

OUTPATIENT MEDICAL CARE (General HIV/AIDS Population & MAI)
(Year 21 Service Priority #1)

- A. This service includes **Primary Medical Care** and **Outpatient Specialty Care** required for the treatment of individuals living with HIV or AIDS. It focuses on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination antiretroviral therapies.

[IMPORTANT NOTE: Services are restricted to outpatient services only.]

I. Primary Medical Care

1. **Primary Medical Care Definition and Functions:** Primary medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, advanced registered nurse practitioner, or other health care professional who is certified in their jurisdiction to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency room services are not considered outpatient settings, and are not covered. Inpatient services are also not covered.** Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to and provision of specialty care, as necessary.

If a phenotype lab test is needed, a *Ryan White Program Letter of Medical Necessity, completed by a physician, for Antiretroviral Phenotype Resistance Assays for Experienced Patients* is required. Note: the Virtual Phenotype test does not require a Letter of Medical Necessity.

Additionally, if the client is eligible for ADAP, the Trofile Assay (for Maraviroc resistance) and the Abacavir HLA-B*5701 hypersensitivity test will not be reimbursed by the Ryan White Program. Medical providers and/or medical case managers must verify and document on the Ryan White Program Letter of Medical Necessity that the client has been thoroughly screened for ADAP eligibility and been denied ADAP enrollment before they access Ryan White Program funding for any of these services. Utilization of these tests will be monitored quarterly.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:
 - Treatment options, with benefits and risks, including information about state of the art combination drug therapies and reasons for treatment;
 - Self-care and monitoring of health status;
 - HIV/AIDS transmission and prevention methods; and
 - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:
 - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
 - Taking medications as prescribed and following recommendations made by physicians, nutritionists, and pharmacists;
 - Client involvement in the development and monitoring of treatment and adherence plans; and
 - Ensuring immediate follow-up with clients who miss their prescription refills, physician appointments, and/or who experience difficulties with adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:
 - Maintain contact as appropriate with other caregivers (medical case manager, nutritionist, specialty care physician, pharmacist, counselor, etc.) and with the client in order to monitor health care and treatment adherence;
 - Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and
 - Identify a single point of contact for medical case managers and other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection; and
- Consumable medical supplies and durable medical equipment (DME) for the administration of medications that are not available through prescription drug services and that have been prescribed or ordered by the client's primary care physician. Providers must submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate. Providers may request approval of a supplemental list for items that have a HCPC code, but do not have a corresponding Medicare or Medicaid rate.

II. Outpatient Specialty Care

- 1. Outpatient Specialty Care Definition and Functions:** This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for HIV+ clients who are referred by a primary care provider through a Ryan White Program Certified Referral, OON referral, or prescription referral. Specialty medical care includes outpatient rehabilitation, dermatology, oncology, optometry, ophthalmology, obstetrics and gynecology, urology, chiropractic, podiatry, pediatrics, rheumatology, physical therapy, occupational therapy, speech therapy, respiratory therapy, clinical psychiatry, nutritional assessments or counseling, and other specialties as related to the client's HIV diagnosis or co-morbidities. Chiropractic services under the Ryan White Program are limited to pain management services in relation to a client's HIV diagnosis. NOTE: Per Federal guidelines, acupuncture services are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for HIV+ clients as part of substance abuse treatment services.

Note: primary medical care provided to persons with HIV disease is not considered specialty care.

- 2. Client Education:** Providers of specialty care services will be expected to provide the following basic education as part of client care:
- Basic education to clients on various treatment options offered by the specialist;
 - Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the primary care physician; and

- Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.
3. **Coordination of Care:** The specialist must communicate, as appropriate, with the primary care physician and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.
4. **Additional specialty care may include:**
- Consumable medical supplies and durable medical equipment (DME) for the administration of medications that are not available through prescription drug services and that have been prescribed or ordered by the client's specialist. Providers must also submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate. Providers may request approval of a supplemental list for items that have a HCPCS code, but do not have a corresponding Medicare or Medicaid rate.

B. Program Operation Requirements (for both Primary and Specialty Care):

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to outpatient medical care, to ensure that medical services are available to clients for urgent/emergent issues;
- Providers must demonstrate a history and ability to serve Medicaid eligible clients; and
- Providers must ensure that medical care professionals have a minimum of three (3) years of experience treating HIV clients or have served a high volume of HIV+ clients in the past year.

Additionally, for outpatient specialty care only:

- A referral from the client's primary care physician is required for all specialty care services.

C. Additional Service Delivery Standards: Providers of these services will also adhere to the following guidelines and standards (please refer to Section III of this book for details)

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current)

- HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Groups 1, 2, and 3
- Minimum Primary Medical Care Standards for Chart Review

D. Rules for Reimbursement: Providers will be reimbursed for outpatient primary medical care and specialty care services as follows:

- Reimbursements for medical procedures and follow-up contacts to ensure client's adherence to prescribed treatment plans will be no higher than the rates found in the "2011 Florida Medicare Part B Physician Fee Schedule (Participating, Locality 04), text file dated January 4, 2011."
- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the "2011 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates, revised January 7, 2011; for Core Based Statistical Area 33124 (Miami, FL)." (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).
- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved "Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 2011, dated January 2011." (Applies only to organizations with on-site or affiliated outpatient hospital centers).
- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 1.5.
- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the "2011 Medicare Clinical Diagnostic Laboratory Fee Schedule, for Florida (FL), revised January 2011." If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing. A Letter of Medical Necessity is required for Ryan White Program reimbursement for phenotype tests (not including virtual phenotype tests), as well as for the Trofile Co-Receptor Tropism Assay.
- Reimbursements for injectables will be based on rates no higher than those found in the "2011 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, dated December 29, 2010 (payment limit column)."

- Reimbursement for consumable medical supplies will be based on rates no higher than those found in the “Medicare Durable Medical Equipment and Supplies Revised 2011 Fee Schedule, for Florida (FL), dated January 2011.” In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates no higher than those found in the most current Florida Medicaid’s Durable Medical Equipment for All Medicaid Recipients, as of September 1, 2010.
- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, supplemental procedures, or for consumable medical supplies.

Additional rules for reimbursement:

- Medical procedures and consumable medical supplies excluded from the Medicare (or Medicaid, for consumable supplies) Fee Schedules may be provided on a supplementary schedule. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider’s submission request for review and approval by the County.

- E. Additional Rules for Reporting:** Provider monthly reports for consumable medical supplies must include the number of clients served, medical supply distributions per client, and dollar amounts spent per client.
- F. Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.