Building Capacity to Improve HIV Viral Suppression Data

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AGENDA

- Introduction to Medicaid Systems Coordination Provider Project
- Health Systems Integration Overview
- State Highlight
  - Maryland
- Key Learnings/Insights
- Technical Assistance Opportunities
- Questions & Answers

Medicaid Systems Coordination Provider (SCP) Project

Initiative   **HRSA-funded Special Projects of National Significance (SPNS)**

Funding $4 million per year – August 1, 2021, to July 31, 2025

Purpose   Improve the capacity of states to report the HIV viral load suppression (HVL-AD) measure to the Centers for Medicare & Medicaid Services (CMS) as part of the Medicaid Adult Core Set.

HIV Viral Load Suppression (HVL- AD) Measure

- Percentage of beneficiaries age 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had an HIV viral load of less than 200 copies/mL at the last HIV viral load test during the measurement year

HIV viral load	The HIV viral load is the number of copies of the human immunodeficiency virus in the blood.
HIV viral load test	The HIV viral load test measures the number of HIV copies in a milliliter of blood.
HIV viral load test Measurement year	Calendar Year

Medicaid HIV Systems Coordination Provider (SCP) Project

Key Aims

- Bridge public health and health care systems to ensure that all systems and payers are effective partners in ending the HIV and hepatitis epidemics.

- Build capacity of health department staff to meaningfully engage in implementing health reform, health system transformation and payment delivery reform activities

Areas of Work

- Population Health Data

- Health Care Coverage & Access

- Public Health Partnerships
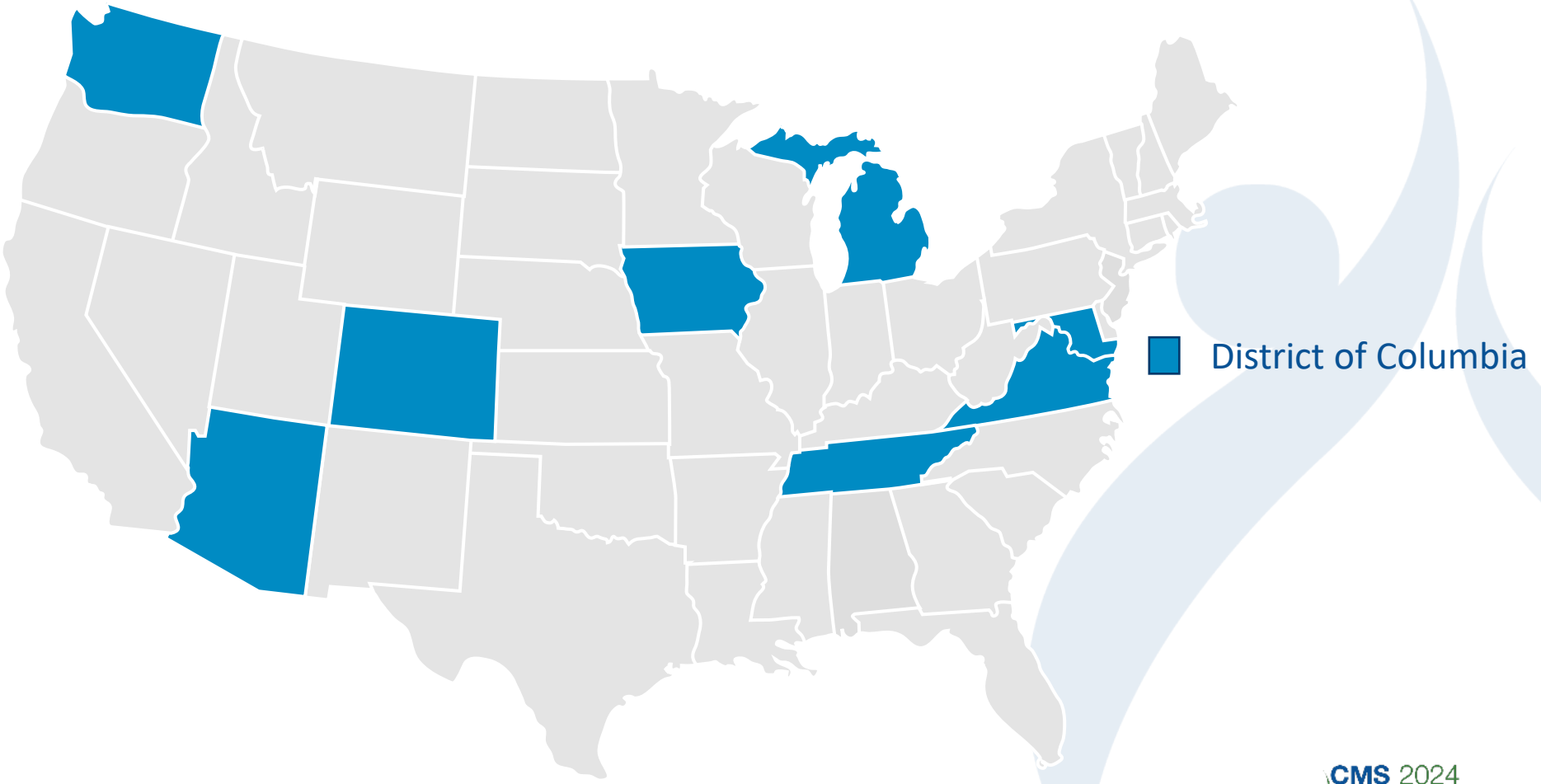
Participating States

District of Columbia

Improved understanding about Medicaid beneficiaries

Incentives to prioritize high-quality care initiatives

Preventing gaps in care due to coverage transitions

Coordinating wrap-around services

Why are we talking about data sharing and data use between Surveillance and Medicaid?

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Medicaid HIV SCP Team

Partners
- AcademyHealth
- University of California, San Francisco, HEALTHQUAL
- Georgetown University
- Killelea Consulting

Approach
- Learning Collaborative
- Technical Assistance
- Evaluation
- Dissemination

SCP Team Roles

- AcademyHealth—Assistance with Medicaid infrastructure and buy in

- University of California, San Francisco, HEALTHQUAL—Lead of the learning collaborative and quality improvement initiatives

- Georgetown University—Experts in data integration related activities

- Killelea Consulting—Consultant of legal regulatory framework and other legal decision making

Collaborative Structure

States of Progress

There are levels of commitment that each state must achieve from a defined checklist to be successful. These checkpoints and their respective TA include:

1. **Commitment**—stakeholder engagement and partner collaboration between necessary parties
2. **Regulatory Infrastructure**—Data Sharing Agreement (DSA) creation or assistance and creation of process maps and shared experiences from the field
3. **Data Exchange**—routinizing the Data Quality Assurance (DQA) checklist and formulating a plan for data matching, analysis, review, and quality assurance
4. **Measure Reporting**—assistance with VL suppression tables, workflows for calculation, and assistance in reporting the measure
5. **Quality Improvement** – Deep dive into data shared and thinking through data stratification and quality improvement initiatives.

State Progress

Checkpoint 1. Commitment to collaboration and alignment of priorities between HIV and medicaid counterparts

Logistics of match (data exchange, algorithm, outputs, etc.)

Who is performing the match?

Frequency of Match?

TN

Checkpoint 2. Data Sharing Agreement outlining the exchange, linkage, and use of data is fully executed between HIV and Medicaid Units

Technical capacity to perform data exchange & linkage?

Linkage code written

Test/pilot exchange and linkage

SOP written

Routinized data match

Checkpoint 3. Data exchange between Medicaid and HIV counterparts is optimized and routine

Data Quality Assurance / post match data processing

Calculating HVL measure

Determine reporting workflows

DC

Checkpoint 4. HIV Viral Load measure is reported to CMS Adult Core Set

Set priorities for data use beyond reporting

Work planning with all stakeholders and partners

Implementation

Checkpoint 5. Data sharing and collaboration is further optimized to incorporate extended data to action to better serve people with HIV

Continuous collaboration, and improvement of processes for improved client care outcomes

MI, MD, IA, CO, AZ, WA

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Expanded Technical Assistance Opportunities

So now what?

- Recruitment of additional states
  - 12 additional states have been invited for the TA opportunity

- Casting a wider net and inviting all states (Medicaid agency and surveillance) who are interested in TA

Is your state ready to report HVL-AD?
Take our readiness assessment

Or contact us at
medicaidscp@nastad.org

Maryland Medicaid HIV Initiative

- Leadership and staff participate across three organizations
- Maryland participated in the HIV Affinity Project that helped establish initial data use agreement (DUA) and matching process between HIV and Medicaid
- DUA updated and extended between three organizations to include viral load suppression data
- Strengthened collaboration through the SCP project to produce HIV quality measure and develop quality improvement strategies

Medicaid

Hilltop
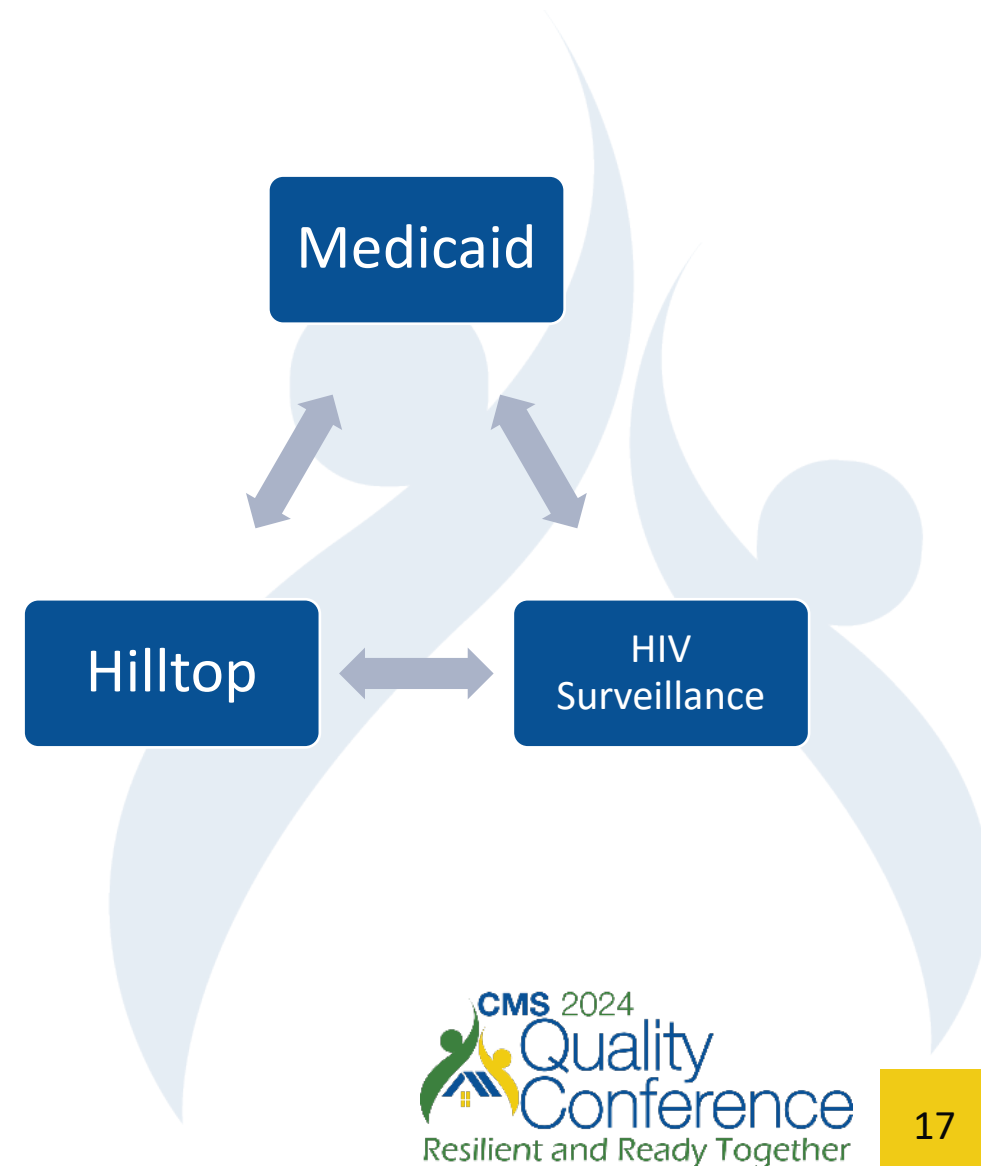
HIV Surveillance

DUA: Medicaid and HIV

- Existing DUA was renewed between Hilltop, Medicaid and HIV Surveillance to share data between Medicaid and HIV

- DUA was updated to include:
  - Viral load lab data
  - Additional variables from HIV database (eHARS) to support reporting of the viral load suppression measure
  - Expanded years of analysis
  - Additional data elements by mutual agreement to support analyses

- DUA extended in 2022 through September 2027

- Hepatitis C data is also included

- Hilltop has a separate agreement with Medicaid regarding data from the Medicaid Management Information System (MMIS2)

Medicaid HIV Data Match Process

- Dataset of HIV patients for the year matched to MMIS2
- The match process uses First Name, Last Name, Date of Birth (DOB), Social Security Number (SSN), and Medicaid ID (Current and Original)
- Hilltop uses a SAS program to match HIV records to Medicaid, flagging the following:
  - Match 1: Name, DOB, SSN
  - Match 2: SSN
  - Match 3: Name, DOB, last 4 digits of SSN
  - Match 4: Name & DOB
  - Match 5: Medicaid ID – Current
  - Match 6: Medicaid ID – Original
- HIV evaluates the matched data based on strength. A person with all 6 flags is a verified match. Weaker matches will only have one or two flags (example: SSN alone)
- Using a file of HIV name variations reduced the number of records for manual review

Results

- Maryland was able to produce and report HIV Viral Load Suppression (HVL-AD) measure for the Adult Core Set for CY 2022 (FFY 2023 Core Set Reporting).
- To generate the measure:
  - Patients aged 18 years and older with HIV were identified using HIV Surveillance data
  - Patients were matched to Medicaid to:
    - Flag Medicaid enrollment in CY
    - Flag whether a qualifying visit occurred in claims data (HVL-AD criteria)
  - Matched Medicaid-HIV data were sent back to HIV surveillance to determine final confirmed matches and add initial date of HIV diagnosis and last viral load lab result to dataset (HVL-AD criteria)
  - Hilltop generated the measure for reporting and disaggregated by key populations

HVL-AD in Maryland

- Maryland's HVL-AD rate for CY 2022: **74.8%** suppressed.
- Disaggregated data are informing strategies
  - Older adults had higher rates of suppression
  - Regional disparities
  - FFS and MCO differences
  - Behavioral health
- Able to generate additional data to support improvement efforts:
  - Claims for HIV diagnosis and testing
  - Claims for ART and PrEP
  - Viral load for all Medicaid participants with HIV
  - MCO and provider-level analysis

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Using the Data

- **Maryland has presented findings to stakeholders, including:**
  - Maryland Department of Health (MDH), Office of Medical Benefits Management
  - MDH Managed Care Organization (MCO) Liaison Meeting
  - Maryland HIV Planning Council
- **Maryland has developed an action plan to improve Medicaid viral load suppression rates over the next two years**
- **Next Steps**
  - Review of viral suppression by MCO
  - Adding MCOs to DUA
  - Meeting with MCO clinical directors
  - Sending MCOs files for outreach
  - Producing quarterly standardized reports on progress
  - Additional presentations and refining of quality improvement strategies

Challenges and Successes

- **Challenges**
  - Standardizing match process and reports
  - Time constraints and burden of reviewing matches
  - Competing priorities
  - Potential data sharing limitations
- **Successes**
  - Strengthened collaboration between HIV Surveillance and Medicaid
  - In addition to the HVL-AD measure, the project enabled refinement of Medicaid HIV claims-based measures
  - Increasing awareness of HIV programs and resources
- **Lessons Learned**
  - The initial match was time consuming but is much faster now that the process is routinized
  - Participating in a multistate collaborative provides a network of resources and valuable TA

Conclusion

- Maryland is making valuable progress toward the goals of the collaborative.
- The data use agreement between HIV, Medicaid and Hilltop has enabled data sharing for quality measurement.
- Maryland developed a sustainable and reliable method to match HIV surveillance and Medicaid data.
- Maryland has identified viral load suppression rates for Medicaid and disaggregated by key populations.
- Maryland is presenting to stakeholders and developing quality improvement goals.
- This collaboration has strengthened relationships between HIV, Medicaid, and Hilltop, and the organizations recognize the value of the partnership to improve health quality.

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Acronym List

- SCP – Systems Coordination Provider
- DSA – Data Sharing Agreement
- DUA – Data Use Agreement
- DQA – Data Quality Assurance
- HIV – Human Immunodeficiency Virus
- VL-AD – Viral Load – Adult Core Set
- SPNS - Special Projects of National Significance
- TA – Technical Assistance
- ART – Antiretroviral Therapy
- PrEP – Pre-Exposure Prophylaxis
- eHARS - Enhanced HIV/AIDS Reporting System

Questions and Answers