

HIV Special Needs Plans in New York State: *Securing a Medical Home*

"Our current medical system in New York is fraught with waste and inefficiencies. Fragmentation in care and lack of communication among providers of care for individual patients is a systems problem, irresolvable by individual clinicians and frustratingly beyond the control of patients. We need to build a system of medical care that is accountable and responsive. HIV Special Needs Plans are the right model to provide continuity, accountability, and the high quality medical home that patients deserve." -L. Jeannine Bookhardt-Murray, MD, Medical Director, Harlem United

"In Medicaid, I was in and out of care with different doctors because they see a million people a day. My Special Needs Plan give me the advantage of seeing all of my doctors in one day. In Medicaid, by the time you get the referral you could croak. Now I see one doctor for all my needs. Since I've been in VidaCare, it works." -SNP Enrollee (VidaCare)

Without question, New York State is a trailblazer in the fight against HIV/AIDS. Since the beginning of the epidemic in the 1980s, the State Department of Health AIDS Institute has incrementally built the most comprehensive system of HIV care for low income people in any state or territory. This could not have happened without the partnership between impacted communities along with elected and government officials to prioritize AIDS care. The linchpin of the AIDS care system in New York is the Medicaid program, which finances the majority of spending on medical care and case management services.

Once again, New York State and AIDS advocates have taken the initiative to create a comprehensive system of care that would address the fragmented health care safety net that currently serves people living with HIV/AIDS (PLWHAs). New York State's ambitious plan to reform the Medicaid program would reduce inpatient hospitalization and promote a better coordinated preventive primary care approach, thus establishing a stable medical home for PLWHAs.

Created in 2003, New York's HIV Special Needs Plans (SNPs) are a national model of how to provide high quality comprehensive and coordinated care to HIV-infected New Yorkers to address their unique health and medical needs through the Medicaid program. Unlike in fee-for-service, a benefit of the HIV SNPs is that each enrollee is given a medical home from which they are guaranteed full coordination of high quality services and care. As New York State moves forward towards auto enrollment of PLWHAs on Medicaid into managed care plans, **Harlem United recommends:**

- ✓ **Enroll HIV positive Medicaid beneficiaries into SNPs using a phased "intelligent auto-assignment" borough-by-borough enrollment process to maximize health plan choice.**
- ✓ **Require non-SNP plans to notify HIV positive enrollees of the enhanced benefits offered by SNPs.**
- ✓ **Mandate the availability of credentialed HIV Specialist Primary Care Providers in all plans and require that plans publish this list in their Provider Directories.**
- ✓ **Explicitly ensure that HIV positive Medicaid beneficiaries can switch to the enhanced benefits and services offered by a SNP at any time.**
- ✓ **Close the gap in capitation rates for standard managed care plans in relation to SNPs to ensure appropriate utilization and better patient outcomes.**
- ✓ **Launch an ongoing, comprehensive community-based SNP education campaign to enhance selection of the best plan to meet patient needs.**

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About Harlem United

Founded in 1988, Harlem United has demonstrated the capacity to anticipate and address emerging needs and responded to create a comprehensive continuum of outcome-based HIV treatment services. In 2003, we established a joint partnership with other adult day health centers to form VidaCare, a Special Needs Plan.

Enroll HIV positive Medicaid beneficiaries into SNPs using a phased “intelligent” borough-by-borough enrollment process to maximize health plan choice.

“Now I don’t feel like a Medicaid number no more.”

-Blanca

The mandatory enrollment of Medicaid beneficiaries from fee-for-service into managed care plans can be done rationally and with the least amount of disruption to people living with HIV/AIDS. If not done carefully, many beneficiaries may not realize that they have been auto-enrolled plans until they are denied care. A longer and phased-in auto enrollment timeline would help to alleviate some of these challenges, along with more than one notice going to beneficiaries informing them of the plan they were assigned to. Providing greater opportunities for beneficiaries to enroll in a plan of their own choosing, including after the auto-enrollment date, would help to ease challenges in the transition to managed care plans.

The State should institute “intelligent enrollment” of beneficiaries into plans. The State should examine an individual’s utilization of services and providers and match them up with plans that best match their utilization and usage of providers in-network using a borough-by-borough enrollment process. This will ensure that PLWHAs are paired with plans that best match their current utilization patterns, ensuring a smooth transition of care for Medicaid beneficiaries living with HIV. Auto-enrollment should be followed by an additional grace period by which PLWHAs may switch to another plan, if they so choose.

Require non-SNP plans to notify HIV positive enrollees of the enhanced benefits offered by SNPs.

“I was with Medicaid (fee for service) before. Every year, Medicaid eliminated some kind of medication or specialty care. When I was told about Special Needs Plans it gave me more insight as to how to get quality care.”

-Gerald

HIV SNPs truly meet the definition of providing a medical home for all their patients. HIV SNPs also offer the basic service package of services to all beneficiaries as standard managed care organizations, but offer enhanced services which help to ensure that persons living with HIV/AIDS on Medicaid have uninterrupted access to care and do not fall out of care.

A critical component of the HIV SNPs is the requirement to ensure sufficient capacity in their provider networks. SNPs must meet specific beneficiary to primary care physician ratios and beneficiaries must be able to get appointment to see physicians within specified times that are laid out in detail. These include routine, non-urgent care within four weeks, urgent medical care within 24 hours, non-urgent sick

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visits within 48-72 hours, non-urgent mental health or substance abuse visits within 2 weeks, initial prenatal visits within 3 weeks during first trimester, etc.

Mandate the availability of credentialed HIV Specialist Primary Care Providers in all plans and require that plans publish this list in their Provider Directories to ensure educated provider choice.

“With SNPs it’s a blessing that you don’t have to explain yourself to so many other doctors—over and over. I don’t need the stress. It makes me feel good to have a doctor that understands my HIV.”

-Rene

For beneficiaries who enroll in an HIV SNP, they are guaranteed that the primary care providers in the network are HIV specialists, something that cannot be guaranteed in traditional fee-for-service or standard Medicaid managed care. All primary care specialists in the SNP networks must have experience in the clinical management or have experience in an HIV specific mini-residency program of persons living with HIV. In addition, other providers generally have some understanding of HIV as it pertains to their specialty. All HIV SNPs must include as part of their network: community health providers experienced in HIV care, providers offering co-located HIV primary care and substance abuse treatment services, providers experienced in HIV care for pregnant women and HIV-infected children, and providers offering co-located HIV primary care and mental health services.

Central to the Medical Home approach is the premise that patient-centered care requires a fundamental shift in the relationship between patients and their primary care providers. There must be a higher degree of personalized care coordination, access beyond the acute care episode, and identification of key medical and community resources to meet the patients’ needs. In the long run, the Medical Home is likely to result in savings to patients, employers, and health plans. Increasing the emphasis on primary care coupled with the flexibility of capitation produces large dividends for enrollees and throughout the health care system.^[1]

Explicitly ensure that HIV positive Medicaid beneficiaries can switch to the enhanced benefits and services offered by a SNP at any time.

“It’s a personal touch and the specialty care. It gives me a reason to go to the doctor.”

-Marta

For persons living with HIV, which model provides the best health care? A forthcoming study (3 Systems Study) highlights that PLWHAs had significantly better health outcomes in HIV SNPs than in fee-for-service or standard Medicaid managed care. On three of the most important health indicators for PLWHAs – access to anti-retrovirals, viral load measure and CD4 measure, persons in the HIV SNPs scored significantly higher than in fee-for-service or standard Medicaid managed care. The HIV SNPs also demonstrated that they were better able to produce more favorable outcomes in other health care measure not related to HIV, such as breast cancer screening, cancer screening, dental care and cholesterol testing. SNP beneficiaries also accessed emergency rooms at a lower rate, suggesting that their medical needs were attended to on a more regular basis and did not require patients to inappropriately seek care in emergency rooms.

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Another study contracted by VidaCare found that the HIV SNPs helped PLWHAs to improve their adherence to their medications, reduced the overall frequency of medical contacts, and lead to increased satisfaction with specialty care, preventive health and access to entitlements.¹

Close the gap in capitation rates for standard managed care plans in relation to SNPs to ensure appropriate utilization and better patient outcomes.

“The help means so much to me. I want others to have the same satisfaction as me.”
-Frank

The capitation rate that standard managed care plans are provided by the State will be inadequate to cover all the expenses of a standard PLWHA on Medicaid. With SNPs, the State Department of Health carefully crafted capitation rates to include the full cost of care for the average Medicaid beneficiary with HIV to ensure that plans are adequately reimbursed for the full cost of care. Making sure that the standard Medicaid managed care plans have adequate reimbursement rates will mean less pressure on plans to cut costs through reductions in care.

Launch an ongoing, comprehensive community-based SNP education campaign to enhance selection of the best plan to meet patient needs.

“My SNP supports me to be an active participant in my own health care.”
-Harold

Notices and public service announcements should be distributed informing PLWHAs of impending required enrollment into a managed care or HIV SNPs. HIV SNPs and Medicaid managed care plans should be given technical assistance by NYS DOH to ensure that they are prepared to handle the influx of consumers into the HIV SNPs – the quality level of capacity that current exists in the SNPs should not be eroded by the transition of most PLWHAs on Medicaid into the HIV SNPs.

A widespread, well-financed public awareness campaign should be conducted to inform PLWHAs of their options. This should include providing funding to community-based organizations from across the City to support a large public awareness campaign. All approaches must be utilized – mailing, advertisements in newspapers and magazines, attendance at community fairs and public gatherings, radio and television advertisements, etc. A lengthy voluntary enrollment period/grace period should be made available for all consumers.

All of this should be done in phases, based on the residency of the consumer. A borough-by-borough or zip code approach should be used, ensuring as smooth a transition as possible.

Go to the New York State Department of Health AIDS Institute website for information on HIV Special Needs Plans <http://www.health.state.ny.us/diseases/aids/resources/snps/index.htm>.

¹ Rapkin, Bruce “Immediate Findings from the Choices in Care Study”, March 22, 2007