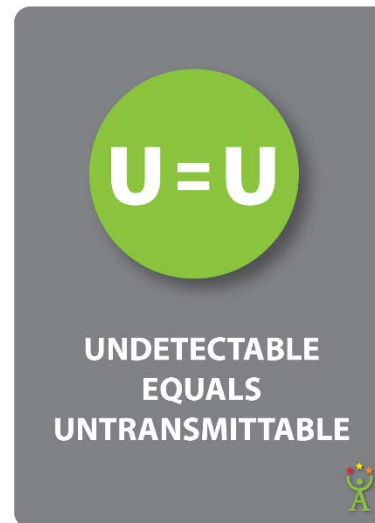


LIVE YOUR LIFE UNDETECTABLE

Viral Load Suppression
Incentive Program



Learning Objectives

1. Describe the Live Your Life Undetectable program
2. Discuss the benefits and opportunities of Live Your Life Undetectable



About Amida Care

- Amida Care is a private, nonprofit community health plan that specializes in providing comprehensive health coverage and coordinated care to Medicaid members living with or at higher risk for HIV/AIDS
 - 7000+ members throughout New York City



History of Program Model

- *The Undetectables* program piloted in March 2014 by Housing Works
- Client barriers to HIV medication adherence: homelessness, mental/behavioral health issues, substance use, stigma, poverty

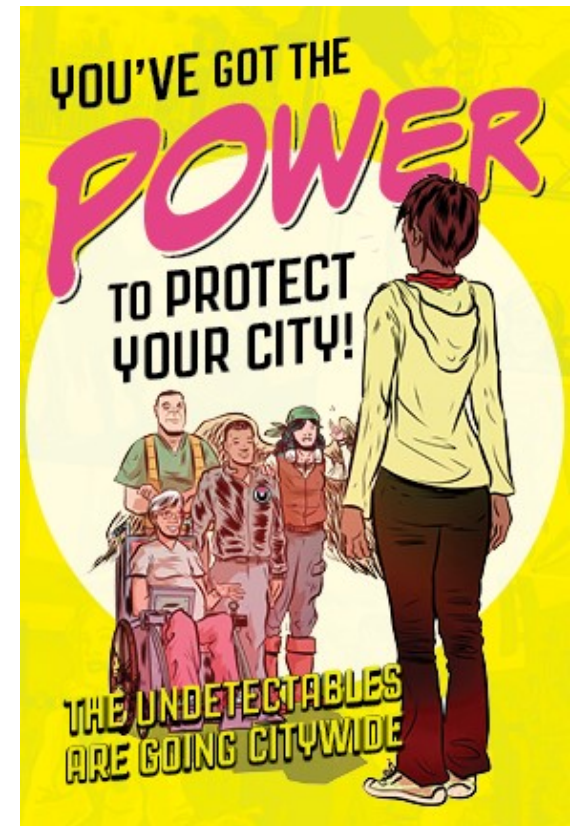


www.LiveUndetectable.org



Findings and Expansion

- Viral load suppression (≤ 200 copies/ml) increased by double digits
 - 66% at launch (n=441) to 85% at 24 months (n=636)
- 23% increase post intervention in proportion of clients virally suppressed at all time points
- Discovered a coordinated method of practicing truly integrated health care
- Expanded to 13 agencies throughout NYC
 - Support from NYC DOHMH and Community Care of Brooklyn

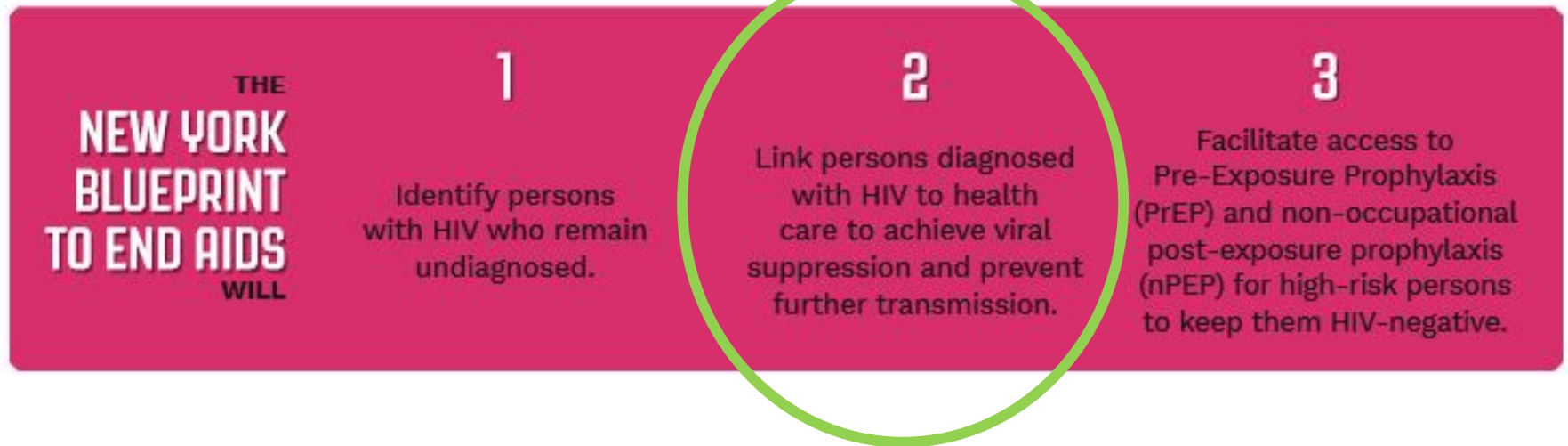


www.LiveUndetectable.org

Building Momentum: Ending the Epidemic

In 2015, New York State announced a three point plan to end the AIDS epidemic.

Goal: Reduce new HIV infections to 750 by the end of 2020.



Live Your Life Undetectable is one key to promoting viral suppression and ending the AIDS epidemic!

Live Your Life Undetectable (LYLU)

- Amida Care received approval from the New York State Department of Health to create a viral load suppression incentive program
- Amida Care is the first health care plan to offer this kind of program
- Adapted from *The Undetectables* evidence-based program model



**Department
of Health**

**Office of
Health Insurance
Programs**



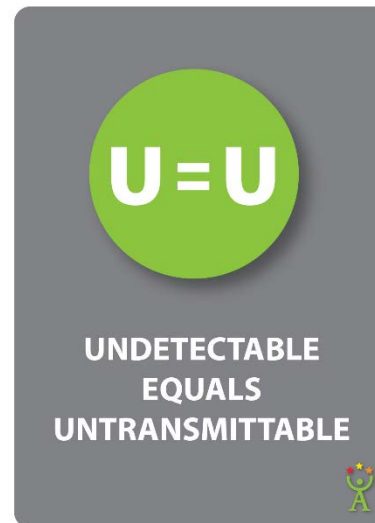
Program Goal

- To help each HIV+ member reduce HIV viral load to an undetectable level and maintain durable viral suppression
- Viral suppression defined as <200 copies/ml
- Integrated support



LIVE YOUR LIFE UNDETECTABLE (LYLU)

Program Details



Who is eligible?

- ✓ Amida Care member
- ✓ HIV+
- ✓ At least 18 years old or emancipated minor
- ✓ Engagement in primary care
- ✓ Enrolled/engaged in “Supportive Services”



What are Supportive Services?

- Case management
- Treatment adherence counseling
- Behavioral health services
- Substance abuse counseling
- ADHC enrollment
- Health Home enrollment
- Directly observed therapy (DOT)

This list is not exhaustive!



How do I enroll a member?

1. LYLU enrollment consent form
2. Regional Health Information Organization (RHIO) consent form
 - Healthix
 - Bronx RHIO
3. LYLU intake assessment

Client is not fully enrolled until the LYLU Enrollment/Consent Form & RHIO are completed and submitted.



Enrollment Forms



- All LYL U Forms are Fillable PDFs to aid in completion, readability & submission.
- Please Do Not Submit Hand-Written Forms
- Amida Care's Member Services Team & External Care Coordinators can help clients complete the **LYLU Enrollment/Consent & RHIO Consent** forms.
- Toll-free number 1-800-556-0689
- [V:\LYLU\LYLU Enrollment Forms](#)



Ongoing Reporting

- Quarterly Attestation

- ✓ Member VL lab value and lab date
- ✓ Member isn't enrolled in another viral suppression incentive program
- ✓ Member is engaged in primary care
- ✓ Member is enrolled/engaged in at least 1 supportive service



Live Your Life . . . Undetectable!
Viral Load Suppression Incentive Program

Quarterly Attestation

Submission Quarter & Year: _____

Member Name and Contact Information:

Member CIN# _____

Date of Birth: _____

Member Name: _____

Is Member Durably Suppressed?: ☐ YES ☐ NO

Date of Member's Most Recent VL Lab: _____

Member's Most Recent Lab Value: _____

Has Member Received Supportive Services For The Quarter? YES

Provider Information

HIV PCP Name: _____

Provider Site Name: _____

Financial Incentive



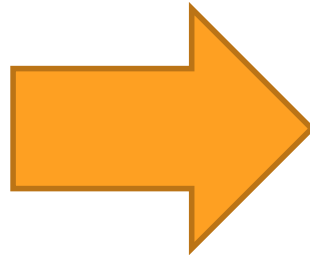
Enrolled members are eligible for \$100 incentive each calendar quarter for achieving or maintaining a viral load of <200 copies/ml (up to \$400/year)

Incentive: Timing

- Incentive will be loaded to member's Healthy Rewards card the following calendar quarter of suppressed lab result

February 2019

Enrollment
1st lab collected
and shows VLS



April 2019

Incentive loaded
to Healthy
Rewards card



What Triggers the Incentive?

- **Quarterly attestation submission**
 - ✓ Member VL < 200
 - ✓ Member isn't enrolled in another viral suppression incentive program
 - ✓ Member is engaged in primary care
 - ✓ Member is enrolled/engaged in at least 1 supportive service
- Members with less frequent HIV monitoring





Live Your Life . . . Undetectable!
Viral Load Suppression Incentive Program

Quarterly Attestation

Submission Quarter & Year: _____

Member Name and Contact Information:

Member CIN# _____

Date of Birth: _____

Member Name: _____

Is Member Durably Suppressed?: ☐ YES ☐ NO

Date of Member's Most Recent VL Lab: _____

Member's Most Recent Lab Value: _____

Has Member Received Supportive Services For The Quarter? YES

Provider Information

HIV PCP Name: _____

Provider Site Name: _____



Live Your Life . . . Undetectable!
Viral Load Suppression Incentive Program

Quarterly Attestation

Provider Attestation

I, _____, hereby attest that the medical data entry for reporting period _____, _____ accurately reflects information that I received in my capacity as _____ when I treated the listed Medicaid beneficiary.

I do hereby attest that the following listed Medicaid patient is not enrolled or receiving financial incentives for another viral load suppression program. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Provider Signature

Provider's Signature

Date of Signature

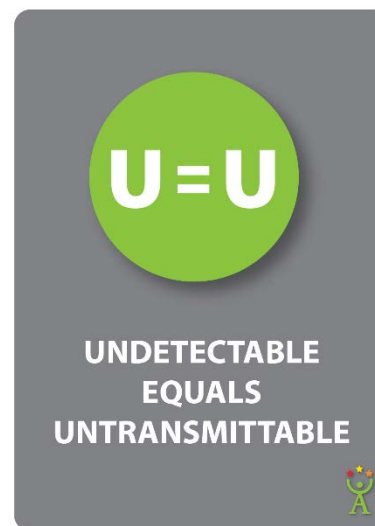
Other Program Details

- Member can disenroll at any time
- Members are contacted every 6 months by Amida Care for a reassessment
- Case conferences are strongly encouraged



LIVE YOUR LIFE UNDETECTABLE (LYLU)

Documentation



What needs to be submitted?

1. Program Enrollment & Consent
2. RHIO consent (Healthix & Bronx RHIO)
3. Intake assessment (supportive program documentation)
4. Quarterly attestation



Submission

- Short-term
 - Share file
- Long-term
 - User portal (currently in development)

Client isn't enrolled until the LYLK consent and RHIO consent are submitted.

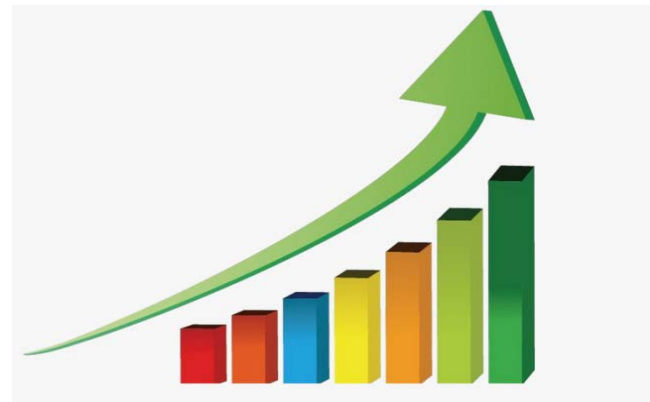
Quarterly attestation triggers incentive distribution.



Provider Benefits

Increases in:

- **Client Connection and Retention in Care**
- **Client Adherence to ARV medications**
- **Opportunity for provider/client communication.**
- **Viral Load Suppression Rates at individual & clinic level**
- **QARR/HEDIS Scores**



Provider Benefits

New Enrollment

- For completing and submitting the full enrollment package (including the 1st Quarterly Attestation) to Amida Care the PCP can use the below CPT codes to bill, in addition to the standard visit codes **1x per client** they enroll in the LYL Undetectable Program:

CPT	Description	Member Age	Primary DX	Secondary DX
99384	Initial Comprehensive Preventative Medicine	12-17	B20 (HIV)	Z71.7 (HIV Counseling)
99385	Initial Comprehensive Preventative Medicine	18-39	B20 (HIV)	Z71.7 (HIV Counseling)
99386	Initial Comprehensive Preventative Medicine	40-64	B20 (HIV)	Z71.7 (HIV Counseling)

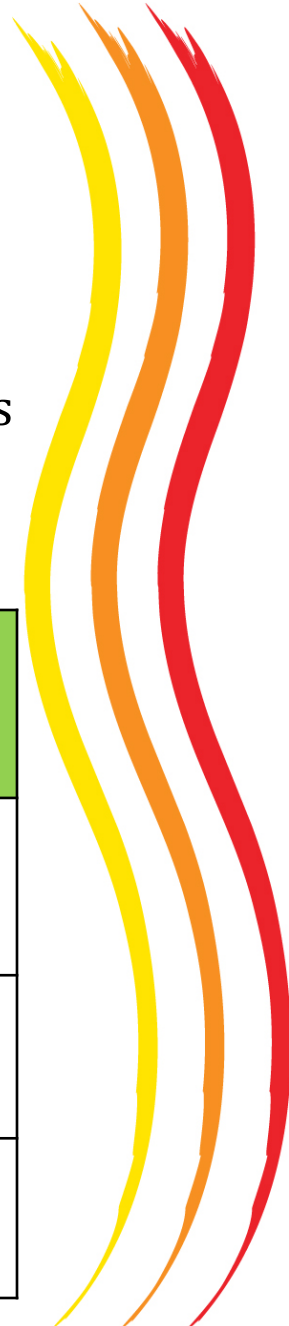


Provider Benefits

Continued Enrollment

- For completing and submitting to Amida Care the Quarterly Attestation the Primary Care Provider can use the below CPT codes to bill, in addition to the standard visit codes **up to 4x a year** per client enrolled in the LYL Undetectable Program.

CPT	Description	Member Age	Primary DX	Secondary DX
99394	Periodic Comprehensive Preventative Medicine	12-17	B20 (HIV)	Z71.7 (HIV Counseling)
99395	Periodic Comprehensive Preventative Medicine	18-39	B20 (HIV)	Z71.7 (HIV Counseling)
99396	Periodic Comprehensive Preventative Medicine	40-64	B20 (HIV)	Z71.7 (HIV Counseling)



Action Items & Coming Events

- **Sharefile Account Set Up for Providers:**
 - Please send the following details to LYLUSupport@amidacareny.org:
 - ✓ **Name**
 - ✓ **Role** (Provider or Administrator)
 - ✓ **Site Name & Location** (eg. Brightpoint Inwood)
 - ✓ **Email**
 - ✓ **Phone**
- **Amida Care's Member Communication Efforts**
 - Member Letter/FAQ Sheet received December 7th.
 - LYLU Member Information Sessions Completed:
 - Bronx @ Grand Slam Banquet Hall: Dec.18th 2-4 pm
 - Brooklyn @ Restoration Plaza: Dec.20th 2-4 pm
- **Program Forms Available for Download**
 - Program Forms (Enrollment/Consent, RHIO Consent, Health Assessment, Quarterly Attestation) are available for download on AC ShareFile website once the site's account is set up.



Summary

- Goal: Achieve and maintain durable viral load suppression (<200 copies/ml)
- Achieving viral suppression is a heroic act that should be celebrated!
- Contribute to Plan to End AIDS by 2020
- We want to work with you to make this program a success



QUESTIONS?

Carey Brandenburg, Health Services
Project Manager

Johann Kirsch, Manager of Health Plan
Operations

LYLUSupport@amidacareny.org

