Medicaid Managed Care Pilot

Using Matched Medicaid/Surveillance Data to Achieve Viral Load Suppression

March 6, 2017

NASTAD Health Systems Data Consultation and Workshop
NYS Ending the Epidemic (ETE) Initiative

Medicaid Managed Care Pilot

Surveillance System

Medicaid Analysis
Defining the “End of AIDS”

A 3-Point plan announced by Governor Cuomo on June 29, 2014

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis (PrEP) for persons who engage in high-risk behaviors to keep them HIV negative.

Reduce the number of new HIV infections to just 750 by the end of 2020.
Developing the Blueprint

- New York State Governor Cuomo convened an “Ending the Epidemic Task Force” to create a “Blueprint” to implement the 3 point plan.
- Community leaders partnered with the NYSDOH and NYCDOHMH to convene key stakeholders, consumers, and the community at large to identify priorities.
- Stakeholders contributed through a series of community forums and a public survey which yielded almost 300 recommendations.
- The Task Force included 64 key stakeholders and held five meetings over a four month period.
- The 2015 Blueprint: The Plan to End AIDS in New York State was accepted by Governor Cuomo in April 2015.
- The Blueprint contains 30 Blueprint recommendations (BPs) and seven recommendations for getting to zero (GTZs).
Blueprint Recommendations (BPs)

Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.

- BP5: Continuously act to monitor and improve rates of viral suppression.
- BP6: Incentivize Performance.
- BP7: Use client-level data to identify & assist patients lost to care or not virally suppressed.
- BP29: Expand and enhance the use of data to track and report progress.
Medicaid Managed Care Pilot

- Changes to 2014 law allowed for expanded sharing of surveillance information to medical providers.
- Pilot initiated with six managed care plans (Plans).
- Plans were given member data that identified those who were not suppressed at last viral load or had no documented viral load.
- Plans used own data to identify those members in need of follow-up, lost to care and not consistently on ARV.
- Plans are using data to group members for follow-up and targeted interventions to engage them in care and achieve viral suppression.
- Plans were given contracts to support linkage and engagement activities.
NYS Surveillance System – Data Flow
New York State HIV Surveillance System Overview

**NYEHMS**

Clean and standardize
Un-duplicate
Geocode
Match
Store

- Electronic Lab Reporting
- Provider Reports
  - Paper and electronic
  - NYS and NYC collected
- Administrative Data
  - Death files, DOCCS,
  - Medicaid, Death,
  - ADAP, AIRS, etc.
- RIDR/Record Search
- RHIO CCD/HL7

**Surveillance Assignments**

- Messages to CDESS for NYS PS
  - Apparent newly diagnosed and D2C (never linked; not retained)
- NYC Data Transfers
  - NYC resident or
  - NYC provider or
  - NYC facility
New York State HIV Surveillance/Medicaid Data Match

Medicaid Members Submitted From Medicaid Data Warehouse (MDW) CY2011-2013

N= 73,125

Surveillance Registry

Match Using IBM Quality Stage (Probabilistic Matching Software)

Matches To Surveillance Registry

Non-Matches To Surveillance Registry

Fuzzy-Matches To Surveillance Registry

*Require Manual Resolution

59,807 Medicaid Members Matched to a CDC Confirmed and Eligibility
Live Data Views Of Medicaid Members - CDC Confirmed

• Live data views generated for all Medicaid members matching to an HIV+ person meeting CDC Case Definition and Eligibility

• Data views generated using the most recent viral load received for each individual after 1/1/2011
  • V1-- viral load report with results of non-detectable or negative
  • V2-- viral load report with results from 200-999
  • V3-- viral load report with results from 1,000-9,999
  • V4-- viral load report with results from 10,000-99,999
  • V5-- viral load report with results from 100,000 and above
  • V6-- viral load report NAT positive
  • V7-- viral load report not received

• Each view returns the Medicaid numbers and collection dates
Medicaid Analysis
Medicaid Match Data Sources

- **Data Sources**
  - Medicaid Data Warehouse (MDW)
  - eMedNY
  - The HIV/AIDS Registry

- **OMPP Algorithm created to identify HIV/AIDS Medicaid members**
  - 10 different criteria used to identify members

- **Types of Data Elements Analyzed**
  - HIV Diagnoses
  - Pharmaceutical Claims for ARVs
  - Inpatient & Outpatient Visits
  - Opportunistic Infections
  - Enrollment in Special Needs Plans (SNPs)
**Medicaid Match Data**

- To identify those members who were not virally suppressed at the time of last viral load or had no documented viral load.
- Share unsuppressed member level data with select Medicaid Managed Care Plans.

<table>
<thead>
<tr>
<th>Data Steps</th>
<th>Members</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total NYS HIV/AIDS Medicaid Members Submitted for Match to HIV/AIDS Registry (MDW, CY2011-CY2013)</td>
<td>73,125</td>
<td>100%</td>
</tr>
<tr>
<td>Remaining Medicaid Members Matched to CDC Confirmed Case (HIV/AIDS Registry)</td>
<td>59,807</td>
<td>82%</td>
</tr>
<tr>
<td>Deceased as of 12/31/2014 -Removed (Based on date of death with no paid claims beyond death date)</td>
<td>5,623</td>
<td>9%</td>
</tr>
<tr>
<td>Remaining Medicaid Members Matched to CDC Confirmed Case with Deceased Removed (about 25% are dual eligible)</td>
<td>54,184</td>
<td>91%</td>
</tr>
</tbody>
</table>
Total NYS Medicaid Matched Members by Viral Load Status between January 2011 and July 2015

- Not Virally Suppressed (12,465 Members)
- Virally Suppressed (41,719 Members)

<table>
<thead>
<tr>
<th>BUCKET</th>
<th>BUCKET DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2</td>
<td>200-999 COPIES/ML</td>
</tr>
<tr>
<td>V3</td>
<td>1,000-9,999 COPIES/ML</td>
</tr>
<tr>
<td>V4</td>
<td>10,000-99,999 COPIES/ML</td>
</tr>
<tr>
<td>V5</td>
<td>&gt;=100,000 COPIES/ML</td>
</tr>
<tr>
<td>V6</td>
<td>NAT DETECTED</td>
</tr>
<tr>
<td>V7</td>
<td>NO REPORTED VL 1/1/2011-PRESENT</td>
</tr>
<tr>
<td>V1</td>
<td>&lt; 200 COPIES/ML</td>
</tr>
</tbody>
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Identification Of Virally Unsuppressed Medicaid Members

The Pilot plans consisted of: 3 HIV Special Needs Plans and 3 Mainstream Medicaid Managed Care Plans (MMC). These 6 MMC pilot plans accounted for 74% of all virally unsuppressed members enrolled in MMC plans.
Data Elements Distributed to MMC Pilot Plans For Virally Unsuppressed Members

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Data Source</th>
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<tbody>
<tr>
<td>Medicaid Medicaid Member ID</td>
<td>MDW</td>
</tr>
<tr>
<td>Viral Load Bucket for Unsuppressed Members only</td>
<td>HIV/AIDS Registry</td>
</tr>
<tr>
<td>Viral Load Test Month/Year</td>
<td>HIV/AIDS Registry</td>
</tr>
<tr>
<td>Dual/Non-Dual Status</td>
<td>MDW</td>
</tr>
<tr>
<td>Member Date of Birth</td>
<td>MDW</td>
</tr>
<tr>
<td>Medicare Member ID (HIC No.)</td>
<td>MDW</td>
</tr>
<tr>
<td>Year of Service in most recent MMC Plan</td>
<td>MDW</td>
</tr>
<tr>
<td>Death Discrepant Information/Status</td>
<td>HIV/AIDS Registry</td>
</tr>
</tbody>
</table>

- Encrypted data were password protected and transferred to the Medical Director’s data designee from each plan via a secure file transfer utility.
- Plans used their own data to further follow-up on members not linked and retained in HIV care.
Next Steps

• Learning from six pilot Plans.
• 40% of the previously unsuppressed plan members achieved viral suppression in 2016.
• In early 2017, the AIDS Institute will share new information on unsuppressed members with each of 19 Managed Care Plans.
• Additional analysis to be conducted with Plans.
For more Information:

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