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ADVANCING HIV PREVENTION THROUGH HEALTH DEPARTMENTS HIV-SPECIFIC QUALITY METRICS FOR MANAGED CARE

HIV PREVENTION EDUCATIONAL SERIES



A New York State Case Study

Between 1997 and 2010, the New York Department of Health (which houses the state’s Medicaid agency) transitioned most Medicaid beneficiaries¹ living with HIV into managed care.² During the period of transition, the Medicaid agency worked with the state’s AIDS Institute³ and managed care plans to update the state’s health plan quality metrics, known as Quality Assurance Reporting Requirements (QARR)⁴ to include HIV-specific metrics. The QARR applies to all commercial and government-sponsored managed care plans in New York, but HIV-specific metrics are included only for Medicaid managed care plans.⁵ Medicaid managed care plans are required to report on three HIV-specific metrics:

- Engaged in care;
- Viral load monitoring; and
- Syphilis screening rate.⁶

State officials report that they have seen improvements in the quality of care provided to people living with HIV (PLWHA). In the past four years, plan performance on the ‘engaged in care’ metric has increased by two percentage points while performance on the ‘viral load monitoring’ and the ‘syphilis screening rate’ metrics have each increased by 17 percentage points.⁷ Average Medicaid managed care plan performance on the HIV-specific metrics, as of the 2014 QARR report, is as follows:

- **Engaged in care:** 82% of beneficiaries have had at least one primary care or HIV-related care visit every six months;
- **Viral Load Monitoring:** 70% of beneficiaries had a viral load test conducted every six months; and
- **Syphilis screening rate:** 71% of beneficiaries were screened for syphilis annually.⁸

New York’s experience implementing performance metrics for the HIV population in its Medicaid managed care program may offer lessons for other states considering how to implement metrics to help ensure quality care for PLWHA or other populations with complex needs.



Types of Managed Care Available for People Living With HIV (PLWHA) in New York State

Traditional Medicaid Managed Care Plans

- ❑ Plans available statewide (16 plans in total)
- ❑ Approximately 50% of eligible PLWHA are enrolled in these mainstream managed care plans

HIV Special Needs Plans (HIV SNPs):

Medicaid managed care plans specific to beneficiaries living with HIV that require comprehensive case management, specialized care, and connections to social services.

- ❑ Plans available in New York City metro area, only (3 plans in total)
- ❑ Enrollment into a SNP is voluntary; must be chosen by the beneficiary
- ❑ In New York City, 60% of PLWHA are enrolled in HIV SNPs and 40% are enrolled in traditional Medicaid managed care plans.

Sources:

1. New York State Department of Health, “HIV Special Needs Plans (HIV SNPs)” accessed on September 4, 2015, <https://www.health.ny.gov/diseases/aids/general/resources/snps/>.
2. Interview with Joseph Anarella and Anne Schettine, New York State Department of Health, June 5, 2015.

1. Beneficiaries dually eligible for Medicaid and Medicare were exempt from managed care enrollment.

2. Haslanger, Kathryn, Medicaid Managed Care in New York: A Work in Progress (United Hospital Fund of New York, 2003), <http://www.uhfnyc.org/assets/382>.

3. The AIDS Institute, a division of the New York State Department of Health, is a grantee of the Health Resource and Services Administration’s Ryan White HIV/AIDS Program that focuses on quality of care and services for people living with HIV/AIDS in New York State. The AIDS Institute was created in 1983 by legislative mandate to coordinate the state’s efforts in prevention care and treatment for persons living with HIV/AIDS.

4. “2015 Quality Assurance Reporting Requirements Technical Specifications Manual (2015 QARR/ HEDIS® 2015)”, (New York Department of Health, 2015), https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf.

5. New York State Department of Health, “Managed Care Reports”, (New York Department of Health, 2015), https://www.health.ny.gov/health_care/managed_care/reports/.



Development and Implementation of HIV-specific Metrics

In 1994, New York State implemented the QARR to monitor and measure quality and performance in managed care plans. The QARR is comprised of 40 quality measures, most of which are drawn from the National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS). They are intended to measure access to care, effectiveness of care use of services, and satisfaction.

In 2008, stakeholders, including the New York State Department of Health's AIDS Institute, the state Medicaid agency, and managed care plans, worked collaboratively to add HIV-specific metrics to the QARR. The collaborating state agencies and managed care plans developed the HIV-specific metrics based on a set of common priorities, including:

- Metrics should reflect treatment and/or clinician recommendations;
- Metrics should promote testing and ongoing care;
- Number of metrics should be kept limited; and
- Resources necessary for data collection (e.g., chart reviews) should be minimized.⁹



In September 2010, New York made significant changes to its Medicaid program, including requiring all Medicaid beneficiaries living with HIV to enroll in a managed care plan. The transition of Medicaid members not already voluntarily enrolled in managed care was implemented in two phases; the first phase began in 2010 with residents of New York City and the second phase began in 2011 for residents outside of New York City. These changes increased the potential impact of the QARR's HIV-specific metrics as they were now being reported for all Medicaid beneficiaries living with HIV.

6. The 'engaged in care' metric measures the percentage of eligible beneficiaries that have at least one primary care or HIV-related care visit with their provider every six months. 'Viral load monitoring' measures the percentage of beneficiaries who had a viral load test conducted every six months. 'Syphilis screening rate' measures the percentage of beneficiaries who have been screened for syphilis each year. For more information, see the 2015 Quality Assurance Reporting Requirements Technical Specifications Manual (2015 QARR/ HEDIS® 2015)", (New York Department of Health, 2015), https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2015/docs/qarr_specifications_manual.pdf.

7. Interview with Joseph Anarella and Anne Schettine, New York State Department of Health, June 5, 2015.

8. 2015 Quality Assurance Reporting Requirements Technical Specifications Manual (2015 QARR/ HEDIS® 2015)", (New York Department of Health, 2015), https://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2014/docs/health_comp_report_2014.pdf.

9. Interview with Joseph Anarella and Anne Schettine, New York State Department of Health, June 5, 2015.



Three D HIV Prevention Educational Series: Advancing HIV Prevention Through Health Departments

When managed care plans began tracking HIV-specific QARR metrics, some initially encountered challenges in how data was reported; for example, methods needed to be adjusted in order to ensure that individuals receiving testing and prevention services were not mistakenly recorded as individuals living with HIV unless a positive diagnosis was made. Managed care plans worked internally, as well as, with Medicaid to resolve these issues. New York Medicaid officials report that managed care plans have become increasingly sophisticated in how they monitor and utilize data. Some plans have developed algorithms and data mining tools to identify people living with HIV and monitor data to target outreach to members in need of recommended care, and developed projection models and other resources to ensure data accuracy and keep pace with advancing treatment recommendations.

New York Medicaid continues to regularly convene the managed care plans and the AIDS Institute to discuss the HIV-specific QARR metrics and any potential updates that may need to be made to account for changes in HIV care, treatment, or monitoring. For example, viral load suppression is now recognized as the standard for measuring quality HIV care. As a result, New York is developing a viral load suppression measure for use in a Medicaid demonstration project. Lessons from this demonstration project will be used to develop a viral load suppression metric that will eventually be reported by all Medicaid managed care plans.

Timeline

1994

Quality Assurance Reporting Requirements (QARR) is established

1997

Partnership Program 1115 waiver authorizes statewide Medicaid managed care (enrollment voluntary for people living with HIV (PLWHA))

2003

Three Medicaid HIV Special Needs Plans (SNP) are established in New York City (enrollment voluntary for PLWHA)

2008

25% of Medicaid-eligible PLWHA are enrolled in mainstream managed care plans or SNPs

- HIV-specific metrics are added to the QARR

2010

Effective September 2010, the Centers for Medicare and Medicaid Services (CMS) approved changes to New York's Partnership Plan section 1115 waiver, as well as the state's Federal-State Health Reform Partnership (F-SHRP), making enrollment into managed care mandatory for all Medicaid enrollees living with HIV/AIDS unless otherwise excluded (e.g. beneficiaries dually eligible for Medicaid and Medicare).

More information available at https://www.health.ny.gov/health_care/managed_care/appextension/waiver_amendment/docs/description_of_program_changes.pdf.



Performance Monitoring Fosters Quality Improvement

New York State Department of Health collects QARR data from managed care plans annually and compiles and reports this data publicly on its website. Medicaid managed care plans, except HIV Special Needs Plans (SNP), which perform exceptionally well on QARR metrics are eligible to receive an incentive payment of up to three percent added to their negotiated payment rates.¹⁰ Plans are compared to their peers and awarded points for performing above the 50th, 75th or 90th percentiles; points awarded to each plan determine their incentive payments.¹¹ Joseph Anarella of the Office of Quality and Patient Safety at the New York State Department of Health, noted, “The potential for supplemental payments through the Quality Incentive program has helped get plans invested in quality.”

While the HIV-specific measures are only three out of the 30 QARR measures, all of the HIV-related measures impact health plan performance for the Quality Incentive program. Many managed care plans have implemented quality improvement initiatives with their provider networks to enhance the quality of care provided to their members living with HIV. New York offers technical assistance to plans to improve their performance when needed. New York Medicaid works with these plans to conduct root cause analyses, identify barriers and challenges, and develop action plans to improve performance.

The QARR is only one part of New York’s strategy to measure care quality for PLWHA. The AIDS Institute also operates the New York State HIV Quality of Care Program, a practice-level performance monitoring and quality management program. Almost 200 clinics provide data to the HIV Quality of Care Program each year.¹² The AIDS Institute shares this practice-level data with providers and HIV SNPs to foster and promote quality improvement. In addition, these practice-level measures are used to evaluate the quality of care provided at the HIV SNP level. As part of Governor Cuomo’s Plan to End the AIDS Epidemic initiative,¹³ the state is considering whether to also share practice-level data with additional managed care plans.



10. Performance on quality metrics is only one component of the incentive payment qualifications; other components that factor into whether a plan receives none, partial or all of the additional incentive payment are: satisfaction, efficiency, and compliance; New York State Department of Health Office of Quality and Patient Safety Bureau of Performance Improvement and Patient Safety, Quality Strategy for the New York State Medicaid Managed Care Program 2014, (New York Department of Health, 2014), https://www.health.ny.gov/health_care/managed_care/docs/quality_strategy.pdf.

11. Communication with Anne Schettine, New York State Department of Health, August 7, 2015.

12. New York State Department of Health, “New York State HIV Quality of Care Program – Annual Data Report Based on 2013 Performance Data”, (New York Department of Health, Report updated June 25, 2015), https://www.ehivqual.org/scripts/eHIVQUAL_2013_Report_-_NYS.pdf.

13. New York State, “Governor Cuomo Announces Plan to End the AIDS Epidemic in New York State,” press release on June 29, 2014, accessed September 4, 2015, <https://www.governor.ny.gov/news/governor-cuomo-announces-plan-end-aids-epidemic-new-york-state>.



Implementing HIV-Specific Metrics: Lessons for States

Stakeholders involved in the design and implementation of HIV-specific quality measures for New York’s Medicaid managed care plans offer recommendations for other states considering how to augment their quality measurement strategy for health plans to include HIV-specific metrics. These lessons may also apply to states considering a quality measurement strategy that is inclusive of other specific, complex populations.



<p>Partner with managed care plans.</p>	<p>The New York Medicaid agency and AIDS Institute have had a long history of partnership and collaboration with Medicaid managed care plans within the state. These partnerships have been key to building support for and refining HIV-specific metrics, as well as fostering quality improvement initiatives within plans. For example, recent clinical practice guidelines for pre-exposure prophylaxis (PrEP) involve the use of anti-retroviral medications (ARVs).¹⁴ The managed care plans provided feedback to the state that measurement specifications needed to be adapted so that beneficiaries using ARVs for PrEP were not included in the criteria for identifying PLWHA. Through their data collection and improvement activities, plans have become valuable resources for effective member and provider intervention.¹⁵</p>
<p>Select metrics that promote treatment and care goals.</p>	<p>When New York implemented these HIV-specific metrics officials identified metrics that were consistent with clinical recommendations and served as a proxy for measuring continuous, quality care. For example, instituting a viral load monitoring metric at the plan level necessitates practices to collect and report that data. In gathering the data, practices can identify which of their patients are not being actively monitored and work to engage them in their care.</p>
<p>Minimize administrative burden of data collection.</p>	<p>Stakeholders in New York recognized that even process metrics, such as The three HIV-specific metrics, require a great deal of work on the part of the managed care plans to ensure the data they report is timely and accurate. As a result, stakeholders identified a set of common priorities for selecting metrics and then strategically developed HIV-specific metrics based on those priorities.</p>
<p>Evolve metrics to align with evidence-based standard of care.</p>	<p>Since the current HIV-specific measures were added to the QARR, evidence-based care for PLWHA has evolved. As a result, in order to be meaningful, the metrics used to gauge health plan performance must also evolve. Viral load suppression is now the standard for measuring quality HIV care. New York is developing a ‘viral load suppression’ metric that officials anticipate will ultimately replace current HIV measures.</p>

14. US Public Health Service, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States-2014: A Clinical Practice Guideline, 2014, <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>.

15. Communication with Anne Schettine, New York State Medicaid, August 7, 2015.

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