| **#** | **Questions** | **Answers** |
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|  | Can Lorene (Florida Department of Health) address what variables they find the most useful from Medicaid? | The Florida Department of Health receives the following variables from Medicaid that they use to enhance their HIV Care Continuum. The list includes the variable name as well as a brief field description.   |  |  | | --- | --- | | **Variable Name** | **Brief Field Description** | | recip10 | Unique Recipient Number | | month | Service Month In Terms Of Current FY | | FY | Fiscal Year Period | | ssn | Recipient Social Security # | | sex | Recipient sex | | race | Recipient race | | age | Recipient age at service | | lname | Recipient last name | | fname | Recipient first name | | mi | Recipient middle initials | | dob | Recipient date of birth | | addr | Street address of resident | | city | County of resident | | county | County of resident | | zip | ZIP code of resident | | dos | Date of Service in *YYYYMMDD* Format | | dos\_last | Date of Last Service | | pos | Place of Service Code | | procd | Code from the MA Fee Schedule to Indicate the Service/Procedure Performed | | icn | Unique Control Number Assigned to the Invoice to Indicate its Date of Receipt | | ndc | The National Drug Code For the Drug Dispensed | | diag1 | Primary Diagnosis Code (ICD-9-CM) | | diag2 | Secondary Diagnosis Code (ICD-9-CM) | | diag3 | Tertiary Diagnosis Code (ICD-9-CM) | | diag4 | Quaternary Diagnosis Code (ICD-9-CM) | | qty\_dispense | Quantity of the Drug | | dos | Date of Service (same as First Service Date) | | dte\_last\_svc | Date on which services were last performed for a recipient | | dte\_dicharge | The date the recipient was discharged from the facility | | dte\_dispense | Date pharmacy dispensed drug to recipient | | dte\_prescribe | Date physician prescribed a drug for a recipient | | ndc | National Drug Code for the drug dispensed | | diag1 | The primary ICD-9-CM diagnosis code | | diag2 | The secondary ICD-9-CM diagnosis code | | diag3 | The third ICD-9-CM diagnosis code | | diag4 | The fourth ICD-9-CM diagnosis code | | rx\_dte\_dispense | The date the service (prescription) was incurred (dispensed) | |
|  | Can all the panelists share what specific systems/platforms (e.g. Sharepoint, salesforce, electronic medical records, web-based... etc.) they use within their institutions and if they were able to expand permissions and access to the partnerships but specify the data that the partnership organization have access to? | Florida Department of Health  The Florida Department of Health (FDOH) provides annual summary HIV and Care Continuum data to their partners. These include area specific Epi Profiles (excel tables), slide set summaries, and ad hoc data requests. The Florida Epi Profile and slide set are stored on a website and the local area Epi Profiles and slide sets are stored on a SharePoint site.  The FL DOH uses a Linkage Module (CTLS) that was developed in-house to track linkage and Data to Care (D2C) activities.  The system is now up and running for direct data entry for PS20-2010 (EHE) activities and local EHE providers are reporting directly into this system. CTLS is also in the process of pilot testing direct data entry by non-DOH partners (which will eliminate the need for paper 1628 forms for HIV testing data collection). CTLS is also the system in which they will be collecting SSP data and several SSP sites are in the process of user testing the direct data entry and bulk upload features.  They are in the process of developing a legal Data Sharing Agreement (DSA) with their six Part A partners to allow secure electronic sharing of client level data for engagement to care processes between the Part A partners and the FDOH at the State Health Office.  Once the DSAs are executed, the Part As will have access to the Linkage Module to perform D2C activities only for their clients.  North Carolina Department of Health and Human Services  The North Carolina Department of Health and Human Services de-siloed the different data systems they have internally by building one system that hold extracts from HIV surveillance, Ryan White HIV/AIDS program (RWHAP) including ADAP and Medicaid. In practice that means they have requirements for people from those systems to send them an extract of HIV care data. Medicaid data is claims data, HIV surveillance data is lab data and ADAP is medication dispenses. Longer term there is an interest in getting data from the health exchange.  New York City Department of Health  The Data to Care project at the NYC Department of Health and Mental Hygiene (DOHMH) is a collaborative effort in the Bureau of Hepatitis, HIV, and STIs (BHHS), between the HIV Epidemiology Program’s (HEP) ACE Team (Access Connect Engage) and the HIV Clinical Operations and Technical Assistance Program (COTA). The ACE Team identifies patients presumed out of care (OOC) that were last seen at the respective partner organizations using the HIV surveillance registry (eHARS) and shared available locating information from DOHMH program databases (e.g., lab data, partner services, sexually transmitted diseases, viral hepatitis), public social services, subscription databases, and RHIOs. Partnership organizations do not have direct access to these sources. The partnership organizations use this information provided by NYC DOHMH to update their internal database for their list of OOC patients. NYC DOHMH provides technical assistance for outreach and reengagement efforts. |

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|  | For Anthony- (New York City Department of Health) are all of the recipient providers RW providers? | All of the providers are funded through the HRSA HAB from Ending the HIV Epidemic (EHE): A Plan for America – Ryan White HIV/AIDS Program (RWHAP) Parts A and B. It falls under Ending the HIV Epidemic Initiative Services. |