

HIV Medical Clinics Health Reform Webinar: Preparing for 2014

May 16, 2013

Julia Hidalgo, ScD, MSW, MPH
Positive Outcomes, Inc. &
George Washington University
Julia.hidalgo@positiveoutcomes.net

Download the slides & materials at www.HIVHealthReform.org

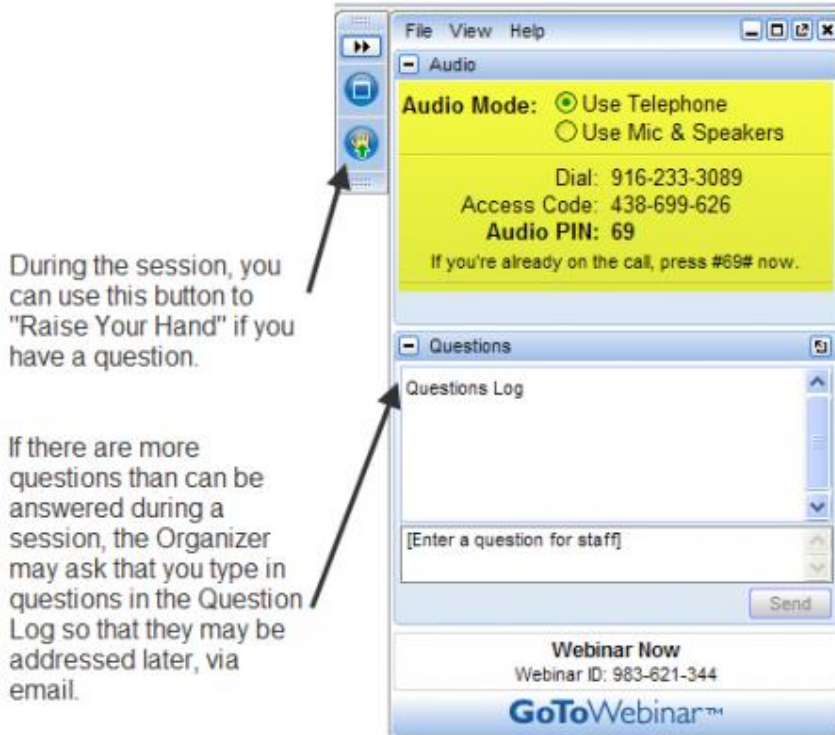


Webinar Instructions

- All attendees are in listen-only mode
- Everyone can ask questions at any time using the chat feature
- This webinar has too many attendees for questions to be submitted over the phone.
- During Q & A segment the moderators will read the questions that have been submitted
- If you are having audio or webinar trouble go to HIVHealthReform.org for troubleshooting help

Raise your Hand, Use the Question Feature to Ask Questions, or email questions

- You can also email questions to jpeller@aidschicago.org



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.

This webinar is brought to you by HIVHealthReform.org

- New hub to share information on health reform for people with HIV and health care and social service providers
- This webinar is the part of a monthly series
- Features a blog, email newsletters, and resources for understanding and implementing health care reform
- **Founding partners:** AIDS Foundation of Chicago, The Center for Health Law and Policy Innovation of Harvard Law School, Treatment Access Expansion Project, Project Inform
- **Contributors:** AIDS United, HIV Medicine Association, HIV Prevention Justice Alliance, NASTAD, San Francisco AIDS Foundation
- Made possible by MAC AIDS Fund

Big thanks to our co-sponsors!



Ryan White Medical Providers Coalition

About today's webinar

- This webinar is designed for HIV clinic managers and medical provider to help them to prepare their program and patients and participate in health care reform
- This webinar provides *intermediate* level information
 - Previous HIVHealthReform.org and HAB webinars offer basic training on the Patient Protection and Affordable Care Act (ACA) and that information will not be replicated here
- Although every state will not expand Medicaid, every state WILL have an Exchange. So no matter where you are, information presented today will be relevant to for you
 - **We are NOT covering Medicaid expansion today.** If you want to learn more about that, check out Southern AIDS Coalition's May 14 webinar, *What Happens Next? Health Reform, Strategies for States Not Expanding Medicaid in 2014*, at www.southernaidscoalition.org

Join us for a follow-up conference call!

Thursday, May 23 at 3 p.m. ET

(866) 206-0240 passcode 437543#

You do not need to register in advance!

- Opportunity to talk with Julia and your peers about ACA implementation
- Part of an informal discussion series we have hosted after each webinar

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Disclaimer

- The information provided in this webinar does not necessarily represent the views of agencies funding Positive Outcomes, Inc. or George Washington University
- Strategies provided in this webinar may vary by state
 - It is important to maintain current knowledge about health care reform in your state to ensure timely and well informed actions
- For Ryan White HIV/AIDS Program grantees, it is important that you seek guidance from your project officers to ensure your programs' strategies are consistent with HIV/AIDS Bureau (HAB) policies and grant requirements



Presentation Focus

- Our objectives for today's webinar are to promote and enhance HIV clinic readiness for
 - Contracting with public and commercial health plans
 - Maximizing third party reimbursement
 - Educating patients about enrollment in health plans to ensure access to HIV-experienced care
 - Meeting HAB payer of last resort requirements

Presentation Topics

- Key domains that HIV medical clinics should consider in assessing readiness and preparing for or expanding participation in health insurance markets
- Role of HIV medical clinics in helping shape implementation of health reform to ensure access to high quality, experienced, accessible, and acceptable HIV screening, care, and treatment services among insured populations
- Resources to assist in implementation activities

“I hope this will be very practical information from the beginning, and less about history of the reform. I need very practical information!”

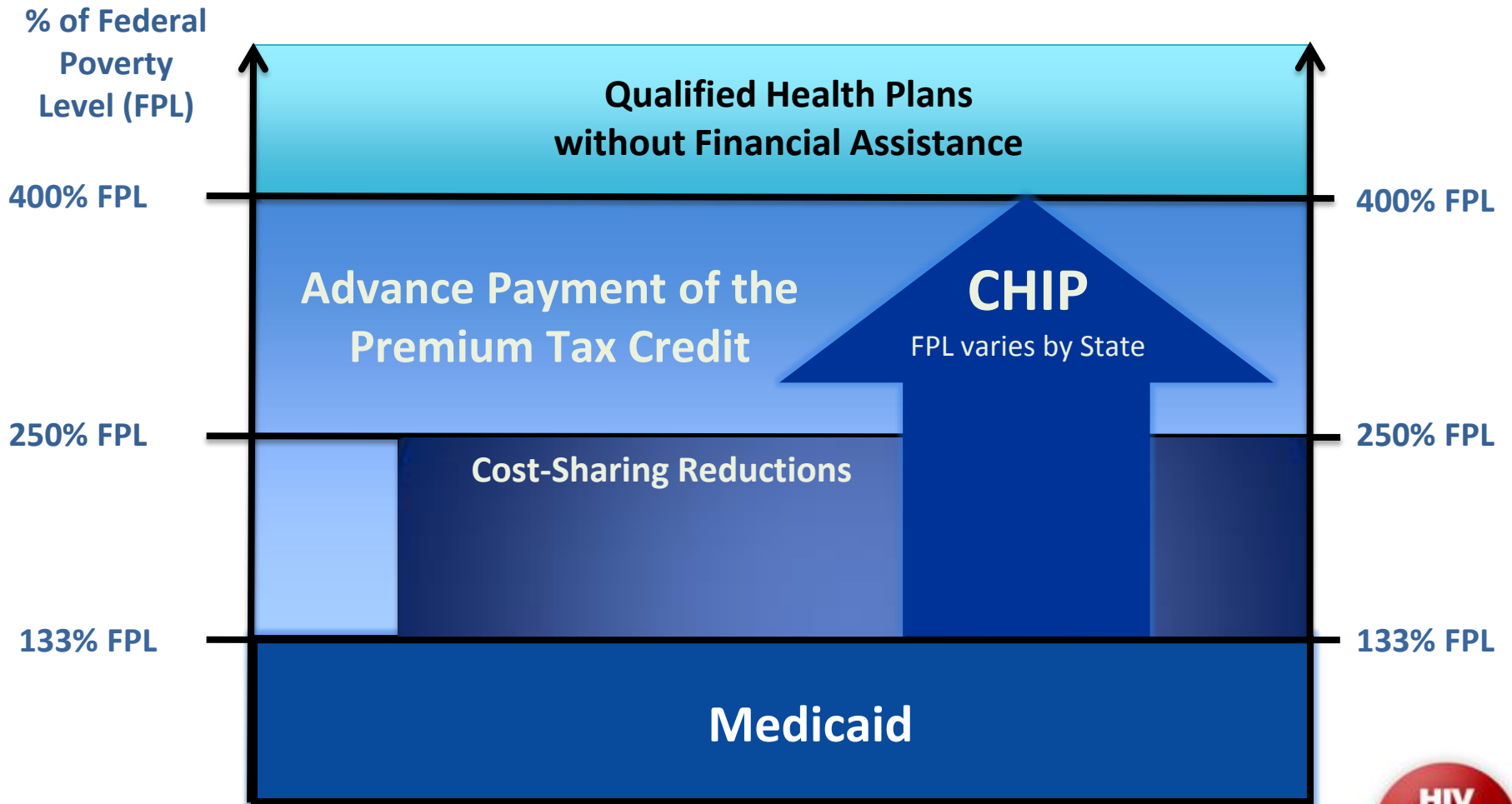
Rationale for Readiness for Health Reform

- Adhere to HAB monitoring and other policies
- Fiscal solvency
- Diversify income sources to reduce dependency on grant funds
- Offset losses in charitable donations
- Generate discretionary income for capital investment, administrative expenses, and/or services not supported by grant funders
- Continue to serve your current HIV+ insured patients and expand services to additional HIV+ insured beneficiaries

Rationale for Readiness of HIV Clinics in States That Have Chosen Not to Expand Medicaid Coverage

- Most HIV clinics currently serve *insured* patients, individuals that have not taken up insurance due to the high cost of premiums, co-pays, or deductibles, or are insured or insurable through their spouse's benefits
 - Misclassification rates of HIV+ patients as being uninsured are high
 - HIV clinics commonly do not maximize third party revenue capture
 - Many readiness strategies discussed today can benefit your HIV clinics and HIV+ patients
- Health insurance coverage available to patients with pre-existing health conditions who were denied benefits or enrolled in Pre-Existing Condition Programs
- Readiness for Medicaid participation, particularly managed care systems, can be a slow process
 - HIV clinics may gain important experience by working in the commercial health insurance market
- Many HIV+ individuals may benefit from enrollment through Exchanges (Marketplaces)

Health Coverage Options for Individuals in 2014: Scenarios for States Not Participating in Medicaid Expansion



**KEY COMPONENTS OF
HEALTH INSURANCE REFORM
READINESS FOR
HIV MEDICAL CLINICS**

Key Domains of Readiness for Health Reform

- Alignment with your organization's vision
- Infrastructure
- Defining your products and target populations
- Computing the cost of your products
- Re-engineering your practice management
- Assessing the health insurance market
- Insurance and MCO contracting
- HIV+ patient education

Alignment With Your Organization's Vision

- Before moving forward with health reform readiness it is critical to
 - Ensure your HIV clinic's efforts are aligned with your organization's overarching readiness efforts
 - Ensure that insurance and managed care organization (MCO) contracts address the unique service delivery and financial needs of HIV+ patients
 - ✳ Contracts may have been negotiated or are being negotiated now for 2014
 - Engage organizational leadership, including corporate board support
 - Identify organizational resources that can be applied to your HIV clinic's readiness activities
 - Determine feasibility and resources needed to apply for FQHC status

Assessing and Enhancing Infrastructure

- *Apply a build, buy, or borrow strategy to create or expand infrastructure*
- Electronic health record, scheduling, billing, and enrollment systems
- Information systems: hardware, software, and capacity to analyze data to improve patient flow, efficiency, improve quality, expand volume, and increase revenue
- Claims coding and electronic health care transactions, including identifying and improving provider documentation to support insurance claims
- Collecting and accounting for patient fees (co-payments and deductibles), including collections and debt policy
- Accounting systems and capacity to develop unit costs, analyze cost data, and identify and manage costs
- Physical capacity, accessibility, acceptability

Defining Your Products and Target Populations

- Identify services commonly covered by public and commercial insurers or MCOs
 - Parse non-billable services that may legitimately continue to be paid by the Ryan White Program
- Identify services that may be covered by some insurers to help them to manage service utilization, prevent morbidity or mortality, promote positive health outcomes, and reduce unnecessary costs
 - Disease management, care coordination
- HIV+ patients only, patients with communicable diseases (e.g., Hep C), other patients
- HIV+ patients and provision of reimbursable HIV screening to insured populations

Computing the Cost of Your Products

- HAB offers resources to calculate unit costs
 - <http://hab.hrsa.gov/deliverhivaidscare/tactoverview.html>
- It is important to include the actual components of cost for the contract period, including salary adjustments
- The amount of grant funds awarded to your clinic by HAB or other funders is not your cost
- Conduct break-even analysis comparing costs to likely third party insurance revenue
 - Consider opportunity costs, such as the likely reduction in revenue from HAB grants resulting from the payer of last resort policy and federal funding reductions

Practice Management

- Workforce capacity to deliver covered services to enrolled HIV+ beneficiaries
- Design of telephone systems that promote patient communication rather than create barriers to access
- Scheduling systems to optimize clinician productivity, reduce broken appointments, and promote retention in care
 - Open access or same day appointment scheduling
- Assess and improve wait times for new and established patients
- Registration and intake process
- Assess and improve patient flow to optimize efficiency and maximize resources
- Eligibility determination, e-verification, and enrollment assistance systems
 - Accurate determination of household size, income, and insurance enrollment is critical

Practice Management

- Practice and panel management systems and capacity to plan and undertake change
 - Adopt patient empanelment processes (i.e., assigning each provider a set number of patients) to improve clinical processes and outcomes
 - Assess and address patient flow, opportunities for task shifting (ideally to billable personnel), continuity of care, time consuming activities (e.g., medication refills), impact of part-time clinical staff on productivity and quality
- Automate patient process and outcome data, quality management systems, and capacity to improve clinic and provider performance
- Assess effectiveness of organizational partners such as CBOs
- Become educated about the concepts and adopt tools developed to create and accredit patient-centered medical homes (PCMHs)
- Update practice policies and procedures

Assessing the Health Insurance Market

- Assess your current payer mix, payment methods, and revenue capture
- Identify HIV+ populations to be served through participation in health insurance systems
 - Is your HIV clinic ready to meet their clinical, linguistic, and cultural needs?
- Research health insurers and MCOs in your service area to assess
 - Their experience in serving HIV+ populations
 - Covered services and optional benefits (e.g., dental and vision care)
 - Utilization management, standing and other referrals, and medical necessity
 - Payment systems (including HIV-specific payments), risk sharing requirements, timely payment policy

Assessing the Health Insurance Market

- Delivery systems (primary care, specialty, and blended models), accessibility standards, requirements for provider participation and clinician credentialing
- Clinical performance and QM policies, reporting requirements, accessibility standards, standing referrals
- Identify and develop strategies to avoid potential losses of HIV+ patients enrolling in insurance systems in which your HIV clinic does not participate

Assessing the Health Insurance Market

- Identify existing and new care and payment opportunities through Medicaid demonstration waivers
- Statutory authority for these programs is unrelated to the ACA
 - **Section 1115** of the Social Security Act gives the Secretary of HHS authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP
 - **Section 1915(b)** offers states options allowing use of managed care: (1) managed care delivery systems that restricts the types of providers that people can use to get Medicaid benefits, (2) allow county or local government to act as enrollment brokers to help people select MCOs, (3) use savings from a state's managed care system to provide additional services, (4) restrict the number or type of providers providing specific Medicaid services

Assessing the Health Insurance Market

- **1915(c)** waivers allow to provide long term care services in home and community-based settings (HCBS)
 - * State Medicaid programs can offer a variety of services under an HCBS Waiver program
 - * Programs can provide a combination of standard medical services and non-medical services
 - * Standard services include but are not limited to case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care
 - * States can propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community

ACA Funds Patient-Centered Medical Homes

- About half of State Medicaid programs are implementing medical home initiatives of some form
- New or revised payments to primary care providers to function as medical homes
 - Case management fees, performance payments, payments to support shared teams or networks, support for transformation to medical homes
- Some but not all states require PCMH accreditation by the National Committee for Quality Assurance (NCQA) or other national accrediting body
- CMS and HRSA fund the FQHC Advanced Primary Care Practice Demonstration (500 FQHCs)
- CMS' s Comprehensive Primary Care Initiative

Insurance and Managed Care Contracting

- Develop an insurance and managed care marketing plan based the your information you have gathered
- Understand health insurance plan models
 - Traditional plan (fee-for-service or indemnity plans), managed care plan, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point of Service (POS), consumer-driven plan, Health Savings Account (HSA), Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA)
- Understand reimbursement methods and associated risk
 - Fee-for-service, capitation, care management fees, medical home fees
- Useful glossaries of health insurance terms are available at:
<http://www.healthcare.gov/glossary/a/> or <http://www.healthinsurance.org/glossary/>
- Negotiate details of the contract and carefully review the contract with the assistance of legal and finance experts
 - A resource from Feldesman, Tucker, Leifer, Fidell is available at the HAB TARGET Center- *TA: Negotiating Contracts With MCOs*

Ways to Limit Risk Within Managed Care Contracts

- Check managed care plans' track records in your service area or elsewhere to ensure that they are reliable business partners
- Accept capitation only for services your clinic directly provides or controls
- Carve out high-cost, low-frequency services more appropriately reimbursed on a fee-for-service basis
- Retain fee-for-service until statistically valid enrollment level achieved by managed care plan
- Purchase stop-loss insurance coverage
- Seek risk adjustment in the payment system
- Define precise boundaries between clinic services and other providers' care to avoid "dumping"
- Use internal distribution structures that align individual and group incentives
- Gain experience with small-scale contracts
- Ensure that adequate termination options exist

HIV+ Patient Education

- Develop and implement a patient marketing strategy
 - If your HIV clinic's website is part of the strategy, consider how it can be used strategically
- Educate HIV+ individuals about how to select a health insurance plan in which your HIV clinic participates and select a primary care provider affiliated with your HIV clinic
- Educate current patients about pathways to insurance enrollment through Marketplaces, premium subsidies, assistance through ADAP, current and expanded Medicaid programs, importance of selecting a Medicaid managed care plan to avoid auto-assignment
- Educate insured HIV+ individuals that they are unlikely to need to enroll through the Marketplaces
- Begin education process in *May 2013* through the Ryan White Program eligibility determination and recertification cycle *before* October Marketplace enrollment begins



HIV+ Patient Education

- Review, download, and customize a guide for Ryan White Program clients on health reform created by San Francisco advocates and posted on HIVHealthReform.org <http://is.gd/MKTes3>
- Consider participating in CMS patient navigation for the Exchanges (closing date June 7, 2013 and anticipated award date August 15, 2013) <http://is.gd/M6A291>
- Inform current and new patients about your HIV clinic's policies and procedures
- Provide linguistically and culturally appropriate patient education to empower patients to navigate your HIV clinic, the broader health care system, and the health insurance system
- Adopt web-based patient tools to help them schedule appointments, request medication refills, and get information about their health, HIV care, and medications



Develop a Readiness Plan

- **Remain calm**
- Identify key members of your readiness team based on the domains identified today
 - Team members might include policy, practice management, finance, clinical, information technology, human resources, and other staff
 - If feasible, designate an in-house expert on health reform
- Honestly assess your HIV clinic's readiness using the domains discussed today, identify barriers, and develop realistic strategies for overcoming them
- Readiness planning and implementation are likely to be evolutionary, long-term, and improve with experience
 - Even highly experienced HIV clinics report new challenges

Develop a Readiness Plan

- The readiness team should set priorities, create a schedule, assign tasks, and meet routinely
 - Anticipate that some tasks are likely to be slow
 - Set short-term achievable goals- start slow and then grow
 - Identify interorganizational and outside resources and seek help
 - Routinely update the HIV clinic staff to solicit their suggestions and buy-in
 - Aim for durable sustainability regardless of staff turnover
- Evaluate infrastructure and other costs and compute the likely return on investment
 - Identify and seek funds to cover costs
- Identify strategies to collaborate with other HIV clinics to form formal or informal networks
- Other planning strategies are discussed in an implementation guide available at <http://www.hivhealthreform.org/2013/05/02/planning-for-implementation-what-should-you-think-about/>

**KEY ADVOCACY STRATEGIES
FOR ADOPTION BY
HIV MEDICAL CLINICS AND
OTHER KEY STAKEHOLDERS**

Advocacy Opportunities

- Enhance national and state policies that address patient protection and monitoring to ensure high quality, accessible, acceptable HIV screening, care, and medications
- Design and apply commercial, Medicaid, and Medicare HIV-specific quality and performance measures
 - Dissemination of HIV aggregate data regarding quality and performance
- Continued commitment of Medicaid programs for existing waiver programs and engagement of the HIV community in the design of PCMHs and new waivers
- Design and implement commercial, Medicaid, and Medicaid enhanced HIV payment and management systems
- Educate your HAB project officers and Ryan White Program grantees about the impact of ACA and Medicaid reform on your patients and program
 - Document challenges in adhering to the payer of last resort policy
- Profound need for planning, TA, training, capacity, and capital resources

Advocacy Opportunities

- At the provider level, it is important to develop a strategy for
 - Participating in Exchange and Medicaid planning groups, monitor meetings, offer expertise
 - Documenting patient enrollment issues that arise through the Exchange and Medicaid expansion
 - Documenting patient issues and provider challenges
 - Develop a strategy to aggregate and present information to payers and MCOs

Key Resources (also posted on HIVHealthReform.org)

- **American Medical Association Practice Management Center**
 - <http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center.page?>
- **Families USA Health Reform Central**
 - <http://www.familiesusa.org/health-reform-central/>
- **HIV Medicine Association**
 - http://www.hivma.org/Health_Care_Reform_Implementation/
- **HRSA Bureau of Primary Health Care**
 - <http://bphc.hrsa.gov/technicalassistance/index.html>
- **HRSA HIV/AIDS Bureau**
 - <https://careacttarget.org/library/affordable-care-act-ryan-white-hiv-aids-program>
- **Kaiser Family Foundation Health Reform**
 - <http://kff.org/health-reform/>
- **National Association of Community Health Centers**
 - <http://www.nachc.com/complete-list-of-trainings.cfm>



Key Resources

- **National Association of State and Territorial AIDS Directors**
 - http://www.nastad.org/care_and_treatment/resources.aspx?category=health%20reform
- **National Conference of State Legislatures Medical Homes and State Implementation of the ACA and Medicaid Expansion**
 - <http://www.ncsl.org/issues-research/health/the-medical-home-model-of-care.aspx>
 - <http://www.ncsl.org/issues-research/health/affordable-care-act-state-action-newsletter.aspx>
- **State National Committee for Quality Assurance Patient-Centered Medical Homes**
 - <http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>
- **Positive Outcomes, Inc. Readiness and Other Training Materials**
 - www.positiveoutcomes.net
- **Substance Abuse and Mental Health Services Administration**
 - <http://www.samhsa.gov/healthreform/>
- **US Department of Health and Human Services ACA Resources**
 - <http://www.healthcare.gov/>

CONTACT

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What's next?

- Download & share the presentation and webinar recording (available in a few days)
- We need your feedback! When you sign off, take the quick, 5-question survey about the webinar
- Watch for the announcement on the next webinar: HIV Health Care Provider & Community-based Organization Collaborations

Questions?

- Ask your questions using the webinar chat feature.
- Or email them to jpeller@aidschicago.org
- If we don't get to your question it will be logged and we'll do our best to follow-up!

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