Session 2
Reaching out to Payers

Presented by:
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AIDS UNITED – Who We Are

AIDS United is a national, non-profit organization with a singular mission and focus to end AIDS in the US
AIDS UNITED – What We Do

- We lead the charge for responsive and effective federal, state, and local policies that benefit people living with and at risk for HIV
- We invest in innovative models to meet the needs of communities affected by HIV/AIDS
- We have given more than $104M in direct funding and leveraged $117M to increase capacity of communities and organizations responding to HIV in the US
- We inform the field with best practices and lessons learned
AIDS UNITED – How We Do It

• We advance advocacy based on sound public policy; strategic grantmaking to affected communities; targeted & tailored capacity building for organizations responding to the epidemic; and, research & evaluation to inform the field

• We work within a social justice framework that challenges the foundational issues of racism, sexism, homophobia and transphobia, socioeconomic inequality, gender discrimination, and stigma
Individual Coaching

Any HCBO interested in individual coaching by The Menges Group regarding establishing and strengthening relationships with payer organizations should reach out to Zach Ford and/or Paola Barahona at AIDS United’s Sector Transformation email address, ST@aidsunited.org

After eligibility screening, HCBOs will be put in contact with The Menges Group to set up introductory meetings.
Speakers

Joel Menges  
Chief Executive Officer

Poornima Singh  
Vice President, Director, Government Contracting and Correctional Health Services

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Research Consultant
**Session 2**

- **Goals:** Learn to market services and capabilities to establish meaningful relationships with payers through a systematic approach.
- **Outline:**
  - Proactively reaching out to payers
  - Providing evidence of your work to show value
  - Aligning with payer expectations
CONTACTING THE PAYER
Tools to Identify Payers

• Medicaid and Medicare enrollment levels by health plan are public information and provide a useful proxy as to which health plans are serving large numbers of PLHIV

• Tools available on the AIDS United website
  o Tool C. Medicaid MCOs by State and Enrollment
  o Tool D. Medicare Advantage Enrollment March 2017
  o Tool E. Blue Cross and Blue Shield Companies by State
Using Existing Contacts to Identify Initial Contact Persons at Payer Entities

- State Officials
- Current Health Services Contracts
- Contact reps at the AIDS Drug Assistance Program (ADAP)
- Donation Relationships
- Other HCBOs
- Board of Directors or Other Personal Connections
- Regional Medical Providers
- Direct Outreach to Payers
Draft Letter to the Payer

Date

Name
Title
Organization
Address
Address
City/State/Zip

Dear Name:

As you may know, XXX has provided peer support and case management support to persons with HIV in the XXX area throughout the past XX years. Background information about our organization can be obtained from our website at https://www.XXX.org.

We would like to explore a contractual partnership to deliver optimal care coordination to selected Payer Name enrollees who are infected with HIV. We believe this partnership can achieve the following:

- Improve care for persons with HIV through a tailored care coordination effort.
- Deliver cost savings for Payer Name, focusing on those persons where the interventions and supports are most likely to yield a net savings. Our suggested approach will test the model on a relatively modest scale, so that the results can be discerned and the program can be expanded or modified as appropriate.
- Position both of our organizations more successfully for the evolution of XXX’s Medicaid program, to fully leverage the benefits of a localized, tailored, and “hands-on” model of outreach.
- Retaining enrollees in care.

The services we believe would be most valuable to Payer Name (and to your HIV-positive members) include:

- Initial home or office visit, obtaining data to support future actions by both Payer Name and ASO Name
- Ongoing follow-up by the ASO Name case manager with member’s care team including the primary prescriber of antiretrovirals, other front-line providers seen, key local caregiver(s), support service providers, etc.
- Directly providing meals, other nutrition supports, and/or dietary education
- Medication adherence support (directly-observed therapy by peer support personnel, counseling, pillboxes, etc.)

ASO Name would like to invite Payer Name to our City Name office to discuss the potential opportunities for a partnership, as well as to give Payer Name a direct view of the services we offer and our personnel’s capabilities and commitment. We are also happy to meet at your offices.

I can be reached via email at XXX and by phone at yyy-yyyyy. We very much look forward to meeting with you.

Sincerely,

Name

Title
• Create an MCO/Payer contact tracking document
  o Payer Name
  o Person Responsible for Initiative Relationship (at HCBO)
  o Payer Contact Person (Name, title, phone #, email)
  o Date of Initial Outreach
  o Type of Initial Outreach (Phone call, email, etc.?)
  o Next Steps with Due Dates
  o Progress of Contracting Effort (e.g., key barriers to overcome, identified areas of opportunity/concern, etc.)
SHOW YOUR VALUE
Marketing Your Services

• De-identified case study examples of HCBO efforts
  o Depict both the nature of the services provided and the positive impacts made to clients’ lives

• Measured impacts
  o Provide pre-defined performance measures (e.g., viral load suppression data, Rx adherence data, cost savings)
Example Case Study

Supporting Individuals with HIV Across the Clinical and Social Spectrum
CrescentCare (New Orleans, LA)

When “Dexter” first came to CrescentCare, he was homeless, underweight, alcoholic, and depressed. He was referred to the CrescentCare’s clinic by the university hospital. After a recent move to New Orleans from Milwaukee, WI, and an existing AIDS diagnosis, Dexter did not have the clinical and social supports he needed to care for himself.

At CrescentCare, Dexter was set up with a Case Manager and a Physician. The Case Manager helped Dexter identify and attend peer support groups, engage with a Behavioral Health Therapist, and access medications at the onsite pharmacy. His Case Manager also helped him find housing, drastically helping him improve his adherence and emotional well-being. Since Dexter’s engagement with CrescentCare, his medication regime has changed from ten pills twice a day to one pill once a day.

Today, Dexter has an undetectable HIV viral load and has a T cell count of over 1000. Dexter is now at a healthy weight and has celebrated one full year of sobriety.
Examples of Performance Metrics

- HIV Viral Load Suppression
- Prescription of HIV Antiretroviral Therapy
- HIV Medical Visit Frequency Follow-Up After ED Visit for Mental Illness
- Follow-Up After ED Visit for Alcohol or Other Drug Dependence
- Average hospitalizations and ED visits per person per year
PAYER EXPECTATIONS
Aligning with the Payer’s Expectations

- HCBOs will need to align their services with the payer’s day-to-day workflow, such as:
  - Initial home or office visits
  - Accompanying the member to medical and/or behavioral health appointments
  - Daily or weekly outreach to support the member
  - Providing medication adherence support
  - Psychosocial assessments to determine necessary level of care
We Encourage That Payer Meetings Occur at the HCBO’s Offices Where Possible

- Our presumption is that what the HCBOs do will be more vivid and attractive to the payer if they literally “see it in action”
- HCBO front-line staff can spend time describing what they do, what they achieve, etc.
Overcoming Initial Wariness

• Emphasize that initial contract can occur on a small “pilot” scale, to minimize payer’s risk and allow HCBO to demonstrate value within the contract prior to expanding it.

• Describe key potential advantages of the partnership:
  – Can help MCO better address social determinants of health for many of their costliest, most challenging enrollees.
  – Can help MCO “sell itself” in its own proposals to the state agency.
  – Maintaining health stability for PLHIV averts high-cost, crisis-reaction services such as hospitalizations, ED visits, rehabilitation for substance abuse, etc.
Questions?
Upcoming Webinars in this Series

September 20th: Establishing Effective Contracts with Payers

October 11th: Creating the Pilot Program

November 15th: Collaborative Learning

December 6th: Next Steps
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