

UNDERSTANDING AND MONITORING FUNDING STREAMS IN RYAN WHITE CLINICS SURVEY

Message to Respondent

Thank you for participating in the study, *Understanding and Monitoring Funding Streams in Ryan White Clinics*. Your response to the survey is crucial in providing HAB and policymakers with a better understanding of how the RWHAP currently provides primary outpatient health care and essential support services to both uninsured and underinsured clients. It will identify what types of core medical services and subservices, and support services are currently not covered or not fully covered by Medicaid, Medicare, and private insurance, which are needed to provide high quality HIV/AIDS care. The study also will provide information on how grantees monitor patient healthcare coverage (e.g., payer source, type of insurance) and the cost of care. Together, this information will help HAB understand how Part C and Part D grantees support and track expanded health insurance enrollment for their clients and to adapt to the changing funding landscape.

The study will also collect information on what processes are used and what types of data are stored within grantee data information systems. Information about data information systems will be used to support the development of a technical assistance tracker for RWHAP grantees to monitor and assess changes in the mix of funding sources used to pay for primary health care and essential support services to PLWHA as the Patient Protection and Affordable Care Act is fully implemented.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0377 (expiration date 3/31/2017). Public reporting burden for this collection of information is estimated to average 4.7 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

IMPORTANT Survey Instructions

The following survey is intended to capture as much information on your agency's financial systems and tracking practices. You may find that some of the questions posed may not reflect your agency's practices. In these instances, please use the comment boxes to provide a description of your agency's actual practices. For some questions where "Other" is an option, again please provide an explanation in the space provided. The additional comments you provide are essential in informing the design, features, and capability of the technical assistance tracker.

We will also have grantee peer-to-peer assistance and technical assistance available to help you complete the survey. If you need assistance in answering the survey, please contact:

West Coast: Tessa Robinette at (916) 239-4020 ext. 232 or trobinette@wrma.com

East Coast: Imogen Fua at (301) 881-2590 ext. 272 or ifua@wrma.com

Thank you for your time.

Grantee Demographic Information

1. Agency name

2. Agency location (city, state)

3. Respondent name (first, last)

4. Respondent's title

5. Respondent's telephone number (please include area code, phone number, and extension if applicable)

6. Respondent's email address

7. Is your program/facility that provides services to persons living with HIV/AIDS (PLWHA) recognized as a Patient Centered Medical Home (PCMH) (also known as a Primary Care Medical Home)?

- Yes We are currently seeking recognition No

7a. When were you recognized?

7b. If you have any additional comments, please provide them below:

8. As you know, the Centers for Medicare and Medicaid Services (CMS) is providing funding for States to establish health homes for people with Medicaid with two or more chronic conditions through the election of the Medicaid State plan option for establishing health homes. Is your program/facility participating in part of a state sponsored initiative for the establishment of health homes (as provided in the Patient Protection and Affordable Care Act)?

- Yes, we are a designated provider
- No, we are working with our Medicaid agency on electing the Medicaid State plan option to develop health homes for PLWHA
- No, we refer PLWHAs with Medicaid to health homes for care coordination
- No, we are not working on establishing a health home
- Not applicable in our state

8a. If you have any additional comments, please provide them below:

9. How many full time equivalents (FTEs) does your agency employ as primary care providers serving PLWHA?

10. Please describe your agency's relationship with private Managed Care Organizations (MCOs). [Check all that apply]

- Individual HIV clinicians participate in MCO networks as primary care providers (PCPs)
- Individual HIV clinicians participate in MCO networks as specialists
- HIV clinic participates in MCO networks
- The umbrella organization /hospital participates in MCO networks
- No participation
- Other

10a. Please specify other:

10b. If you have any additional comments, please provide them below:

11. Please describe your agency's relationship with Medicaid Managed Care Organizations (MCOs). [Check all that apply]

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Individual HIV/AIDS clinicians participate in networks as primary care providers (PCPs) | <input type="checkbox"/> Individual HIV clinicians participate in networks as specialists | <input type="checkbox"/> HIV clinic participates in networks | <input type="checkbox"/> The umbrella organization/hospital participates in networks | <input type="checkbox"/> No participation |
|--|---|--|--|---|

11a. If you have any additional comments, please provide them below:

12. If your HIV clinicians are part of an MCO, how is your program reimbursed?

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee for service | <input type="checkbox"/> Capitated (per member per month) | <input type="checkbox"/> Not applicable |
|--|---|---|

12a. If you have any additional comments, please provide them below:

13. Has your agency established contracts with private MCOs related to the health insurance exchange to participate in the plan's provider network?

- | | |
|---|--|
| <input type="checkbox"/> Yes, we have established new contracts with health insurance plans to participate in the plan's provider network | <input type="checkbox"/> No, we have not established new contracts with health insurance plans to participate in the plan's provider network |
|---|--|

14. Please check the services your agency provides to PLWHA directly or through contracts with other provider(s). [Check all that apply]

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Outpatient ambulatory care | <input type="checkbox"/> Oral health care | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Medical nutrition therapy |
| <input type="checkbox"/> Medical case management | <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> HIV counseling and testing | <input type="checkbox"/> Non-medical case management |
| <input type="checkbox"/> Child care services | <input type="checkbox"/> Pediatric development assessment/early intervention services | <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Food bank/home-delivered meals |
| <input type="checkbox"/> Health education/risk reduction | <input type="checkbox"/> Housing services | <input type="checkbox"/> Legal services | <input type="checkbox"/> Linguistic services |
| <input type="checkbox"/> Medical transportation services | <input type="checkbox"/> Outreach services | <input type="checkbox"/> Permanency planning | <input type="checkbox"/> Psychosocial support services |
| <input type="checkbox"/> Referral for health care/support services | <input type="checkbox"/> Rehabilitation services | <input type="checkbox"/> Respite care | <input type="checkbox"/> Substance abuse-residential |
| <input type="checkbox"/> Treatment adherence counseling | <input type="checkbox"/> Other | | |

14a. Please specify other

15a. Please provide any additional comments you have regarding reimbursement limitations or other barriers to the provision of outpatient ambulatory care (e.g., availability of providers who accept Medicaid, time for medical case history, etc.):

16a. Please provide any additional comments you have regarding reimbursement limitations or other barriers to the provision of the medical and support services listed above:

Information on Grantees' Ability to Track Health Insurance and Funding Sources

Tracking of Insurance Status

17. How often is health insurance status confirmed with PLWHA clients?

- Each visit
- Semiannually
- Once a year
- Only at intake
- Other

17a. Please specify other:

18. How often does your agency assess client eligibility for Medicare, Medicaid, or other health insurance?

- Each visit
- Semiannually
- Once a year
- Only at intake
- Other

18a. Please specify other

19. What system(s) does your agency use to track health coverage of PLWHA? [Check all that apply]

- Ryan White data management system
- Electronic Medical Records (EMR)
- Billing/accounting system
- Other

19a. Please specify other

20. Does your agency have an established means of maintaining or reporting on changes in client health coverage over time?

- We only maintain records of clients' most recent health coverage status.
- We maintain records of changes in client health coverage, but do not generate reports of changes in client health coverage over time.
- We maintain records of changes in client health coverage and have generated reports of changes in client health coverage over time.
- Other

20a. Please specify other

21. Do you have/receive information regarding reimbursements received from Medicaid or private health insurance for PLWHA clients you serve?

- Yes, the Ryan White program at my agency can easily access this information Yes, but the information is difficult to access No

22. What is the approximate claims adjudication time (in weeks) between billing and receiving reimbursement from Medicaid, Medicare or private insurance?

	Claim adjudication time (in weeks)	Do not collect this information	Don't Know	Please explain "Don't know"
Medicaid				
Medicare				
Private Insurance				

Ryan White Technical Assistance (TA) Service Tracker Tool

HAB is developing a Ryan White Technical Assistance (TA) Service Tracker for Ryan White grantees that will allow Part C and D grantees to better understand the interrelationships of funding streams used to support comprehensive HIV/AIDS care and to document the role of the Ryan White Program in ensuring that PLWHA receive high quality care. The tracker will consist of an Access database, into which grantees can import data in a standardized format on a routine basis. The tracker will be for grantees themselves. It will not involve any additional data reporting to HAB. To help understand the feasibility of including cost or reimbursement information in the tracker, we would like to ask you some questions about whether and how you capture financial information.

Ability to Estimate Cost of HIV/AIDS Care by Funding Source and Service Category

23. Does your agency routinely calculate the average cost of care per HIV/AIDS client for planning and budgeting purposes?

- Yes No

23a. What is the most recent estimate for the average annual cost of services provided and/or contracted by your agency for PLWHA?

23b. Please explain your methodology for calculating the cost of care.

24. Could your agency calculate the total revenue received (in dollars) for each individual HIV/AIDS service and the share of revenue attributable to different funding sources?

For example, if your agency wanted to calculate the total revenue from the provision of oral health care to PLWHA in 2012, would you be able to understand how much of this figure comes from Medicare reimbursement, how much from Ryan White, how much from private insurance, etc.?

- Yes, easily Yes, but the process would be cumbersome No

24a. Please describe your process. This may include your process for identifying a client's health insurance status and the services covered by that insurance.

24b. Please describe why the process would be cumbersome:

25. Does your agency record per-service per-client dollar amounts (e.g., amount to be billed against grant/contract or to a third-party payor) for individual services provided to each PLWHA client (such as case management session, clinician evaluation, vaccination, etc.)? Many Ryan White grantees track individual services in multiple systems, depending on the funding source of that service. By filling out the table below, you can help HAB understand how services and dollar amounts are tracked. It will also help gain an understanding of the challenges your agency may face in calculating the total revenue from the provision of a given service, and the share of that figure that comes from Ryan White, Medicaid, Medicare, or private insurance.

Services funded by...	No, we do not record dollar amounts for individual services	Yes, these data are captured in...				
		[check all that apply]				
		Ryan White Data Management System	Electronic Medical Record	Billing/Accounting Software	Other (Please describe)	N/A (We do not receive funding from this source)
Ryan White Part A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ryan White Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ryan White Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ryan White Part D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Potential Use of the Ryan White Services Tracker

The tracker will produce a series of tables and graphs summarizing services over time (and funding sources if available). Please fill out the questions below to help with the design of the tracker.

26. The tracker will need data imported from existing systems that capture information on services for PLWHA. Does your agency capture all services for all PLWHA in one system?

- Yes
 No, but most data are captured in one system
 No

26a. What is the system?

- AIRS
 eClinicalWorks
 Sage
 NextGen
 ARIES
 eCOMPAS
 SCOUT
 Other

- | | | |
|--|---|--|
| <input type="checkbox"/> CAREWare | <input type="checkbox"/> eShare | <input type="checkbox"/> SuccessEHS |
| <input type="checkbox"/> Casewatch
Millennium | <input type="checkbox"/> LabTracker/AVIGA | <input type="checkbox"/> GE Centricity |
| <input type="checkbox"/> CHAMP | <input type="checkbox"/> Provide Enterprise | <input type="checkbox"/> EPIC |

26a-1. Please specify other system:

26b. At what level do you capture services in this system? [Check all that apply]

- Visit level
 Service level
 Subservice level
 Procedure level

26c. Do you assign insurance/reimbursement source/payor source to services in this system?

- Yes
 For some services
 No

27. Would you be interested in using the Ryan White Technical Assistance TA Service Tracker described above?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Yes, please contact me once the tool is developed | <input type="checkbox"/> Yes, my agency would like to participate in the development of the tool | <input type="checkbox"/> No, my agency can create reports with this information already | <input type="checkbox"/> No, my agency is not interested |
|--|--|---|--|

Specific Data on Funding Sources Used to Provide Services for PLWHA

Healthcare providers may maintain and report different records according to different calendars. For example, fiscal information may be maintained along a July-June calendar while service information may be maintained along a January-December calendar.

For the questions below, please provide your answers according to the most appropriate calendar corresponding to the 2012 year. This may mean the service information you provide corresponds to a different 2012 calendar than funding or grant information.

28. In 2012, how many PLWHA did your agency serve (including non-Ryan White clients)?

29. How much revenue did you receive (in dollars) from each Part of the Ryan White HIV/AIDS Program in 2012? (Please indicate 0 if none was received)

- Part A: _____
 Part B: _____
 Part C: _____
 Part D: _____
 Part F: _____

30. How much reimbursement did you receive (in dollars) from Medicaid, Medicare, and/or private insurance for the provision of services to PLWHA in 2012? (Please indicate 0 if none was received and indicate N/A if unknown or unable to estimate.)

Medicaid: _____
Medicare: _____
Private Insurance: _____

31. How much revenue (if any) did you receive for HIV/AIDS-related services from other sources in 2012? If none, please indicate zero.

Funding from all other sources: _____

32. Did you use any of your Ryan White Part C and/or Part D funds for salaries (FTEs) in 2012?

Yes No

32a. How many FTEs?

32b. How much of your Part C and/or Part D funds (in dollars) do these salaried FTEs represent?

Part C: _____

Part D: _____

32c. Please check the services provided by these FTEs. [Check all that apply]

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Outpatient ambulatory care | <input type="checkbox"/> Oral health care | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Medical nutrition therapy |
| <input type="checkbox"/> Medical case management | <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> Non-medical case management | <input type="checkbox"/> Child care services |
| <input type="checkbox"/> Pediatric development assessment/early intervention services | <input type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Food bank/home-delivered meals | <input type="checkbox"/> Health education/risk reduction |
| <input type="checkbox"/> Housing services | <input type="checkbox"/> Legal services | <input type="checkbox"/> Linguistic services | <input type="checkbox"/> Medical transportation services |
| <input type="checkbox"/> Outreach services | <input type="checkbox"/> Permanency planning | <input type="checkbox"/> Psychosocial support services | <input type="checkbox"/> Referral for health care/support services |
| <input type="checkbox"/> Rehabilitation services | <input type="checkbox"/> Respite care | <input type="checkbox"/> Substance abuse-residential | <input type="checkbox"/> Treatment adherence counseling |

- HIV counseling and testing to determine the presence of HIV infection
- Other

32d. Please specify other:

Thank you for your time and support.