HIV/AIDS Subcommittee Meeting

9/23/14

AHCA Leads
Sophia Whaley
Tamara Zanders

Subcommittee Members Present
Jesse Fry – Florida HIV/AIDS Advocacy Network

Meeting Participants:
Cindy Snyder – Viiv Healthcare
Aimee Diaz Lyon – Metz Law
Suzanne Stephens – Florida/Caribbean AIDS Education and Training Center at USF
David Poole –
Sally West –

Discussion:

- Is the Agency focused on the right quality areas for this particular population?

Sally West – Suggested adding more information about the spread of the disease. In terms of measurement, if the population is on medication it is more managed and less likely to spread.

Suzanne Stephens – What does AHCA track? Just tracking who is on medication doesn't track who has it. Are Medicaid Managed Care plans required to track performance measures? (Did patient take the test- patients results). DOH tracks this, and Suzanne will share those documents (cascade tree).

Cindy Snider – Pg. 17 of report. Section on frequency of lab tests, antiretroviral, medical care, etc. is there, but it needs to be expanded to track additional things.

Aimee Diaz – Once the patient makes the transition to their new plan, someone should check to ensure that they are still receiving all of their medications as they were before.

Aimee Diaz – How many people have HIV/AIDS in Medicaid now?

Jesse Fry – Would like to look at per plan what the cumulative breakdowns are. Outliers? Different variables among the plans?

Cindy Snider – Which measures are being done quarterly vs annually?

Suzanne Stephens – Pharmacy issue with prior authorizations. Are prior authorizations an AHCA requirement or a plan requirement? Annually, patients have to have labs, justifications, etc. done. What issue is requiring all of this, and is it necessary? Does someone on AHCA's end analyze this information? If plans continue to override, what's the point? If a physician enters in the drugs, and then calls them into the pharmacist, and they don't have prior authorization, the pharmacist isn't then approved to dispense the meds.

Cindy Snider – Is this required by all disease states, or is it just HIV/AIDS? Can the plans shift the language?

Jesse Fry – See about bringing in physicians and experts to make presentations.

Melanie Brown-Woofter – Per statute, antiretrovirals are not subject to the Agency's Preferred Drug List and there is language in the MMA contract regarding antiretrovirals that reflect this statutory provision. Antiretrovirals have not been subject to prior authorizations and must be made available. There was recently a communication to the plans reminding the plans about prior authorization processes and antiretrovirals. Plan communications are posted on the SMMC website.

Performance measures are submitted annually and depending on the measure being reported may be HEDIS or Agency defined. The plans have additional reporting requirements which may be quarterly, monthly and/or weekly. The list of reporting requirements is on the SMMC website, included in the model contract and in the report guide.

Jesse Fry – Prior authorizations may be set up to make the doctor think about what he is prescribing and whether there is a better regimen.

- Are there quality areas you want to increase and/or measure differently?
- Is the report useful and understandable?

All – Quality Strategies Report is very overwhelming.

Suzanne Stephens – Can the quality strategies document be broken up by issues (e.g., LTC issues, HIV issues, etc.). Much like the groups were broken up for today.

Note: This portion of the discussion below was not in context of the quality strategies document but in terms of plan reporting and Agency tracking.

David Poole – Which codes are being used for prep?

Melanie Brown-Woofter – Recipients are identified as being eligible for the HIV/AIDS specialty plan (i.e., living with HIV/AIDS) in a variety of ways including claims data, and/or clinical information from providers. The Agency worked to develop an algorithm based on administrative claims data and the procedure codes, pharmacy codes and diagnosis data used in the algorithm were included in an effort to identify recipients with positive status/active illness and exclude those under-going prep or pre-exposure. However, false positives do occur (individuals identified by the algorithm who do not have the condition). We request that providers and recipients let us know when the recipients has been inaccurately identified as having HIV/AIDS so we may update the recipient's file and potentially change MMA plan enrollment.

Jesse Fry – Drug regimen switching – Now that the rollout is complete, patients are going for their first doctor's visit with their new doctor. If on that visit, the patient is switched to a new regimen, what do plans have to submit? What would cause the doctor to switch the patient other than plans opting for a cheaper regimen?

Suzanne Stephens- This leaves it up to the patient to advocate for them.

Melanie Brown-Woofter – We would need to confirm if changes in drug regimens for this population is being tracked.

Adjourned at 4:45