

Webcast: Are you ready for CLD II? Answers to Questions submitted via Chat

1) Question submitted by Deborah Mitchell: For Part D grantees, is preventive health included in this reporting?

Answer: Source RSR Instruction Manual V1.2: "Services include diagnostic testing, early intervention and risk assessment, **preventive care** and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties)."

2) Question submitted by Cira Espinosa: Does the CLINICAL information apply to Clinical programs only or does it also apply to Non-medical?

Answer: Please see the RSR Instruction Manual V1.2 Appendices A & B for a listing of client-level data reporting requirements.

3) Question submitted by Deborah Mitchell: How do we handle deceased clients?

Answer: Source RSR Instruction Manual V1.2: Report the client as deceased in the "vital/enrollment status at the end of the reporting period" question (question 2 under client demographics).

4) Question submitted by: Carol Hohl: Are we expected to report on prenatal care if we do not provide that care but refer out?

Answer: Please see the RSR Instruction Manual Appendices A & B for a listing of client-level data reporting requirements.

5) Question submitted by Fizza Gillani: If a client is reactivated (comes back to care after 12 months) what is his first date of service?

Answer: The first date of service is the first date the client ever received services at an agency and does not change due to agency-specific disenrollment and reenrollment dates.

6) Question submitted by Carolyn Zeigler: Are there any patient encounters that are not subject to reporting?

Answer: Please see the RSR Instruction Manual.

7) Question submitted by Fizza Gillani: If a medical service is provided by a nurse instead of a physician, is it a medical visit?

Answer: Source RSR Instruction Manual V1.2: "Core medical services are a set of essential, direct health care services provided to persons living with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Modernization Act. Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician assistant, **clinical nurse specialist, or nurse practitioner** in an outpatient setting."

8) Question submitted by Noreen O'Donnell: What kind of provider can conduct the required mental health and substance abuse screening associated with outpatient medical care?

Answer: Source RSR Instruction Manual V1.2: "Mental health screenings include the use of brief structured instruments or commonly used questionnaires to assess potential mental health problems. Screenings are designed to determine whether the client presents signs or symptoms of a mental health problem and if the client should be referred to a mental health professional. Screens are not diagnostic tools and, although typically administered by a mental health professional, may be administered by trained health care professionals in other medical/clinical disciplines."

9) Question submitted by Barbara Cuene: We are a Part D program. Some clients get medical case management and others receive support services. It is my understanding from our discussion that we only report on the clients that get the medical case management, thus the clients receiving support services only will never get reported on in the RSR. Is that correct?

Answer: That is not correct. Please see RSR Instruction Manual V1.2 Appendices A & B for a listing of client-level data reporting requirements.

10) Question submitted by Rondalya DeShields: If a nurse funded under outpatient medical core service category provides health education, risk reduction, will they be eligible to report their contacts?

Answer: Source RSR Instruction Manual V1.2: "Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies."

11) Question submitted by Cristina Delong: We are a part D program who serves patients that are uninsured, underinsured, and medical assistance. My question is: am I only reporting visits that use Ryan White funding, rather than patients that have medical assistance?

Answer:

When reporting for the *Core Services Data Elements (Items 16-27)* and/or the *Support Services Data Elements (Items 17-45)*, the agency is only responsible for reporting the services that the client received at its agency and were funded by Ryan White. HAB does not expect providers to report services received by clients at other agencies and/or services that were not funded by the Ryan White HIV/AIDS Program.

12) Question submitted by John Kuehnle: If an agency provides Case Management and other services to an individual, does the agency have to report CLD for both categories?

Answer: The client-level record should contain data for all Ryan White funded services provided by an agency to a Ryan White client. Please see RSR Instruction Manual V1.2 Appendices A & B for a listing of client-level data reporting requirements.

13) Question submitted by Deborah Mitchell: For deceased clients, do we use the actual date of passing or case conference date?

Answer: Source RSR Instruction Manual V1.2: "If the client is reported as "deceased" in Item 2, indicate date of death (MM/DD/YYYY) if known."

14) Question submitted by Wench Bonini: If Medicaid is paying for the visit, then the visit is not counted, correct?

Answer:

When reporting for the Core Services Data Elements (Items 16-27) and/or the Support Services Data Elements (Items 17-45), the agency is only responsible for reporting the services that the client received at its agency and were funded by Ryan White. HAB does not expect providers to report services received by clients at other agencies and/or services that were not funded by the Ryan White HIV/AIDS Program.

15) Question submitted by Scywonna Johnson: Will Part B and Part C be reported individually in the RSR or will the services be combined as they are in the RDR? Will there be separate RSR reports for the different RW funded services?

Answer: They will be combined as in the RDR.

16) Question submitted by Steven Styron: In the RSR Instruction Manual - I see clear definitions for Service Visit types, but not Core Visits types.

Answer: Core services are defined in the instruction manual starting on page 32.

17) Question submitted by Ethan Schofer: In relation to the HRSA performance measures and CAREWare, Group 2 includes for example a measure for Treatment Adherence from a medical provider. If I enter this as a Treatment Adherence visit, to get counted in that performance measure, should I also enter it as a medical visit (total of 2 visits entered) so that this gets counted as a medical visit in relation to the RSR?

Answer:

This should count as 1 visit only. HAB advises that if the provider was funded in its contract for "Medical Case Management" and the focus of the visit was treatment adherence, then the visit should be counted as a medical case management visit for RSR. If the provider was funded for O/A services, but not for medical case management, then the visit should be counted as an O/A visit (assuming that 'managing medication therapy' was part of the overall O/A visit). Either way, it should still count toward your performance measure for Treatment Adherence.

18) Question submitted by Becky Bayless: We have >2000 patients and have funding from Parts A, B, C, & D. We do not have an EMR, and we use CAREWare for data collection for management purposes as well as for official reporting. All of our patients are in CAREWare. Some of our patients have Medicare/Medicaid, etc. which covers medical visits. How do we

differentiate the source of funding for each individual service when outpatient/ambulatory medical care and medical case mgmt are funded by multiple RW parts?

Answer: The Client Report should contain data for all Ryan White funded services provided by an agency to Ryan White clients. These client-level data are not differentiated by the Part-grants through which they are funded. See RSR Instruction Manual for further clarification.

19) Question submitted by Kim Tong: We are using AIRS now, the developer said they will have new AIRS version on Jan'09 to support RSR. Since we don't have that new version, should we collect the data that we haven't collected before even though AIRS won't provide that data until later or do we have to wait until AIRS new released?

Answer: On AIRS - most of the data are already in AIRS currently. However, you should review the RSR data requirements and your current data collection. Begin collecting anything that is missing by January 1, 2009. We will provide guidance on the few elements not already in the system - all of these are one time only elements.

20) Question submitted by Clemencia Bannister: If we don't count medical visits reimbursed by Medicaid or Medicare, we will be under reporting since many service components at each clinic are not covered. (I.E., the RN who implements the provider's treatment plan, vaccines, immunizations). Please respond.

Answer:

It is true that when you are reporting for the Core Services Data Elements (Items 16-27) and/or the Support Services Data Elements (Items 17-45), the agency is only responsible for reporting the services that the client received at its agency and that were funded by Ryan White, but that doesn't mean you are under-reporting, because for those two sets of data elements HAB is simply accounting for how RW money is spent. HAB won't be using those two sets of data elements as a measure of comprehensive care or quality of care. Keep in mind that if you are a medical care provider and have RW-funded HIV+ O/A clients, then you will be reporting on ALL of the clinical data elements (Items #46-66) for those clients, regardless of who paid for or delivered those clinical services. Therefore, you won't be undercounting to HAB on these important clinical outcome measures. Also, keep in mind that HAB will not be comparing the kind of client/visit counts you'll be collecting with the RSR to the kind of counts that are collected using the RDR. It wouldn't make sense because they count things differently.

21) Question submitted by Cheryl Stradley: I enter the client level data for 7 clinics. How do I differentiate between clinics?

Answer: John Cunningham replied: So far we've been advised to try to import it into CAREWare as the single integrating repository. But I can see needing education specific to CAREWare to learn this pretty complicated sounding task.