New Opportunities for AIDS Service Organizations (ASOs) and Other HIV Providers to Participate in Medicaid

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AU Commitment to Informing the Field

- State of the science, cutting edge information presented by expert practitioners
- Broad range of topics including
  - Access to Care
  - Health Care Reform
  - Harm Reduction Advocacy series
  - Retention in Care
  - Sector Transformation
- Today’s webinar is part of our Sector Transformation series
  - Navigating the New Reality (May)
  - Remaining Relevant (May)
  - Board Engagement (June)
  - *New Opportunities for ASOs to Participate in Medicaid (today)*
- Limited resources available to help CBOs decide whether to merge, grow, or go responsibly
  - Contact Stephanie Cruse, scruse@aidsunited.org
Webinar Instructions

• All attendees are in listen-only mode

• Everyone can ask questions at any time using the question/chat feature

• This webinar has too many attendees for questions to be submitted over the phone

• During Q & A segment, the moderators will read questions that have been submitted
Use the Question Feature to Ask Questions or Email Questions

During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.
Webinar Acknowledgements

• **Funded by:** AIDS United and Johnson & Johnson

• **Contributor:**
  – Dr. Julia Hidalgo

• **Acknowledgements:**
  – Countless direct service providers and people living with HIV/AIDS from whom we have learned so much and contributed to this presentation.
Today’s Topics

• New CMS Medicaid preventive services policy
• Basics about CMS requirements for creating reimbursable HIV primary and secondary prevention services that can be integrated into Medicaid preventive service systems
• Ways that ASOs and other HIV providers can help design and undertake Medicaid preventive services in your state
  – Partnering with advocates, professional associations, and your State Medicaid program
  – Collaborating with clinicians, health departments, other healthcare providers, and managed care organizations (MCOs) to offer reimbursable HIV preventive services
• Ways to contribute to activities underway in your State
Medicaid Basics

• Medicaid is a federal and state partnership with shared financing
  – Varies based on the State populations’ per capita income
  – The match rate, or Federal Medical Assistance Percentage (FMAP), varies from 50% to 83%

• States have flexibility in administering Medicaid within guidelines specified in the federal statute and regulations

• State Medicaid Plans summarize the approach taken to meet mandatory statutory requirements, as well as optional services and expansion to optional eligible groups

Medicaid State Plans

• Must address federal requirements
  – Amount, duration, and scope of benefits must be sufficient to achieve the purpose of the service
  – Cannot be reduced due to diagnosis
  – Comparability, statewide coverage, inclusion of willing and qualified providers
  – Beneficiaries must have freedom of choice of qualified providers, including MCOs in states with managed care payment and delivery systems

• Your State Medicaid Plan is posted on the CMS website: CMS Medicaid: [http://www.medicaid.gov](http://www.medicaid.gov/)
Preventive Services Covered by Medicaid

• The CMS State Medicaid Manual states preventive services
  – Must involve direct patient care
  – Expressly related to diagnosis, treating or preventing illness, injury, or other impairments to a beneficiary’s physical or mental health
  – Provided through fee for service or MCOs

• Non-medical preventive services that address broader social or environmental issues are not covered
How Medicaid Pays for Preventive Services

• Payment and delivery models for preventive services are undertaken through
  – SPAs, waivers, demonstrations, MCO contracting, innovation grants
  – CMS Center for Medicare and Medicaid Innovation (“Innovation Center”) also funds State Medicaid programs and community providers to test new service delivery and payment models

• The Innovation Center website summarizes the grantees’ proposed activities, including new preventive service models such as CHWs: http://innovation.cms.gov/
State Plan Amendments (SPAs)

• State Medicaid Programs must submit their SPAs to CMS for review and approval to make changes in eligibility, coverage, or reimbursement
• CMS must approve SPAs before a State Medicaid program can implement their proposed changes
• Proposed and approved SPAs are posted on the CMS website
There are four primary types of waivers and demonstration projects:

- **Section 1115 Research and Demonstration Projects:** States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.

- **Section 1915(b) Managed Care Waivers:** States can apply for waivers to provide services through managed care delivery systems or otherwise limit people's choice of providers.

- **Section 1915(c) Home and Community-Based Services Waivers:** States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings.

- **Concurrent Section 1914(b) and 1915(c) Waivers:** States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.

Find out more about waivers and demonstrations in your state at the CMS website: [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers_faceted.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers_faceted.html)
Example of MCO Preventive Service Contract

Texas Medicaid Contract

• MCOs must
  – Provide STD services that include STD/HIV prevention, screening, counseling, diagnosis, and treatment
  – Implement procedures to ensure that Members have prompt access to appropriate services for STDs, including HIV
  – Allow members access to STD services and HIV diagnosis services without prior authorization or referral by a PCP
  – Provide all covered services required to form the basis for a diagnosis by the provider, as well as the STD/HIV treatment plan.
  – Make education available to providers and members on the prevention, detection and effective treatment of STDs, including HIV
Example of MCO HIV Preventive Service Contract

HIV-Related NJ Medicaid Managed Care Model Contract: Pregnant Women

- The Contractor shall implement a program to educate, test, and treat HIV+ pregnant women to reduce perinatal transmission of HIV from mother to infant
- All pregnant women shall receive HIV education and counseling and HIV testing with their consent as part of their regular prenatal care
  - A refusal of testing shall be documented in the patient's medical record.
- Counseling and education about perinatal transmission of HIV and available treatment options (use of AZT or most current treatment accepted by the medical community for treating this disease) for the mother and newborn infant should be made available during pregnancy and/or to the infant within the first months of life
Example of MCO Preventive Service Contract

HIV-Related NJ Medicaid Managed Care Model Contract: HIV/AIDS Prevention

• Contractor shall address the HIV/AIDS prevention needs of uninfected enrollees, as well as the special needs of HIV+ enrollees by establishing:
  • Methods for promoting HIV prevention to all enrollees in the Contractor’s plan
    • HIV prevention information shall be consistent with the enrollee's age, sex, and risk factors as well as culturally and linguistically appropriate
  • Methods for accommodating self-referral and early treatment
  • A process to facilitate access to specialists and/or include HIV/AIDS specialists as PCPs
  • Methods for education about HIV/AIDS risk reduction
  • A process for HIV/AIDS testing and counseling
Change in CMS Policy Offers New Opportunities

• Change to 42 CFR 440.130(c):
• CMS published a final rule in July 2013 that went into effect in January 2014

• Before the rule change: preventive services could only be provided by a physician or other licensed practitioner (OLPs) of the healing arts to be paid by Medicaid

• After the rule change: other practitioners, not just physicians and OLPs, can be paid to provide preventive services recommended by a physician or OLP

Source: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Preventive-Webinar-Presentation-4-9-14.pdf
Change in CMS Policy Offers New Opportunities

• Assigns authority to State Medicaid Programs to
  – Define practitioner qualifications (e.g., required education, training experience, credentialing, or registration)
  – Ensure appropriate services are provided by qualified practitioners
  – Define the preventive services to be provided (within the confines of the CMS State Medicaid Manual)
  – Design the reimbursement methods

• State Medicaid Programs can voluntarily
  – Expand the types of practitioners to furnish preventive services
  – Increase beneficiaries’ access to preventive services not currently covered

• Does not define the type of personnel to be covered
The ACA Offers Even More Opportunities

• States expanding Medicaid eligibility must cover, without beneficiary cost-sharing, all preventive services recommended with an A or B grade by the US Preventive Services Task Force (USPSTF)
  — States may also offer these services to existing covered beneficiaries

• States NOT expanding Medicaid may voluntarily cover these services
What State Medicaid Plans Must Do?

• States must submit a SPA to cover these preventive service practitioners
  – Summary of the practitioner qualifications (education, training experience, credentialing/registration, employment model)
  – Preventive services to be covered and service definitions
  – Payment method

• States must still adhere to other Medicaid requirements (statewide, comparable, freedom of choice)

• CMS will provide TA to states to assist in their SPAs
  – Questions can be sent to the CMS Preventive Mailbox: MedicaidCHIPPrevention@cms.hhs.gov
How Can We Find Out About Efforts in Our State?

• Visit the CMS Medicaid website and use the search engine to find out about the Medicaid State Plan, SPAs, and waivers in your state

• Check out the American Public Health Associations Community Health Worker Section website:
  http://www.apha.org/membergroups/sections/aphasections/chw/

• The Association of State and Territorial Health Officials (ASTHO) website posts up to date information about newly emerging State Medicaid CHW activities:
  http://www.astho.org/Community-Health-Workers/?terms=community+health+worker
HIV Preventive Services


  — CMS highlighted the USPSTF recommendations on routine screening for adolescents and adults 15-65 years at least once for HIV infection

• New opportunities are emerging for HIV primary and secondary preventive services for

  — Specific types of personnel (CHWs, health educators, nurses, social workers, care coordinators)
  
  — Specific types of services
Examples of HIV Preventive Services

HIV Screening
• Pre and post-test counseling

Behavioral Prevention Services

Linkage, Retention, Reengagement Services

Care Coordination (AKA Case Management), Home Visits

Biomedical Prevention Services
• PrEP Education and Support

Medication Education and Support, Side Effects Management
Making the Case to Medicaid for HIV Preventive Services: Return on Investment

Example from the CMS Innovation Center-funded Prevention at Home Project in Washington DC for Medicaid Beneficiaries

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<th>Year 2</th>
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What Are Our Next Steps?

• Check out what already is in place
  – Some State Medicaid Programs have already established preventive services and payment systems through State Plans, SPAs, waivers, demonstrations, and innovation grants
  – MCO model contracts may address preventive services in detail
  – Some states have established training and credentialing programs

• Find affinity groups in your state that have similar interests and want to collaborate
  – Advocates and providers focusing on asthma, diabetes, mental health, substance abuse treatment, developmental disability, homeless, public health, and rural services
What Are Our Next Steps?

• Collaborate with the State Medicaid Program and MCOs to plan for preventive service and payment systems

• Build the service delivery system
  — Identify and define the units of services to be covered
  — Provide evidence of the effectiveness of those services
  — Define the referral process from licensed provider and develop integrated service models
  — Determine service limitations
  — Set location limits or requirements
What Are Our Next Steps?

• Finance the service delivery system
  – Develop the payment system (e.g., fee for service, capitation, MCO administrative budget)
  – Assess return on investment (ROI) and cost effectiveness

• Develop quality, performance, and outcome methods to assess whether preventive services fulfil their promise
Is Your Organization Ready to Contract With Medicaid?

- Contracting is aligned with your organization’s vision
- Infrastructure is in place to meet contract requirements
- Services and target populations are defined
- Cost of services are computed and the payments offered are sufficient
- Payment methods are clear and avoid financial risk
  - Payment simplicity is the goal
- Lost revenue due to the Ryan White Program payer of last resort policy is offset by Medicaid revenue
- Marketing plan is in place and operationalized
- Legal counsel advises you about the terms and conditions in the contracts

- If you are unsure
  - Check out the HIV Medicine Association contracting guide for medical providers:
  - Stay tuned for the forthcoming HealthHIV contracting guide for HIV prevention and wrap around service providers
For Our Audience

• What Medicaid-funded HIV preventive service activities are underway in your state?
• How have HIV advocates and providers engaged Medicaid in building preventive service – workforce development, – delivery systems, and – payment systems?
• What are your biggest challenges?
• What are your biggest successes?
Other Resources

• American Public Health Association CHW Section: http://www.apha.org/membergroups/sections/aphasections/chw/

• National Conference of State Legislatures: Community Health Workers: Expanding the Scope of the Health Care Delivery System:

• National Fund for Medical Education: Advancing Community Health Worker Practice and Utilization: http://futurehealth.ucsf.edu/Content/29/2006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf

• Nemours: Medicaid Funding of Community-Based Prevention: http://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/Medicaid_Funding_of_Community-Based_Prevention_Final.pdf.


• Texas Department of State Health Services CHWs-Promotoros(as) Training and Certification Program http://www.dshs.state.tx.us/mch/chw.shtm

• Trust for America’s Health: http://www.astho.org/Prevention/Million-Hearts/Integrating-Community-Health-Workers/
THANK YOU!
Questions

• Ask your questions using the webinar question feature.

• If we don’t get to your question it will be logged and we’ll do our best to follow up!
What’s Next

• Download and share the presentation and webinar recording (available in a few days)
• We need your feedback! When you sign off, take the quick survey about the webinar
• Watch for future webinar announcements
Thank You

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For more information about sector transformation, please email:

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