

Data-Sharing Considerations for State Public Health Departments and Medicaid Agencies

Partnership between Medicaid and public health is at the heart of the CDC's *6|18 Initiative*, and sharing data across agencies is a key component of [monitoring progress and outcomes](#). Effectively sharing data to support interagency efforts can be a resource intensive process. Examples of the type of data sharing that may be needed to support 6|18 initiatives include:

- [Using claims data](#) to evaluate outcomes of cross-agency intervention implementation; and
- [Aligning Quitline and claims data](#) to monitor impact of efforts to promote use of cessation benefits

This technical assistance brief outlines considerations for Medicaid and public health agencies in designing data-sharing arrangements, best practices to facilitate data sharing to support Medicaid-public health partnership activities, and examples of jurisdictions that have set up effective data-sharing arrangements.

IN BRIEF

Sharing data between Medicaid and public health agencies is a critical component of monitoring progress and outcomes across joint initiatives. This brief offers considerations, tips, and best practices to facilitate data sharing to support Medicaid-public health partnerships, and examples of jurisdictions that have set up effective data-sharing arrangements.

Considerations for State/Territorial Public Health Agencies

Understanding the structure of a state's Medicaid program is an important first step in creating shared data arrangements. The Center for Health Care Strategies published a technical assistance tool, [FAQS about State Medicaid Agencies for 6|18 Initiative Participants](#), which addresses questions that public health officials participating in CDC's *6|18 Initiative* may have about Medicaid. Drawing from this tool, following are considerations for state public health agencies to address in exploring data-sharing arrangements with their Medicaid partners:

1. Understand How Medicaid Is Administered in the State

States must designate a "single state agency" to administer its Medicaid program and interface with the Centers for Medicare & Medicaid Services (CMS). Medicaid can either function as its own stand-alone agency or operate as a branch within a larger state agency, and states have broad authority to tailor operations, structural composition, and organizational responsibilities to fit the state's needs. In many states, the Medicaid program is housed within the Department of Health, but is often separate from public health activities. In other states, the Medicaid program forms its own agency. Understanding where to go and who to ask is a key first step to successful data sharing.

2. Learn More About the State's Covered Benefits, Eligibility Criteria, and Other Program Characteristics

When thinking about data sharing across agencies, it is important to know the breadth of possible information that may be accessible. For more information about the characteristics of a particular state Medicaid program, see [Kaiser Family Foundation's State Health Facts](#) webpage. The site has information on each state's Medicaid benefits, eligibility limits, spending, Section 1115 waivers, and more that can be helpful to know before approaching the state Medicaid agency.

3. Identify Existing Relationships Between Medicaid and Other State Agencies

Many Medicaid agencies collaborate with other state agencies to promote shared goals and operate programs for specific enrollee sub-populations, such as: children with special health care needs, individuals with intellectual or developmental disabilities, and individuals with behavioral health or substance use disorders. These collaborative relationships enable Medicaid to tap into other agencies' expertise and resources, providing more complete, appropriate, and effective care. It is important to understand and leverage the existing relationships between other state agencies when thinking about a new data-sharing agreement.

Further, the Medicaid Innovation Accelerator Program (IAP) published important guidance for [Data Privacy, Data Use, and Data Use Agreements](#) (DUAs) that can be helpful for Medicaid and state public health departments to reference. The brief highlights challenges faced by states participating in the IAP and useful resources for developing DUAs, including state examples.

Considerations for State Medicaid Agencies

State Medicaid agencies may partner with their [state and local health departments](#) to gain a more complete understanding of patterns and trends in utilization and quality data. State and local health departments often collect and track population data that can be combined with Medicaid data to better understand disparities among populations or localities. Below are considerations for Medicaid agencies to address in entering data-sharing relationships with state public health agencies.

1. Understand How the State's Public Health Department Is Structured

The relationship between state health agencies and regional/local public health departments differ across states. The Association of State and Territorial Health Officials and the National Opinion Research Center at the University of Chicago developed a [State and Local Health Department Governance Classification System](#) that classifies state health departments in terms of their governance relationships with local health departments. It is important to understand how the state structures its health department before undertaking a data sharing agreement.

2. Learn More About the Public Health Department's Scope and Data Capacity

The National Association of City and County Health Officials (NACCHO) developed a [Profile Report](#) to describe the infrastructure and how funding, staffing, governance, and activities of local health departments vary across the U.S. See the [NACCHO Local Health Department Directory](#) for more information about each state's particular health department scope and capacity.

The Association of State and Territorial Health Officials (ASTHO) operates a [Profile Report and Data Dashboard](#) that defines the scope of state and territorial public health services, identifies variations in practice among agencies, and

describes the activities, finance, governance, planning and quality improvement strategies, and workforce of each state and territorial health agency.

3. Explore Examples of Medicaid Collaboration with Other Departments

It may be less common for state Medicaid agencies to request data from other sources, such as housing departments or public health agencies, but it does occur. Below are a few resources that demonstrate collaboration between Medicaid and other human services departments.

- This [brief](#) focuses on how Medicaid programs can use data from the American Community Survey to inform and target interventions that seek to address social determinants of health and advance health equity.
- This [resource](#) describes how Connecticut matched its Medicaid and homelessness data to improve health through housing.
- This [series of webinars](#) on Medicaid and housing agency partnerships includes information on data sharing and lessons learned from previous states.
- This [brief](#) shares an example of sharing vaccine registry data.
- This [report](#) serves as a resource to Medicaid staff about public health, its role in the health care system, and ways that Medicaid and public health can collaborate to deliver better outcomes for patients, payers, and providers to improve population health.

Tips for Successful Data Sharing

Drawing from state experiences, following are considerations for effective data sharing that can be used by both Medicaid and public health partners to facilitate successful relationships:

1. Articulate the Goals of Data Sharing

A critical first step in executing successful data sharing between Medicaid and public health is to clearly articulate both the high-level goals and concrete purposes of data sharing. For example, Louisiana (see the [sample data use agreement](#) made available through the Medicaid IAP) includes a detailed purpose statement that specifies what the data sharing is meant to support. For example, data sharing can be used for planning, program implementation and administration, public health functions, and research. Within these goals, it is important to note what the data sharing will *not* be used for, such as eligibility determination.

2. Structure Data-Sharing Arrangements to Be Bi- (or Multi-) Directional, with Both Agencies Sharing in the Investment of Time, Resources, and Rewards.

For data sharing to be sustainable, it is important that both Medicaid and public health benefit from the effort, and that the work and risks are shared as equally as possible. One way to facilitate this is to include benefit and responsibility statements in the data sharing agreements (see Louisiana [data sharing agreement](#) for an example of this approach). The [Network for Public Health Law](#) highlights several additional examples of data use and data-sharing agreements featuring Michigan, West Virginia, New York City, among others.

3. Engage with Leadership and Legal and Technical Staff Early in the Process

Because the data needed for 6|18 interventions are often sensitive and subject to privacy provisions, such as HIPAA, it is important to engage with critical staff at different levels across the organizations involved in 6|18 early in the process. It is critical to get buy-in for new data-sharing arrangements at the leadership level in both Medicaid and public health agencies, but also to engage the technical staff who will implement the data sharing once an agreement

is in place. It is also typically necessary to engage with legal staff at both agencies. The National Academy for State Health Policy emphasizes the importance of early engagement with legal staff and provides state examples in their [brief](#) focused on data sharing to improve outcomes of people living with HIV.

4. Think Strategically About the Scope, Duration, and Structure of Data-Sharing Agreements, and Leverage Existing Data Sharing Agreements When Possible

Public health departments should make an effort to partner with all of their divisions and programs to develop a comprehensive data sharing agreement with the state Medicaid agency, rather than have individual departments set up individual and/or ad hoc agreements.

One option is to establish a master agreement between agencies that allows for additional data-sharing agreements to be specified under one umbrella. For example, Georgia (see the [sample data-use agreement](#)) structured its data sharing between Medicaid and public health to allow for additional “supplements” to be developed based on specific project needs, including evaluation, but are governed by the terms and conditions outlined in the master agreement.

5. Specify the Level of Data Detail Required and Ensure That Requests Are Clear and Specific

The objectives of program implementation, requirements for reporting and program monitoring, and program evaluation questions should guide the parameters of the data request. It is important that data requests are limited solely to the data needed for the purposes outlined. Consideration should be given to:

- **Unit of analysis.** Can you use summary data for a program overall? Or do you need individual beneficiary data? If beneficiary data, do you need specific encounter data?
- **Data frequency for summary data.** Do you need monthly or weekly data? Or is annual data sufficient? Are you looking at trends or interested in a point in time?
- **Data frequency for individual beneficiary data.** Is this a one-time analysis of individual beneficiary data? Will you need to look at these data periodically? If so, how often?
- **Data elements.** What are the essential data points that you will need for your purposes? What demographic data are of interest? And how will you use that data?
- **Completeness of data.** How reliable are the data points being requested? Are these data points consistently reported? Do you anticipate missing data?
- **Considerations for data matching.** Do you anticipate matching the data to other data sources? How much overlap is there between the data sources? Do you have a unique identifier common to all data sources? Who will be responsible for matching the data?

6. Identify a Single Point of Contact at Each Agency for Data Sharing

In jurisdictions that are implementing multiple 6|18 initiatives, it is helpful to have one point-person on both the public health and Medicaid sides to coordinate data sharing. This can help minimize burden on staff and streamline the process.

To see these tips in practice and related to 6|18, this [resource](#) from the North American Quitline Consortium describes the data shared between Medicaid and public health to support the federal Medicaid match for the Maryland tobacco cessation quitline. Further information on how state tobacco control programs and quitlines can partner with their state Medicaid agency to share data and improve tobacco cessation coverage by Medicaid MCOs can be found [here](#). This [resource](#) from the National Neighborhood Indicators Partnership provides examples of data sharing agreements by different sectors.

State Medicaid Agency Access to Medicare Data for Dually Eligible Populations

For the *6/18 Initiative*, states may be interested in accessing Medicare data to better understand utilization or screening rates for a particular condition (e.g., hypertension) in dually eligible populations. The resources listed below provide information about how to obtain Medicare data and how to best link the two data sources.

State Data Resource Center (SDRC)

The [SDRC](#) facilitates state access to and use of Medicare data and data for care coordination and program integrity. SDRC technical advisers can assist states in obtaining Medicare data from CMS, determining how to use available data, and advising on ways to link Medicare and Medicaid data. The following links provide guidance on using SDRC resources:

- [Requesting and Using Medicare Data for Medicare-Medicaid Care Coordination and Program Integrity: An Overview](#)
- [SDRC Request Process Details](#)

Integrated Care Resource Center (ICRC)

[ICRC](#) is a national initiative of CMS' Medicare-Medicaid Coordination Office to provide technical assistance to states developing integrated care programs that coordinate Medicare and Medicaid medical, behavioral health, and long-term services and supports for individuals who are dually eligible. ICRC has developed several resources to assist states in obtaining and using Medicare data to better understand their dually eligible populations and help design integrated care programs. Resources include:

- [Request ICRC Technical Assistance](#)
- [Using Medicare Data to Support Integrated Care for Dually Eligible Beneficiaries](#)
- [How States Can Better Understand their Dually Eligible Beneficiaries: A Guide to Using CMS Data Resources](#)

Medicare-Medicaid Data Integration (MMDI) Technical Assistance

CMS recognizes that existing Medicare-Medicaid enrollee data collection and reporting systems can be fragmented, making it difficult for states to coordinate care at time of delivery, or to monitor and evaluate the effectiveness of new programs for beneficiaries who are dually-eligible. In response, the IAP offered [MMDI Technical Assistance](#). MMDI provided use cases, tools, and webinars based on technical assistance provided to states.

ADVANCING IMPLEMENTATION OF THE CDC'S 6|18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of [partners](#), is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) *6/18 Initiative*. The CDC's *6/18 Initiative* promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.