

# Certain Disruption, Uncertain Savings

September 2020

## SNPs At-a-Glance

- Serving the HIV community since 2003
- 15,000 HIV-positive, transgender and homeless members
- >80% of HIV-positive members virally suppressed
- > 2,000 cured of Hepatitis C
- > 80% of members identify as Black or Hispanic
- Membership populations reflects those most vulnerable to HIV: persons of color often struggling with multiple co-morbidities
- Experts at HIV care and pharmacy coordination
- Serving most medically frail and psychosocially complex members
- The HIV population utilizes 85% more prescriptions than the general population, adding to the complexity of managing the whole patient
- >90% of SNP drug spending covers HIV medications (HIV drug pricing is highly discounted in Medicaid, offering modest potential for more discounts)
- >72% of all drugs are filled generically

## Impact of Pharmacy Carve-out on Medicaid HIV Special Needs Plans (SNPs) and Their Members

### Overview

Amida Care, Select-Health and Metro Plus are New York State's three HIV Special Needs Health Plans (SNPs). SNPs were created in 2003 to help people living with HIV/AIDS access new life-extending therapies and reduce hospital use associated with unmanaged HIV disease. Over the past 17 years, these SNPs have developed strong care management models that integrate pharmacy benefit management into whole person care. Our collective efforts have resulted in increased medication adherence and lower treatment abandonment rates, leading to higher rates of viral load suppression (VLS). VLS is the main driver of positive health outcomes and reduced avoidable health care use and costs; it has extended the lives of tens of thousands of HIV-positive New Yorkers and dramatically reduced HIV transmission.

### Threat to Population Health and Ending the Epidemic Goals

Moving the pharmacy benefit from Medicaid managed care to fee-for-service (FFS) will jeopardize the success of Medicaid SNPs without generating savings. FFS management of pharmacy will inhibit our ability to integrate pharmacy and medical benefits, which will in turn affect our ability to reduce unnecessary hospitalizations, control cost, and improve overall quality of care through medication adherence, care coordination, and timely provider interventions.

SNPs play an essential role in meeting New York State's Ending the Epidemic (ETE) goals, by offering focused, expert care to people living with and affected by HIV. They serve the most medically frail and psychosocially complex New Yorkers living with HIV. Our members' health care needs are exacerbated by extreme poverty, housing instability, and food insecurity. SNP efforts have improved retention in care, increased viral suppression, lowered HIV incidence, and realized savings for Medicaid by driving down the total cost of care for our members.



[www.AmidaCareNY.org](http://www.AmidaCareNY.org)





**SNP prescription drug management ensures adherence and completion of therapy.**

**Real-time pharmacy data and close integration of clinical and pharmacy teams contribute to viral load suppression.**

## SNPs Pharmacy Benefit Management

**Care Management, Improving Access, and Curbing Pharmacy Costs**

### Comprehensive Care Management

SNP prescription drug management ensures adherence and completion of therapy. SNPs actively integrate pharmacy within the overall care management model, with the pharmacy benefit accounting for at least 60% of expenses.

- ✓ **Real-Time Data:** Addressing the complex medication adherence needs of members requires investments in care management systems and real-time integration of and access to both medical and pharmacy data. Real-time access to optimal data and therapy is critical to achieving the goals of VLS and reduced HIV transmission.
- ✓ **Interdisciplinary Care Management:** Clinical staff pharmacists are physically and procedurally embedded within interdisciplinary care management teams. Pharmacy staff work closely with care coordination staff, prescribers, and pharmacies to facilitate access and adherence to an optimal medication regimen. This integrated approach leads to higher VLS rates, better health outcomes, and lower overall costs of care.
- ✓ **Specialty Drug Management Expertise:** Successful medication access and adherence for persons living with HIV is vitally important. SNP pharmacy staff possess deep specialized knowledge of HIV and hepatitis C specialty drugs and treatment options.
- ✓ **Tailored Formulary to Maximize Access and Retention in Care:** SNP formularies are tailored to take into account the multiple chronic conditions that require treatment with complex regimens that have significant drug-on-drug interactions.

### Curbing Pharmacy Costs

In the face of rapidly rising prescription drug prices, SNPs employ several strategies to curb drug costs:

- ✓ **Adopt a transparent, pass-through payment model.** PBM reforms have been adopted to eliminate costs and increase drug supply-chain transparency.
- ✓ **Maximize drug rebate potential** by prioritizing manufacturer rebate-negotiated agents in the formulary. For SNPs, the highest drug volume and costs come from HIV drugs, which account for around 90% of overall drug use. The rebates for these drugs are already negotiated directly with manufacturers and collected by NYS (or 340b programs), not the plans.<sup>1</sup>
- ✓ **Prevent fraud, waste, abuse (FWA)** by using plan-managed provider/pharmacy networks and real-time pharmacy claims data to identify patterns of FWA at the member, prescriber, and pharmacy level. SNPs act quickly to stop FWA behavior either by restricting a member to one pharmacy or managing our pharmacy network and putting a stop to further abuse and waste. We also work with the State Attorney General and the Office of the Medicaid Inspector General (OMIG) to stop fraudulent pharmacies.

SNPs regularly collaborate with the NYS Attorney General and OMIG to catch pharmacies defrauding the State Medicaid program. SNPs have helped the AG recoup millions of dollars with pharmacy fraud investigations. Some examples:

- [July 2019: Attorney General Letitia James Announces Arrests of NYC Pharmacy Owner and Managers for Stealing Millions from Medicaid](#) “The Attorney General also thanks Medicaid MCOs Amida Care and VNS Choice”
- [March 2019: Attorney General James Announces Sentencing of Owner of Three Manhattan Pharmacies for Defrauding Medicaid](#) Pharmacist Sentenced to Prison and Forfeited Over \$3 Million for HIV Drug Fraud Scheme
- [A.G. Schneiderman Announces Civil Suit and Criminal Charges Against Pharmacy Owner for Allegedly Defrauding Medicaid of Millions](#) (August 24, 2017)

## SNPs’ Leadership Toward Ending the Epidemic (ETE)

**In 2012, 51% of New Yorkers with HIV were virally suppressed.<sup>ii</sup> By 2019, SNPs achieved an average VLS rate of 81% (the statewide VLS average is 77%).**

- SelectHealth member “Gloria” is HIV-positive and has schizophrenia and a long history of emergency hospital admissions. She told her provider that she had not been able to pick up her medication as she was not allowed back into the pharmacy because of her behavior. People with Gloria’s conditions sometimes experience thought distortions, and our in-house pharmacists checked the real-time pharmacy data and confirmed that the prescription had been filled and picked up. Our clinical team immediately arranged for a specialized provider to administer the medication in Gloria’s home.
- Amida Care member “Michael” is an HIV-positive African American male who was not responsive to conventional HIV therapy and had a history of substance use. He required a salvage regimen to stabilize his health. The regimen was in addition to his ARV therapy and cost in excess of \$120,000. The pharmacy team accessed his real-time utilization data and treatment history for a quick determination. The team worked directly with the provider to approve the medication and identify a specialty pharmacy for home delivery. They also arranged nursing visits to administer infusions required for the salvage therapy. The pharmacist assigned to the case conducted monthly utilization reviews to ensure proper use of the therapy. Our team also followed up with the doctor to ensure that monthly lab work was completed. *For the first time in more than 10 years, this member reached viral suppression.*
- While reviewing a list of members who were making frequent emergency room visits in order to see what interventions might be possible, the Amida Care team noticed that one high utilizer, “Carol,” was a young adult with sickle cell disease. The Amida Care nurse practitioner spoke with Carol many times at length and discovered that she was filling prescriptions for ARVs for HIV and hydroxyurea for sickle cell disease but taking the medications only intermittently because she was afraid of drug-on-drug interactions. She was not adequately linked to medical care and was not being followed by a hematologist. The nurse practitioner arranged for Carol’s care to be transferred to specialists at Mount Sinai where, over time, as a result of regular treatment for HIV and sickle cell disease, her health improved and she became virally suppressed. None of the health care teams in the ERs she visited or the hospitals where she was admitted had been able to accomplish this.

i May 2019. The Menges Group. Report Summary: Assessment of Medi-Cal Pharmacy Benefits Policy Options. Available here: <https://hcpsoal.org/wp-content/uploads/2019/09/Summary-of-Menges-Group-Report-May-15-2019.pdf>

ii 2015 NYS DOH Blueprint for Ending the Epidemic. Available here: [https://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/docs/blueprint.pdf](https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf)