Utilizing Medicaid Claims Data to Improve HIV Outcomes

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Louisiana Medicaid

- Both Office of Public Health and Bureau of Health Services Financing (Medicaid) under Louisiana Department of Health
- Separate application process for RW and Medicaid services
- 5 Managed Care Organizations (MCOs)
- Medicaid program – new Governor and new name in 2016
- Expanded Medicaid on July 1, 2016
HIV Continuum of Care
Louisiana, 2015

- Persons living with HIV: 19,398 (100%)
- In HIV care: 13,930 (72%)
- Retained in HIV care: 10,673 (55%)
- Virally suppressed (<200): 10,973 (57%)
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79% of PLWH in care were virally suppressed
Historically a few OPH Programs had negotiated their own data sharing agreements with Medicaid, but many programs had no access to Medicaid data.

Change in leadership at Medicaid several years ago facilitated process to establish an agency-wide data sharing agreement.

Support of OPH Leadership.

Staff had moved from Medicaid to OPH and had established relationships.

Process took only 6 months.
Signed data sharing agreement in Feb 2014

All users complete an annual “Data Sharing User Agreement”
Data Sharing

• OPH STD/HIV Program receives quarterly files of all Medicaid enrollees during the previous 12 month period
  • 3 month time lag (i.e., in December 2016, received file for persons enrolled in Medicaid between Oct 2015 – Sep 2016)

• Data are transferred through a secure VPN connection with very limited access

• Medicaid file includes: name, DOB, SSN, parish, number of months enrolled in Medicaid during the 12 month period, plan name, and an indicator for whether the enrollee had an HIV diagnosis in the measurement year (based on ICD-10 codes)
Data Linkage

• Data linkage is conducted by STD/HIV Program staff
• SHP exports a file from the HIV surveillance database (eHARS) that includes all persons living with HIV during the same 12 month period as the Medicaid file. All possible name, date of birth and SSN combinations, including aliases, are exported
• The two files are linked using a deterministic method (locally-developed SAS program) first and then a probabilistic method (Link Plus)
HIV Viral Suppression Measure

- Medicaid MCOs have 8 incentive-based performance measures
- Viral load measure included in the RFP in 2014
- Based on HRSA HAB Performance Measure

HIV/AIDS Bureau Performance Measures

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>HIV Viral Load Suppression</th>
<th>National Quality Forum #: 2082</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator:</td>
<td>Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year</td>
<td></td>
</tr>
<tr>
<td>Denominator:</td>
<td>Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year</td>
<td></td>
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</tbody>
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2016 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set):
HIV Viral Suppression Measure

- 2014 RPF: Plans will be penalized $250,000 annually if VL measure is not achieved
- Target set too low (54.34%)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Measure</th>
<th>Measure Description</th>
<th>Target Population</th>
<th>Condition</th>
<th>Target for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF #2082 (HIV)</td>
<td>HIV Viral Load Suppression</td>
<td>Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200</td>
<td>Chronic Disease</td>
<td>HIV</td>
<td>54.34</td>
</tr>
</tbody>
</table>

- Will also be included as an incentive measure in the 2017 RFP
  - higher VS target
Results of Medicaid and HIV Data Match

All People Enrolled in Medicaid N=1,573,617

Persons with HIV Claim n=5,983

Persons with no HIV Claim n=1,567,614

Duplicates n=20

Matched in OPH Database n=5,633 (94%)

No Match in OPH Database n=350 (6%)

Persons with Viral Suppression n=3,942 (70%)

Persons without Viral Suppression n=1,330 (24%)

No Viral Load n=361 (6%)
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No Viral Load n=361 (6%)

Matched in OPH Database n=3,268

Persons with Viral Suppression n=1,549 (47%)

Persons without Viral Suppression n=480 (15%)

No Viral Load n=1,239 (38%)
How can we improve linkage to HIV medical care, retention in care and viral suppression for these Medicaid enrollees?
Data Provided to MCOs

• Individual-level data are provided back to each MCO for their clients only

• Data provided by OPH:
  1. Was the client virally suppressed (i.e., VL <200 copies/mL) at the most recent test in the last 12 month period?
  2. Was the client confirmed to be HIV positive in the OPH HIV Surveillance database?

• MCOs calculate their own VS rates based on the HRSA measure
  • Medicaid Quality Improvement Team provides technical support
Viral Suppression by Medicaid Plan, 2015

Percentage

<table>
<thead>
<tr>
<th>Medicaid Plan</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>70%</td>
</tr>
<tr>
<td>B</td>
<td>65%</td>
</tr>
<tr>
<td>C</td>
<td>69%</td>
</tr>
<tr>
<td>D</td>
<td>71%</td>
</tr>
<tr>
<td>E</td>
<td>67%</td>
</tr>
<tr>
<td>F</td>
<td>67%</td>
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Challenges

• Finding staff with expertise to analyze Medicaid claims data
  • Helpful to partner with a university
• Medicaid has many competing public health priorities
Monitoring Ryan White ADAP Clients

• Monthly matches between ADAP Client population and Medicaid Enrollment
  • Tracked movement of clients from ADAP to Medicaid after July 1 expansion
  • Targeted outreach to clients
  • Batch disenrollment
  • Ensure payer-of-last-resort requirement met

• Match of providers between major Louisiana insurer (BCBS) and Medicaid providers
  • Identified regions with scarce advanced nursing specialties and ID physicians
Future Activities

• Follow clients who have moved from ADAP to Medicaid
  • Monitor viral suppression and adherence
    • Match to surveillance lab data to monitor viral suppression
    • Use pharmacy claims to create adherence measures
  • Identify gaps by region/subpopulation
• Analyze PrEP prescriptions, provider visits
• Monitor HIV and STI screening among pregnant women during first and third trimesters
HIV Health Improvement Affinity Group

• Louisiana is one of 19 participating states
• This initiative, supported by the White House as part of the National HIV/AIDS Strategy, supports state collaboration between public health and Medicaid programs to improve systems of care and sustained virologic suppression for Medicaid and CHIP enrollees living with HIV
• Collaboration between CDC, CMS, and HRSA in partnership with the National Academy for State Health Policy (NASHP)
Louisiana’s HIV Health Improvement Affinity Group Action Plan

• Project Aim: To improve health outcomes among persons living with HIV in Louisiana who are enrolled in Medicaid by using surveillance and Medicaid claims data for public health action

• Objectives:
  1. By December 2017, increase the percentage of persons living with HIV enrolled in Medicaid who are virally suppressed to 70%
  2. By December 2017, increase the percentage of persons living with HIV enrolled in Medicaid who have at least one HIV-related care visit in a 12 month period to 90%

• Strategies to accomplish objectives:
  1. Data linkage – improve timeliness/efficiency
  2. Data analysis – more subgroup analysis
  3. MCO activities and provider/client outreach
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