



Session 4

Creating the Pilot Program

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aidsunited.org

AIDS UNITED



Community LEADERSHIP
BUILDING
Policy & Advocacy
Strategy Formative Research Grantmaking
CAPACITY BUILDING
Technical Assistance

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



Mohammed Hamdan

Research Consultant

Session 4

- Goals: Understand key steps in creating a pilot program construct to offer payers
- Outline:
 - Connect with payer(s) and discuss pilot approaches
 - Data-driven determination of initial target population
 - Identify workforce and technological resources
 - Establish pricing construct
 - Track performance and make appropriate modifications to the arrangement

CONNECTING WITH PAYERS & DISCUSSING PILOT APPROACH

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](#)
 - Tool C. Medicaid MCOs by State and Enrollment
 - Tool D. Medicare Advantage Enrollment March 2017
 - 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

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.

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

DEFINE TARGET POPULATION

Data-driven Identification of Initial Target Population

- Optimal data sharing allows the MCO and HCBO to identify initial population best-suited to include in the pilot program
- Want to include the Members who are most at-risk and with most urgent needs
- Factors to consider:
 - Multiple recent hospitalizations
 - Frequent emergency department use
 - Minimal primary care
 - Lack of evidence of HAART access and adherence

IDENTIFY NEEDED RESOURCES

Workforce Needs

- Depending on the services included and size of target population for the initial contract
- Examples:
 - Registered nurse
 - Licensed clinical social worker
 - Community outreach worker
 - Behavioral health coordinator
 - HIV prevention specialist
 - Driver
 - Data specialist
 - Housing case manager
 - Peer support specialist
 - Administrative assistant
 - PrEP Navigator
 - Program Manager

Other Resources to Consider

- HIPAA and PHI training and compliance
 - [CMS HIPAA Basics](#)
 - [CMS PHI Basics](#)
- Submitting claims data for reimbursable services
- Tracking pilot performance
 - Clinical data monitoring
 - Cost savings analyses

ESTABLISH A PRICING CONSTRUCT

Tool G. Cost and Pricing Derivation Worksheets for HCBO Services

Staff Position	Name of Individual	Annual Salary	Benefits Loading Factor	Organizational Overhead Loading Factor	Full Cost	Fully Loaded Hourly Rate	Target Profit Margin	Hourly Rate with Profit
Registered Nurse	John Doe	\$60,000	0.25	0.3	\$93,000	\$44.71	15%	\$51.42
Licensed Clinical Social Worker	John Doe	\$45,000	0.25	0.3	\$69,750	\$33.53	15%	\$38.56
Licensed Practical Nurse	John Doe	\$45,000	0.25	0.3	\$69,750	\$33.53	15%	\$38.56
Licensed Social Worker	John Doe	\$45,000	0.25	0.3	\$69,750	\$33.53	15%	\$38.56
Manager	John Doe	\$75,000	0.25	0.3	\$116,250	\$55.89	15%	\$64.27
Community Outreach Worker Level I	John Doe	\$30,000	0.25	0.3	\$46,500	\$22.36	15%	\$25.71
Community Outreach Worker Level II	John Doe	\$35,000	0.25	0.3	\$54,250	\$26.08	15%	\$29.99
Community Outreach Worker Level III	John Doe	\$40,000	0.25	0.3	\$62,000	\$29.81	15%	\$34.28
Administrative Assistant	John Doe	\$30,000	0.25	0.3	\$46,500	\$22.36	15%	\$25.71
Housing Case Manager	John Doe	\$40,000	0.25	0.3	\$62,000	\$29.81	15%	\$34.28
Behavioral Health Coordinator	John Doe	\$50,000	0.25	0.3	\$77,500	\$37.26	15%	\$42.85
Peer Support Specialist	John Doe	\$35,000	0.25	0.3	\$54,250	\$26.08	15%	\$29.99
Navigator	John Doe	\$30,000	0.25	0.3	\$46,500	\$22.36	15%	\$25.71
HIV Prevention Specialist	John Doe	\$45,000	0.25	0.3	\$69,750	\$33.53	15%	\$38.56
PrEP Navigator	John Doe	\$40,000	0.25	0.3	\$62,000	\$29.81	15%	\$34.28
Driver	John Doe	\$25,000	0.25	0.3	\$38,750	\$18.63	15%	\$21.42
Data Specialist	John Doe	\$50,000	0.25	0.3	\$77,500	\$37.26	15%	\$42.85
Medical Director	John Doe	\$200,000	0.25	0.3	\$310,000	\$149.04	15%	\$171.39
Other	John Doe	\$50,000	0.25	0.3	\$77,500	\$37.26	15%	\$42.85
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TRACKING PERFORMANCE

Sound Data and Related Analytics

- Encourage creation of a data file containing detailed (although de-identified) information on initial target population to track performance
- Example measures to monitor throughout program:
 - HIV Viral Load Suppression
 - Access and Adherence to 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

Questions?

Upcoming Webinars in this Series

November 15th: Collaborative Learning

December 6th: Next Steps

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