

**ATTACHMENT II**  
**EXHIBIT II-C – Effective Date: June 1, 2017**  
**HIV/AIDS SPECIALTY PLAN**

The provisions in Attachment II and the MMA Exhibit apply to this Specialty Plan, unless otherwise specified in this Exhibit.

## **Section I. Definitions and Acronyms**

### **A. Definitions**

**Acquired Immune Deficiency Syndrome (AIDS)** – HIV-infected persons who have less than two hundred (200) CD4+ T-lymphocytes/uL (or a CD4+ T-lymphocyte percentage of total lymphocytes of less than fourteen (14)) or one (1) of the clinical conditions as provided in the Center for Disease Control's most currently published Classification System for HIV Infected and Expanded Surveillance Case Definition for AIDS that can be found at <http://wwwn.cdc.gov/NNDS/SCRIPT/conditionssummary.aspx?CondID=2>.

**HIV/AIDS Specialist Physician** – A Practicing HIV Specialist as defined by the American Academy of HIV Medicine (AAHIVM), a Qualified HIV Physician as defined by the HIV Medicine Association (HIVMA), or a physician who, by education, training and working practices, is versed in changing evidence-based standards, new drug releases, drug interactions, management of HIV resistance, opportunistic disease complications, effective antiretroviral (ARV) treatment, and potential interaction with other comorbid condition medications for persons diagnosed with HIV or AIDS.

**Human Immunodeficiency Virus (HIV)** – A retrovirus that causes AIDS by infecting helper T cells of the immune system. Individuals diagnosed with HIV may be symptomatic or asymptomatic.

**HIV/AIDS Algorithm** – A step-by-step process for using Medicaid claims data to identify enrollees with HIV/AIDS.

**Project AIDS Care (PAC)** – A home and community-based services (HCBS) waiver program specifically for Medicaid recipients who are living with AIDS, and without the necessary services and supports offered through the waiver, would require hospitalization or institutionalization.

## **Section II. General Overview**

In accord with the order of precedence listed in Attachment I, any additional items or enhancements listed in the Managed Care Plan's response to the Invitation to Negotiate are included in this Exhibit by this reference.

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## **Section III. Eligibility and Enrollment**

### **A. Eligibility**

#### **1. Specialty Population Eligibility Criteria**

- a. The specialty population eligible to enroll in this Specialty Plan shall consist of only those mandatory recipients specified in Attachment II and its Exhibits who meet the following clinical criteria:
  - (1) Diagnosed with HIV; or
  - (2) Diagnosed with AIDS.

### **B. Enrollment**

#### **1. Claims-Based Specialty Population Identification**

- a. The Agency shall identify the specialty population eligible for enrollment in the Specialty Plan through an Agency-approved HIV/AIDS algorithm.
- b. The HIV/AIDS algorithm data elements include:
  - (1) HIV/AIDS diagnosis codes;
  - (2) Laboratory procedure codes that identify laboratory tests only utilized with persons who have HIV/AIDS; and
  - (3) List of medications used to treat HIV/AIDS.
- c. The Agency may revise the HIV/AIDS algorithm as needed to update the process of identifying recipients with HIV/AIDS. The Agency shall conduct a review of the HIV/AIDS algorithm on at least an annual basis. The Specialty Plan shall collaborate with the Agency in such reviews of the HIV/AIDS algorithm and provide consultation to the Agency regarding revisions to data elements upon request.

#### **2. Plan-Specific Verification of Eligibility**

- a. The Specialty Plan shall have policies and procedures, subject to Agency approval, to verify the specialty population eligibility criteria for each enrolled recipient. The Specialty Plan shall submit policies and procedures regarding screening for specialty population eligibility prior to implementation of such policies and procedures.
- b. Policies and procedures regarding screening for specialty population eligibility must include:
  - (1) Timeframes for verification of specialty population eligibility criteria;
  - (2) Mechanisms for reporting the results of specialty population eligibility screening to the Agency;

- (3) Mechanisms for submitting disenrollment requests for enrollees that do not meet specialty population eligibility criteria; and
  - (4) Such other verifications, protocols, or mechanisms as may be required by the Agency to ensure to ensure enrolled recipients meet defined specialty population eligibility criteria.
- c. The Specialty Plan may develop and implement, subject to Agency approval, policies and procedures to screen recipients that meet the specialty population eligibility criteria for the Specialty Plan that have not been identified by the HIV/AIDS algorithm. The Agency may enroll such recipients upon receipt of verification pursuant to the screening requirements specified above.

### **C. Disenrollment**

The Specialty Plan shall submit involuntary disenrollment requests to the Agency or its designee, in a format and timeframe prescribed by the Agency, for each enrollee that does not meet specialty population eligible criteria for the Specialty Plan, pursuant to the specialty population screening requirements specified above.

### **D. Marketing**

The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures that ensure the confidentiality of recipients with HIV/AIDS in the conduct of any marketing activities pursuant to Attachment II and its Exhibits.

## **Section IV. Enrollee Services and Grievance and Appeal System**

### **A. Enrollee Materials**

The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures that ensure the confidentiality of recipients with HIV/AIDS in the distribution of all enrollee materials pursuant to Attachment II and its Exhibits.

### **B. Enrollee Services**

There are no additional enrollee services provisions unique to the Specialty Plan.

### **C. Grievance System**

There are no additional grievance system provisions unique to the Specialty Plan.

## **Section V. Covered Services**

### **A. Required Benefits**

There are no additional required benefits provisions unique to the Specialty Plan.

## **B. Expanded Benefits**

### **1. Specialty Plan Expanded Benefits**

- a. In addition to the minimum covered services set forth in Attachment I, the Specialty Plan shall provide certain Home and Community-Based Services that may be offered by the HIV/AIDS Specialty Plan as expanded benefits in accordance with the provisions of Attachment II and its Exhibits.
- b. The Specialty Plan may offer, subject to Agency approval, other home and community-based services defined under the Project AIDS Care (PAC) home and community-based services waiver. If the Specialty Plan elects to provide such services as expanded benefits, the Specialty Plan shall submit a request to the Agency at least 180 days prior to the proposed effective date of the coverage of any such service as an expanded benefit.

## **C. Excluded Services**

There are no additional excluded services provisions unique to the Specialty Plan.

## **D. Coverage Provisions**

There are no additional coverage provisions unique to the Specialty Plan.

## **E. Care Coordination/Case Management**

### **1. Care Coordination/Case Management Program Description**

- a. In addition to the provisions set forth in Attachment II and its Exhibits, the Specialty Plan shall provide care coordination/case management to enrollees appropriate to the needs of persons with HIV/AIDS. The Specialty Plan shall develop, implement and maintain an Agency-approved care coordination/case management program specific to an HIV/AIDS specialty population.
- b. The Specialty Plan shall submit a care coordination/case management program description annually to the Agency, at a date specified by the Agency. The care coordination/case management program description shall, at a minimum, address:
  - (1) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work, and pharmacy personnel in case management processes;
  - (2) Maximum caseload for case managers that an adequate number of qualified and trained case managers to meet the needs of enrollees;
  - (3) Case manager selection and assignment, including protocols to ensure newly enrolled enrollees are assigned to a case manager immediately upon;
  - (4) Protocols for initial contact with enrollees, as well as requirements for the frequency and type of ongoing minimum contacts with enrollees;

- (5) Surrogate decision-makings, including protocols If the enrollee is not capable of making his/her own decisions, but does not have a legal representative or authorized representative available;
  - (6) Outreach programs that make a reasonable effort to locate and/or re-engage enrollees who have been lost to follow-up care for ninety (90) days or more;
  - (7) Enrollee access to case managers, including provisions for access to back-up case managers as needed;
  - (8) Assessment and reassessment of the acuity level and service needs of each enrollee;
  - (9) Care planning for chronic disease care that is tailored to the individual enrollee and is in agreement with clinical guidelines for HIV/AIDS treatment;
  - (10) Coordination of care through all levels of practitioner care (primary care to specialist);
  - (11) Monitoring compliance with scheduled appointments, laboratory results (CD4 and viral load) and medication adherence;
  - (12) Coordination with and referrals to providers of behavioral health services for enrollees with co-occurring mental health and/or substance abuse disorders;
  - (13) Interventions to avoid unnecessary use emergency rooms, inpatient care, and other acute care services;
  - (14) Patient education to assist enrollees in better management of their disease, as well as transmission prevention, risk-reduction services, and secondary prevention of associated conditions and illnesses; and
  - (15) Linking enrollees to community HIV or other support services.
- c. The Specialty Plan shall coordinate services with Project AIDS Care (PAC) Waiver case managers/agencies as well as other public or private organizations that provide services to HIV/AIDS clients, including but not limited to Ryan White programs, to ensure effective program coordination and no duplication of services. The Specialty Plan's care coordination/case management program description must include protocols and other mechanisms for accomplishing such program coordination. The Specialty Plan shall collaborate with the Agency and the Department of Health to develop such protocols and other mechanisms as may be required for effective program coordination.

## **2. Care Coordination/Case Management Staff Qualifications**

- a. The Specialty Plan shall have sufficient care coordination/case management staff, qualified by training, experience and certification/licensure applicable to enrollees with

HIV/AIDS. Such staff shall include pharmacists, registered nurse, and social worker licensed to practice in the state.

- b. The Specialty Plan shall establish, subject to Agency approval, qualifications for all care coordination/case management staff that include clinical training, licensure and a minimum number of years of relevant experience. The Specialty Plan may request a waiver for staff without the aforementioned qualifications on a case-by-case basis. All such waivers must be approved in writing by the Agency.

### **3. Case Management Supervision**

The Specialty Plan shall establish a supervisor-to-case-manager ratio that is conducive to a sound support structure for case managers. Supervisors must have adequate time to train and review the work of newly hired case managers as well as provide support and guidance to established case managers. A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of enrollee assessments and service authorizations, must be established and applied, at a minimum, on a quarterly basis. The results of this monitoring, including the development and implementation of continuous improvement strategies to address identified deficiencies, must be documented and made available to the Agency upon request.

### **4. Care Coordination/Case Management and Staff Training**

- a. The Specialty Plan shall provide all care coordination/case managers with adequate orientation and ongoing training on subjects relevant to enrollees with HIV/AIDS. The Specialty Plan must ensure that there is a training plan in place to provide uniform training to all care coordination/case management. This plan should include formal training classes as well as practicum observation and instruction for newly hired staff.
- b. The Specialty Plan shall provide all newly hired care coordination/case management staff orientation and pre-service training covering areas applicable to responsibilities and duties performed.
- c. In addition to review of areas covered in orientation, the Specialty Plan shall also provide all care coordination/case management staff with regular ongoing in-service training on topics relevant to enrollees with HIV/AIDS.
- d. The Specialty Plan shall maintain documentation of training dates and staff attendance as well as copies of materials used for orientation, pre-service and in-service training for care coordination/case management staff.

## **F. Quality Enhancements**

There are no additional quality enhancements provisions unique to the Specialty Plan.

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## Section VI. Provider Network

### A. Network Adequacy Standards

#### 1. Specialty Plan Network Capacity Enhancements

- a. The Specialty Plan shall select and approve its Primary Care Providers (PCPs) that practice in one of the following areas: general practice, family practice, pediatrics, internal medicine, infectious disease, obstetrics, or gynecology. The Specialty Plan shall ensure that HIV/AIDS specialist physicians are members of the provider network and can be designated as PCPs. The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures for designating network providers as HIV/AIDS specialist physicians.
- b. Notwithstanding the Provider Network Standards established in Attachment II and its Exhibits, the Specialty Plan shall, at a minimum, maintain enhanced provider ratios as indicated in the table (below) for the Specialty Plan. The Agency shall determine regional provider ratios based upon one hundred and twenty percent (120%) of the Specialty Plan's actual monthly enrollment measured at the first of each month, by region.

Managed Medical Assistance Provider Network Standards Table HIV Specialty Plan Enhancements					
	Urban County		Rural County		Regional Provider Ratios
Required Providers	Maximum Time (minutes)	Maximum Distance (miles)	Maximum Time (minutes)	Maximum Distance (miles)	Providers per Recipient
Primary Care Provider	30	20	30	20	1:500

### B. Network Development and Management Plan

The Specialty Plan shall address the availability and accessibility of infectious disease specialists and other specialty providers relevant for enrollees with HIV/AIDS in its annual network plan submitted to the Agency in accordance with Attachment II and its Exhibits.

### C. Provider Credentialing and Contracting

#### 1. Specialty Plan Credentialing and Recredentialing Requirements

In addition to the provisions set forth in Attachment II and its Exhibits, the Specialty Plan's credentialing and recredentialing files shall document the education, experience, prior training and ongoing service training regarding HIV/AIDS for each provider rendering medical or behavioral health services.

## **2. Provider Training on Behavioral Health Needs**

The Specialty Plan shall require formal training or verification of completed training for network providers in the use of these assessment instruments and in techniques for identifying individuals with unmet behavioral health needs.

## **D. Provider Services**

### **1. General Provisions**

The Specialty Plan shall develop and implement, subject to Agency approval, a Continuing Medical Education (CME) program that provides ongoing medical education with continuing education to network providers at no cost to such providers.

### **2. Additional Provider Handbook Requirements**

a. In addition to the provisions set forth in Attachment II and its Exhibits, the Specialty Plan shall include Specialty Plan-specific information regarding proposed policies and procedures, to include information such as:

- (1) Specialized provider education requirements;
- (2) Provider responsibility for HIV primary and secondary prevention activities and risk reduction education;
- (3) Requirements for care in accordance with the most recent clinical practice guidelines for HIV/AIDS treatment;
- (4) Treatment adherence services available from the Specialty Plan;
- (5) HIV Specialist PCP criteria including procedures for required use of approved assessment instruments for behavioral health and substance abuse;
- (6) Specialist Case Management policies and procedures including role of the provider in the Specialty Plan's medical case management/care coordination services;
- (7) Referral to services including services outside of the Specialty Plan's covered services and services provided through interagency agreements; and
- (8) Quality measurement standards for providers and requirements for exchange of data.

b. The Specialty Plan shall include policies and procedures in its provider handbook for enrollee access to clinical trials, including coverage of costs for an enrollee's participation in clinical trials. The Specialty Plan may include a summary of such policies and procedures if the summary includes information about how the provider



may access the full CCP on the website. Such policies and procedures shall be updated annually and submitted to the Agency by June 1 of each Contract year.

**E. Medical/Case Record Standards**

There are no additional medical/case record standards provisions unique to the Specialty Plan.

**Section VII. Quality and Utilization Management**

**A. Quality Improvement**

**1. Specialty Plan-Specific Quality Improvement Plan Requirements**

- a. In addition to the requirements set forth in Attachment II and its Exhibits, the Specialty Plan’s Quality Improvement (QI) Plan shall include measurement of adherence to clinical and preventive health guidelines consistent with prevailing standards of professional medical practice and with standards regarding the most recent clinical practice guidelines for HIV/AIDS treatment.

**B. Performance Measures (PMs)**

**1. Specialty Plan-Specific Performance Measure Requirements**

- a. In addition to the provisions set forth in Attachment II and its Exhibits, the Specialty Plan shall include national HIV/AIDS performance measures developed by the National Committee for Quality Assurance, American Medical Association & AMA Convened Physician Consortium for Performance®; the Health Resources and Services Administration and the Infectious Diseases Society of America/HIV Medicine Association; or other sources.
- b. The Specialty Plan shall collect and report the following additional performance measures, certified via qualified auditor:

<b>Health Resources and Services Administration – HIV/AIDS Bureau</b>	
1	Linkage to HIV Medical Care (HIVMC)
2	Housing Status (HOU)
3	HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis (STDCR)
4	Hepatitis C Screening (HEPC)

The above additional measures will not be required until measures have been finalized and the technical specifications have been released.

**C. Performance Improvement Projects**

There are no additional performance improvement projects provisions unique to the Specialty Plan.

#### **D. Satisfaction and Experience Surveys**

There are no additional satisfaction and experience surveys provisions unique to the Specialty Plan.

#### **E. Provider- Specific Performance Monitoring**

There are no additional provider-specific performance monitoring provisions unique to the Specialty Plan.

#### **F. Other Quality Management Requirements**

There are no additional provisions unique to the Specialty Plan.

#### **G. Utilization Management**

The Specialty Plan shall ensure its Utilization Management Program Description, service authorization systems, practice guidelines and clinical decision-making required pursuant to Attachment II and its Exhibits are consistent with prevailing standards of professional medical practice and with standards regarding the most recent clinical practice guidelines for HIV/AIDS treatment. The Specialty Plan shall develop and implement, subject to Agency approval, policies and procedures to notify the Agency of clinical practice guidelines for HIV/AIDS treatment.

#### **H. Continuity of Care in Enrollment**

There are no additional continuity of care in enrollment provisions unique to the Specialty Plan.

### **Section VIII. Administration and Management**

#### **A. Organizational Governance and Staffing**

There are no additional organizational governance and staffing provisions unique to the Specialty Plan.

#### **B. Subcontracts**

There are no additional subcontracts provisions unique to the Specialty Plan.

#### **C. Information Management and Systems**

There are no additional information management and systems provisions unique to the Specialty Plan.

#### **D. Claims and Provider Payment**

There are no additional claims and provider payment provisions unique to the Specialty Plan.

#### **E. Encounter Data Requirements**

There are no additional encounter data provisions unique to the Specialty Plan.

#### **F. Fraud and Abuse Prevention**

There are no additional fraud and abuse prevention provisions unique to the Specialty Plan.

### **Section IX. Method of Payment**

#### **A. Fixed Price Unit Contract**

There are no additional provisions unique to the Specialty Plan.

#### **B. Payment Provisions**

There are no additional payment provisions unique to the Specialty Plan.

### **Section X. Financial Requirements**

#### **A. Insolvency Protection**

There are no additional insolvency protection provisions unique to the Specialty Plan.

#### **B. Surplus**

There are no additional surplus provisions unique to the Specialty Plan.

#### **C. Interest**

There are no additional interest provisions unique to the Specialty Plan.

#### **D. Third Party Resources**

There are no additional third party resources provisions unique to the Specialty Plan.

#### **E. Assignment**

There are no additional assignment provisions unique to the Specialty Plan.

#### **F. Financial Reporting**

There are no additional financial reporting provisions unique to the Specialty Plan.

#### **G. Inspection and Audit of Financial Records**

There are no additional inspection provisions unique to the Specialty Plan.

### **Section XI. Sanctions**

#### **A. Contract Violations and Non-Compliance**

There are no additional provisions unique to the Specialty Plan.

#### **B. Performance Measure Action Plans (PMAP) and Corrective Action Plans (CAP)**

There are no additional PMAP and/or CAP provisions unique to the Specialty Plan.

#### **C. Performance Measure Sanctions**

In addition to the provisions set forth in the MMA Exhibit, the Agency will review the Specialty Plan's data related to the performance measures specified heretofore to determine acceptable performance levels and may establish sanctions for these measures based on those levels after the first year the Contract. In addition to the provisions set forth in the MMA Exhibits, the Agency reserves the right to determine performance measure groups which shall be subject to the sanction provisions for the Specialty Plan performance measures.

#### **D. Other Sanctions**

There are no additional provisions unique to the Specialty Plan.

#### **E. Notice of Sanctions**

There are no additional notice provisions unique to the Specialty Plan.

#### **F. Dispute of Sanctions**

There are no additional dispute provisions unique to the Specialty Plan.

### **Section XII. Special Terms and Conditions**

The Special Terms and Conditions in Section XII, Special Terms and Conditions apply to the Specialty Plan unless specifically noted otherwise in this Exhibit.

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### **Section XIII. Liquidated Damages**

#### **A. Damages**

Additional damages issues and amounts unique to this Specialty Plan are specified below.

**B. Issues and Amounts**

**1. Specialty Plan-Specific Liquidated Damages**

- a. In addition to the provisions set forth in Attachment II and its Exhibits, if the Specialty Plan fails to perform any of the services set forth in the Contract, the Agency may assess liquidated damages for each occurrence listed in the Issues and Amounts Table below.

<b>Liquidated Damages Issues and Amounts</b>		
<b>#</b>	<b>MMA PROGRAM ISSUES</b>	<b>DAMAGES</b>
1.	Failure to verify specialty population eligibility criteria of an enrolled recipient within the timeframes in the Specialty Plan's policies and procedures.	\$150 per day for every day beyond the enrollment date.
2.	Failure to comply with required Specialty Plan policies and procedures subject to Agency approval pursuant to the Contract.	\$1,000 per occurrence.

- b. In addition to the provisions set forth in Attachment II and its Exhibits, the Agency will review the Specialty Plan's data related to the performance measures specified heretofore to determine acceptable performance levels and may establish liquidated damages for these measures based on those levels after the first year of the Contract.

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