

Medicaid/HIV Surveillance Data Linkage and Viral Suppression Incentive Measure

TARGET POPULATION: People Living with HIV enrolled in Medicaid

LOCATION: Louisiana

PROGRAM DESIGN: Data linkage

ESTIMATED COST: ~\$25,000 annually

FUNDING SOURCE: CDC HIV Surveillance, HRSA Ryan White Part B, CMS

CORE ACTIVITIES

DATA SHARING

In 2014, the Louisiana Office of Public Health (OPH) and the Bureau of Health Services Financing (BHSF) signed a data sharing agreement allowing the agencies to exchange Medicaid and public health data. This was possible due to the strong support of leadership from both agencies as well as their previous collaborations on joint projects and monthly meetings to resolve issues.

As part of the data sharing agreement, individual users are identified and required to complete an annual data sharing agreement. In July 2014, Medicaid shared an individual-level data file with the Louisiana OPH, STD/HIV Program (SHP) that included all Medicaid enrollees who had an HIV-related diagnosis code during the previous year. In order to identify people living with HIV (PLWH) who may not have been in HIV-related care in a 12 month period, all subsequent individual-level files have included all persons enrolled in Medicaid, including persons who did not have any claims with an HIV-related diagnosis code. Data between the two programs are shared

Linking Medicaid claims data and HIV surveillance data has enabled Louisiana's Medicaid managed care organizations to better monitor HIV-related outcomes among their enrollees.

DATA LINKAGE

Each quarter, BHSF sends SHP a file of all Medicaid enrollees who had at least one claim during the previous 12 months. The file includes: name, date of birth, social security number, 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. SHP exports a file from the HIV surveillance database (eHARS) that includes all PLWH during the same 12 month period as the Medicaid file. All possible name, date of birth and social security number combinations, including aliases, are exported. The two files are linked using both a probabilistic method (Link Plus) and a deterministic method (locally-developed program).

on a quarterly basis that includes a three month lag.

VIRAL SUPPRESSION MEASURE

In order to improve outcomes, an incentive-based performance measure for HIV viral load suppression was included in the 2015 contracts with the five Medicaid managed care organizations (MCOs) in Louisiana. The measure is based on the Health Resources & Services Administration (HRSA) HIV/AIDS Bureau (HAB) performance measure for HIV viral load suppression. The denominator is the number of Medicaid enrollees age 18 and older with both a diagnosis of HIV, confirmed by OPH, in the measurement year and at least one medical visit in the measurement year to a provider with prescribing privileges within a primary care or infectious disease specialty care setting. The numerator is the number of Medicaid enrollees in the denominator with a viral load less than 200 copies/mL at last HIV viral load test during the measurement year. If an MCO does not reach the viral suppression target, \$250,000 is withheld annually. BHSF set the viral suppression target at 54.3% in the 2015 contract.

Once the Medicaid claims data and surveillance data are linked, SHP determines which Medicaid enrollees are confirmed to be HIV positive and indicates whether each enrollee was virally suppressed. The individual level data are returned to BHSF, and they provide each MCO with a file that only includes their enrollees. Each MCO calculates their own viral suppression rate.

HIV viral suppression data can be used by MCOs to improve their outreach and services for persons living with HIV who are not virally suppressed or not in HIV-related medical care.

OUTCOMES

In 2015, all MCOs met the viral suppression target. Viral suppression among the MCOs ranged from 65% to 70%.

84% of Medicaid enrollees had at least one HIV-related medical care visit in 2015.

DATA

In 2015, of the 1,507,594 persons enrolled in Medicaid, 5,786 (0.4%) had at least one HIV-related claim. The Medicaid claims data were linked to HIV surveillance data, and 5,433 persons with an HIV-related claim matched (94%). Among the persons who had an HIV-related claim and matched to HIV surveillance data, 3,710 (68%) were virally suppressed, 1,397 (26%) were not virally suppressed, and 326 (6%) did not have a viral load test in 2015. Of the persons with no HIV-related claim, 2,785 matched to HIV surveillance data. These persons may have been in care for non-HIV related reasons only, received HIV medical care but a Medicaid claim was not filed, or an HIV diagnosis code was not submitted on the claim. Only 48% of persons who did not have an HIV-related claim but matched to HIV surveillance data were virally suppressed.

EVALUATION

This project has not been formally evaluated. Summary data and reports are provided quarterly to BHSF and OPH Leadership. Results have also been presented at MCO Quality Improvement meetings.

FUNDING & COST

The estimated cost of this project is \$25,000 annually. The main costs are associated with personnel (e.g., project manager, data analysts, and evaluators). These staff are funded by CDC, HRSA, and the Centers for Medicare & Medicaid Services (CMS).

STAKEHOLDERS

Partners include: Louisiana Department of Health Office of Public Health, STD/HIV Program, Louisiana Department of Health, Bureau of Health Services Financing, Medicaid MCOs, and PLWH enrolled in Medicaid.

LIMITATIONS

BHSF set the viral suppression target in 2014 using preliminary data. This target is considerably lower than the National HIV/AIDS Strategy target. BHSF and OPH are working together to increase the target for the next release of the request for proposal (RFP) for managed care organizations.

The effectiveness of interventions to improve viral suppression, linkage to care and re-engagement in care varies across the MCOs. Real time viral load results are needed by MCOs to effectively use the data for immediate public health action.

STRENGTHS

The collaboration between Medicaid and the STD/HIV Program has been extremely beneficial for both programs. The MCOs are using the data for outreach to medical providers and enrollees in order to improve outcomes. Additional analyses are planned including: monitoring of provider visits, antiretroviral (ARV) use, HIV/STI screening, and use of pre-exposure prophylaxis (PrEP).

PROGRAM CONTACT

DeAnn Gruber, PhD, LCSW
Louisiana Department of Health, Office of
Public Health
504-568-7474 | deann.gruber@la.gov

Debbie Wendell, PhD, MPH
Louisiana Department of Health, Office of
Public Health
504.568.7474 | debbie.wendell@la.gov

SreyRam Kuy, MD, MHS, FACS
Louisiana Department of Health, Medicaid
225.342.9500 | sreyram.kuy@la.gov