ATTACHMENT II
EXHIBIT II-C – Update: July 1, 2020
HIV/AIDS SPECIALTY PLAN

The provisions in **Attachment II** and **Exhibit II-A** apply to this Specialty Plan, unless otherwise specified in this Exhibit.

Section I. Definitions and Acronyms

A. Definitions

There are no additional definitions unique to the Specialty Plan.

B. Acronyms

There are no additional acronyms unique to the Specialty Plan.

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Section II. General Overview

In accord with the order of precedence listed in **Attachment II**, 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 and voluntary recipients specified in **Attachment II and its Exhibits** of this Contract, who meet the following criteria:

(1) Must be diagnosed with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS).

b. The Agency reserves the right to make adjustments to the eligibility requirements and criteria used to identify recipients eligible to enroll in a Specialty Plan.

B. Enrollment

1. Specialty Plan-Specific Claims-Based Population Identification

a. The Agency shall identify the specialty population eligible for enrollment in the Specialty Plan through an Agency-approved algorithm.

b. The Agency may revise the algorithm as needed to update the process of identifying recipients with HIV/AIDS. The Agency shall conduct a review of the algorithm on at least an annual basis. The Managed Care Plan agrees to collaborate with the Agency in such reviews and provide consultation to the Agency regarding revisions to data elements upon request.

2. Specialty 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 of 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 enrolled recipients meet defined specialty population eligibility criteria.

c. The Specialty Plan may develop and implement, subject to Agency approval, policies and procedures to identify recipients meeting the Specialty Plan eligibility criteria and who have not been identified by Agency. 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 the Specialty Plan eligibility criteria, pursuant to the specialty population screening requirements specified above.

D. Medicaid Redetermination Assistance

The Specialty Plan may develop and implement, subject to Agency approval, policies and procedures to provide assistance with Medicaid eligibility redetermination to enrollees in order to promote continuous Medicaid eligibility.

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Section IV. Marketing

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

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Section V. Enrollee Services

A. General Provisions

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

B. Enrollee Material

1. General Provision

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

2. Enrollee Handbook Requirements

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. Such policies and procedures shall be updated annually and submitted to the Agency by June 1 of each Contract year.

C. Enrollee Services

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

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Section VI. Coverage and Authorization of Services

A. Required Benefits

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

B. Expanded Benefits

1. Specialty Plan-Specific Expanded Benefits

The Managed Care Plan shall offer any specialty plan-specific expanded benefits to eligible enrollees in the applicable managed care program, subject to any Agency-approved service limitations set forth in **Attachment I, Exhibit I-A** of this Contract.

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 meeting the Specialty Plan eligibility criteria. The Specialty Plan shall develop, implement and maintain an Agency-approved care coordination/case management program specific to the 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, pharmacy, and specialty health personnel in case management processes;

(2) Maximum caseload for case managers with 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 new enrollees are assigned to a case manager immediately;

(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-making, 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 not received 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 HIV/AIDS treatment that is tailored to the individual enrollee and is in agreement with evidenced based 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 and medication adherence;

(12) Protocols and other mechanisms for accomplishing coordination of services with public or private organizations that provide services to HIV/AIDS clients, including but not limited to local HIV/AIDS Service Organizations and Ryan White programs, to ensure effective program coordination and no duplication of services;

(13) Interventions to avoid unnecessary use of emergency departments, inpatient care, and other acute care services;

(14) Patient education to assist enrollees in better management of their health issues including the principles of recovery and resiliency; and

(15) Linking enrollees to community or other support services.

c. The Specialty Plan shall collaborate with the Agency and the Department of Health to develop such protocols and 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 the Specialty Plan population.

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 advance, in writing by the Agency.

3. Ongoing Contact Requirements

The Specialty Plan shall maintain, at a minimum, quarterly contact (telephonic or face-to-face) with each specialty plan enrollee.

F. Quality Enhancements

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

G. Authorization of Services

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 in 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.

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Section VII. Grievance and Appeal System

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

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Section VIII. Provider Services

A. Network Adequacy Standards

1. Specialty Plan-Specific 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, obstetricians, and internal medicine. The Specialty Plan shall ensure that physicians with training and demonstrated experience in treating persons diagnosed with HIV or AIDS are members of the provider network and can be designated as PCPs. The Specialty Plan may designate HIV/AIDS specialist physicians with training and demonstrated experience in primary care as PCPs.

b. Notwithstanding the Provider Network Standards established in **Attachment II**, Section VIII, Provider Services, the Specialty Plan shall, at a minimum, maintain enhanced provider ratios as indicated in the Managed Medical Assistance Provider Network Standards HIV/AIDS Specialty Plan Enhancements Table,Table 1, 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.

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TABLE 1 MANAGED MEDICAL ASSISTANCE PROVIDER NETWORK STANDARDS HIV/AIDS SPECIALTY PLAN ENHANCEMENTS TABLE					
	Urban County		**Rural County**		**Regional Provider Ratios**
Required Providers	*Maximum Time (minutes)*	*Maximum Distance (miles)*	*Maximum Time (minutes)*	*Maximum Distance (miles)*	*Providers per Recipient*
Specialists					
Infectious Disease	100	75	110	90	1:1000
Pharmacy					
24 hour Pharmacy	60	45	60	45	2: county

2. Specialty Plan Network Adequacy Measures

a. Notwithstanding the Provider Network Standards established in **Attachment II**, Section VIII., Provider Services, the Specialty Plan shall comply with the regional standards for each measure as specified in the Provider Network Adequacy Measures HIV/AIDS Specialty PlanTable, Table 2, below.

TABLE 2 PROVIDER NETWORK ADEQUACY MEASURES HIV/AIDS SPECIALTY PLAN TABLE									
Measure		**Region**							
		2	**4**	**5**	**6**	**7**	**9**	**10**	**11**
The Managed Care Plan agrees that no more than ___ percent of enrollee hospital admissions, by region, shall occur in non-participating facilities, excluding continuity of care periods, as defined in Subsection VII. H., Continuity of Care in Enrollment. Admissions through the emergency department are not included in this standard.	Standard	10	10	6	10	10	10	10	10
The Managed Care Plan agrees that no more than ___ percent of enrollee specialty care (physician specialists) utilization, by region, shall occur with non-participating providers, excluding continuity of care periods, as defined in Subsection VII. H., Continuity of Care in Enrollment. Hospital based specialists are not included in this standard.		15	15	15	10	15	15	10	15

3. The Managed Care Plan agrees that at least fifty percent (50%) of required participating primary care providers, (as required by the Managed Medical Assistance Provider Network Standards Table in **Exhibit II-A**, Subsection VIII.A. Network Adequacy Standards), in this region, offer after hour appointment availability.

B. Network Management

The Specialty Plan shall address the availability and accessibility of specialty providers relevant to the specialty population in its annual network plan submitted to the Agency in accordance with **Attachment II and its Exhibits**.

C. Provider Credentialing and Contracting

1. Provider Training Verification

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

D. Provider Services

1. General Provisions

The Specialty Plan shall develop and implement, subject to Agency approval, a continuing education program that provides ongoing education with continuing education (medical and non-medical) to network providers, at no cost to such providers, on topics including, but not limited to, evidence-based practice.

2. Additional Provider Handbook Requirements

a. In addition to the provisions set forth in **Attachment II**, Section VIII., Provider Services, 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) Requirements for care in accordance with the most recent clinical practice guidelines for HIV/AIDS treatment;

(3) Treatment adherence services available from the Specialty Plan;

(4) PCP criteria including procedures for required use of approved assessment instruments for HIV/AIDS;

(5) Specialist Case Management policies and procedures including role of the provider in the Specialty Plan’s medical case management/care coordination services;

(6) Referral to services including services outside of the Specialty Plan’s covered services and services provided through interagency agreements; and

(7) Quality measurement standards for providers and requirements for exchange of data.

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E. Claims and Provider Payment

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

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Section IX. Quality

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 and evidence-based practice guidelines for HIV/AIDS treatment.

B. Performance Measures (PMs)

1. Specialty Plan-Specific Performance Measure Requirements

a. The Specialty Plan shall collect data and report on the additional Healthcare Effectiveness Data and Information Set performance measures in accordance with **Attachment II and its Exhibits**.

b. In addition to the provisions set forth in **Attachment II and its Exhibits**, the Managed Care Plan agrees to collect data and report on the following additional nationally recognized Health Resources and Services Administration performance measures in the Health Resources and Services Administration – HIV/AIDS Bureau Table, Table 3, below, which shall be certified by a qualified auditor:

TABLE 3 HEALTH RESOURCES AND SERVICES ADMINISTRATION – HIV/AIDS BUREAU	
1	Prescription of HIV Antiretroviral Therapy
2	HIV Medical Visit Frequency
3	Gap in HIV Medical Visits

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. Enrollee Record Requirements

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

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F. Provider- Specific Performance Monitoring

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

G. Additional Quality Management Requirements

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

H. Continuity of Care in Enrollment

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

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Section X. Administration and Management

A. Organizational Governance and Staffing

1. The Managed Care Plan shall employ a dedicated Medical Director to oversee case management and utilization management for specialty plan enrollees.

2. 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.

3. 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 diagnosed with HIV/AIDS. The Specialty Plan shall develop a training plan 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 diagnosed 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.

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.

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D. Encounter Data Requirements

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

E. Fraud and Abuse Prevention

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

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Section XI. Method of Payment

A. General Provisions

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

B. Fixed Price Unit Contract

There are no additional fixed price unit provisions unique to the Specialty Plan.

C. Payment Provisions

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

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Section XII. 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 and audit provisions unique to the Specialty Plan.

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Section XIII. Sanctions

A. Contract Violations and Non-Compliance

There are no additional provisions unique to the Specialty Plan.

B. Corrective Action Plans (CAP)

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

C. Performance Measure Sanctions

In addition to the provisions set forth in the **MMA Exhibit II-A**, 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 of 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 other sanction 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.

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Section XIV. 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, Table 4, below.

TABLE 4
LIQUIDATED DAMAGES ISSUES AND AMOUNTS

#	MMA PROGRAM ISSUES	DAMAGES
1.	Failure to verify specialty population eligibility criteria of an enrolled recipient within the timeframes in the Specialty Plan's policies and procedures.	One hundred fifty dollars **($150.00)** 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.	One thousand dollars **($1,000.00)** per occurrence.

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

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Section XV. Special Terms and Conditions

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

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Section XVI. Reporting Requirements

There are no additional reporting requirements unique to the Specialty Plan.

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