

STAYING HEALTHY. THAT'S THE PLAN.



SPECIAL NEEDS PLAN (SNP)

JUNE 2017 HIV PCP NEWSLETTER

OUR MISSION

To ensure optimal health and wellness for every MetroPlus member assigned to our department through the provision of comprehensive care coordination, adherence engagement, health education and supportive services in a caring, nonjudgmental and empowering manner.

FOCUS ON QUALITY

Our HIV Special Needs Plan (SNP) is continuously monitored for performance on a wide variety of quality indicators. These indicators have been developed by either federal or New York State agencies responsible for regulating health care. MetroPlus has an entire department dedicated to quality improvement for all of our insurance options, but it is especially focused on Medicaid, HIV SNP and Medicare. MetroPlus reports its performance to both the state and federal governments every year. New York State also surveys our members for their customer satisfaction and shares that information with us. In this issue, we will highlight our performance and some of the areas we have been working on.

CUSTOMER SATISFACTION



The most recent NYS adult customer satisfaction survey for Medicaid managed care plans was published last year; please click [here](#) to access the MetroPlus HIV SNP survey report. The good news is that there was no significant statistical difference for MetroPlus' reported scores for rating of all health care, rating of personal doctor, rating of specialist seen most often and rating of health plan when compared to the average of scores reported for the three HIV SNPs in NYC. The not so good news is that those scores (of ratings 8, 9 or 10, on a scale where 10 is the best) ranged from 74.3% to 90.5% so there is certainly room for improvement. One of the ways we at MetroPlus are working to improve customer service is through our dedicated Health & Wellness Advisors – every HIV SNP member is assigned one to assist wherever we can. Our HWAs attempt to reach out at least twice a year to touch base with the member. HWAs are there all year round to help members navigate their health care.

ADULT HEALTH PERFORMANCE

HIV MONITORING



The HIV SNP is monitored for a broad array of quality indicators involving adult health, including those that encourage appropriate use of medical resources, those that encourage preventative screening tests and other behaviors, those that monitor the quality of care of common chronic diseases, and those specific to HIV. HIV PCPs provide excellent primary care and that is reflected in the most recent report to the public comparing health plans across NYS; please click [here](#) to access the report. The MetroPlus HIV SNP fared very well, scoring statistically significantly better than the state wide HIV SNP average on 6 indicators, scoring at average on 16 indicators and scoring below average in only one indicator. This is a testament to the outstanding care you provide – well done!

MEDICATION UPDATE

CONTROLLER MEDICATIONS FOR ASTHMA



We scored below average in the use of controller medications for members with persistent asthma – too many of our members (almost two-thirds) were not on a controller medication. An excellent reference for Asthma is published by the National Asthma Education and Prevention Program; click [here](#) for the link.

In general, intermittent asthma can usually be treated with just short-acting agents – the hand held inhalers our members are very familiar with. However, persistent asthma is best managed with daily medication to prevent flares – controller medications. These can include inhaled corticosteroids, leukotriene receptor antagonists, long acting beta-2-agonists or theophylline.

These guidelines detail a stepwise approach based on severity of disease. Subcutaneous allergen immunotherapy should be considered for members with persistent allergic asthma.

Controller medications that are on our formulary include salmeterol (Serevent), montelukast (Singulair), and beclomethasone (Qvar) – the generic versions are preferred. Try to avoid using fluticasone (Flonase, Advair) or budesonide (Rhinocort, Symbicort), as these have been reported to cause iatrogenic Cushing syndrome when administered simultaneously with boosted protease or integrase inhibitors. Click [here](#) to see the entire MetroPlus formulary. Please note it is updated quarterly.

SMOKING CESSATION DISCUSSIONS WITH MEMBERS



Getting HIV+ patients to stop smoking is the most important health intervention we can offer besides antiretroviral therapy. When members are asked in surveys, "Did your doctor discuss stopping smoking with you?" most cannot remember having such a discussion. Asking about smoking should be done at every visit for every member. For those who don't smoke now, it's a reminder not to; for those who do smoke now, it's an important conversation to have. Nicotine addiction is the most difficult to overcome; many attempts are often necessary and the person must be extremely motivated to quit. Here are the three things MetroPlus needs providers to consider:

1. Document the conversation in your progress notes; use the CPT codes 99406 (3–10 minutes) or 99407 (>10 minutes) based on the amount of time spent on the topic in your billing so we can count the conversations.
2. Consider prescribing an anti-smoking medication such as nicotine replacement products or oral medications such as bupropion (Wellbutrin) or varenicline (Chantix) if the patient is willing and motivated to quit.
3. Refer the patient to the NYS Smokers Quitline (1-866-NY-QUITS or 1-866-697-8487 or www.nysmokefree.com). They have free counselors and a wealth of free resources to offer.

NATIONAL GUIDELINES

METROPLUS USE OF NATIONAL GUIDELINES

The HIV PCP, in collaboration with the member's health care team and support network, creates customized treatment plans which address the complex medical, psychosocial, economic and environmental issues surrounding adherence to the prescribed treatment plan. MetroPlus HIV SNP supports HIV PCPs to ensure best care practices.

Appendix IID of the **MetroPlus Provider Manual** provides references to all the latest guidelines for the HIV PCP, including Adult and Adolescent guidelines, Pediatric guidelines, Perinatal guidelines, including interventions to reduce perinatal HIV transmission, prevention and treatment of opportunistic infections, health-care worker exposure guidelines and non-occupational exposure considerations. These guidelines are updated periodically due to the addition of new medications and technologies used in the care of individuals living with and affected by HIV. Providers are advised to refer to these websites at least annually. The websites that MetroPlus recommends most often can be accessed at www.AIDSinfo.nih.gov and www.hivguidelines.org.

INSURANCE CARDS

"MY PCP IS NOT CORRECT ON MY INSURANCE CARD!"

According to NYS regulations, members must initiate the request to change their PCP on their insurance card. MetroPlus will auto-assign a PCP if we cannot contact the member or if they did not select one during enrollment. HIV SNP members are required to have an HIV specialist PCP. When you see that your patient does not have you as their PCP on their card, ask or assist them to contact their Health & Wellness Advisor or MetroPlus customer service (the number on the back of their card). A new card is mailed out within 10 business days.

GAY PRIDE MONTH

HAPPY GAY PRIDE MONTH



June is LGBTQ Pride Month. The HIV SNP Partnership In Care department at MetroPlus wishes to publicly state our dedication to serving the LGBTQ community and acknowledges the contributions of current and former LGBTQ staff. MetroPlus covers care and medication for PrEP and transgender care, including gender reassignment surgery. As part of NYC Health + Hospitals, MetroPlus Health Plan is proud to continue to help meet the health care needs of this vulnerable population.