

Medicaid Algorithm

The University of California-San Francisco developed a method to help grantees use medical claims data (such as Medicaid) to estimate care inputs for the Unmet Need Framework, called the “Medicaid Algorithm”. A “case-finding” algorithm is a set of instructions that can be used to identify specific types of individuals, for example those with HIV or those with met need among those with HIV, in a set of data, through a set of instructions.

The basic approach used by this algorithm is to identify all individuals with HIV within the data set, and then to apply rules to determine who has AIDS versus who has HIV (non-AIDS), and who has received HIV primary medical care.

SAS (Statistical Analysis System) is a programming language that is used to collect and systematically code data from medical claims data (or chart review). It allows the user to translate written English data (e.g., “if a patient received this specific ART between x and y date, count him as having met need”) into electronic format in order to match the data with the information contained in a database.

The SAS code provided by UCSF was designed to help grantees get started. In order to conduct the study, the grantees had to have the capacity to adjust and further develop the basic module that UCSF provided to them. In other words, the algorithm is a set of step-by-step instructions that requires the grantee to demonstrate a very sophisticated level of knowledge in order to be able to follow them.

The focus of the unmet need project has shifted from research and development to technical assistance, with the submission of the first estimates by the grantees this year. The project’s primary focus is helping to ensure that all grantees can produce a solid estimate of unmet need, do sound assessments of unmet need, and use the data for decision making. As a TAC provider, Mosaica’s priority is to help grantees with some or serious issues with their estimates make a sound estimate (and to help grantees with assessing and addressing unmet need) rather than focusing on helping grantees with sound estimates do more complex analyses. The Medicaid algorithm is only helpful to grantees in the latter category.

James Kahn, MD, Associate Professor of Medicine at UCSF, is the only person who is currently able to handle all aspects of the Medicaid algorithm. Unfortunately, with the conclusion of the contract between HRSA and UCSF, he is no longer available to provide technical assistance.

For reasons unknown to us, some of the grantees have already had difficulties applying the algorithm, perhaps partly because new HIV/AIDS medications have appeared since the creation of the algorithm and need to be included in the code. UCSF estimates that the code needs to be updated and test-run at least once every year or two, which would cost about \$30,000. HAB made a decision not to invest in the update for 2005. There is a chance that the algorithm will be updated in the future, depending on resource availability.

If a grantee needs technical assistance to implement the Medicaid algorithm, the Mosaica Unmet Need TA Center of the TAC can provide the following:

- Contact information of other HRSA grantees who are working on similar issues
- Recommendations regarding Medicaid algorithm/SAS specialists who could be privately contracted by the grantee

For further questions or assistance please contact the Mosaica Unmet Need TA Center of the TA at unmetneedta@mosaica.org or 1-877-UNMNEED (or 1-877-866-6333).