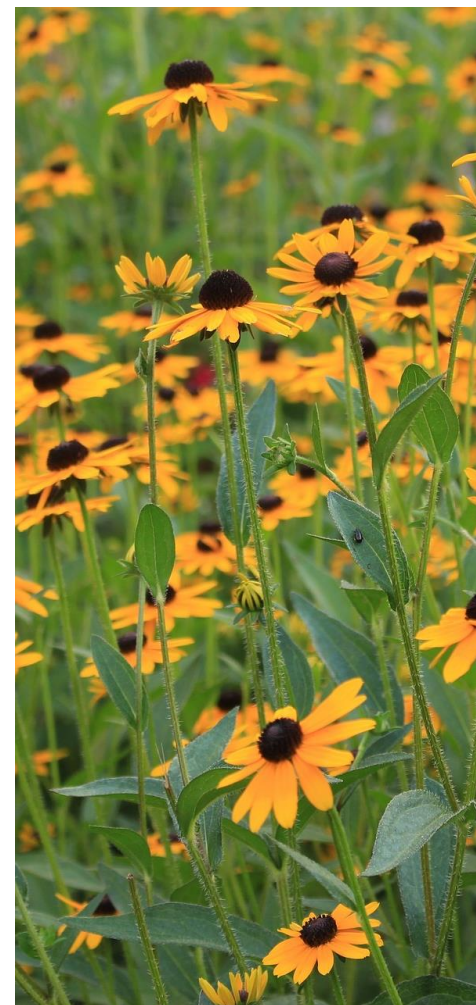# The Hilltop Institute

Data Sharing Success: HIV Surveillance and Maryland Medicaid

Presented by: Parker James, Policy Analyst
The Hilltop Institute
NASTAD's National HIV and Hepatitis Technical
Assistance Meeting
October 12, 2023

UMBC

Overview

The presentation today will cover the following:

- Maryland Medicaid HIV Initiative project background and team

- Data use agreement

- Data matching between HIV and Medicaid

- Viral load suppression in Maryland Medicaid

- Using the data for quality improvement

- Next steps and challenges

- Conclusion

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Maryland Medicaid HIV Initiative
continued

- HRSA-funded Special Projects of National Significance
- Multi-state collaborative as the Systems Coordination Provider (SCP)
- Five-year project (2021-2025)
- National partners:
  - National Alliance of State & Territorial AIDS Directors (NASTAD)
  - AcademyHealth
  - University of San Francisco, HEALTHQUAL
  - Georgetown University
  - Killelea Consulting
- Focuses on the improvement of viral load suppression via reporting of the HIV Viral Load Suppression (HVL-AD) now reported with CMS Adult Core Set

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Maryland Medicaid HIV Initiative
continued

- Overall State Collaborative Aim: Improve HIV viral load suppression for Medicaid beneficiaries living with HIV in the U.S.

- Goals:
  - Develop capacity to share high quality HIV viral load data between HIV surveillance and Medicaid
  - Integrate HIV viral load into clinical quality measure (CQM) infrastructure and systems
  - Strengthen cross-agency collaboration
  - Use HIV viral load data to improve HIV viral suppression among Medicaid recipients with HIV

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Maryland's Team

Maryland Medicaid

Alyssa Brown:
Co-Lead

Nancy Brown:
Quality Champion

Meredith Lawler: Analyst

Prevention and Health Promotion Administration (PHPA)

Colin Flynn:
Co-Lead

Morgan Boyer:
Data Lead

Joseph Duda: Analyst

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Maryland's Team continued

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Alice Middleton

David Idala

Dr. Lucy Wilson:
Clinical Lead

Parker James:
Data Lead

Organizational Collaboration

Medicaid

Hilltop

HIV Surveillance (PHPA)

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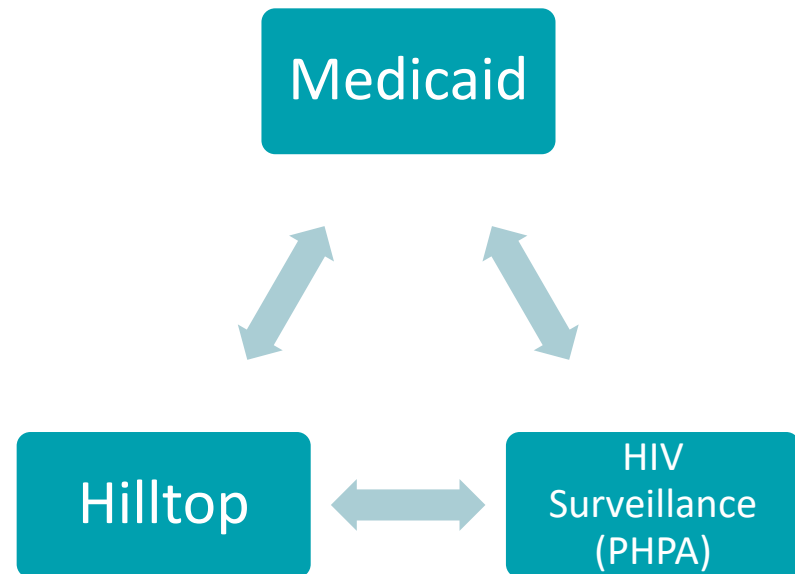
HIV Affinity Project

- Previously, our team participated in the HIV Affinity project. This project provided the groundwork for data matching between surveillance and Medicaid.

- PHPA, Hilltop and Medicaid had an existing data use agreement (DUA) in place from the project:
  - Only minor adjustments were needed to update for viral load data
  - Covers both HIV and Hepatitis C

- This collaborative relationship facilitated participation in the HIV Viral Load Suppression initiative

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DUA: Medicaid and HIV

- Data Use Agreement renewed between Hilltop, Medicaid and HIV Surveillance

- DUA was updated to include:
  - Viral load lab data
  - Additional variables from 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)

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Maryland Medicaid HIV Initiative
continued

- Participation in the collaborative includes:
  - Semi-annual Learning Sessions
  - Monthly internal meetings
  - Technical assistance calls
  - Webinars
  - Affinity groups
  - Semi-annual reporting
  - Quality assurance and quality improvement tools
  - Documentation

- With our DUA in place, Maryland was able to move forward with matching data and generating the measure

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MD Process Map

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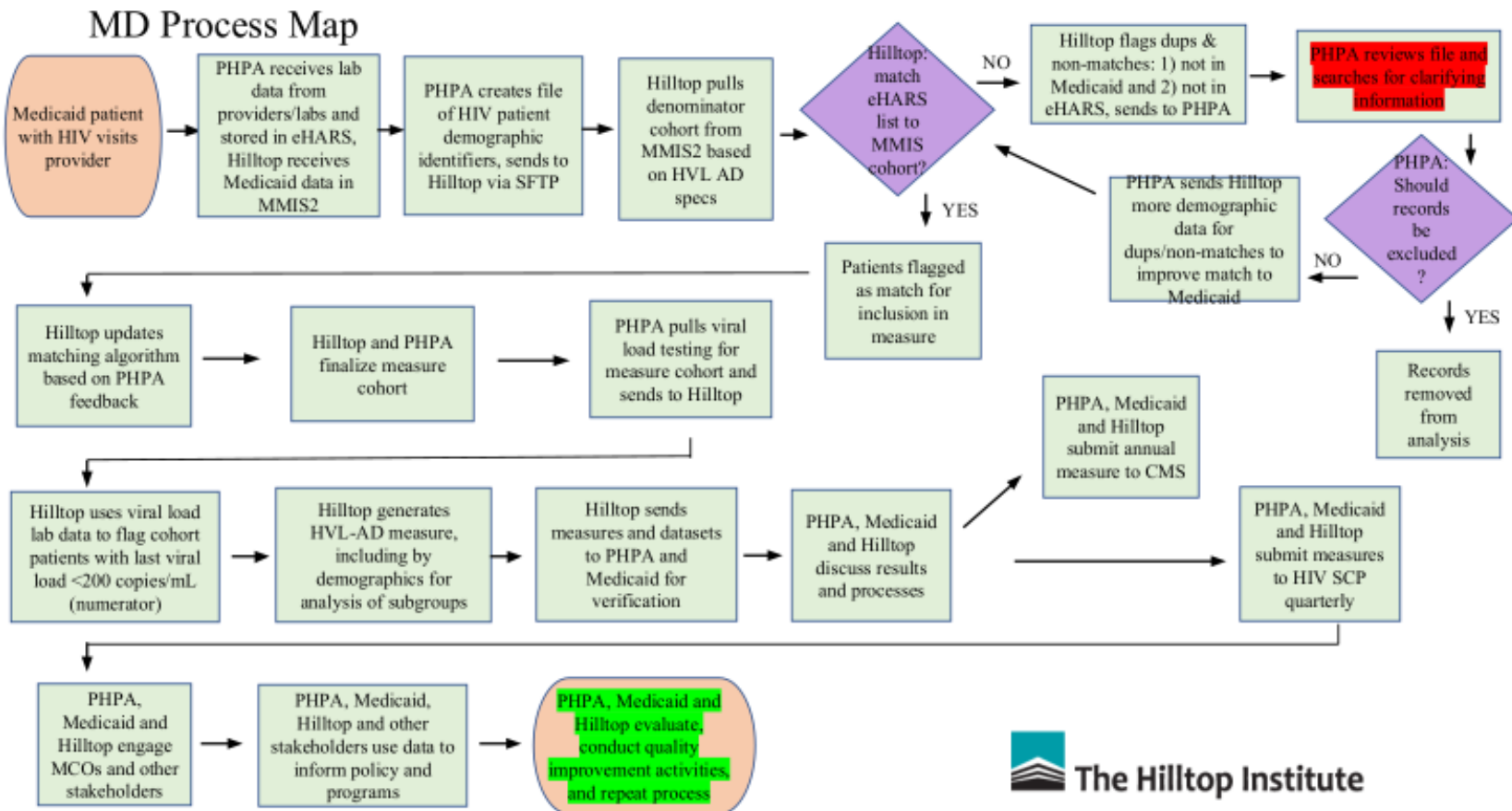
Medicaid HIV Data Match Process

- The match process uses the following variables: First Name, Last Name, DOB, 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

- PHPA then evaluates the matches 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).

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Results

Table 1. Preliminary HIV Viral Load Suppression Adult Core Set Measure (HVL-AD), CY 2021

Age	Numerator (Viral Load Suppressed)	Denominator (HIV with Visit)	% Viral Load Suppressed
18-64	6,016	7,695	78.2%
65+	555	659	84.2%
Total	**6,571**	**8,354**	**78.7%**

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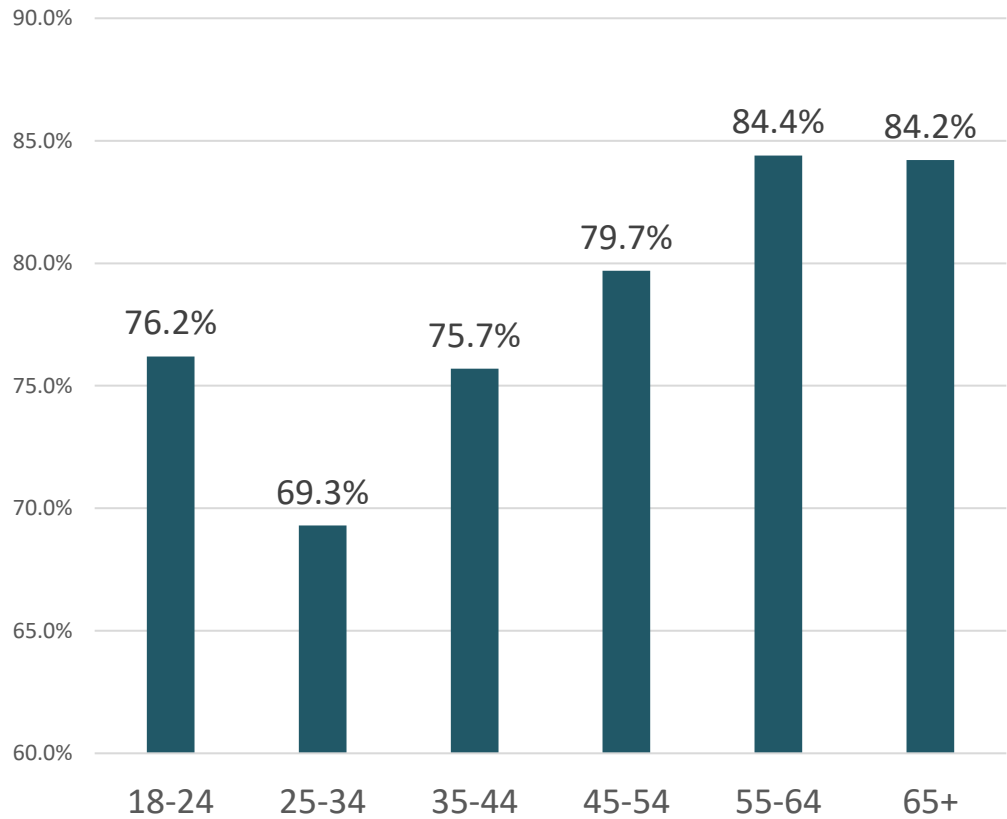
Results
continued

Maryland's team has disaggregated HVL-AD by the following:

- **Age Group***

- **Race and Ethnicity**

- Sex

- **Region and County**

- **FFS and MCO**

- Any Medicaid Mental Health Service

- **Any Medicaid Substance Use Service**

*Bolded: disparities identified

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Viral Load by Age

Percent Suppressed by Age Group

Age Group	Percent Suppressed
18-24	76.2%
25-34	69.3%
35-44	75.7%
45-54	79.7%
55-64	84.4%
65+	84.2%

Virally suppressed: </= 200 copies/ml at end of measurement year

Medicaid viral suppression (HVL-AD measure) is preliminary for CY 2021

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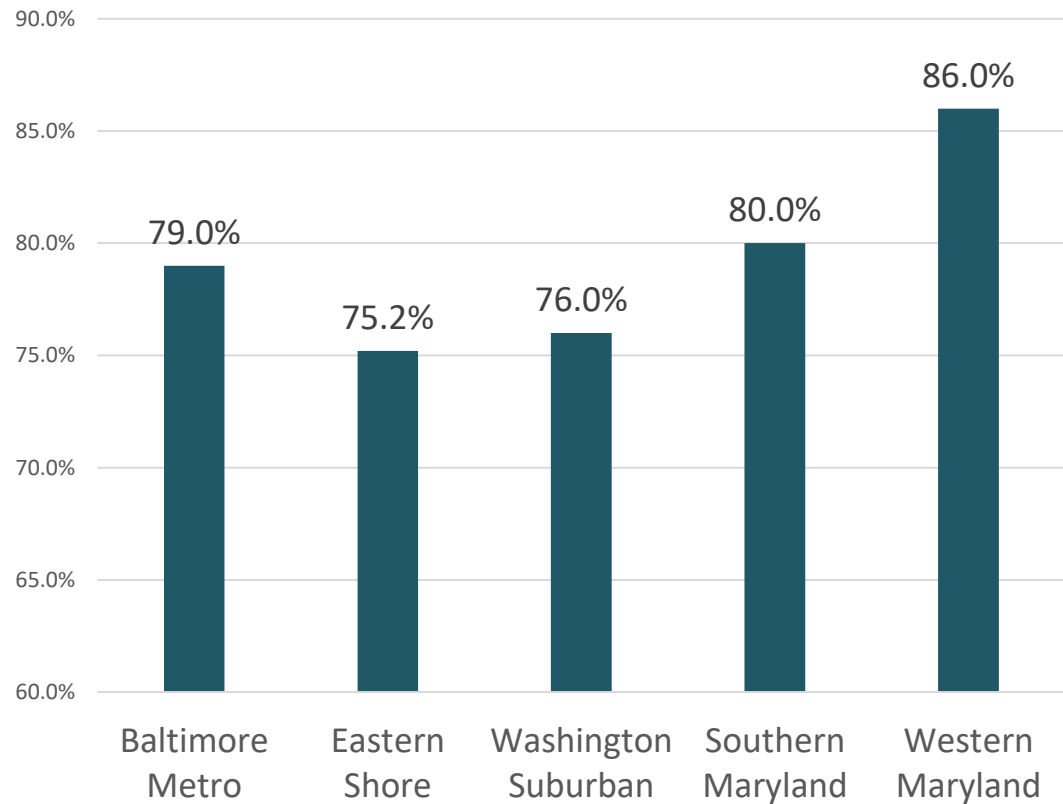
Viral Load by Region

Percent Suppressed by Region

Virally suppressed: </= 200 copies/ml at end of measurement year

Medicaid viral suppression (HVL-AD measure) is preliminary for CY 2021

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Using the Data

- What have we done with the data?
  - Reported CY 2021 to CMS
  - Presented progress in the collaborative
  - Evaluated and refined match process
  - Disaggregated by key populations
  - Framing project within larger ongoing priorities (e.g. Ending the HIV Epidemic; health equity)
  - Engaged a clinical champion
  - Met with Medicaid policy staff to discuss quality improvement strategies
  - Presentation to Medicaid Director
  - Presentation to Medicaid managed care organizations

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Next Steps

- Engaging our clinical lead to identify opportunities to use data

- Finalizing data for CY 2022 by December, 2023

- Developing an action plan with measurable quality improvement (QI) goals

- Presenting to additional stakeholders

- Working with stakeholders to refine and implement QI strategies

- Ensuring sustainability

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Maryland Medicaid HIV Initiative

continued

- Challenges
  - Developing a standardized process
  - Time constraints and burden of reviewing matches
  - Competing priorities
  - As we progress, we are considering data sharing limitations

- Opportunities
  - Hilltop working closely with PHPA to refine HIV related Medicaid measures
  - Exploring possibilities with Hepatitis C data
  - Increasing awareness of HIV programs and resources

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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 has identified viral load suppression rates for Medicaid and disaggregated by key populations.

- Our team has started presenting to stakeholders and developing quality improvement goals.

- This collaboration has strengthened relationships between HIV, Medicaid, and Hilltop, and we will continue to build off this momentum.

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About Hilltop

The Hilltop Institute is a nonpartisan research organization at the University of Maryland, Baltimore County (UMBC) dedicated to improving the health and wellbeing of people and communities. We conduct cutting-edge data analytics and translational research on behalf of government agencies, foundations, and nonprofit organizations to inform public policy at the national, state, and local levels.

www.hilltopinstitute.org

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