

Technical Assistance for States to Report Viral Suppression Measurement Data to Centers for Medicare & Medicaid Services Medicaid Adult Core Set Program

HRSA 21-083: Medicaid Systems Coordination Provider

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Funding Acknowledgement

This initiative is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$16,000,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Learning Objectives

By the end of this session, participants will be able to:

1. Understand the purpose and importance of Centers for Medicare and Medicaid Services (CMS) Medicaid Adult Core Set Program
2. Learn about resources to assist states to submit viral suppression data to the CMS Medicaid Adult Core Set Program
3. Identify models for submitting data to the CMS Medicaid Adult Core Set Program

Presentation Roadmap

1. Initiative Overview
2. Collaborative Drivers
3. Road Map to Reporting
4. Current Activities
5. Technical Assistance Expansion
6. Questions and Discussion

Initiative Overview

Medicaid-HIV Partnerships

A few of many opportunities:

Dedicated efforts to incentivize HIV outcomes within Medicaid programs

Preventing gaps in care related to coverage transitions

- Enrollment in Ryan White HIV/AIDS Program (RWHAP) is associated with higher viral suppression (8% increase) among Medicaid beneficiaries ([Dawson](#)).

Coordinating wrap-around services for individuals dually enrolled in RWHAP and Medicaid

- Medicaid coverage churn has been associated with lower retention in care and viral suppression ([Ginossar](#), [McManus](#), [Raifman](#)).

Improved understanding about Medicaid beneficiaries with HIV

Incentives to prioritize high-quality care initiatives

Preventing gaps in care due to coverage transitions

Coordinating wrap-around services

Initiative Overview (cont.)

Initiative HRSA-funded RWHAP Part F Special Projects of National Significance (SPNS)

Funding \$4 million per year
August 1, 2021, to July 31, 2025

Purpose Improve the capacity of states to report the HIV viral suppression measure to CMS as part of the Medicaid Adult Core Set (HVL-AD).

Partners NASTAD (System Capacity Provider (SCP),
AcademyHealth,
University of California, San Francisco, HEALTHQUAL,
Georgetown University,
Killelea Consulting

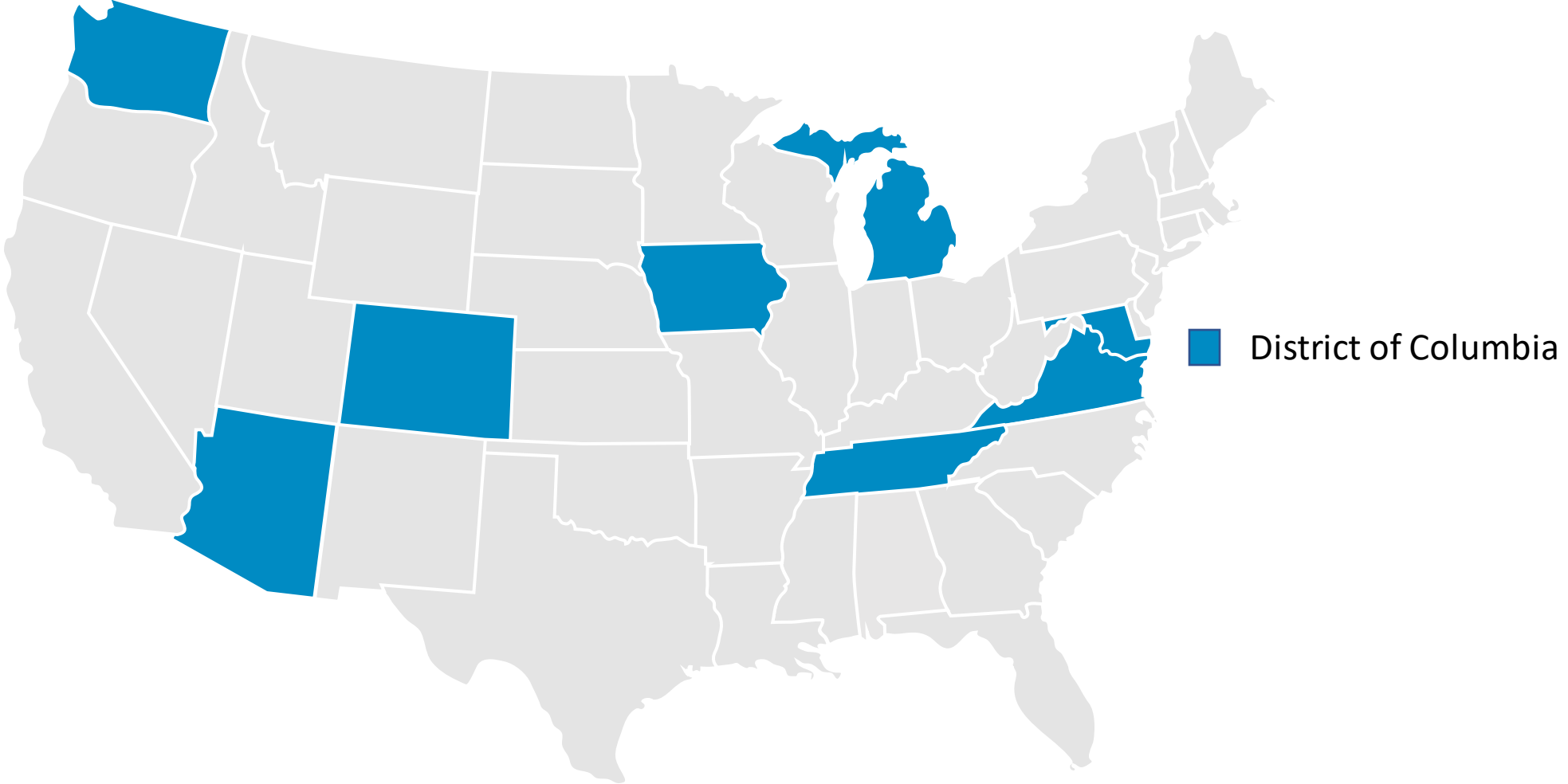
Approach Subawards,
learning collaborative,
including technical assistance,
evaluation, and dissemination

Eligibility Confirmations (PCN-21-02)

- Updated Policy Clarification Notice (PCN) 21-02
 - Change in frequency of client certification
 - Use of data sharing has been recommended as well
- “Recipients and subrecipients should use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations), when possible.”

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>

Learning Collaborative States



Aim and Goals

Collaborative Aim

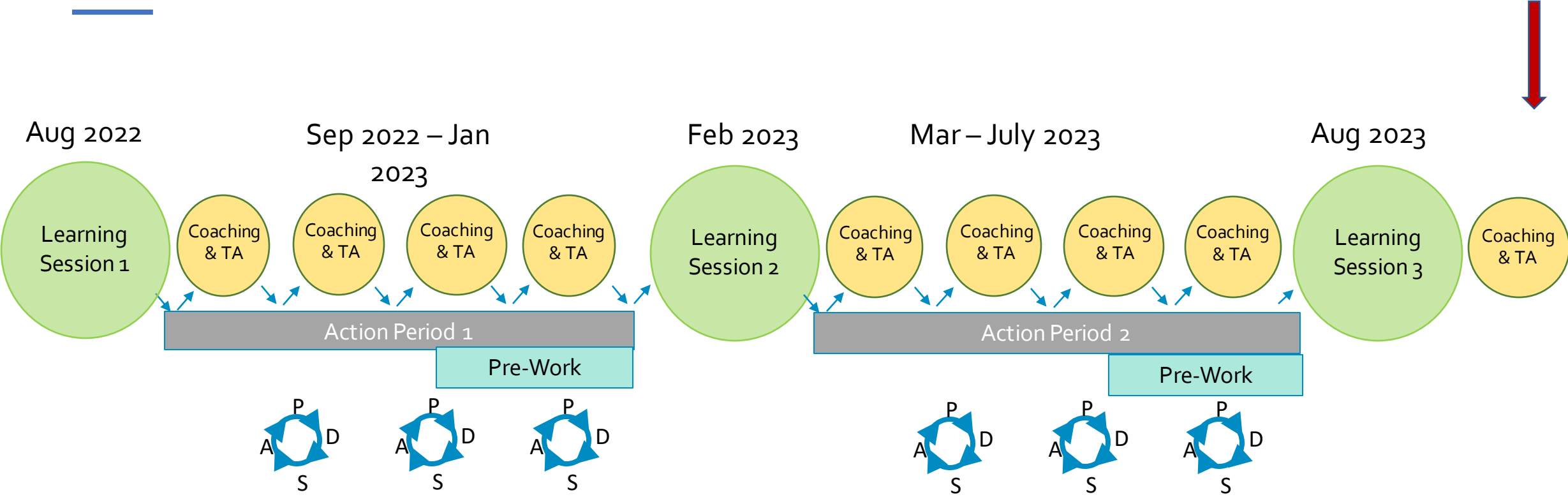
The collaborative aims to improve HIV viral load suppression for Medicaid beneficiaries living with HIV in the United States by increasing the number of states implementing the HIV viral suppression measure to the CMS Medicaid Adult Core Set Program.

Goals

Medicaid-HIV SCP is guided by the following goals:

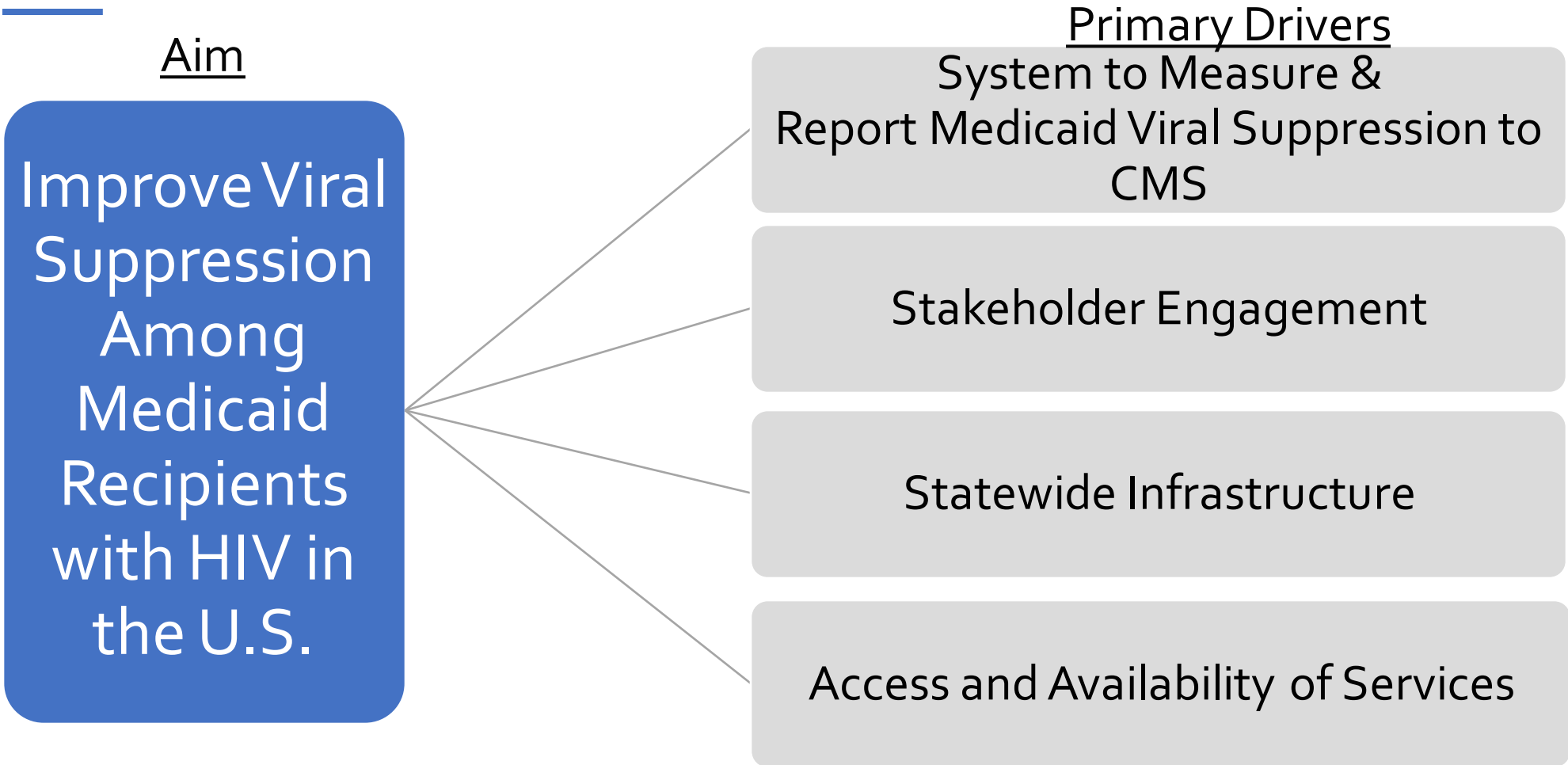
- Develop capacity to share high quality HIV viral load data between HIV surveillance and Medicaid programs
- Integrate HIV viral load data into clinical quality management infrastructure and systems
- Strengthen cross-agency collaboration
- Use HIV viral load data to improve HIV viral suppression among Medicaid recipients with HIV

Collaborative Timeline



Collaborative Drivers

Collaborative Driver Diagram: Primary Drivers



Secondary Drivers: Report Medicaid Viral Suppression to CMS

Aim

Secondary Drivers

Systems to Measure &
Report
Medicaid Viral Suppression
to CMS

Data Quality

Data Completeness
and Timeliness

Data Exchange

Secondary Drivers: Stakeholder Engagement

Secondary Drivers

Aim



Secondary Drivers: Organizational Infrastructure

Secondary Drivers

Aim

Organizational Infrastructure

Data Governance

Workflow Processes

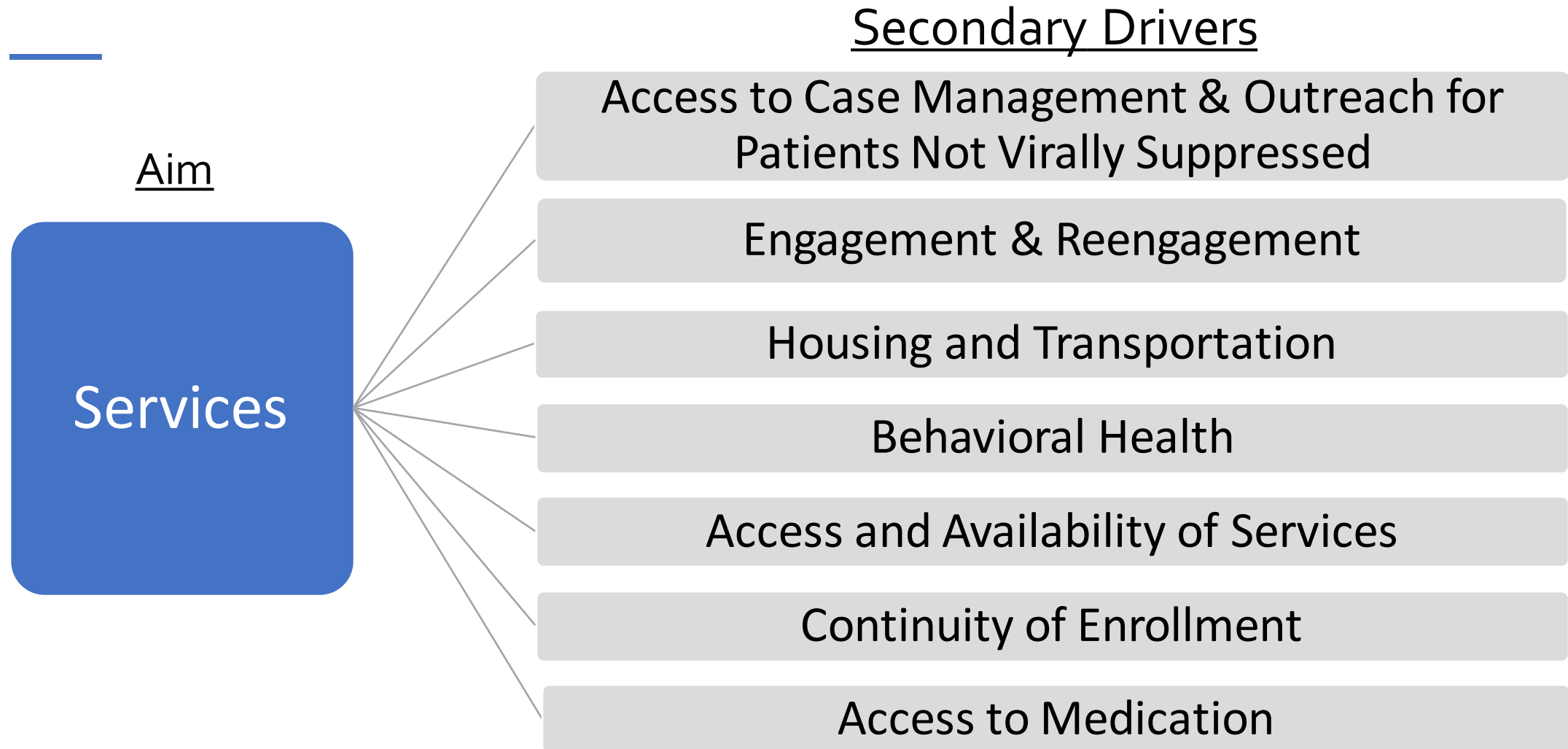
Staffing Capacity

Integration with Quality Management

Statewide Alignment

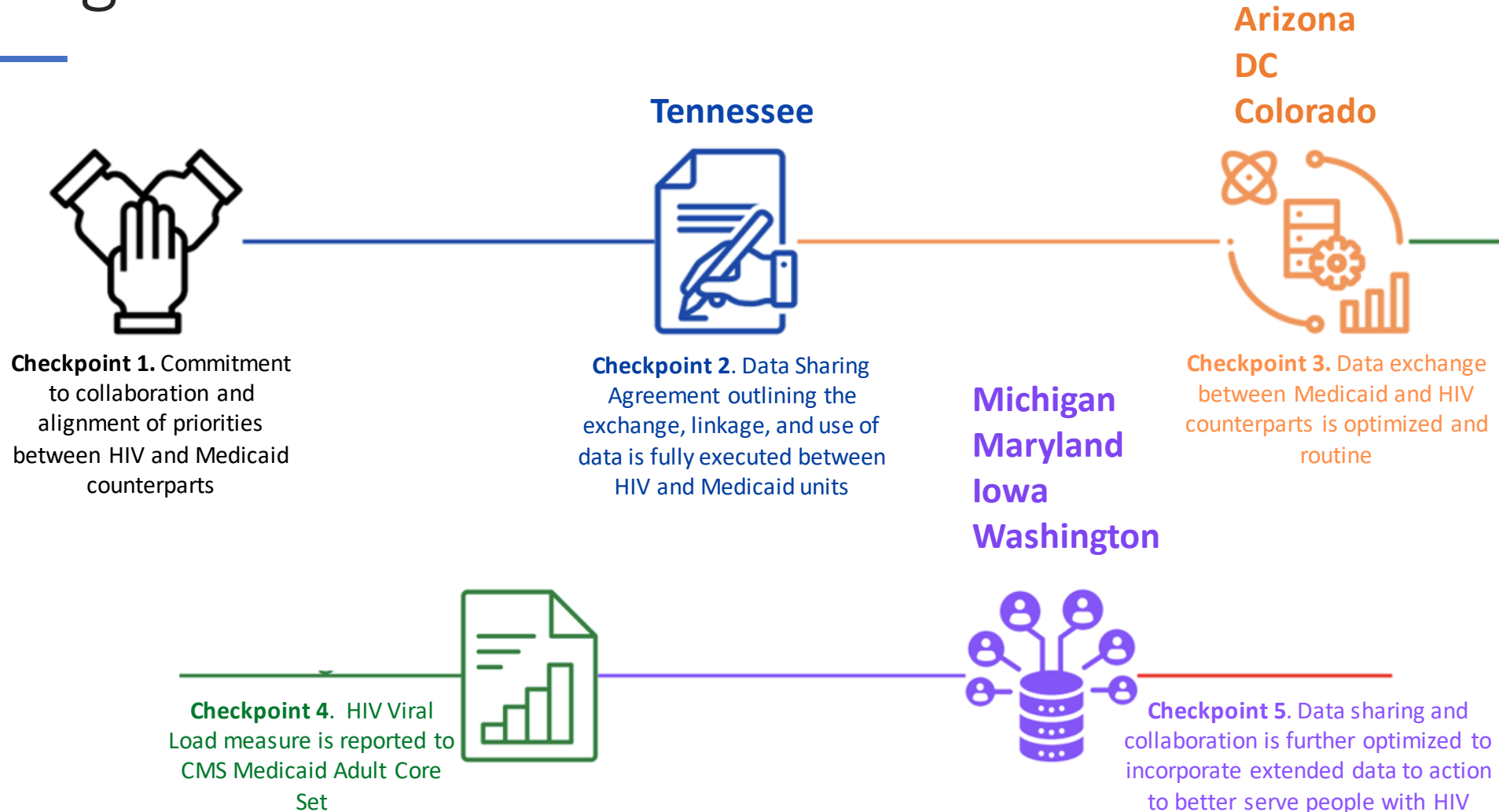
Funding

Secondary Drivers: Services



Roadmap to Reporting

Progress to date



Phase 1: Commitment to collaboration and alignment of priorities between HIV and Medicaid Staff

Goal: Ensure the organizational framework exists to enable effective data exchange

- Determine whether a data sharing agreement is needed between participating administrations, or if one already exists. Ensure all agreements are up-to-date and comprehensive for the task at hand.
- Discuss the strategy for data sharing, set clear roles and expectations regarding the data exchange, and post-linkage activities.
- Ensure that the person(s) involved in the process from both agencies are familiar with the data types, formats, and characteristics in the opposite data source.
- Identify 'champions' from each agency who will be responsible for sustaining project momentum and keeping the other agency updated on progress, challenges, etc.

Phase 2: Data Sharing Agreement fully executed, and the State has process map outlining the exchange, linkage, and proposed use of data

Goal: Ensure that the outlined data exchange process is robust and considers the full system in order to conduct the most comprehensive data match possible, within any legal constraints.

- Define the specifications of the data exchange process, including transfer direction, mechanism, responsible data stewards, expectations for data storage/use/analysis.
- Determine the inclusion/exclusion criteria for data rows (i.e., all beneficiaries/eHARS clients, those alive at the start of the measurement year, those with certain diagnosis and claims codes, etc.)

Phase 2: Data Sharing Agreement fully executed, and the State has process map outlining the exchange, linkage, and proposed use of data (cont.)

Goal: Ensure that the outlined data exchange process is robust and considers the full system in order to conduct the most comprehensive data match possible, within any legal constraints.

- Clearly define which data fields (variables) will be shared by each party, and when in the process these fields will be included.
- If possible, match the full active Medicaid beneficiary list with the full eHARS case list. If not: minimize possibilities to miss cases, clearly document how back-and-forth exchange considers potential data quality issues that could arise from a partial match.

Phase 3: Data exchange between Medicaid and HIV is optimized & routine

Goal: Pilot the planned process, conduct the linkage, process the matched data, assess any discrepancies, or unexpected findings, and course-correct.

- Iteratively define method and technical specifications for the data match at increased detail (update process map & task diagram as decisions are made)
- Review data extraction process for both the Department of Health and Medicaid data sets - ensure cross-agency understanding of the data that will be used for the match.
- Determine who is performing the match (e.g., HIV surveillance, Medicaid, third party contractor, etc.)
- Determine the list of “matching” variables and the associated algorithm
- Define your linkage process, including preliminary linkage, review of fuzzy matches
- Conduct first match and assess data quality steps needed to assess non-linked cases. More details and potential steps are included in the print-out

Phase 4: HIV Viral Load measure is reported to CMS Adult Core Set

Goal: Ensure timely submission of an HVL-AD measure that both agencies agree with.

- Define reporting process to CMS (e.g., who, how, & when).
- Compare calculated measure with other similar measures, such as overall state viral suppression, RWHAP viral suppression rates, or previous year rates if available, to check for any unexpected discrepancies.
- Finalize narrative about 'deviations' from the official CMS guidance document.
- Ensure all stakeholders agree with the final decision regarding what iteration of the measure Numerator and Denominator will be submitted. Submit the measure in the requested format prior to the deadline.

Phase 5: Data sharing and collaboration is further optimized to incorporate extended data to action, to better serve people with HIV

Goal: Support the development for the strategic use of data to improve administrative, clinical and/or care delivery systems that support improved viral suppression

- Establish priorities for data use beyond reporting - determine who will utilize data for quality improvement (QI) and define QI activities utilizing exchanged data.
- Decide the necessary level of collaboration with additional stakeholders and partners.
- Identify additional data needs for expanded use-cases and define data quality checks and process controls for these use-cases.
- Discuss and determine continuous collaboration and improvement of processes for improved client care outcomes.

Current Activities

Current Priority Areas for Action Period 3

1. Building on Medicaid policy, financing and measure
2. Implementation levers
3. Stakeholder Engagement

Technical Assistance Expansion

Technical Assistance Expansion (cont.)

- NASTAD in collaboration with Georgetown University will be leading technical assistance expansion efforts
- Collaborate with up to seven additional states
 - **Recruitment & Stakeholder Engagement**
 - **Financial Support**
 - Up to seven state teams participating in this project will receive a subaward contract up to \$100,000
 - **In-Depth Needs Assessment**
 - **Tailored Action Plans**
 - *Core focus areas: identified challenge areas which need to be addressed to ensure effective and reliable reporting of HVL-AD measure*
 - *Technical working groups (TWG)*
 - **Implementation**
 - *Data Sharing Agreement Development and Implementation; Data Mapping, Linkage and Coordination; On-going Quality Improvement*

Technical Assistance Modalities



Case Studies

In-depth analysis of the strategies implemented by a state. Focus on promising models that are replicable.



Peer Calls

Informal individual or group calls to brainstorm or share strategies, including those in development.



Consultations

In-depth discussion with national experts and states focused on a particular issue. A report summarizes findings.



Webinars

Learning opportunities with structured engagement from experts that support knowledge-sharing on specific topics.



Document Share

Share documents between states to facilitate adoption of best practices.



Guidance Tools

Sample algorithms, FAQs, and other documents/tools that states can adapt and use.



Reverse Site Visits

In-person or virtual in-depth visits between states to troubleshoot dive into model replication and troubleshoot.



Affinity Groups

Regularly schedule and organize engagement around shared common interest .

Questions and Discussion

Interested in additional information?

email: medicaidscp@nastad.org