Hepatitis C Surveillance and Medicaid Data Sharing in Michigan

NASTAD TA Meeting
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Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Why Share Medicaid Data?

- Many patients with hepatitis C are also Medicaid beneficiaries
- Gives a good picture of the number of patients being tested and treated for hepatitis C as well as provider capacity for treatment
- Evaluation of hepatitis C elimination plans
- Evaluate the effectiveness of policy changes and recommendations
- Available for analysis at state level
  - Medicaid is under Michigan Department of Health and Human Services umbrella, but data sharing agreement needs to be in place

Examples of Data Sharing

Michigan Medicaid HCV Coverage

- Initiated formal coverage of HCV Direct-Acting Antiviral Agents (DAAs) in January 2016
  - **Fibrosis Restrictions:** Limited to severe liver damage (e.g., F3/F4 Fibrosis)
  - **Prescriber Restrictions:** Prescriptions written by, or in consultation with, hepatologist, gastroenterologist, or infectious disease specialist
  - **Sobriety Restrictions:** Patient to demonstrate 6 months of sobriety
  - **Prior Authorization:** Provider must submit paperwork to gain approval for writing script

Fibrosis score lowered to F2	Fibrosis score lowered to F1	Fibrosis score requirement removed	Prescriber and sobriety requirement removed, PA removed for GLE/PIB
2017	**2018**	**2019**	**2021**

We Treat Hep C

- MDHHS launched the **We Treat Hep C Initiative** on April 1, 2021, as a strategy to increase access to HCV treatment and eliminate HCV in Michigan

WHAT

We Treat Hep C Initiative aims to make treatment more accessible by removing barriers to prescribing

HOW

MDHHS has entered into an agreement with AbbVie, the manufacturer of MAVYRET™

WHO

Treatment is available to all **Medicaid** and **Healthy Michigan Plan** beneficiaries

We Treat Hep C

- Glecaprevir/pibrentasvir GLE/PIB no longer requires prior authorization (PA), effective April 1, 2021
  - With the removal of prior authorization requirements on GLE/PIB, Medicaid and HMP beneficiaries with HCV will be able to receive a prescription from their health care provider and start treatment immediately after receiving their diagnosis.
- PA requirements for non-preferred DAAs have been streamlined
- Removal of all HCV DAA restrictions (e.g., fibrosis score, documentation of recent/current substance use, and specialist requirement)
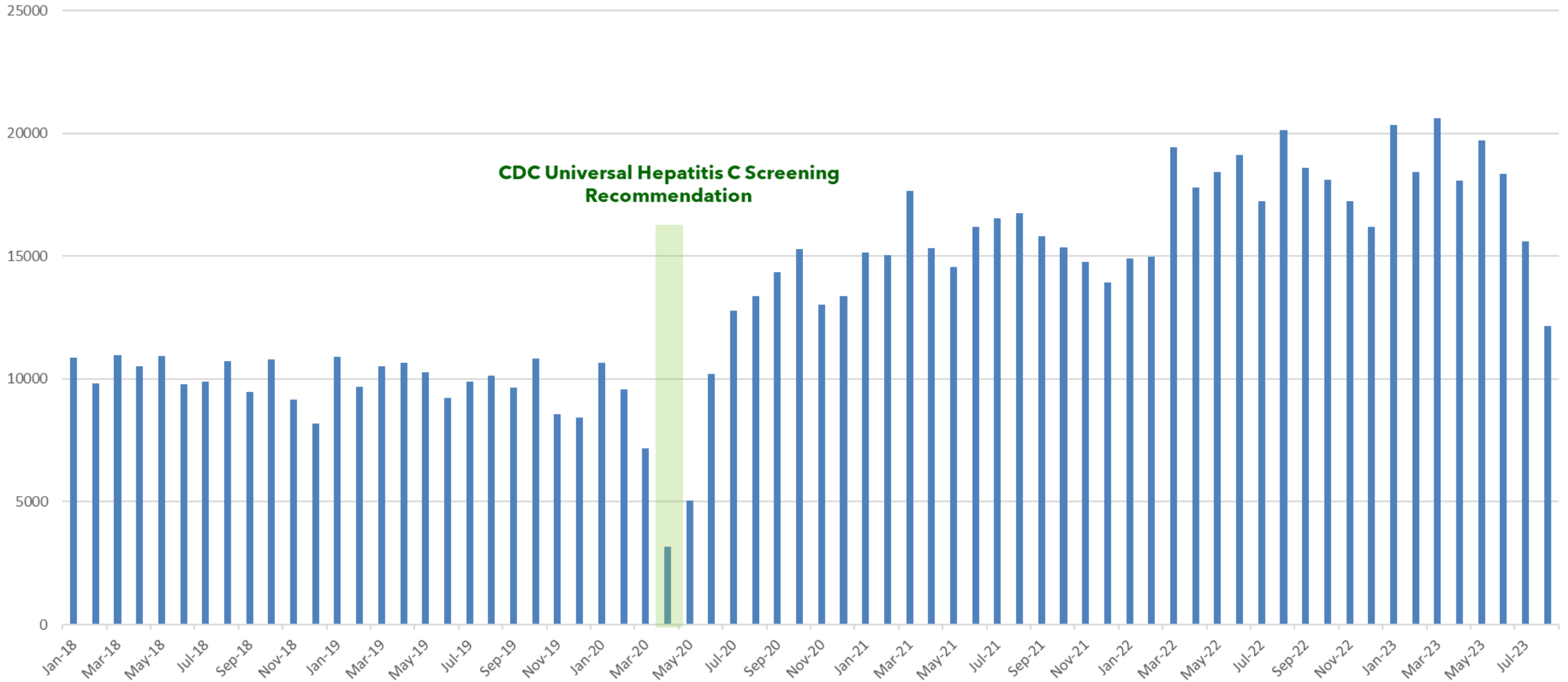- **Any prescriber with prescriptive authority can treat HCV!**

The program's success is highly dependent on getting more providers to treat HCV

We Treat Hep C

- Summarize a monthly data file from Michigan Medicaid partners to show progress of the We Treat Hep C initiative
- Key monthly metrics include:
  - Testing volume (includes testing during pregnancy)
  - Diagnosis claims
  - Treatment volume
- NPI data matches provide insight into provider habits and engagement
  - Identification of individual provider champions
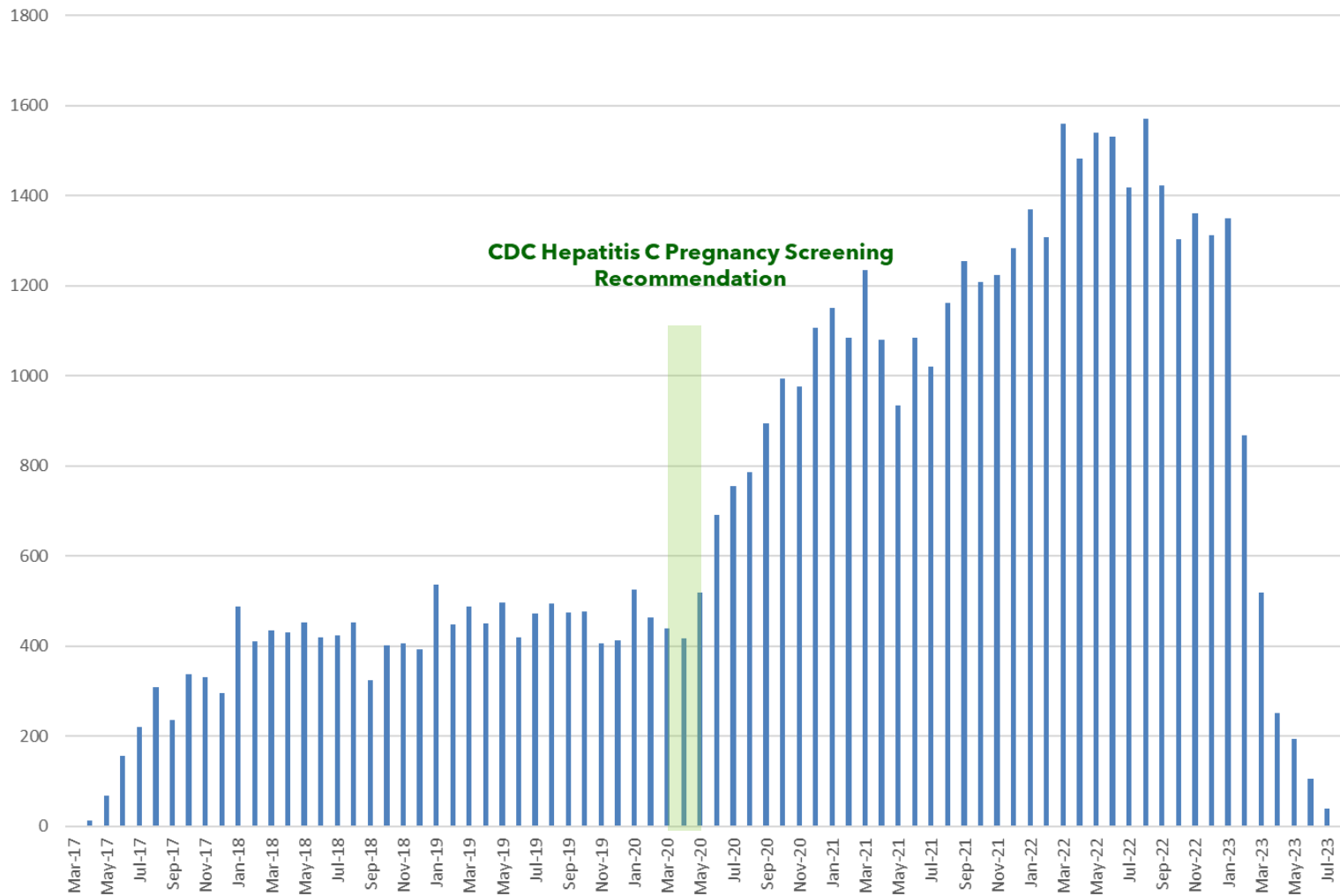 - Health/Hospital system estimates

We Treat Hep C

Medicaid Beneficiaries Tested By Month, 2018-2023, MI

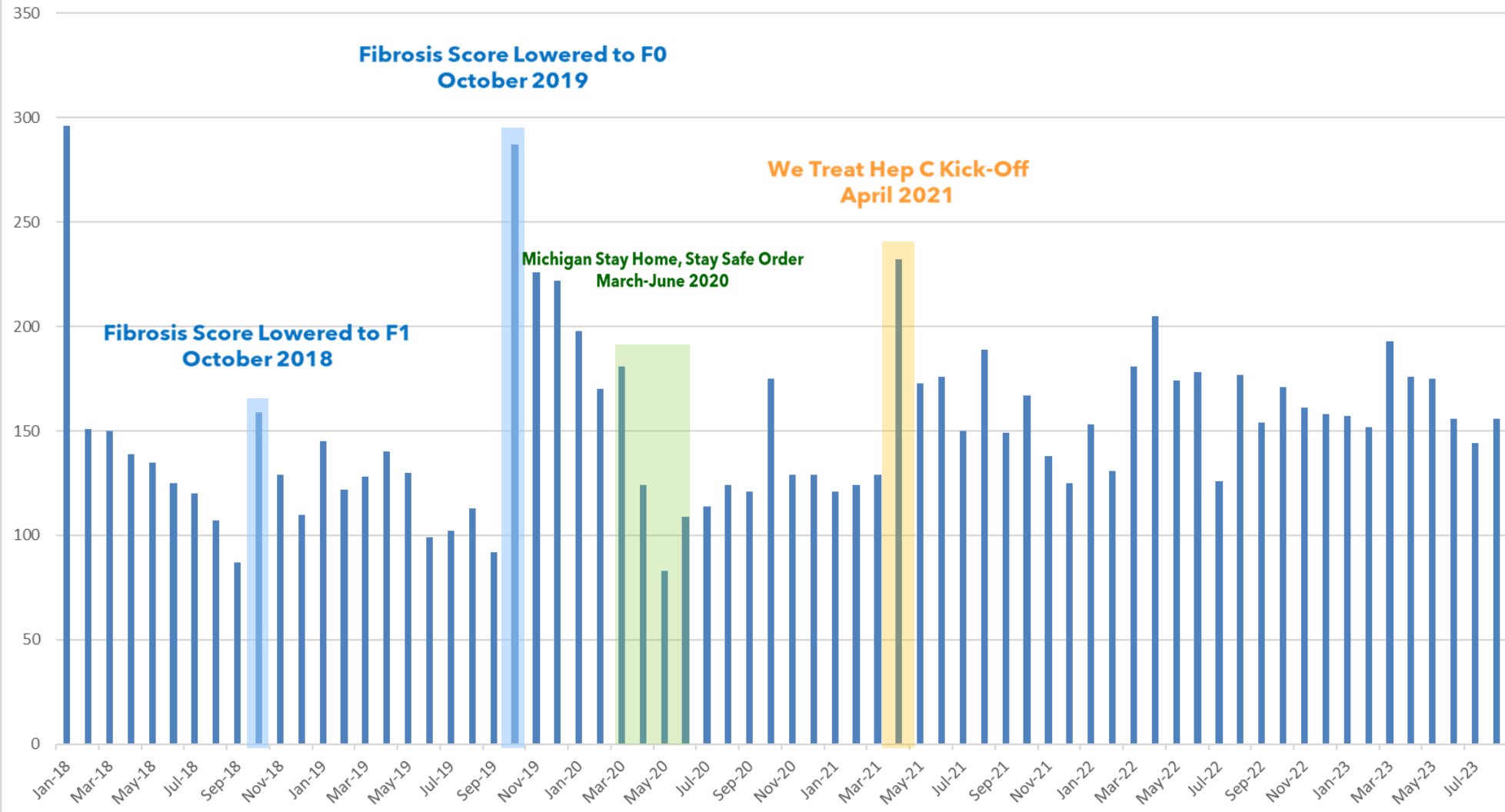CDC Universal Hepatitis C Screening Recommendation

We Treat Hep C

Medicaid Beneficiaries Screened for HCV During Pregnancy for Pregnancies that Ended 2018-2023, MI

We Treat Hep C

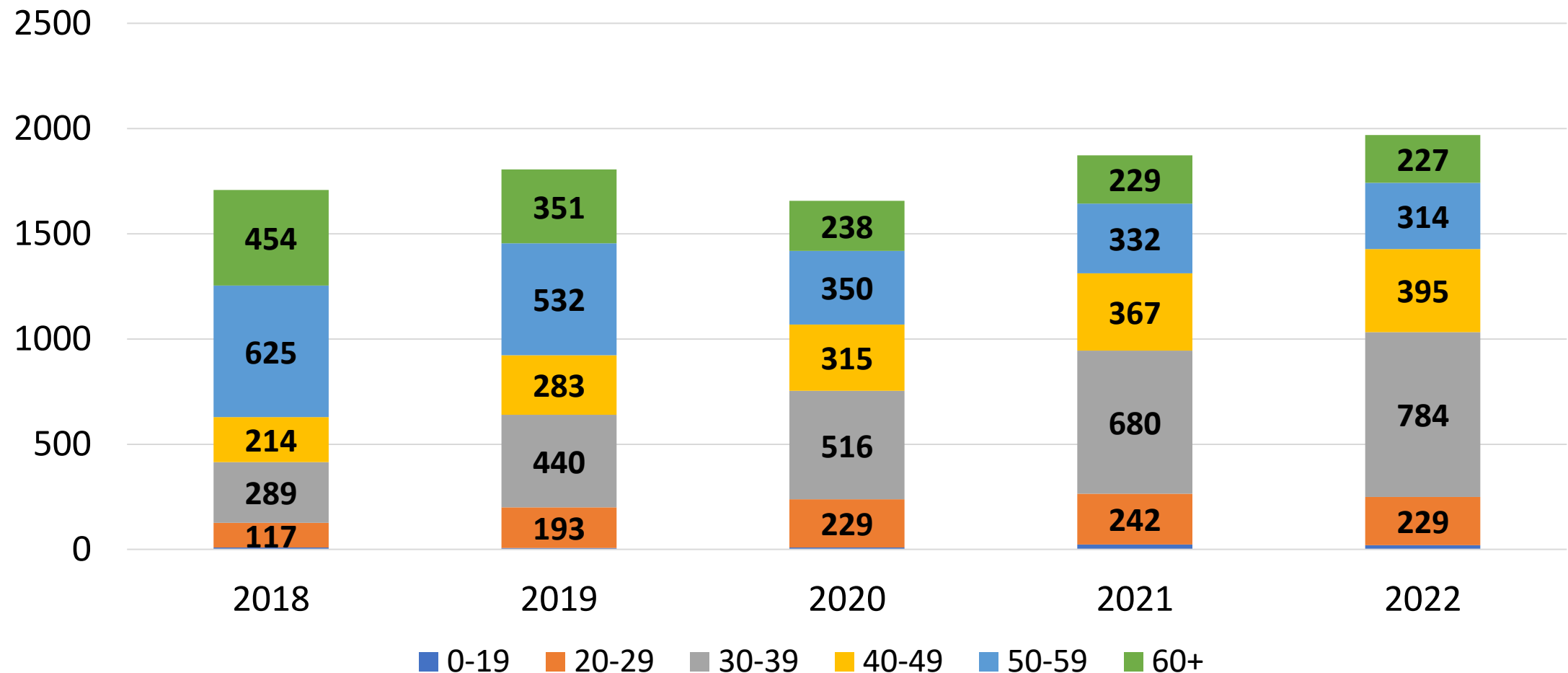Medicaid Beneficiaries that Started HCV Treatment, 2018-2023, MI

Fibrosis Score Lowered to F0
October 2019

Fibrosis Score Lowered to F1
October 2018

Michigan Stay Home, Stay Safe Order
March-June 2020

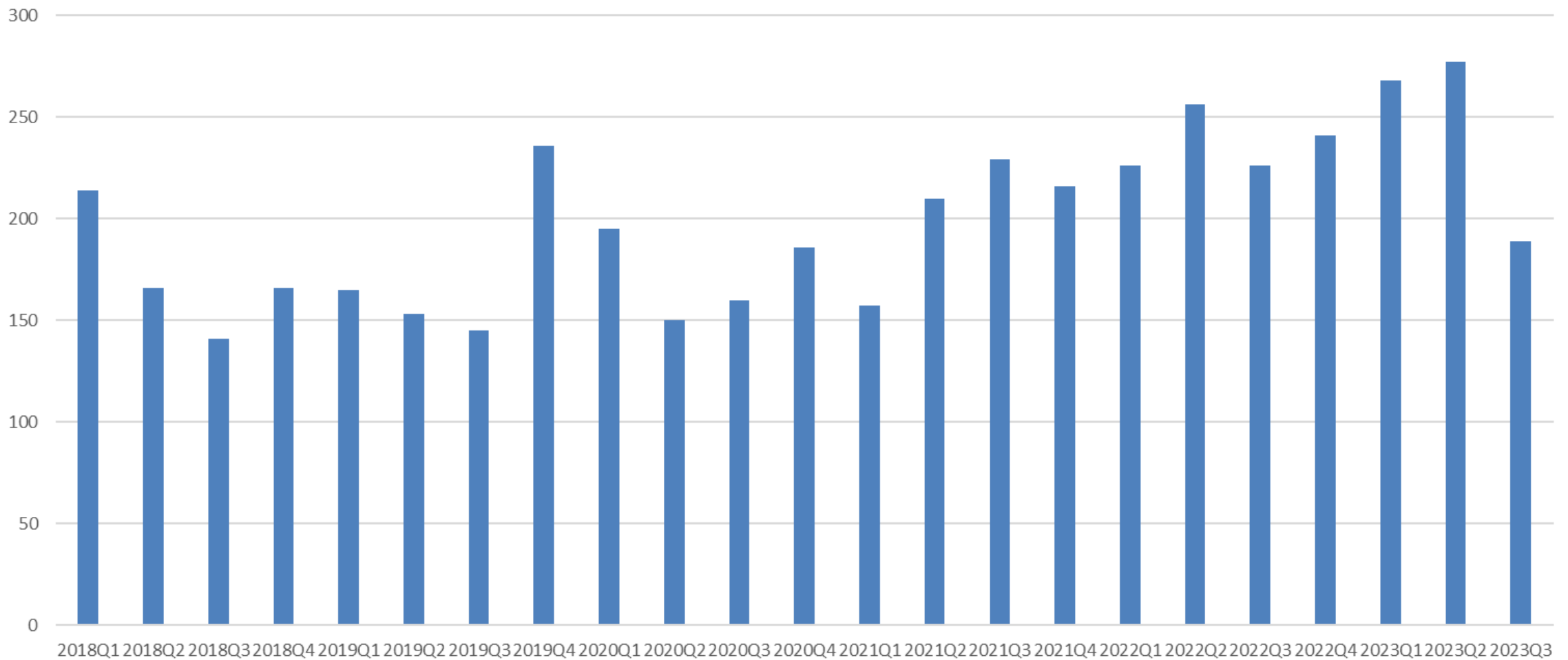We Treat Hep C Kick-Off
April 2021

We Treat Hep C

Number of Michigan Medicaid Beneficiaries treated for HCV by Age Group, 2018-2022

We Treat Hep C

HCV Treatment Providers Prescribing Treatment for Medicaid Beneficiaries
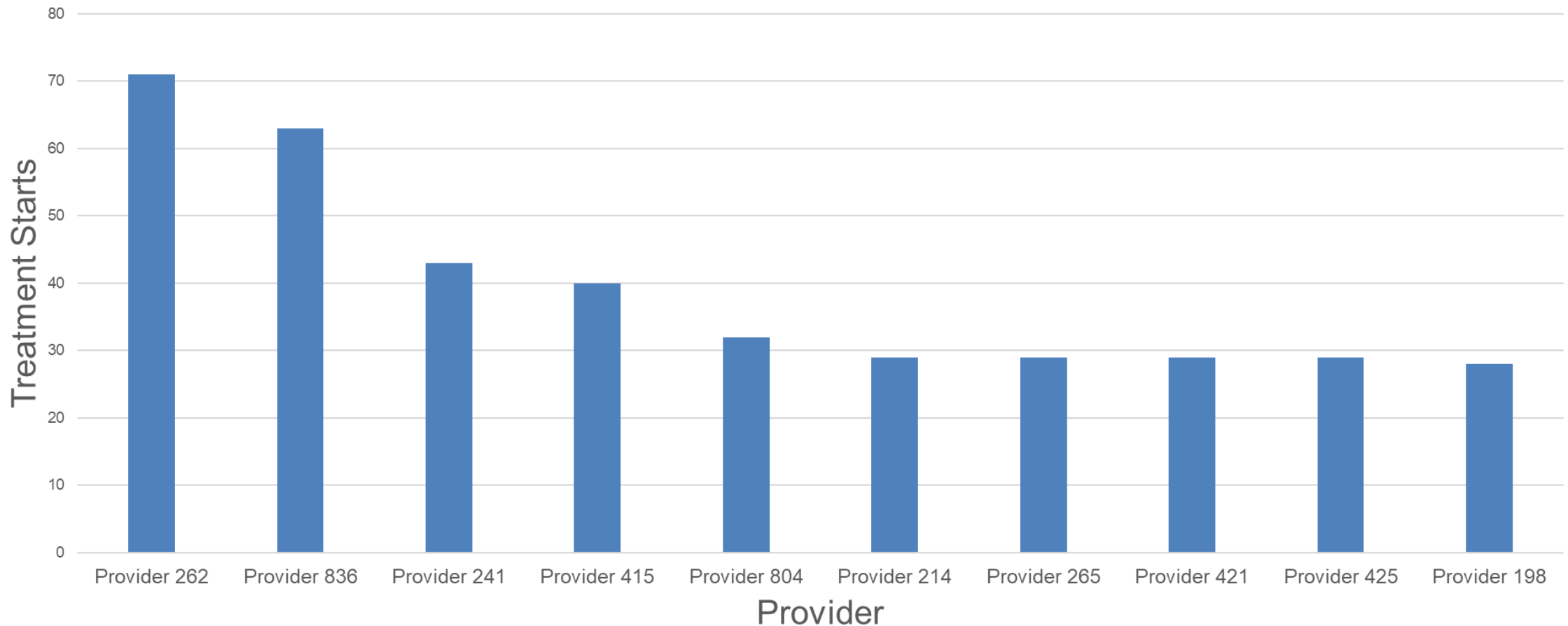Each Quarter, 2018-2023, MI

Provider NPI Registry Match

- Ten-digit National Provider Identifier (NPI) number provided by U.S. Centers for Medicare & Medicaid Services
  - Matched with NPI numbers for HCV treatment providers in claims data
  - Provides data on provider organizations/affiliations, classification, and specialty

- Identified 1021 unique providers who've prescribed treatment from 2018-2022
  - Not all providers will have a primary specialty indicated in the NPI registry
  - NPI registry updated monthly: data may have changed since treatment prescriptions
  - 911 (89%) have Organization/Affiliations readily identifiable
  - 1021 (100%) have Classification listed
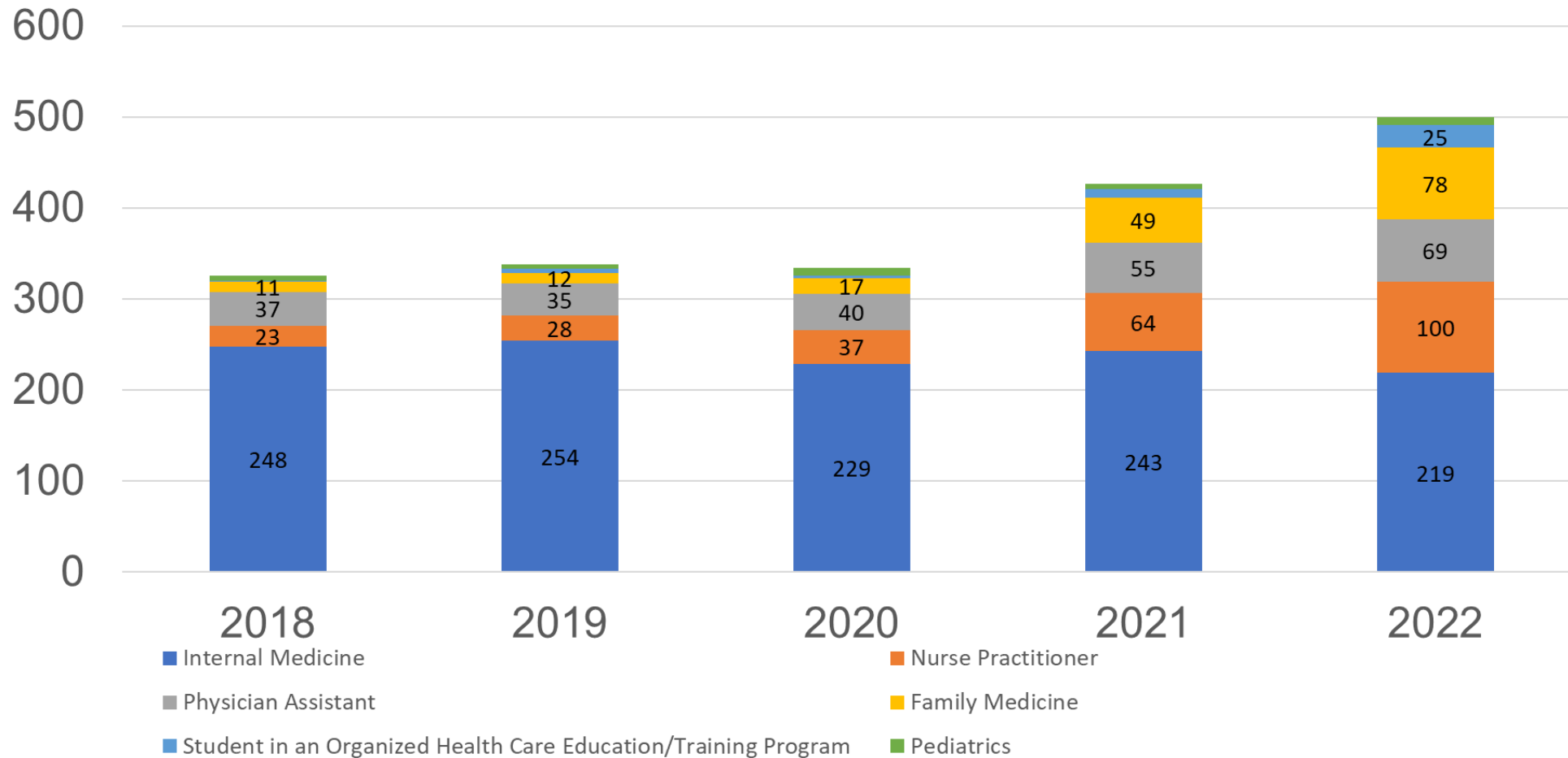 - 579 (56%) have a primary specialty listed

Provider NPI Registry Match

Top 6 Provider Classifications for Prescribing Hepatitis C Treatment to Medicaid Beneficiaries, 2018-2022

Legend:
- Internal Medicine
- Nurse Practitioner
- Physician Assistant
- Family Medicine
- Student in an Organized Health Care Education/Training Program
- Pediatrics

	2018	2019	2020	2021	2022
Internal Medicine	248	254	229	243	219
Nurse Practitioner	23	28	37	64	100
Physician Assistant	37	35	40	55	69
Family Medicine	11	12	17	49	78
Student in an Organized Health Care Education/Training Program					25

Improving Outcomes using Data

- Medicaid match funding
  - Expenditures made by the State for the proper and efficient administration of the Medicaid State Plan are subject to match by the federal government
  - The match rate for these activities varies from 50% to 90% as specified in Section 1903 of the Social Security Act
  - Match must be non-federal dollars
    - State appropriated funding from opioid settlement and LHD HCV navigator funding
  - Medicaid match projects can serve both Medicaid and non-Medicaid patients, as long as 65% or greater are Medicaid beneficiaries
  - Activities cannot be focused only on non-Medicaid patients
  - Looking to fund HCV patient navigators at SSPs and local health departments throughout Michigan

Improving Outcomes using Data

- Michigan Disease Surveillance System
  - Acute and Chronic hepatitis C case report form asks for insurance status

Insurance Status *(Check all that apply)*
☐ Medicaid   ☐ Medicare   ☐ Private Insurance   ☐ Uninsured   ☐ Other

Improving Outcomes using Data

- Syringe Services Program Utilization Platform (SUP)
  - A web-based, data collection tool housed within the Michigan Disease Surveillance System (MDSS) that collects client-level utilization and encounter data from our SSPs

- Client intake form revamped from fall 2022 – summer 2023, with the goal of:
  - Expanding options to better reflect participant experience
  - Align data collection with other data sources to allow comparative analysis
  - Increase data quality by reducing the burden of the form on SSP staff
  - Reduce unintended harm by eliminating unnecessary and invasive questions

Improving Outcomes using Medicaid Data

Pronouns (check all that apply):
- ☐ he/him/his
- ☐ she/her/hers
- ☐ they/them/their
- ☐ Not Listed: [_____]
- ☐ Prefer not to answer

Sex Assigned at Birth:
- ○ Male
- ○ Female
- ○ Intersex

Gender Identity (check all that apply):
- ☐ Man
- ☐ Woman
- ☐ Cisgender
- ☐ Transgender
- ☐ Nonbinary
- ☐ Genderqueer
- ☐ Genderfluid
- ☐ Agender
- ☐ Not Listed: [_____]

Health insurance:
- ○ Not insured
- ○ Insured through work or privately
- ○ Insured through family member
- ○ Medicaid
- ○ Medicare
- ○ Indian Health Services
- ○ VA, TRICARE or other military health care
- ○ Other: [_____]

Do you identify as a member of the following populations disproportionately impacted by HIV/AIDS? (check all that apply)
- ☐ Men who have sex with men
- ☐ Black women
- ☐ Transgender women
- ☐ Youth aged 13-24
- ☐ People who inject drugs
- ☐ Not applicable

Integration with Medicaid Health Services Data Warehouse

- Data sharing agreement in place to share positive and negative HCV lab results from Michigan Disease Surveillance System (MDSS) to Medicaid Health Services Data Warehouse
  - Health Services Data Warehouse contains claims data for all Medicaid beneficiaries, including inpatient, outpatient, ambulatory care, emergency department visits and mental and behavioral health encounters
- Test results associated with Medicaid beneficiaries will be displayed in CareConnect360 (CC360) for authorized Michigan Health Plan staff to assist in coordinating care
  - HCV DIS Unit staff already using CC360 to look up patient information
  - Reach out to beneficiaries before redetermination date to assist in renewal
- Demographic information, test results and collection date
- Master Person Index used to match lab results with beneficiaries
- Data sharing agreement being adjusted so data is shared back to MDSS to supplement surveillance data and aid in DIS follow-up

We Treat Hep C Champion Newsletter

- Purpose is to both highlight providers in Michigan who are treating the most beneficiaries for hepatitis C and serve as an informational resource for providers who may not be treating yet
- Allow providers to share successes and barriers to testing and treatment of hepatitis C
- Testimonials on the ease of treating patients for hepatitis C
  - Number of patients treated is included
- Newsletter will be shared on MDHHS listservs and provider networks via health systems that participate in Hepatitis C Clinical Collaborative quarterly meetings

Next Steps

- Preliminary discussions with Medicaid partners about the possibility of Medicaid inmate exclusion policy Section 1115 waiver in Michigan
  - DIS and patient navigators face difficulties getting patients treated for HCV upon release
- Would like to start looking more at racial disparities in treatment
- Screening and treatment differences by demographics and geographic areas
- Public facing dashboard using Medicaid data

Thank you!!

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