Thank you for joining today's webinar:

Exploring Medicaid Health Homes – Developing an HIV/AIDS Health Home: The Wisconsin Model

We will begin in a few minutes.

For audio, dial: 1-800-273-7043; Attendee code: 596413

To download today's presentation, please use the link in the chat box on the right of your screen.

Exploring Medicaid Health Homes
Developing an HIV/AIDS Health Home: The Wisconsin Model

October 21, 2014; 2:00 – 3:00PM (ET)

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An audio archive will be posted on http://www.medicaid.gov

For more information or technical assistance in developing health homes, visit http://www.Medicaid.gov.

Exploring Medicaid Health Homes

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Senior Program Officer

Center for Health Care Strategies

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Health Home Information Resource Center

- Established by CMS to help states develop health home models for beneficiaries with complex needs
- Technical assistance includes:
  - One-on-one technical support to states
  - Group discussions and learning activities
  - Webinars
  - Online library of hands-on tools and resources, including:
    - Map of state health home activity
    - SPA template
    - Core quality measures

    http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html

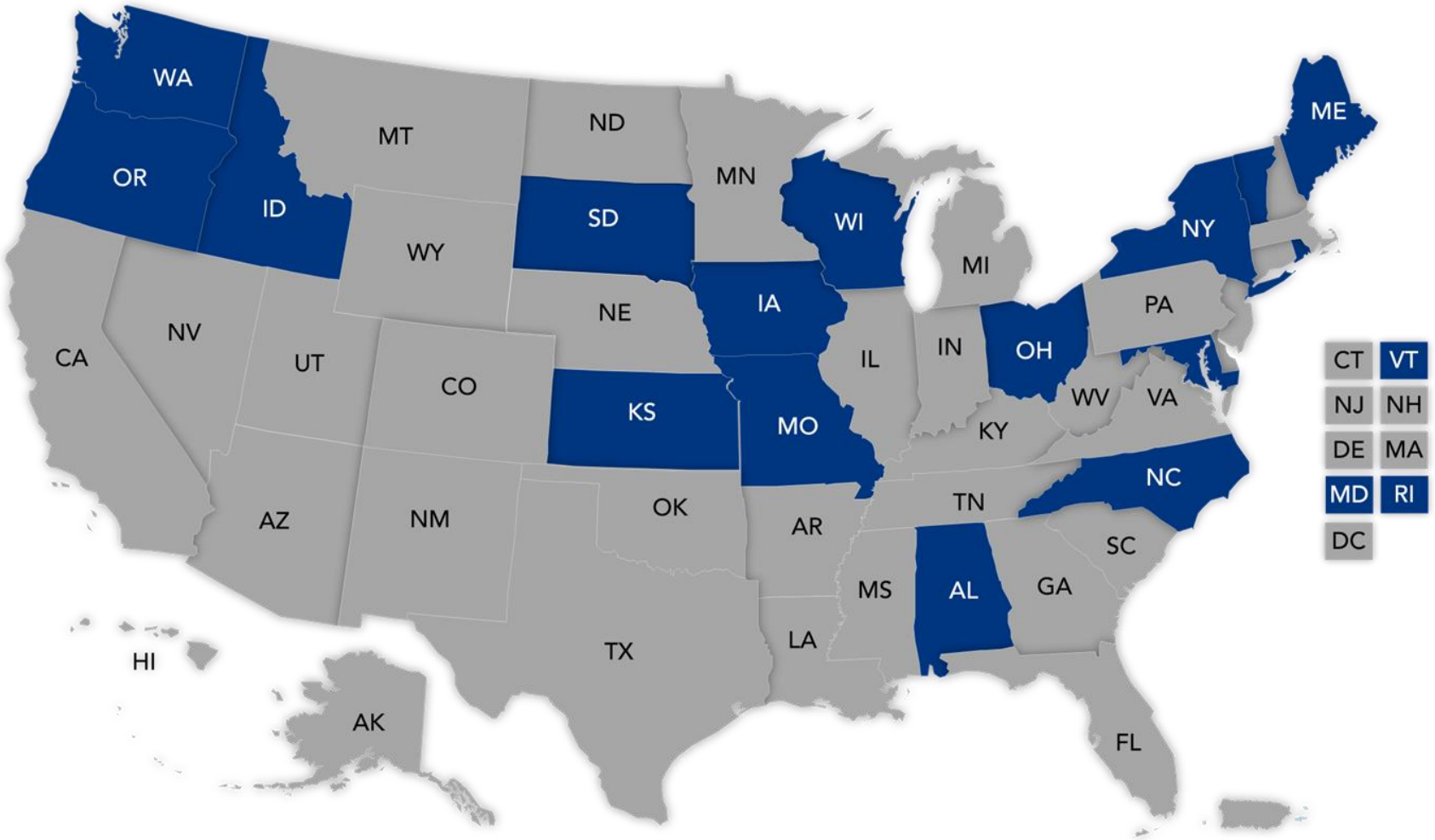
Exploring Medicaid Health Homes Webinar Series

- Provides a forum for states to share models, elements of their SPAs, and successes or challenges in their development process
- Creates an opportunity for CMS to engage in conversation with states considering and/or designing health home programs
- Disseminates existing knowledge useful to health home planning
- Open to any state considering or pursuing health homes

National Landscape to Date

- 16 states have approved health home State Plan Amendments (SPA): AL, IA, ID, KS, MD, ME, MO, NY, NC, OH, OR, RI, SD, VT, WA and WI
- Over 1 million health home enrollees
- Number of states in discussion with CMS
- Many other states exploring the opportunity to develop health homes

State Health Home Activity



States with Approved Health Home SPAs (number of approved SPAs)	Alabama, Idaho, Iowa (6), Kansas, Maine (2), Maryland, Missouri (2), New York (4), North Carolina, Ohio, Oregon, Rhode Island (3), South Dakota, Vermont (2), Washington (2), Wisconsin

Presenters

- Wisconsin Medicaid:
  - Eileen McRae, Policy Analyst for AIDS/HIV Services
- AIDS Resource Center of Wisconsin:
  - Cheryl Thiede, Director of Social Services
  - Mandy Kastner, Director of Quality Assurance

Exploring Medicaid Health Homes: The Wisconsin Model

Coordinated Care for HIV Patients

at the AIDS Resource Center of Wisconsin (ARCW) Medical Center

October 21, 2014

Eileen McRae, Policy Analyst, Wisconsin Medicaid and BadgerCare Plus

Cheryl Thiede, Director of Social Services, AIDS Resource Center of WI

Mandy Kastner, Director of Quality Assurance, AIDS Resource Center of WI

STATE LEGISLATURE APPROVAL

- Wisconsin state law enacted in May 2010.

- The law added patient-centered care coordination services provided by an AIDS Service Organization (ASO).

- The ASO must be recognized by the National Committee on Quality Assurance (NCQA) as a Patient−Centered Medical Home or be approved by the Secretary of the Wisconsin Department of Health Services.

STAKEHOLDERS

- Public Health - AIDS/HIV Program
- Division of Mental Health and Substance Abuse
- AIDS Service Organizations (ARCW and AIDS Network)
- Local Community Stakeholders
- State Public Hearings

GENERAL TIMELINE

- Consultation with Tribal representatives, the Substance Abuse and Mental Health Services Administration and the Centers for Medicare and Medicaid Services (CMS) – March through June 2012.
- State plan amendment (SPA) submitted on June 28, 2012.
- Informal questions received from CMS in August 2012.
  - Reviewed via conference call September 2012

GENERAL TIMELINE

- State received written request for additional information in September.
  - Written response to formal questions sent in October 2012.
- Provider manual published September 2012.
- SPA approved on January 29, 2013, effective date October 1, 2012.

ELIGIBLE MEMBERS

- Members must have a diagnosis of HIV and at least one other chronic condition, or be at risk of developing another chronic condition.
  - Other chronic conditions include diabetes, hypertension, high cholesterol, depression
  - Other risk factors include smoking, abnormal lab values
- No limit on member county; members often seek care outside of their home county.

ELIGIBLE PROVIDERS

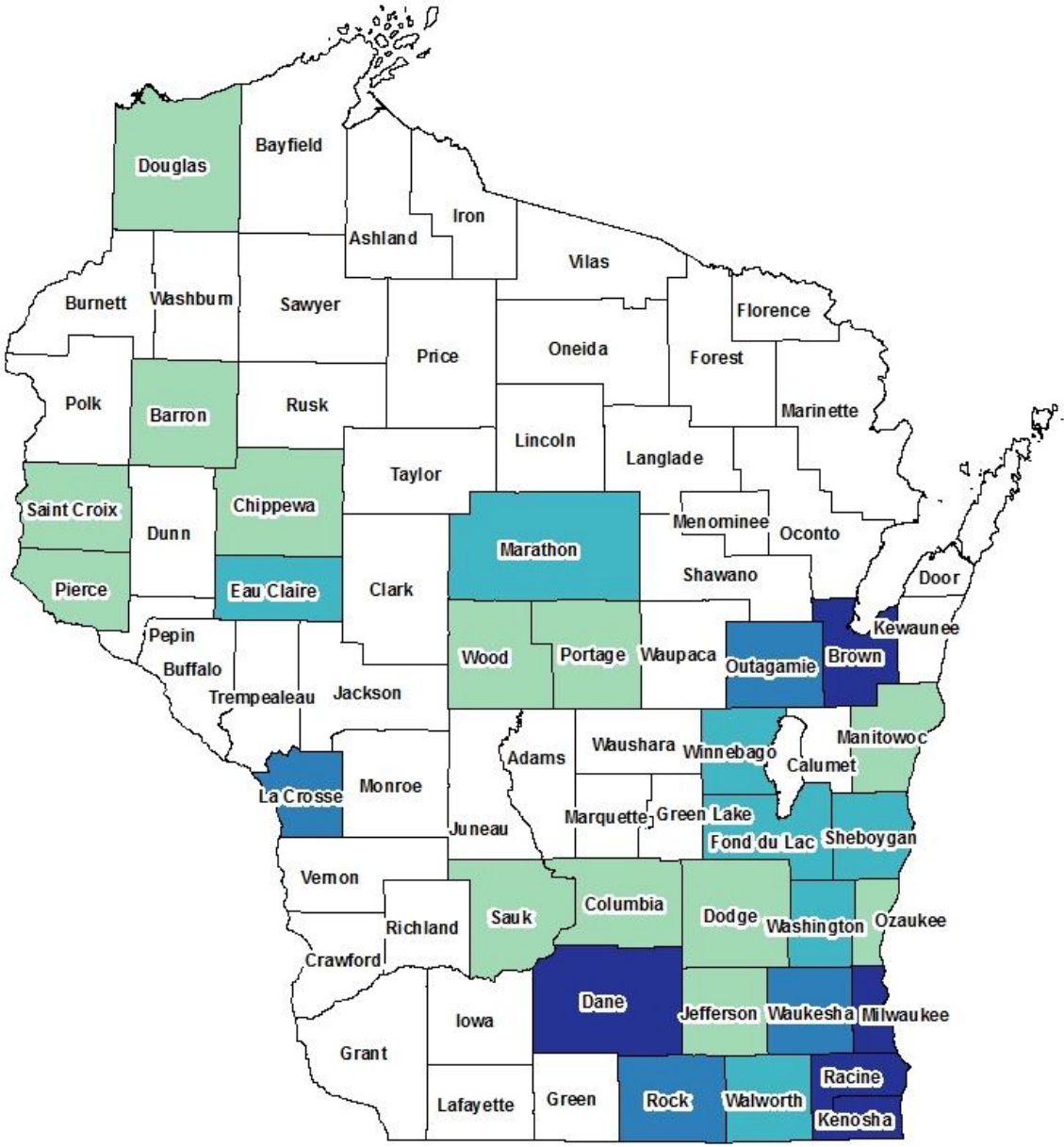
- There are two ASOs serving the state, AIDS Resource Center of Wisconsin (ARCW) and AIDS Network.

- The ASO must be located in a setting that integrates medical, behavioral health, pharmaceutical, oral health, and psychosocial care.

- ARCW provides health home services in their Brown, Kenosha, and Milwaukee clinics. AIDS Network (Dane County) is not providing health home services at this time.

PREVALENCE: GEOGRAPHY

Number of individuals with reported cases of HIV infection presumed to be alive by county, Wisconsin, as of December 31, 2013



Number of Individuals

- 1–20
- 21–40
- 41–100
- 101–200
- 201–3320

***Excludes 168 cases with the Wisconsin Department of Corrections as the last known address.**

MEMBER IDENTIFICATION

- Provider identifies and automatically enrolls eligible members.
- Provider must explicitly inform members that their participation is voluntary.
- Members agree to receive health home services by actively participating in the development and execution of the care plan and by maintaining contact with the health home.

CONTACT REQUIREMENTS

- At a minimum, monthly member or collateral contact.
- A face-to-face contact with member at least once every 3 months.
- Contact to review care plan, at least once every 6 months.
- Provider must make at least 5 attempts to locate before deeming a member “lost to follow-up.”

REIMBURSEMENT

- Wisconsin uses two codes,
  - S0280 (Health home program, comprehensive care coordination and planning, initial plan)
  - S0281 (Health home program, comprehensive care coordination and planning, maintenance of plan)
- Health home reimbursement includes a fee for the initial plan and a monthly fee for the plan maintenance. The provider must have at least one contact in the month to be reimbursed for a particular month.
  - S0280 – $359.37 (reimbursed once per 365 days)
  - S0281 – $102.95 (reimbursed once per month, if at least one contact in the month)

HEALTH HOME MEASURES

Two state-specific measures in SPA, in addition to the 8 required measures:

- The percentage of health home patients, with a CD4 count equal to, or less than, 350 cells per microliter, who initiates antiretroviral therapy.

- The percentage of health home patients who had both a dental and medical health history (initial or updated) at least once in the measurement year.

HIV HEALTH HOME









- Medical, dental, mental health, pharmacy, case management, housing, legal, food pantry and prevention
- 3,000 people with HIV served
- 1,821 health care patients
- NCQA Level III Patient-Centered Medical Home

ARCW
AIDS Resource Center of Wisconsin
Excellence in HIV Health Care

ARCW STATEWIDE OFFICES

= Health Home Locations

HIV HEALTH HOME PROVIDER CARE TEAM

HIV Health Home services must be provided by an integrated care team including:

- Physician or Nurse Practitioner
- Registered Nurse
- Medical or Social Work Case Manager
- Pharmacist
- Mental Health or AODA professional
- Dentist

HIV HEALTH HOME PROVIDER REQUIREMENTS

Each of the following services has specific, measurable performance goals:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support Services
- Referrals to Community and Social Support Services

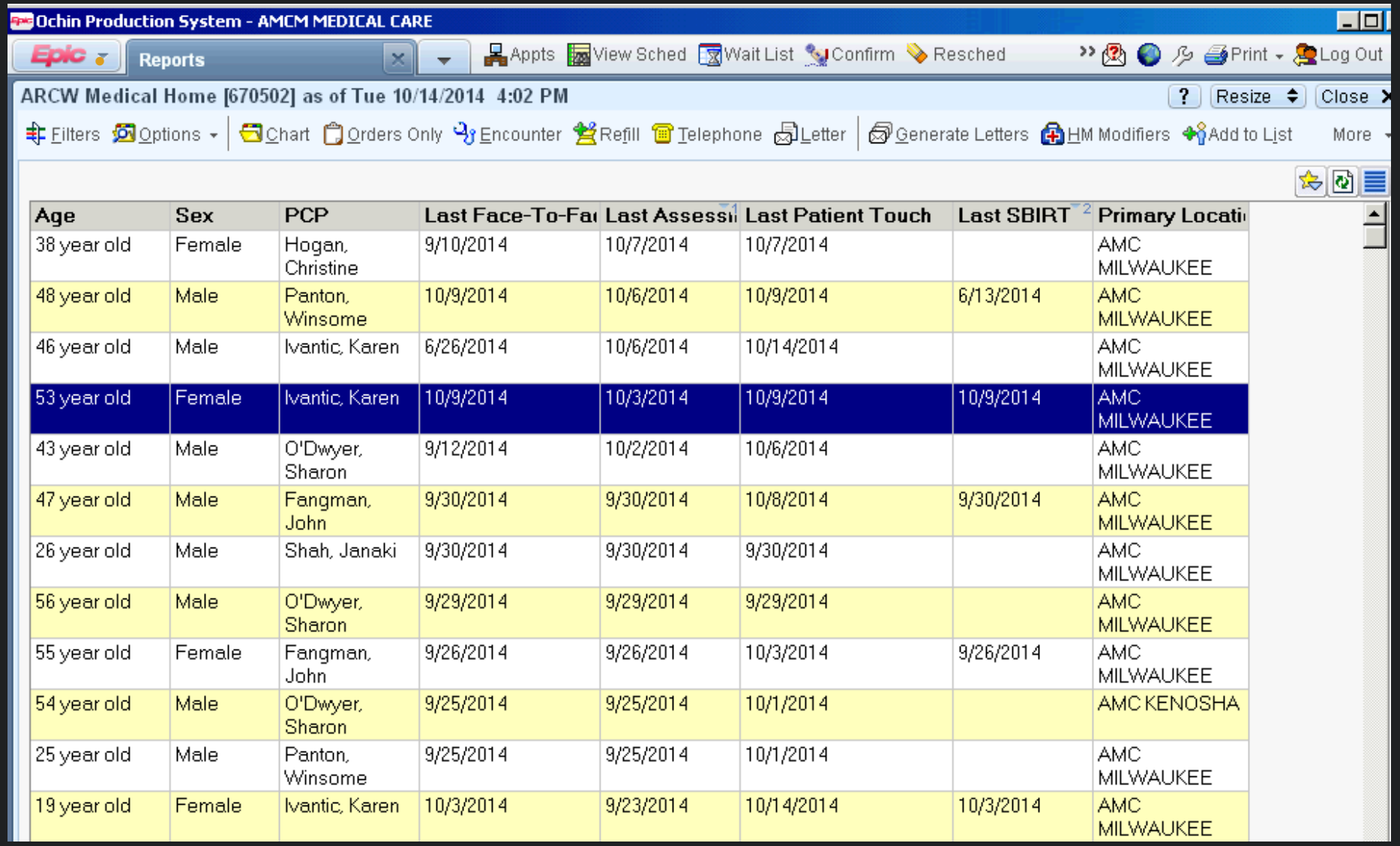
HIV HEALTH HOME ENROLLMENT PROCESS

- Care Coordinator reviews the clinic schedule for the next day and identifies eligible patients
- Care Coordinator / Provider introduces Health Home to patient and obtains consent
  - Patient is given Health Home identification card with care team members and after hours contact information
- Care Coordinator completes comprehensive intake assessment and documents enrollment in electronic medical record (EMR)
- Multidisciplinary Care Team documented in EMR

HIV HEALTH HOME ONGOING ACTIVITIES

- Multidisciplinary Care Plan documented in patient's EMR and reviewed every six months
- Monthly patient "touches" occur
- Frequent care team meetings occur among team members
- Alcohol and Drug use assessed annually via Screening, Brief Intervention, and Referral to Treatment (SBIRT) process, using Alcohol Use Disorders Identification Test (AUDIT) and Drug Abuse Screen Test (DAST) tool
- Comprehensive reassessment annually

TRACKING HIV HEALTH HOME ACTIVITIES



Age	Sex	PCP	Last Face-To-Fa	Last Assessi	Last Patient Touch	Last SBIRT	Primary Locati
38 year old	Female	Hogan, Christine	9/10/2014	10/7/2014	10/7/2014		AMC MILWAUKEE
48 year old	Male	Panton, Winsome	10/9/2014	10/6/2014	10/9/2014	6/13/2014	AMC MILWAUKEE
46 year old	Male	Ivantic, Karen	6/26/2014	10/6/2014	10/14/2014		AMC MILWAUKEE
53 year old	Female	Ivantic, Karen	10/9/2014	10/3/2014	10/9/2014	10/9/2014	AMC MILWAUKEE
43 year old	Male	O'Dwyer, Sharon	9/12/2014	10/2/2014	10/6/2014		AMC MILWAUKEE
47 year old	Male	Fangman, John	9/30/2014	9/30/2014	10/8/2014	9/30/2014	AMC MILWAUKEE
26 year old	Male	Shah, Janaki	9/30/2014	9/30/2014	9/30/2014		AMC MILWAUKEE
56 year old	Male	O'Dwyer, Sharon	9/29/2014	9/29/2014	9/29/2014		AMC MILWAUKEE
55 year old	Female	Fangman, John	9/26/2014	9/26/2014	10/3/2014	9/26/2014	AMC MILWAUKEE
54 year old	Male	O'Dwyer, Sharon	9/25/2014	9/25/2014	10/1/2014		AMC KENOSHA
25 year old	Male	Panton, Winsome	9/25/2014	9/25/2014	10/1/2014		AMC MILWAUKEE
19 year old	Female	Ivantic, Karen	10/3/2014	9/23/2014	10/14/2014	10/3/2014	AMC MILWAUKEE

HIV HEALTH HOME PROGRESS

- 238 enrolled patients (as of September, 2014)
- Up to 425 eligible patients
- 56% enrolled
- Initial reports: reduction in hospital and emergency room visits

HIV HEALTH HOME MEMBER EXAMPLE

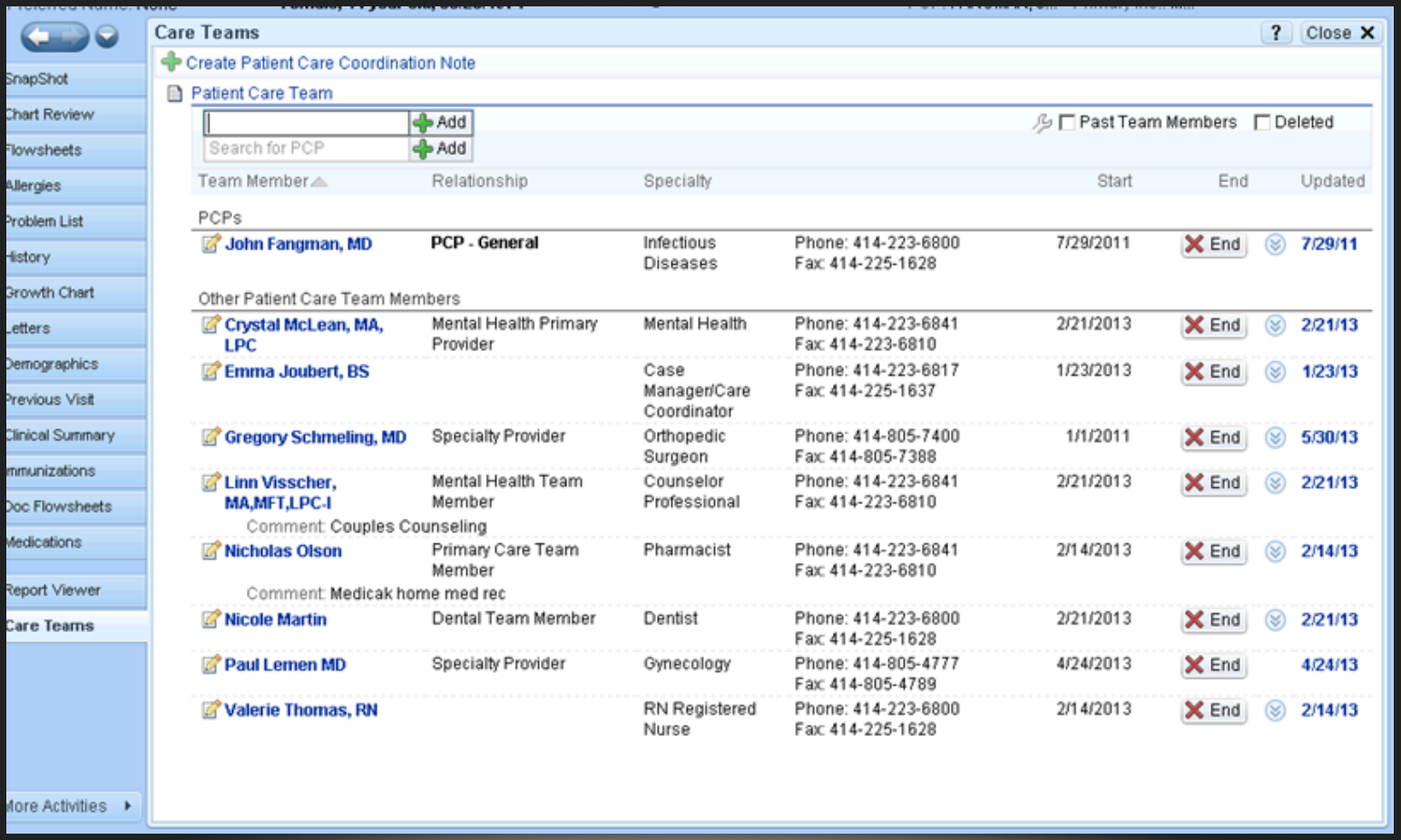
- 41 year old African American female
- Diagnosed HIV+ in 1986, AIDS diagnosed
- Other Pertinent Medical issues:
  - Cervical Dysplasia (precancerous), Depression, heart palpitations, Recently suffered severe ankle fracture
- Social History:
  - 3 children, Married to HIV+ man
  - Works second shift as hourly worker
  - Non-smoker, no drug use, drinks rarely
  - Caretaker for wheelchair-bound husband recently diagnosed with Non-Hodgkin's Lymphoma
  - Positive support systems – family aware of status, very supportive

HIV HEALTH HOME MEMBER EXAMPLE

- Services Accessed at ARCW:

  - Medical
  - Mental Health
  - Dental
  - Pharmacy
  - Case Management, Brief Services

HIV HEALTH HOME MEMBER CARE TEAM



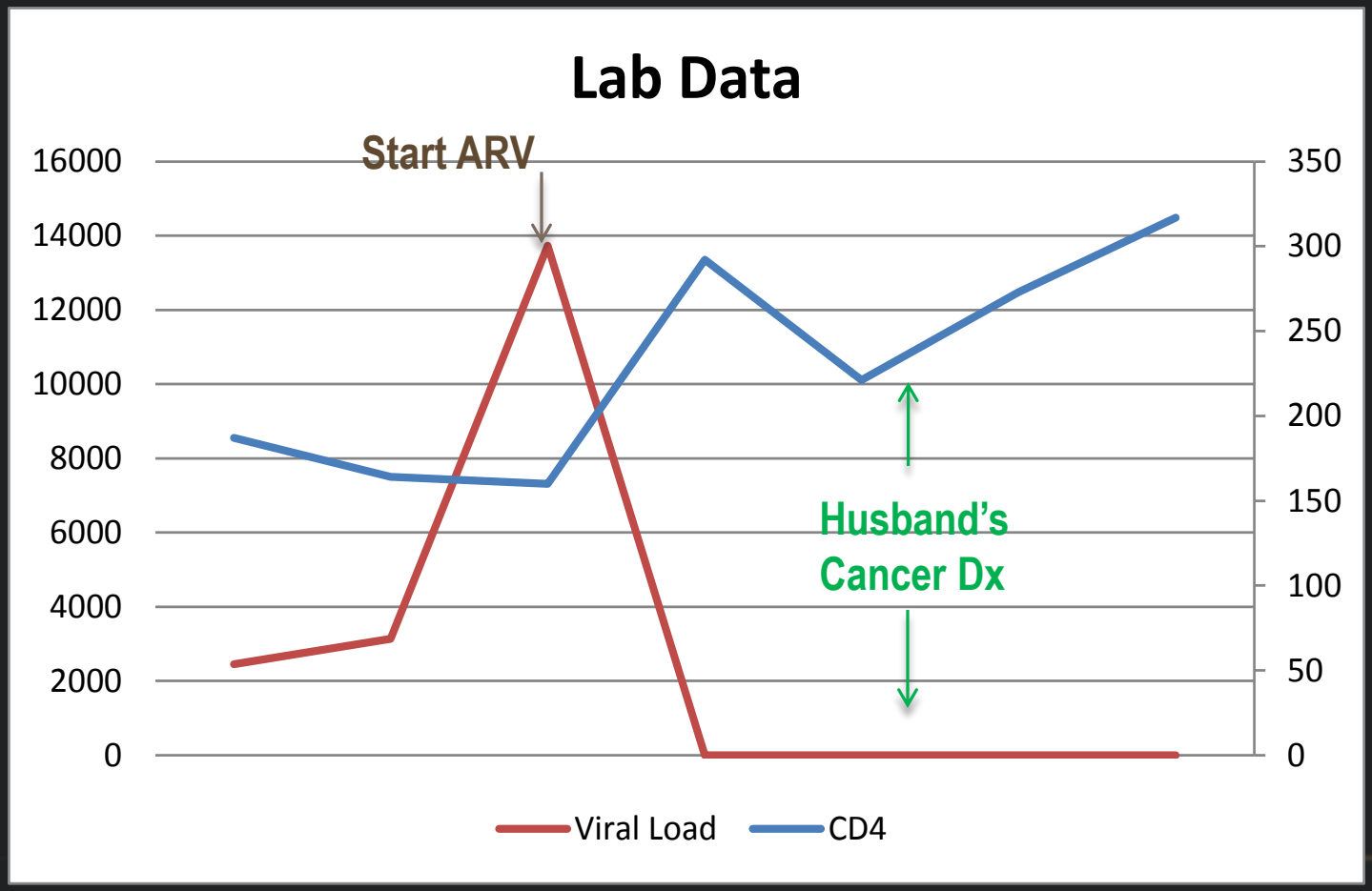
REVIEW OF INTEGRATED CARE THROUGH HEALTH HOME MODEL

- Was very hesitant to start medications for her HIV, despite her doctor's advice
  - Works second shift – varied daily schedule
  - Worried about side effects and food requirements
  - Requested a once-a-day medication regimen
- Patient enrolled in ARCW Pharmacy
    - Medical staff assessed readiness
    - Engaged pharmacist immediately to design optimum medication regimen

REVIEW OF INTEGRATED CARE THROUGH HEALTH HOME MODEL

- Patient became depressed after her husband's cancer diagnosis
  - Referred to ARCW Behavioral Health and Wellness Clinic
    - Engaged in individual psychotherapy, couples counseling
  - Maintained undetectable viral load (goal of treatment) and immune function (CD4 count) improved

REVIEW OF INTEGRATED CARE THROUGH HEALTH HOME MODEL



REVIEW OF INTEGRATED CARE THROUGH HEALTH HOME MODEL

- Continuous Coordination of Care with External Providers
  - Ongoing monitoring of cervical dysplasia
  - Severe ankle fracture which did not initially heal properly
  - Use of Care Everywhere through Epic

BENEFITS OF HEALTH HOME MODEL OF CARE

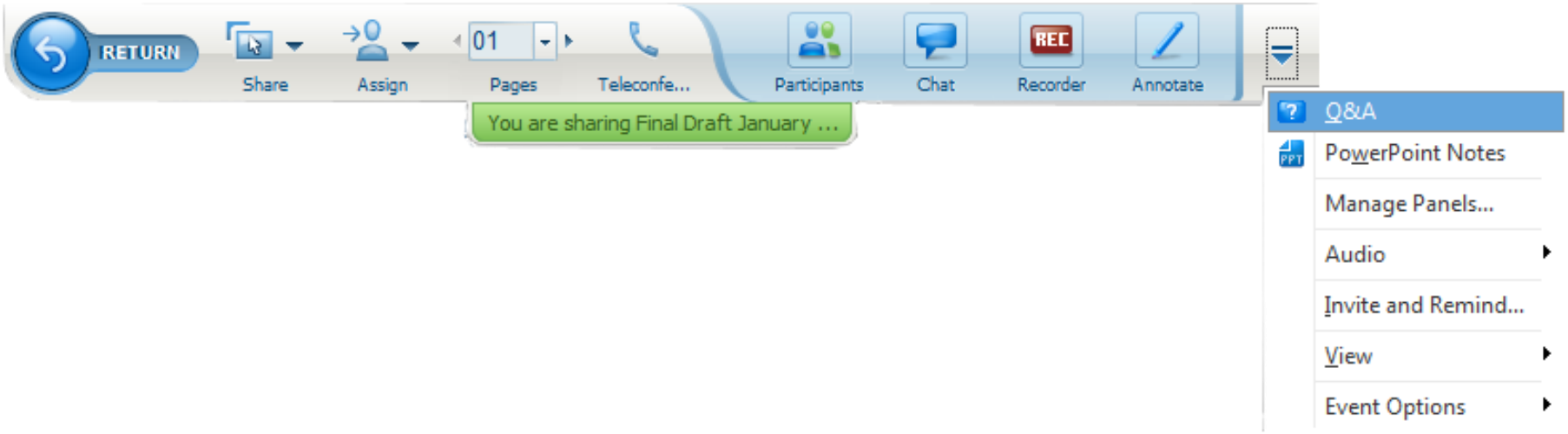
- **Care Coordination:**
  - Quick referral to Mental Health after husband's cancer diagnosis
  - Clinical pharmacist embedded in clinic provided intensive teaching when ready to start HIV medications
  - Successful care coordination with external providers (Orthopedics, Gynecology) was critical to overall health
  - Dental Health Maintained by regular preventive care at ARCW Dental

Questions?

To submit a question please click the question mark icon located in the toolbar at the top of your screen.

Your questions will be viewable only to Health Home Information Resource Center staff and the panelists.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



For More Information

- Download practical resources to improve the quality and cost-effectiveness of Medicaid services.
- Subscribe to e-mail updates to learn about new programs and resources.
- Learn about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.

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