Using Medicaid Data to Engage HIV Routine Testing Providers

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2017 NASTAD Systems Integration Meeting
Factors That Affect Routine HIV Testing

Common Barriers

- Misconceptions regarding routine testing
- Stigma / Blame
- Lack of buy-in from system administrators
- Resistance to change
- Support staff/provider discomfort
- Patient discomfort
- Competing priorities
- Lack of training and outdated views on HIV
Advantages of Routine HIV Screening

- General medical consent allows for routine HIV screening when visiting a healthcare provider as part of routine medical visits.
- Reduces stigma of testing by making it a part of routine general medical care and normalizes the consent and testing process.
- Can be individualized and integrated into the clinic flow of the healthcare systems to maximize efficiency of services.
- Identifies persons that are seeking services for other health issues that may not know their HIV status.
- Can fast-track newly-diagnosed persons into HIV medical care in many healthcare systems.
Since 2009, IDPH has integrated routine HIV screening services as a standard of care in clinical systems throughout the state. Funded systems are provided in person training, capacity building, technical assistance, free test kits, and quality assurance through site visits. Yearly, new health systems have been added, some have expanded their routine testing efforts by adding sites, and most will transition to third-party reimbursement for testing:

Currently funded agencies:

- Agape Missions – 1 correctional site
- Alivio Medical Center – system wide implementation with 1 priority site (4 sites)
- Crusader Clinic – system wide implementation (4 sites)
- Lake County Health Department – system wide implementation at the HD and FQHC (9 sites, including 1 correctional site)
- Mt. Sinai Health System – 2 Emergency Departments
- Open Door Health Center – 1 clinical and one behavioral health site
- South Suburban HIV/AIDS Regional Clinics – system wide implementation (3 sites)
- Southern Illinois Healthcare Foundation – system wide implementation (30+ clinic sites)
• Integrate Routine HIV Screening into seven Health Care systems:
  • Combined network of 40+ clinical sites
  • Including the emergency departments

• Integrate Opt-Out Testing into correctional settings
  • 12 County Jails, two juvenile detention centers, and one methadone clinic
  • Partnership with Five Health Departments
  • Two Community Based Organization
Next Steps

• In 2015, Illinois’ CDC Category B Routine Expanded Testing grant funds were directed towards the 3rd Party Billing and Reimbursement Project.
• An initial assessment of local health departments and testing sites was conducted to identify areas to focus our training and resources.
• Our Project Grantee, in collaboration with a billing consultant, then conducted an assessment with an existing network of clinical systems, to determine capacity for 3rd party billing and reimbursement for HIV screening services.
• At the end of the 2015, a full readiness assessment report was presented to IDPH, to help facilitate the FY2016 project for site selection for participation in billing and reimbursement capacity building.
2015 Readiness Assessment To Bill Third-Party Payers for Routine HIV Testing

Findings:

- While local health departments (LHDs), community-based organizations (CBOs), and some other healthcare providers in Illinois were some of the most common providers of HIV testing and other HIV services, not all had developed capacity to bill public or private payers/insurance carriers.
  - Most CBOs did not have the infrastructure to bill due to lack of electronic medical records and lack of staff trained on billing and coding.
  - Only about half of the LHDs had the infrastructure and capacity for 3rd party billing.
  - Health care systems had the existing infrastructure (in some capacity) to integrate routine testing services.
- Many low-income clients served by these healthcare providers are newly insured under the ACA and Expanded Medicaid, which can be billed for HIV testing and other HIV services.
- In the end, systems who chose to adopt 3rd party billing, understood the benefits of the service (testing) to the community, and that additional grant funding might still be required to support program staff, if they chose to maintain a dedicated testing project.
Status of Project to Date:

- 119,480 test conducted between Jan 1, 2013 – March 31, 2017
  - 478 Positive HIV cases have been identified to date
  - 76% of tested participants identified as member of a minority group
  - Consistent annual increase in testing, with an average of 30%
  - 4 clinical systems developed a 3rd party billing and reimbursement process
  - 3 clinical systems created a full time coordinator positions to guide project post grant funding
  - 1 clinical system developed community navigator program to maintain positive patients engaged in care
Purpose: Identify areas impacted by HIV where Medicaid providers had not delivered routine HIV testing services in the previous six months (January 1- June 30, 2016).

Process:
- IDPH requested a list of healthcare providers from the Illinois Medicaid claims database who had submitted CPT codes for routine HIV testing (1,940 providers).
- IDPH created a state geo-map of newly diagnosed HIV cases (2010-2014) based on residence at time of diagnosis and a state geo-map of prevalent cases based on current county of residence.

Analysis: IDPH generated a geo-map comparing the zip code of service delivery site to the distribution of HIV incidence and prevalence across the state.
MEDICAID ROUTINE TESTING PROVIDER MAP

Illinois HIV Routine Testing Providers and Sites by Zip Code as reported by Medicaid, 2016

Note: Medicaid providers and sites depicted in this map only represent providers and sites that billed the appropriate CPT codes when reporting HIV routine testing activities.
GAAP ANALYSIS OF ROUTINE HIV TESTING AMONG MEDICAID FUNDED PROVIDERS

- **Results:** Using geo-mapping techniques that strengthened the accuracy of the data analysis by estimating the distance to the nearest provider across zip code boundaries and by overlaying the three data sets, IDPH identified the 30 most populous cities and counties in the state that have been heavily impacted by the epidemic and whose Medicaid providers have not conducted routine HIV testing.

- Capacity-building activities will be targeted to Medicaid providers in these high-priority areas where they will have the greatest impact on the epidemic. It is estimated that the areas serve approximately 1.3 million Illinois residents.
DATA-DRIVEN PROVIDER ENGAGEMENT

In Oct. 2016, IDPH released an RFP for 2017 seeking to increase the number and build the capacity of healthcare systems in the areas identified through the gap analysis to deliver routine HIV testing.

- Project Focus Areas:
  - Addition of a healthcare system(s) within Latino/Latina service catchment area(s)
  - Outreach and education of Medicaid providers to increase their routine testing efforts
  - Education, training, and consultation on credentialing and contracting with Medicaid and Medicare
  - Technical support for implementation of electronic medical records (EMR) and/or revenue cycle management systems suitable for billing and reimbursement
  - Incentive payments to providers that meet key objectives such as linkage to care, HIV treatment initiation, linkage to partner services, timely data reporting, etc.
  - Formal external evaluation of project
DATA-DRIVEN PROVIDER ENGAGEMENT

Future Plans:

- Obtain data sets and create geo-mapping to include analysis of the volume of HIV tests conducted by each provider.
- Obtain data sets including coded algorithms and create geo-mapping to evaluate the distribution of other services, include PrEP prescriptions and HCV screenings.
Additional Plans for Medicaid Data Usage

- Compare various metrics (linkage to care, viral suppression, etc.) across payer type
- Flag out of care HIV+ Medicaid recipients
- Identify comorbidities
- Analyze trends in PrEP uptake
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