, with 19 states participating. The project aims to facilitate an exchange of ideas and experiences across states, between public health and Medicaid programs and other stakeholders to address common barriers and reach shared goals.
- The NYS AIDS Institute expanded the Medicaid match pilot to share information on unsuppressed members with all 19 Medicaid managed care plans statewide.
- The goal is to identify and share best practices for achieving higher rates of VLS among Medicaid managed care plans through targeted outreach, care coordination and clinical services.
- A Learning Network for Statewide Medicaid managed care plans is underway and provides technical assistance with lessons learned from six pilot plans.

## Affinity Project: Identification of the HIV+ Medicaid Managed Care Members matched to the NYS HIV Registry in 2016

Data Steps	Members	Percent
NYS HIV/AIDS Medicaid Members Matched to a CDC Confirmed Case (HIV/AIDS Registry - CY2016)	58,833	100%
Matched Members in a MMC Plan (July-Sept. 2016 MMC Enrollment)	33,594	57%
Matched Members in MMC Suppressed	25,818	44%
Total Matched Members in MMC Unsuppressed	7,776	13%
Total HIV Special Need Plan (SNP) Members CY16	14,728	25%

\*Source: Medicaid Data warehouse; HIV/AIDS Registry Match 2016  
 AIDS Institute Office of Medicaid Policy & Programs

# Office of Quality and Patient Safety (OQPS) Quality Measurement

- Quality Assurance Reporting Requirements – submitted annually by the health plans
  - National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set
    - Quality, Access, Provider Network, Utilization, Satisfaction (CAHPS) domains
  - NYS specific measures
    - Adolescent Preventive Care – Counseling and Education for Sexual Activity, and Tobacco, Alcohol and Substance Use
    - Prenatal Care – “Birth File” allowing for match to Vital Statistics allowing for risk adjusted rates of LBW and C-section
    - Viral Load Suppression – calculated by the AIDS Institute & OQPS
  - Member-Level File

# Viral Load Suppression QARR Measure

## Description:

The percentage of Medicaid enrollees confirmed HIV-positive who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. Measured for MMC, HIV SNPs and HARPs.

<b>Eligible Population/Denominator:</b>	<b>Product Line: Medicaid HMO/PHSP, Medicaid HIV SNP, Medicaid HARP</b>
<b>Ages:</b>	2 years of age or older
<b>Continuous Enrollment:</b>	12 months' continuous enrollment for the measurement year. The allowable gap is no more than one month during the measurement year.
<b>Anchor Date:</b>	December 31 of the measurement year.
<b>HIV confirmation</b>	Confirmed HIV positive through a match with the HIV Surveillance System.
<b>Numerator:</b>	The number of Medicaid enrollees in the denominator with HIV viral load less than 200 copies/mL for the most recent HIV viral load test during the measurement year.

VLS QARR calculated using data from Medicaid Data Warehouse by OQPS and AIDS Institute.

# OQPS Quality Reporting – 2015 Measurement Year

## Monitoring Diabetes - Statewide - Medicaid

Plan	Medicaid Managed Care Plans (MMC)			
	HbA1c Testing	Dilated Eye Exam	Nephropathy Monitoring	Received All Tests
Affinity Health Plan	85 ▼	50 ▼	93	45 ▼
CDPHP	89	68 ▲	91	59
Empire BlueCross BlueShield HealthPlus	90	63	93	59
Excelsus BlueCross BlueShield	87 ▼	66	89 ▼	56
Fidelis Care New York	91	65	92	60
HIP (EmblemHealth)	93	64	95 ▲	60
HealthNow New York Inc.	87 ▼	63	90 ▼	54
Healthfirst PHSP Inc.	93 ▲	65	95 ▲	61
Hudson Health Plan	90	65	91	58
Independent Health's MediSource	88 ▼	62	93	54
MVP Health Care	88 ▼	64	90 ▼	55
MetroPlus Health Plan	93 ▲	59	92	54
Total Care, a Today's Options of New York Health Plan	88 ▼	61	89 ▼	54
UnitedHealthcare Community Plan	90	66	92	59
WellCare of New York	92	53 ▼	94	51 ▼
YourCare Health Plan	88 ▼	58 ▼	92	52 ▼
<b>MMC Statewide Average</b>	<b>91</b>	<b>63</b>	<b>93</b>	<b>58</b>

Plan	HIV Special Needs Plans (SNP)			
	HbA1c Testing	Dilated Eye Exam	Nephropathy Monitoring	Received All Tests
Amida Care	93	22 ▼	97 ▲	21 ▼
MetroPlus Health Plan (HIV SNP)	98 ▲	51 ▲	95	48 ▲
VNSNY Choice Health Plans	94	42 ▲	93 ▼	39 ▲
<b>SNP Statewide Average</b>	<b>95</b>	<b>37</b>	<b>95</b>	<b>34</b>

### Key

Symbol	Meaning
▲	Significantly better than the statewide average.
▼	Significantly worse than the statewide average.

[https://www.health.ny.gov/health\\_care/managed\\_care/reports/eqarr/2016/statewide/medicaid/managing\\_diabetes.htm](https://www.health.ny.gov/health_care/managed_care/reports/eqarr/2016/statewide/medicaid/managing_diabetes.htm)



Department of Health

# OQPS Quality Improvement Matrix

## 2016 Statewide Percentile

Trend	0 to 49% 100%	50 to 89%	90 to
↑	C	B	A
No Change	D	C	B
↓	F	C	C

- A Performance is notable. No action plan required
- B, C No action plan required
- D, F Root cause analysis and action plan required on selected measures

## OQPS Quality Incentive – Mainstream MMC

Component	Measures *	Points
Quality – QARR ( <b>HEDIS® and NYS-specific</b> )	33 measures	100 points
Satisfaction – CAHPS® Health Plan Survey	3 measures	30 points
Prevention Quality Indicators	2 measures	20 points
Total points		150 points
Compliance ( <b>Subtracted from Total</b> )	5 measures	Up to 20 points
Final Score		Final points/150

\* The number of measures per component has varied from year to year.

# OQPS External Quality Review Organization (EQRO) CMS/BBA Required

- Performance Improvement Projects (PIPs)
  - Medicaid Incentives for the Prevention of Chronic Disease
  - Tobacco Cessation
    - Identification of tobacco use/increased coding
    - Development of registries
    - QuitLine
  - Health and Recovery Plan (HARP) – Transitions after a hospitalization
- Technical Reports required by CMS

# AIDS Institute: AIDS Intervention Management System (AIMS)

Table 12: SNP Quality of Care Performance Measures – 2013

Measure	Amida Care	MetroPlus SNP	VNS Choice	2013 SWA
<b>HIV-Specific Performance Measures</b>				
Retention Rate – New Patients	50%	67%	62%	58%
Viral Load Suppression – Last VL of Review Period	72%	75%	80%	75%
Viral Load Suppression – Always Suppressed within Review Period	61%	61%	69%	64%
ARV Therapy	97%	95%	97%	96%
Baseline Resistance Test	14%	44%	33%	32%
<b>Screening</b>				
Substance Use Screening	91%	89%	90%	90%
Syphilis Screening	78%	81%	75%	79%
Genital Chlamydia Testing	61%	61%	52%	58%
Rectal Chlamydia Testing Among MSM and MtF Transgender Patients	21%	15%	12%	17%
Genital Gonorrhea Testing	60%	61%	51%	58%
Rectal Gonorrhea Testing Among MSM and MtF Transgender Patients	22%	15%	12%	18%
Pharyngeal Gonorrhea Testing Among MSM and MtF Transgender Patients	21%	14%	9%	16%
<b>Management and Treatment</b>				
Substance Abuse Treatment for Current Users	33%	24%	35%	28%
Substance Abuse Treatment for Past Users	100%	95%	94%	97%
Syphilis – Treatment for Positive	89%	88%	59%	78%
Genital Chlamydia Treatment	93%	100%	100%	96%
Rectal Chlamydia Treatment (MS or MtF Transgender Patients)	100%	100%	100%	100%
Gonorrhea Treatment (Genital)	42%	33%	67%	46%
Gonorrhea Treatment (Rectal)	100%	100%	100%	100%
Gonorrhea Treatment (Pharyngeal)	100%	100%	N/A	100%
Hepatitis C (HCV) Status	75%	83%	68%	75%
Hepatitis C (HCV) Management – HCV RNA Assay for Positives	75%	78%	78%	77%
Hepatitis C (HCV) Management – Further Evaluation of Confirmed Positives	71%	73%	61%	69%
Hepatitis C (HCV) Management – HCV Retest for Negatives, High-Risk	76%	71%	82%	76%
<b>Mental Health</b>				
Mental Health Screening	65%	57%	72%	65%
Referral for Treatment Made: Depression	96%	100%	98%	98%
Referral for Treatment Made: Anxiety	99%	100%	100%	99%
Referral for Treatment Made: PTSD	98%	100%	100%	99%
Referral for Treatment Made: Cognitive Function	99%	100%	100%	99%
Appointment Kept: Depression	44%	35%	53%	45%
Appointment Kept: Anxiety	44%	34%	56%	45%
Appointment Kept: PTSD	46%	33%	53%	44%
Appointment Kept: Cognitive Function	48%	35%	58%	47%

- HIV Special Need Plans (SNP) Technical Report
- Medical Record Review – 3,142 records
- Reviewed on site at PCP and clinics

[https://www.health.ny.gov/statistics/health\\_care/managed\\_care/plans/reports/hiv\\_snplans/all\\_plan\\_summary.pdf](https://www.health.ny.gov/statistics/health_care/managed_care/plans/reports/hiv_snplans/all_plan_summary.pdf),  
see Table 12 on p.14

## OQPS: External Quality Review Organization (EQRO)

- Focused Clinical Studies
- Disease specific/Medical Record Reviews/new data collection
- Past Examples: Overuse of Antibiotics. Case management
- Current: Follow-up care for physical health co-morbidities after hospitalization for behavioral health diagnoses

# OQPS: Tobacco Use Prevalence

Table 1: Smoking Prevalence within New York State Medicaid Managed Care Health Plans, 2011-2015

	Year		
	2011/2012*	2013/2014*	2015
<b>Medicaid Managed Care Plans (MMC)</b>			
Affinity Health Plan	20.4%	15.1%	16.0%
CDPHP	45.2%	41.4%	32.2%
Excellus BlueCross BlueShield	40.9%	39.5%	37.2%
Fidelis Care New York, Inc.	26.8%	26.5%	25.4%
HIP (EmblemHealth)	24.4%	20.6%	20.7%
HealthNow New York Inc.	41.2%	40.6%	38.8%
HealthPlus, an Amerigroup Company	15.6%	16.2%	17.6%
Healthfirst PHSP, Inc.	19.8%	14.0%	14.7%
Hudson Health Plan	27.0%	27.7%	22.8%
Independent Health	42.9%	37.0%	34.0%
MVP Health Care	45.3%	39.5%	29.0%
MetroPlus Health Plan	16.1%	16.7%	17.2%
Total Care, A Todays Options of New York Health Plan	44.7%	39.3%	37.5%
UnitedHealthcare Community Plan	15.5%	18.9%	19.2%
WellCare of New York	17.1%	17.4%	16.0%
YourCare Health Plan	39.2%	36.6%	38.4%
<b>HIV Special Needs Plans (SNP)</b>			
SNP- Amida Care	51.0%	49.7%	52.8%
SNP- MetroPlus Health Plan	46.0%	47.4%	44.1%
SNP- VNSNY CHOICE SelectHealth	NA	44.9%	41.4%

\*The percent of identified smokers in each plan was held constant over two year periods since CAHPS® adult survey data is only available every other year.

NA – not available; plan not in operation in this time period.

[https://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/smoking\\_cessation\\_in\\_mmc.pdf](https://www.health.ny.gov/health_care/managed_care/reports/docs/smoking_cessation_in_mmc.pdf), see Table 1 on p.3

# OQPS: Smoking Cessation Utilization

Table 5: Total Smoking Cessation Benefit Utilization Rates within New York State Medicaid Managed Care Health Plans, 2011–2015

	Year				
	2011*	2012	2013	2014	2015
<b>Medicaid Managed Care Plans (MMC)</b>					
Affinity Health Plan	18.3%	22.6%	32.7%	33.3%	33.0%
CDPHP	22.6%	25.2%	24.0%	23.3%	28.2%
Excelsus BlueCross BlueShield	22.8%	23.6%	24.9%	23.0%	26.0%
Fidelis Care New York, Inc.	21.5%	24.2%	25.4%	26.6%	28.5%
HIP (EmblemHealth)	14.7%	17.8%	21.7%	21.9%	21.5%
HealthNow New York Inc.	23.0%	23.8%	25.1%	24.4%	27.3%
HealthPlus, an Amerigroup Company	19.3%	21.7%	22.6%	24.7%	22.9%
Healthfirst PHSP, Inc.	15.3%	19.9%	31.8%	33.1%	32.6%
Hudson Health Plan	23.2%	28.8%	29.1%	30.0%	33.4%
Independent Health	20.7%	22.4%	25.5%	26.2%	29.8%
MVP Health Care	20.9%	19.1%	24.6%	23.4%	29.6%
MetroPlus Health Plan	16.9%	23.2%	26.6%	27.7%	24.6%
Total Care, A Todays Options of New York Health Plan	25.3%	25.0%	30.8%	30.3%	28.6%
UnitedHealthcare Community Plan	26.0%	26.0%	21.7%	22.0%	24.3%
WellCare of New York	21.0%	23.0%	22.3%	25.5%	27.9%
YourCare Health Plan	18.8%	21.4%	24.1%	26.1%	27.7%
<b>HIV Special Needs Plans (SNP)</b>					
SNP- Amida Care	46.3%	51.7%	52.8%	51.6%	51.4%
SNP- MetroPlus Health Plan	23.9%	29.8%	34.0%	35.8%	37.0%
SNP- VNSNY CHOICE SelectHealth	NA	NA	36.8%	37.1%	37.3%

\*Medicaid expanded coverage of smoking cessation counseling to all Medicaid beneficiaries (April 1, 2011), and smoking cessation pharmaceutical products were added to the Medicaid managed care prescription drug benefit package (October 1, 2011).

NA – not available; plan not in operation in this time period.

[https://www.health.ny.gov/health\\_care/managed\\_care/reports/docs/smoking\\_cessation\\_in\\_mmc.pdf](https://www.health.ny.gov/health_care/managed_care/reports/docs/smoking_cessation_in_mmc.pdf), see Table 5 on p.7

## Looking Ahead: System Alignment

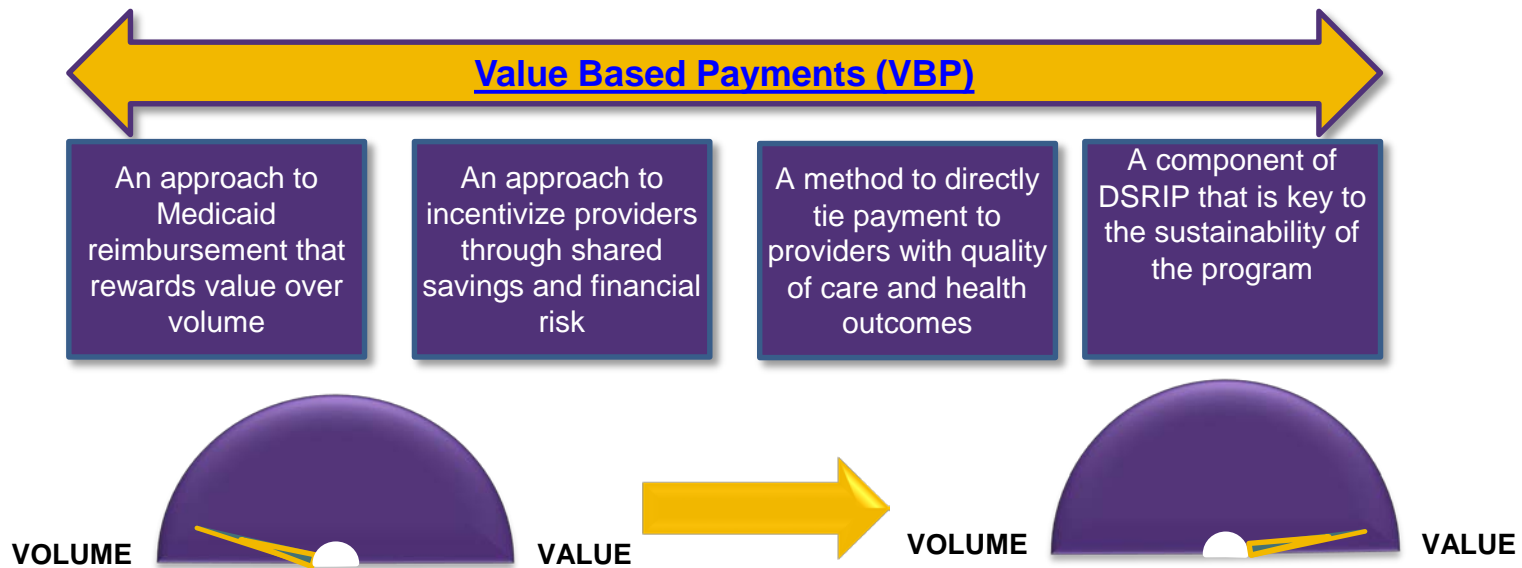
- Quality Improvement focuses upon providers, members and community served.
- Quality Measurement needs to be standardized, actionable and relevant to the population served.
- DSRIP and Value Based Payments breakdown siloes within health care and build relationships to other sectors.
- AIDS Institute Medicaid initiatives and programs provide a model of developmental partnership with provider and consumer community in evolution of HIV care and treatment programs.



Source: Presentations from "Medicaid in New York: Progressing to Value-Based Payment". United Hospital Fund Website. Published July 2016.

# Value Based Payments: Why is This Important?

- By DSRIP Year 5 (2020), all Medicaid Managed Care Plans must employ VBP systems that reward value over volume for at least 80–90% of their provider payments.
- VBP Pilot and Innovator programs commence in 2017 as best practice models across the State.



Source: New York State Department of Health Medicaid Redesign Team. *A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform.* NYSDOH DSRIP Website.

# NYS Value Based Payment University

VBP University is an online, educational resource created to raise awareness, knowledge and expertise in the move to Value Based Payment (VBP). VBP University combines informational videos and supplemental materials that stakeholders interested in VBP can use to advance their understanding of this transformation.

	Date of Release	Area of Study
Semester One	July 2017	Background and foundational information on VBP
Semester Two	August 2017	Topic specific information such as governance, business strategy, stakeholder engagement, finance, and data
Semester Three	September 2017	VBP Contracting
Semester Four**	October and November 2017**	VBP Bootcamps

Source: [http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_u/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_u/index.htm)

## NYS OQPS and AI Quality Reporting

- [https://www.health.ny.gov/health\\_care/managed\\_care/reports/index.htm](https://www.health.ny.gov/health_care/managed_care/reports/index.htm)
  - QARR
  - Technical Reports
  - Statistical Briefs and Newsletters
- HIV QUAL: <https://www.ehivqual.org/>
  - AIDS Institute Office of Medical Director Provider Quality of Care Program
- NYLinks: <http://www.newyorklinks.org/>
  - AIDS Institute regional groups focused upon Ending the Epidemic activities

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NYS Ending the Epidemic Resources: [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/)

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# Questions



# HIV Health Improvement Affinity Group

Thank you for participating in  
today's webinar!  
Please complete the evaluation  
after exiting the webinar.

