

**MEMORANDUM OF AGREEMENT
BETWEEN
THE DEPARTMENT OF HEALTH CARE FINANCE
AND
THE DISTRICT DEPARTMENT OF HEALTH
COMMUNITY HEALTH ADMINISTRATION
DATA SHARING AGREEMENT**

I. INTRODUCTION

This Memorandum of Agreement ("MOA") is entered into between the District of Columbia Department of Health Care Finance (DHCF) and The District of Columbia Department Health (DOH), Community Health Administration (CHA), individually referred to as the "Party" or collectively referred to herein as the "Parties."

Since DHCF was reorganized as a separate department there is a need to have a data sharing agreement that continue the intra-departmental process that existed when the Parties were joined. This MOA sets forth the terms and conditions pursuant to sharing data on an annual basis between the Parties and identifies data-related activity to examine the use of services during the Perinatal period by DC residents. Findings from the analysis may offer opportunities to address policy-related issues. There are no anticipated costs or exchange of funds associated with this agreement.

II. OVERVIEW OF THE PARTIES

DHCF is the single state agency responsible for administering Title XIX and Title XXI of the Social Security Act, 42 U.S.C. § 1396a. The DHCF develops eligibility, coverage and payment policies for the Medicaid and the Children's Health Insurance Program (CHIP); oversees the provision of health services to the program enrollees; facilitates and supports and/or coordinates the delivery of covered services by other District of Columbia agencies; ensures the District's Medicaid and CHIP Programs are compliant with all federal and District laws and regulations; works to ensure that the District fully utilizes federal funding for covered Medicaid and CHIP services; and analyzes new and existing federal and District health care delivery and financing policies to ensure that they promote efficient, effective and appropriate health care.

DOH promotes healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia. Responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.

CHA is the single state agency responsible for administering Title V of the Social Security Act, U.S.C. § 701-710, subchapter V, chapter 7, Title 42. One of the primary missions for CHA is to improve health outcomes for targeted populations by promoting coordination within the health

care system, by enhancing access to prevention, medical care and support services; and by fostering public participation in the design and implementation of programs for District of Columbia. A number of CHA programs monitor women, infants, and children (including children with special health care needs (collectively known as maternal child health - MCH) seek to:

1. Assure access to quality care, especially for those with low-incomes or limited availability of care;
2. Reduce infant mortality;
3. Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at risk pregnant women);
4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;
5. Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children;
6. Implement family-centered, community-based, systems of coordinated care for children with special healthcare needs; and
7. Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

III. SCOPE OF SERVICES

DHCF and DOH/CHA are both financed by the federal government and the District government. Both organizations are charged to monitor the health-related activities of District residents. Both organizations maintain a variety of administrative data and surveillance systems. Most of the data systems capture information on resident populations.

DHCF collects data on Medicaid clients; while CHA collects data on many of the same population for Women, Infants, and Children (WIC), Immunization, Healthy Start, newborn screening for metabolic/genetic and hearing problems. To increase the capacity of states to monitor and evaluate MCH populations better, federal programs (CDC, HRSA) encourage state Title V and Title XIX programs to link individual-level information from administrative data sets to better understand relationship of services received with outcomes. Finally, DOH's vital records office creates an annual birth and death file and generates an infant birth-death linked file that contains rich information on infants that die within one year from birth. Data information collected is designed so that all states gather core data to allow comparisons. The DOH has been linking Medicaid data with the birth file since 2006 births.

Success of these programs over time has led to a reduced infant mortality rate and healthier babies and improved coordinated care. There has been recognition that partnerships and collaboration are necessary to support effective strategies. Improved collaborative actions have led to supporting development of *unbiased data* describing the community's health status, needs, and resources. Both DOH and DHCF have key roles in monitoring health outcomes and fragile at risk populations and transfer state data to national data centers.

Both departments use data to produce analyses and research on policy initiatives for its programs and to monitor changes and trends among DC residents. Linking data sets provide more information on factors that affect outcomes like infant mortality. Increasing data usage in the decision environment pushes people to use analysis tools and better access to data to better support their decisions. One low cost method is to link administrative data sets that provide additional information and a more comprehensive data on service use and outcomes than developing new data systems.

When matching and linking administrative data sets like the birth file and the Medicaid Recipient file, there are no common identifiers like a social security number. To match the same child in both files analysts use a number of variables, including mother’s name, child’s name, date of birth, race, sex, home address, and time of birth. Software supporting this function has been sponsored by Centers for Disease Control and Prevention (e.g., LinkPlus).

This agreement is intended to facilitate the exchange of data between DHCF and CHA. It is anticipated that CHA will share DHCF data with multiple programs within the administration as long as there is an appropriate and valid use of the data. CHA routinely needs specific data sets to support development of programs to monitor populations and fulfill grant-driven data requirements. Current, CHA needs Medicaid data to fulfill Title V reporting requirements, to show differences in outcomes of Medicaid participants to Non-Medicaid children.

A. RESPONSIBILITIES OF DHCF

1. DHCF shall provide CHA an annual data set with identifiers of all children known to Medicaid between the ages of 0-2 years of age. The data will be provided in January of each year covering participant activities through the previous year.
2. DHCF shall provide CHA an annual data set of the Medicaid Claims Detail data in January of each year for the population defined in # 1 above.
3. DHCF shall provide CHA an electronic copy of its CMS 416 Report summarizing client activities when available each year.
4. DHCF will work with CHA to improve capturing accurate Medicaid status for infant deaths.
5. ~~CHA and DOH will meet annually with DHCF to share findings and data trends.~~

B. RESPONSIBILITIES OF CHA

1. CHA shall match and link the most recent available annual birth file (currently there is a two year delay) with the Medicaid Recipient file of children born in the same year to determine newborns covered by Medicaid services.
2. Each year CHA shall link an annual Women Infant Children (WIC), Immunization, newborn Screening (Metabolic and Hearing) data sets with the linked birth/Medicaid file.
3. Each year CHA shall link the annual infant death file with the Medicaid Recipient File to fulfill Title V reporting requirements.
4. CHA will work with DHCF to improve capturing accurate Medicaid status among infant deaths.

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5. CHA will provide DHCF a linked birth file stripped of identifiers (but including the Medicaid ID) and showing program participation and infant death status.
6. CHA will use the CMS 416 Report to fulfill reporting requirements of the Title V Block Grant by populating the Title V Information System (TVIS) with information on Medicaid services received by District of Columbia children.
7. CHA will keep all data sets with identifiers in secure locations accessible only to qualified analysts who have signed confidentiality statements with DOH.
8. CHA and DOH will meet annually with DHCF to share findings and data trends.

IV. DURATION OF MOA

This MOA shall remain in effect until one or both Parties request the termination of this MOA.

V. AUTHORITY FOR MOA

MOA is authorized by the D.C. Code § 1-301.01 (k) and any other authority applicable for DHCF and DOH.

VI. FUNDING PROVISIONS

Under this agreement neither Party anticipates any direct costs associated with the activities proposed.

VII. RECORDS AND REPORTING

CHA shall maintain final data sets and relevant reports related to this agreement within its annual Title V production site.

VIII. CONFIDENTIAL INFORMATION

CHA analysts, working with confidential information, are housed in secure offices not accessible to non-authorized personnel. Transfer of data occurs through secure methods within the DOH intranet. Analysts PCs are password protected and file locations containing sensitive information are hard coded to individual PCs and restricted files are only available to a select number of analysts. All of these procedures in place are designed to maintain a secure environment and restrict the access and security of personally identifiable data. All CHA analysts are required to sign an annual confidentiality agreement with the Department of Health governing the handling of sensitive information and insuring HIPAA privacy rules.

The Parties to this MOA will use, restrict, safeguard and dispose of all information related to

services provided by this MOA, in accordance with all relevant federal and local statutes, regulations, policies. Information received by either Party in the performance of responsibilities associated with the performance of this MOA and shall remain the property of the DC Government.

IX. TERMINATION

Either Party may terminate this MOA in whole or in part by giving sixty (60) calendar days advance written notice to the other Party.

X. NOTICE

The following individuals are the contact points for each Party under this MOU:

Colleen Sonosky, JD
Associate Director
Division of Children's Health Services
DC Department of Health Care Finance
899 North Capitol Street N.E.
Washington, DC 20002
202-442-5913

Sajeed Popat
Acting Deputy Director of Operations
Community Health Administration
DC Department of Health
899 North Capitol Street N.E., Room 311
Washington, DC 20002
202-442-9340

XI. MODIFICATIONS

The terms and conditions of this MOU may be modified only upon prior written agreement by the Parties.

The Parties shall comply with all applicable laws, rules and regulations whether now in force or hereafter enacted or promulgated.

IN WITNESS WHEREOF, the Parties hereto have executed this MOU as follows:

Saul Levin, MD, MPA
Interim Director
DC Department of Health
Date: _____

Wayne Turnage
Director
District of Columbia Department of Health Care Finance
Date: _____