



# MADAP Quality Management Committee 2024 (Q3)

**Prevention and Health Promotion Administration**  
**Maryland AIDS Drug Assistance Program**

**September 4 , 2024**

## *Welcome & Introductions*

This meeting is being recorded.



## Welcome & Introductions

# Agenda

---

<b>2:00 - 2:05</b>	<b>Welcome &amp; Introductions</b> Travis L. Brown Deputy Chief of Quality, MADAP
<b>2:05 - 2:20</b>	<b>Committee Purpose &amp; Procedures (including feedback from Q2 Feedback form)</b> Travis L. Brown
<b>2:20 - 2:30</b>	<b>MADAP Goals and Objectives</b> Travis L. Brown
<b>2:30 - 3:00</b>	<b>MADAP Performance Measures</b> Travis L. Brown
<b>3:00 - 3:30</b>	<b>Leveraging MADAP Resources - Filezilla</b> Travis L. Brown
<b>3:30 - 3:40</b>	<b>Next Steps</b> Group Discussion
<b>3:40 - 3:55</b>	<b>Committee Feedback &amp; Open Comment Period</b> Group Discussion
<b>3:55 - 4:00</b>	<b>Wrap Up</b> Travis L. Brown

# Committee Purpose & Procedures

---

Travis L. Brown

# Committee Purpose

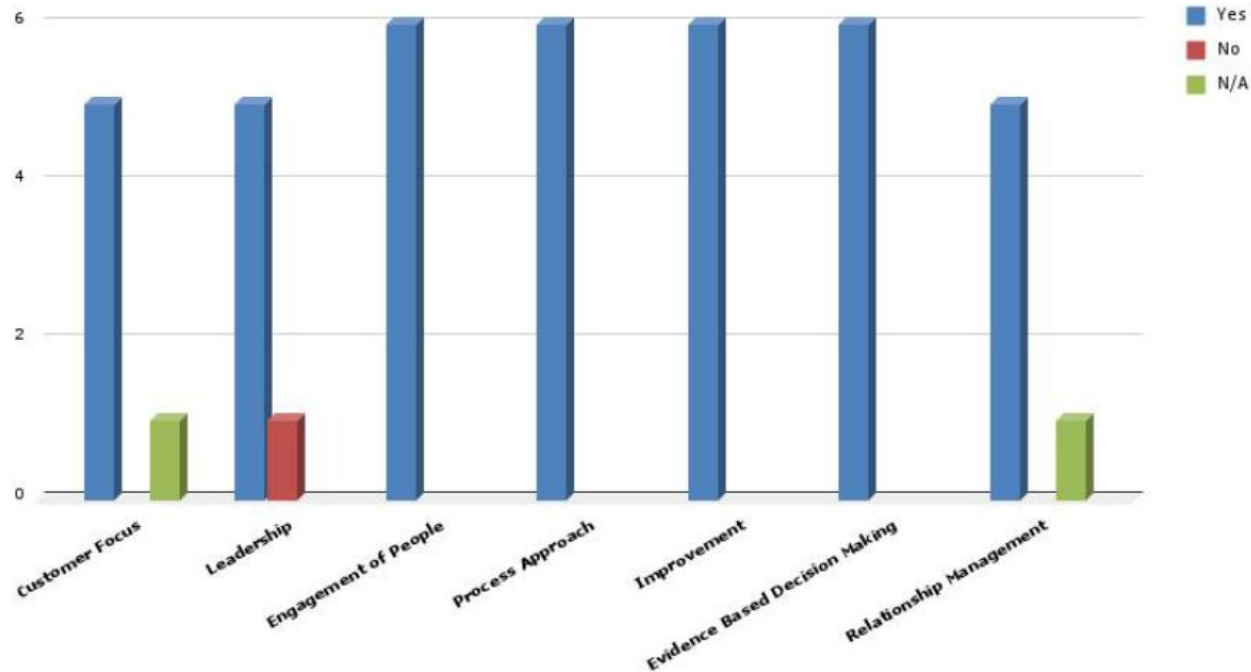
---



# Committee Purpose Feedback

## MADAP Quality Committee Feedback Form - Quality Management Principles

Are we fulfilling our purpose in the following categories:



# Committee Goals

---

- ❖ Assess progress of quality improvement projects.
- ❖ Discuss quality improvement activities that speak to the outcomes of services provided.
- ❖ **The committee is called upon to make recommendations for additional and/or future performance measures.**

# Meeting Operations

---

- Please remain muted, unless recognized by the Chair
- Speakers please identify yourself before speaking
- There will be an open comment period at each meeting.



# Conduct

---

- It is important that all members conduct themselves in such a manner that is respectful to other members.
  - At any meeting, your registration and attendance indicates that you promise that you will hold in confidence all personal information shared by members or guests attending the meetings. You will not violate the confidential relationship between the MADAP QM Committee, its members, and guests
- 9
- You have ethical and moral obligations to uphold your commitment to hold private and confidential information disclosed at meetings. You are responsible for any violate of this agreement. Your status as a member may be in jeopardy for any violation of this agreement

# Questions?

# MADAP Goals and Objectives

---

Travis L. Brown

## **Improving Public Health Through Performance Management**

---

Performance management enhances public health by utilizing performance data to improve outcomes; implementing performance standards and measures to monitor and prioritize improvement opportunities. It supports identifying underperforming areas and conducting quality improvement to achieve goals.

# 5 Components of Performance Management

---

- **Visible Leadership** demonstrates a commitment to performance management practices with the organization's goals regularly accounting for customer feedback and enabling transparency about Performance.
- Performance Standards involve **establishing organizational goals and targets** to improve public health practices.
- Performance Measurement results in the development, application, and use of performance measures to **assess the achievement of goals**.
- Reporting Progress entails the **documentation and reporting of how standards and targets are met**, and sharing such information through feedback channels.
- Quality Improvement (QI) establishes a program or process to **manage change and achieve quality improvement in public health** policies, programs, or infrastructure based on performance standards, measures, and reports.

# MADAP Goal

---

**Increase HIV viral load suppression for MADAP program recipients.**

90% of MADAP clients of all racial and ethnic groups will maintain viral suppression by the end measurement period.

# MADAP Objectives

---

**Objective 1:** 90% MADAP customers of all racial and ethnic groups maintain medication adherence during the measurement period.

**Objective 2:** 90% of MADAP clients of all racial and ethnic groups will maintain engagement in primary care during the measurement period.

**Objective 3:** 90% of Clients of all racial and ethnic groups will have reduced socio-economic barriers to improving client's health outcomes during the measurement period

# Questions?



# MADAP Performance Measures

---

Travis L. Brown

# MADAP Performance Measures

---

- Viral Suppression for Clients Who Receive AIDS Drug Assistance Program (ADAP) Services
- Loss of ADAP services due to ability to confirm eligibility
- Timely payment of health insurance premiums and invoices
- Enrollment in health care coverage
- Accuracy reviews of all denials due to income and missing information
- Eligibility Determination
- Medication Pick-up Compliance

## Viral Suppression for Clients Who Receive AIDS Drug Assistance Program (ADAP) Services

---

**Purpose:** To have the ability to assess the ultimate program impact, **MADAP Viral Suppression**.

**Regulation Source:** HRSA

**Numerator:** Number of clients from the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test in the measurement year

**Denominator:** Number of clients, regardless of age, with a diagnosis of HIV with **at least one ADAP service** in the measurement year

**Exclusions:** None

**Data Elements:** Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client have at least one medical visit during the measurement year? (Y/N)

i. If yes, did the client have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

**Data Sources:** Recipient's ADAP data system (matched monthly with MDH Surveillance)

**Data Recipients:** MADAP Leadership Staff and Case Managers

**Data Reporting Frequency:** Monthly

# Loss of ADAP Services due to Failure to Confirm Eligibility

**Purpose:** To assess loss of AIDS Drug Assistance Program (ADAP) Services due to Failure to Confirm Eligibility for returning clients.

**Regulation Source:** HRSA

**Numerator:** Number of clients from the denominator who experienced a loss in ADAP services in the measurement year due to failure to confirm continued eligibility as required by the ADAP.

**Denominator:** Number of clients receiving at least one ADAP service in the measurement year Exclusions: Clients who died or became ineligible for ADAP services in the measurement year Exclusions: Clients who died or became ineligible for ADAP services in the measurement year.

**Exclusions:** Clients who died or became ineligible for ADAP services in the measurement year.

**Data Elements:** Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client receive at least one ADAP service in the measurement year? (Y/N) i. If yes, did the client experience a loss in ADAP services in the measurement year? (Y/N)

1. If yes, was the loss due to failure to confirm continued eligibility and
2. The loss resulted in an ADAP service interruption of at least one month?

**Data Sources:** Recipient's ADAP data system

**Data Recipients:** MADAP Leadership Team, MADAP Eligibility Team, Case Managers

**Reporting Frequency:** Monthly

# Timely Payment of Health Insurance Premiums/Invoices

**Purpose:** To assess Timely Payment of Health Insurance Premiums and ensure there are no gaps in coverage

**Regulation Source:** HRSA

**Numerator:** Number of health insurance policies from the denominator that were terminated due to late premium payment or lack of premium payment by ADAP.

**Denominator:** Number of health insurance policies for which ADAP made at least one payment in the measurement year (MADAP +).

**Exclusions:** Clients who died or became ineligible for ADAP services in the measurement year.

**Data Elements:** Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client receive at least one payment from ADAP towards a health insurance policy in the measurement year? (Y/N).

i. If yes, was the client's insurance policy terminated at any time during the measurement year? (Y/N)

1. If yes, was the termination due to a late payment made by ADAP or
2. Lack of payment by ADAP?

**Data Sources:** Recipient's ADAP data system.

**Data Recipients:** MADAP Leadership Team, MADAP Insurance Unit, Case Managers

**Reporting Frequency:** Monthly

# Enrollment in Health Care Coverage

**Purpose:** To assess Enrollment in Health Care Coverage for all MADAP Clients and ensure that MADAP is the payor of last resort

**Regulation Source:** HRSA

**Numerator:** Number of clients in the denominator who are enrolled in health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year

**Denominator:** Number of clients who receive at least one ADAP service who are eligible for health care coverage

**Exclusions:** Clients who are ineligible for health care coverage in service area

**Data Elements:** Does the client, regardless of age, have a diagnosis of HIV? (Y/N) a. If yes, did the client receive at least one ADAP service in the measurement year? (Y/N)

i. If yes, is the client eligible for non-RWHAP health care coverage (including Medicaid, Medicare Part D and private health insurance) in the measurement year?

1. If yes, was the client enrolled in non-RWHAP health care coverage during the measurement year?

**Data Sources:** Recipient's ADAP data system

**Data Recipients:** MADAP Leadership Team, MADAP Insurance Unit, Case Managers

**Reporting Frequency:** Quarterly

# Accuracy of Application Denial Determinations

---

**Purpose:** To ensure the accuracy of denial decision due to over/under income and missing information and provide training and TA to Eligibility Staff as needed.

**Regulation Source:** MADAP Internal

**Numerator:** Number of denials that were assessed accurately by the Eligibility Specialist in the previous month.

**Denominator:** Total Number of Denials in the previous month.

**Exclusions:** Denials that were not processed through the Quality Assurance Department.

**Data Elements:** Did the MADAP Quality Assurance Unit agree with the denial decision after a Quality Assurance 2nd review? (Y/N)

**Data Recipients:** MADAP Internal Leadership, Quality Assurance Unit and Eligibility Unit.

**Reporting Frequency:** Monthly

# Application Determination

---

**Purpose:** To ensure that applications are determined on time using the current eligibility guidelines for maximized service quality and equity

**Regulation Source:** HRSA

**Numerator:** Number of applications that were approved or denied for new ADAP enrollment within 10 business days of ADAP receiving a complete application the last 30 days

**Denominator:** Total number of complete ADAP applications for new ADAP enrollment received in the last 30 days

**Exclusions:**

1. ADAP applications for new ADAP enrollment that were incomplete or incorrectly filled out

**Data Elements:** Was the ADAP application for a new ADAP enrollment complete (Y/N)

a. If yes, was a determination on the application made by the ADAP program? (Y/N)

1. If yes, was the ADAP application approved or denied within 10 business of receiving the application? (Y/N).

**Data Source:** Recipient's ADAP data system

**Data Recipients:** MADAP Internal Leadership, MADAP Eligibility Unit.

**Reporting Frequency:** Weekly and Monthly



# Application Log Time

---

**Purpose:** To ensure that the front desk staff are processing and logging applications in a timely manner for the eligibility staff to be also make a timely application determination.

**Numerator:** Number of applications that were logged by the quality processing team within 5 business days of the ADAP receiving a complete application in the measurement year.

**Denominator:** Total number of complete ADAP applications for new ADAP enrollment received in the measurement year.

**Exclusions:**

1. ADAP applications for new ADAP enrollment that were incomplete or incorrectly filled out
2. Complete ADAP applications for new ADAP enrollment received by ADAP within the last 14 days.

**Data Elements:** Was the application logged into the ADAP system within 5 business days from the receive date? (Y/N)

**Data Source:** Recipient's ADAP data system

**Data Recipients:** MADAP Internal Leadership, MADAP Front Desk Staff

**Reporting Frequency:** Weekly and Monthly

# Medication Pick-Up Compliance

---

**Purpose:** To be able to track timely medication pick-ups for all clients and take proactive step to clients maintaining medication adherence.

**Regulation Source:** HRSA

**Numerator:** # of MADAP Clients who did not pick up medication which MADAP paid more than \$.1 cent for within 14-25 days of the prescription refill date.

**Denominator:** Total clients who MADAP paid >\$.1 for medication coverage in the last 30 days.

**Exclusions:** Clients who had their medication paid for 100% by their primary insurance

**Data Elements:** Was a refund received for a medication paid for by MADAP funds in the last 14-25 days of the measurement period? (Y/N).

**Data Recipients:** MADAP Internal Leadership, MADAP Pharmacy Unit, Case Managers?

**Reporting Frequency:** Monthly

# Performance Measure Baselines

Performance Measure	Baseline	Goal
Viral Suppression for Clients Who Receive AIDS Drug Assistance Program (ADAP) Services	79%	90%
Loss of ADAP services due to ability to confirm eligibility	11%	<5%
Timely payment of health insurance premiums and invoices	tbd	100%
Enrollment in health care coverage	92.6%	95%
Accuracy of Application Denial Determinations	96%	100%
Eligibility Determination	68%	90%
Application Log Time	93%	90%
Medication Pick up Compliance	tbd	Pending QM Discussion

# Questions?

# Leveraging MADAP Resources

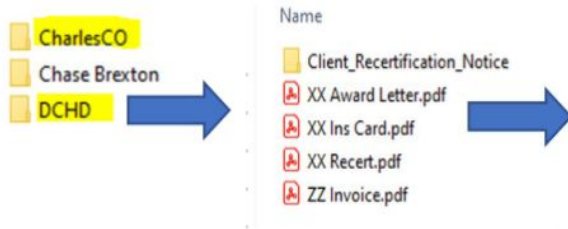
---

Travis L. Brown

# Filezilla Defined

**What is Filezilla?** FileZilla is a free, open-source software tool that allows users to transfer files between computers using the File Transfer Protocol (FTP). It's available for Windows, Linux, and macOS.

Since March 2023 , MADAP has used FileZilla to securely transfer applications and supporting documents for clients. In addition, client list whos recertification is past due are shared with each participating county.



# Filezilla Advantages

---

## **Advantages of Filezilla:**

- Secure instant transfer for files from Case Managers to MADAP.
- Clear indication of files being received using organized folders.
- Quicker turnaround times for application determination.
- Eliminates the possibility of any applications or supporting documents to be missed in the general email inbox of various other MADAP emails.
- Overall increase quality of service for the clients.

# Maximizing FileZilla Capabilities

---

- Current uses
  - Receive applications from Case Managers
  - Receive supporting document from Case Managers
  - Sending overdue recertifications to Case Managers (reactive)
    - Currently in use for Part B MAI for out of care clients
- New proposed uses for FileZilla
  - Maintain a shared monthly client level data file with all MADAP clients who are not virally suppressed.
  - Maintain a shared monthly client level data file of clients with upcoming recertifications (proactive).



# Current use of Filezilla by County

---

- 20% of counties currently have using Filezilla
  - Baltimore County
  - Frederick County
  - Montgomery County
  - Washington County
  - Worcester County

Quick Discussion: How can we get more counties to use Filezilla? Are there any objections to using it?

# Next Steps

---

Travis L. Brown

# Internal Data Dissemination

Performance Measure	MADAP Unit	Frequency
Viral Suppression for Clients Who Receive AIDS Drug Assistance Program (ADAP) Services	Leadership Team	Monthly
Loss of ADAP services due to ability to confirm eligibility	Eligibility	Monthly
Timely payment of health insurance premiums and invoices	Payments	Monthly
Enrollment in health care coverage	Insurance	Quarterly
Accuracy of Application Denial Determinations	Eligibility	Monthly
Eligibility Determination	Eligibility	Weekly and Monthly
Application Log Time	Quality Processing (Front Desk)	Weekly and Monthly
Medication Pick up Compliance	Pharmacy	Monthly

# Next steps continued...

---

- Internal data dissemination
  - Pilot - September
  - Official start date of PM Tracking - October 1.
- Communication to each county regarding enrollment in FileZilla for data sharing.
- Full Quality Management Plan with the assistance of PHPA (Prevention and Health Promotion Administration)
  - Katherine Feldman - Chief Public Health Scientist and Deputy Secretary Public Health Services
- Developing external facing data sharing with external stakeholders. Tableau.

# Committee Feedback and Open Comment Period

---

QM Committee Lead by Travis L. Brown

# Wrap - Up

---

Travis L. Brown