Managed Care for Special Populations in New York State

Lindsay Cogan, Ph.D., M.S.
Office of Quality and Patient Safety

Overview

- New York State’s Medicaid Section 1115 Waiver Partnership Plan
- Stakeholder Issues
- NYS Experience with Managed Care for Persons Living with HIV and AIDS
- Other Special Populations Transitioning into Managed Care
History of 1115 Waiver in NYS

- 1997 – 2003
  - Medicaid managed care
  - Public Health Law, Article 29 D, Section 2995 Mandated HMO Reporting
  - Expanded eligibility for low-income adults (Family Health Plus Program)
  - Family planning expansion program
- 2004 – 2008
  - Enrollment of dually-eligible individuals (Medicaid Advantage)
  - Mandatory enrollment of SSI
- 2009 – 2012
  - Expansion of Mandatory Managed Care to additional counties
  - Mandatory enrollment of previously excluded populations (i.e. Persons living with HIV, End stage renal disease, homeless, very low birth weight, long term home health care population)
- 2013 – Present
  - Benefit Package changes (i.e. carved-out behavioral health back in)
  - Mandatory enrollment of previously excluded populations (i.e. Persons with developmental disabilities, Nursing home)

Stakeholder Issues

Common Objections to Transitioning to Managed Care

- Disruption of existing provider relationships
- Adequacy of provider networks (specialty care)
- Utilization management create barriers to access to care
- Plans unprepared to address population with special needs
- Care would be substandard
Persons Living with HIV/AIDS (PLWHA)

- Began with voluntary enrollment in HIV Special Needs Plans (SNP) in 2003
- Outreach and engage stakeholders
- Phase in approach for mandatory enrollment
  - NYC first, slowly transition members (i.e. 2,500 beneficiaries per month)
- Survey members
- Monitor the quality of care for recipients

<table>
<thead>
<tr>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV SNP Enrollment *</td>
<td>SSI Mandatory NYC</td>
<td>SSI Mandatory Statewide</td>
<td>HIV Mandatory NYC</td>
<td>HIV Mandatory Statewide</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* NYC only

NYS Plan to Monitor Concerns

- Evaluate member perspective as movement into managed care plan (addressing provider disruptions and barriers to care)
- Engage stakeholders in development of programs for providers and community supports to partner with plans (addressing network and plan preparedness to handle needs)
- Implemented quality of care measures (addressing standard of care)
"Choices in Care" Study

- Study conducted by the New York State Department of Health's AIDS Institute with research staff from the Memorial Sloan-Kettering Cancer Center
- Purpose: Evaluate the effectiveness of HIV SNP plan in comparison with Fee-for-Service (FFS)
- Methodology: Began in 2003. Two groups (Newly enrolled HIV SNP and FFS) followed for a year through a series of five interviews at three month intervals.
  - Self-reported health history and status, utilization of services, adherence to treatment, risk behavior, quality of life, and their perceptions of the care received either as an HIV SNP enrollee or while receiving care through the FFS system
- Response rate: Among the 628 completing a baseline interview, 470 (74.8%) completed all interviews

"Choices in Care" Results

- After 3 months, HIV SNP enrollees reported:
  - Fewer interruptions in relationships with providers,
  - More likely to receive needed referrals,
  - Greater availability of medical specialists, and
  - Fewer barriers
- After 6 months, HIV SNP enrollees reported:
  - Among respondents who reported the occurrence of medical symptoms at baseline reported fewer symptoms,
  - HIV SNP members who were receiving services reported a decrease in unprotected sex with HIV-negative or unknown partners, *
  - Among respondents who were smoking at baseline, HIV SNP enrollees were less likely to be smoking *

* HIV SNPs require the delivery of prevention counseling in the context of medical care which has impacted risk behaviors among members.
Engaging Stakeholders

- Solicited input from providers and community based organizations that specialize in care of PLWHA
- Comprehensive education plan targeting all contracted organizations serving PLWHA
- Training Sessions for hospitals, community health clinics, Medicaid providers, public health offices, CBO’s, managed care organizations, advocacy groups
- Required health plans to have procedures in place to ensure new enrollees continuity of care regardless of provider status during a transitional period
- Worked with health plans on expanding provider networks to include specialty providers focusing on HIV care, eventually became a part of the managed care contract
- No auto assignment into HIV SNP because of confidentiality concerns, recipients put in Mainstream Medicaid Managed Care (MMC) plan if they did not choose a plan

Monitor the Quality of Care between HIV SNP and Mainstream Medicaid (MMC) Plans

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged in Care</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>92</td>
<td>84</td>
<td>90</td>
<td>83</td>
</tr>
<tr>
<td>Viral Load Monitoring</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>85</td>
<td>64</td>
<td>84</td>
<td>72</td>
</tr>
<tr>
<td>Syphilis Screening</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
<td>SNP</td>
<td>MMC</td>
</tr>
<tr>
<td></td>
<td>58</td>
<td>74</td>
<td>66</td>
<td>78</td>
<td>71</td>
</tr>
</tbody>
</table>
Applying this Approach to Other Special Populations

Other Special Populations Transitioning

- Behavioral health services
- Persons with developmental disabilities
- Will the same approaches work?

Medicalization of HIV

Some additional supports with behavioral health population (i.e. housing)

Many more quality of life supports need to be considered for population with disabilities
Questions

• Lindsay.Cogan@health.ny.gov
• (518) 486-9012