Prioritizing Care: Partnering with Providers and Managed Care Organizations to Improve Health Outcomes of People Living with HIV

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For state officials working to improve the health care of people living with HIV (PLWH), forging close collaboration between managed care organizations (MCOs), health systems, and providers early in the process of quality improvement can be beneficial. These stakeholders can provide important insights into how to improve care, and their commitment to the work is critical for successful implementation of quality improvement initiatives. Keeping MCOs, systems, and providers engaged through targeted quality improvement and incorporating key performance metrics into their contracts also helps sustain focus on improving care for PLWH.

Virologic Suppression occurs when the amount of HIV in the blood of an individual is lowered to below 200 copies per milliliter of blood or undetectable levels.

PLWH are more likely to achieve and maintain virologic suppression when they have access to high-quality, coordinated, and comprehensive care, antiretroviral therapy, and support services. Research has shown that virally suppressed people have better health outcomes and are significantly reduced risk of sexually transmitting HIV to others.

Source: Centers for Disease Control and Prevention. "HIV Treatment as Prevention." Accessed Nov. 13, 2017. https://www.cdc.gov/hiv/risk/art/index.html.

In October 2016, 19 states joined the HIV Health Improvement Affinity Group and each developed quality improvement projects designed to increase rates of virologic suppression in Medicaid and Children's Health Insurance Program (CHIP)[1] beneficiaries living with HIV.

The affinity group states used the following successful strategies to engage MCOs, health systems, and providers in policy and programmatic changes to increase rates of virologic suppression and improve the health of PLWH. Successful strategies include:

Solicit input from MCOs, health systems, and providers through stakeholder meetings or advisory groups. MCOs and providers have unique insights into the needs of PLWH that can inform state policy initiatives. Many state officials found it helpful to hold regular discussions with MCOs and groups of providers to solicit input and discuss quality improvement opportunities. **Michigan**, for example, engaged its Medicaid MCOs in discussions about quality improvement and the needs of their members living with HIV based on customized data reports. These meetings helped identify the need for additional training for community health workers to better support them in engaging and working with PLWH.

HIV Health Improvement Affinity Group Overview

The HIV Health Improvement Affinity Group (HHIAG) provided support to 19 state Medicaid and public health department teams working to increase rates of sustained virologic suppression in Medicaid and Children's Health Insurance Program beneficiaries living with HIV.

HHIAG is a joint initiative of the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, in collaboration with the Health and Human Services' Office of HIV/AIDS and Infectious Disease Policy, and in partnership with the National Academy for State Health Policy.

For more information: https://www.hiv.gov/federal-response/policies-issues/affinity

Add HIV-specific quality measures to MCO or provider reporting requirements. Adding HIV-specific quality measures to MCO or provider reporting requirements signals that improving care for PLWH is a state priority. In 2012, **Wisconsin** Medicaid implemented a health home program specifically for Medicaid beneficiaries living with HIV. The program is designed to enhance care coordination and increase access to the comprehensive care necessary for many to achieve virologic suppression. In addition to the health home core measure set, Wisconsin incorporated eight quality measures that span HIV-specific care, including behavioral and oral health and patient satisfaction.[2] As of 2015, 89 percent of patients in the health home program were estimated to be virally suppressed.[3]

States can also link performance on HIV-specific quality measures to financial incentives or penalties. **New York's** State Department of Health's Office of Health Insurance Programs worked collaboratively with the AIDS Institute and MCOs to add HIV-specific metrics to its Quality Assurance Reporting Requirements (QARR). Medicaid MCOs must report on the 40 quality metrics included in the QARR, including the following three HIV-specific metrics:

- Engaged in care;
- Viral load monitoring; and
- Syphilis screening rate.[4]

Medicaid managed care plans (with the exception of HIV Special Needs Plans), are eligible to receive a supplemental incentive payment based on their performance on QARR metrics in comparison to their peers. Plans can earn a maximum incentive payment of up to three percent of their capitated payment rates.[5] **Louisiana** currently includes HIV viral suppression as one of nine incentive-based quality metrics for Medicaid MCOs.[6] If the MCO does not meet established targets for the incentive metrics, they may be subject to monetary penalties.

Implement quality improvement initiatives. States can implement improvement initiatives for MCOs and/or providers to support and incentivize them to achieve desired performance goals or targets. In 2016, **New York** piloted a quality improvement program using encounter data from six health plans (including three HIV Special Needs Plans) that represented 75 percent of managed care enrollees who were not virally suppressed. This data was matched with HIV surveillance data to identify Medicaid beneficiaries who had been diagnosed with HIV, but were not engaged in HIV care and were not virally suppressed. The state analyzed available data and reported performance back to each MCO for its HIV positive members. With this data, MCOs were able to better target their limited resources to members who were either not engaged in HIV care or were encountering barriers to accessing care and antiretroviral therapy (ART). One year into the pilot, the state reported that more than 40 percent of those initially identified as not virally suppressed had been successfully engaged in care and had achieved viral suppression. New York has since expanded the pilot statewide to all 19 MCOs. The state also created a learning network for its Medicaid MCOs that provides technical assistance and serves as a forum for peer-to-peer sharing of best practices for outreach, care coordination, and improving access to clinical services.[7]

For more resources about designing quality improvement initiatives, review the Centers for Medicare & Medicaid Services' presentation, *Process Improvement Methods and Tools*, by Kevin Larsen, MD, FACP.

Additional Resources:

- For more resources and successful state strategies, explore NASHP's Toolkit: State Strategies to Increase Rates of Virologic Suppression for Medicaid and CHIP Beneficiaries Living with HIV
- HIV-Specific Quality Metrics for Managed Care: A New York Case Study
- Health Homes for People Living with HIV: A Wisconsin Case Study
- National AIDS Education and Training Center

Endnotes

1. Medicaid and the Children's Health Insurance Program (CHIP) cover approximately 74 million people, and over 75 percent of beneficiaries in Medicaid obtain at least some of their care through managed care. Managed care is a delivery system in which states contract with a managed care plan to deliver a specific set of Medicaid services to enrolled beneficiaries. For more information, please see: https://www.medicaid.gov/medicaid/program-information/downloads/accomplishments-report.pdf
2. Centers for Medicare & Medicaid Services. "Wisconsin Health Home State Plan Amendment Transmittal Number 12-008." Approved January 29, 2013. https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/Wisconsin-SPA.pdf.
3. Rachel Donlon and Chiara Corso, *Advancing HIV Prevention through Health Departments: Health Homes for People Living with HIV* (Washington D.C., HealthHIV, 2016). http://www.nashp.org/wp-content/uploads/2016/06/Wisconsin-Health-Homes_v2_Pages.pdf.
4. New York State Department of Health, *QARR Report Series: Health Plan Comparison in New York State.* (Albany, NY: New York Department of Health, 2015). https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2014/docs/health_comp_report_2014.pdf.
5. The New York State Department of Health Office of Quality and Patient Safety Division of Performance Improvement and Patient Safety, *Quality Strategy for the New York State Medicaid Managed Care Program.* (Albany, NY: New York State Department of Health, 2014). https://www.health.ny.gov/health_care/managed_care/docs/quality_strategy.pdf.
6. Louisiana Department of Health and Hospitals, "Managed Care Organizations RFP Appendices (2014), Appendix J: MCO Performance Measures." Accessed November 14, 2017. http://ldh.la.gov/assets/docs/BayouHealth/JLCB/AdditionalRequests/AppendixJAmd3.pdf.
7. Jacqueline Matson and Jackie Treanor, "Quality of Care for Medicaid Beneficiaries Living with HIV: NYS Strategies to Engage Managed Care Plans." PowerPoint, National Academy for State Health Policy HIV Health Improvement Affinity Group webinar on August 17, 2017. Please see the resource tab for full "Improving Quality of Care for Medicaid Beneficiaries Living with HIV: Strategies to Engage Managed Care Plans and Providers" webinar recording and slides.

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