

Ryan White Services Tracker

CAREWareVersion

Health Resources and Services Administration

HIV/AIDS Bureau

[Tracker Download Website](#)

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What do I need to use the Tracker?

- MS Access, 2007 or above
- An archiving tool such as WinZip or 7-zip to extract the .zip files (A zip file is a compressed file that contains multiple files within it.)
- Microsoft .Net 2.0 Framework. Available for free at <http://www.microsoft.com/en-us/download/details.aspx?id=16614>

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1. Introduction

The Ryan White HIV/AIDS Program plays a crucial role in covering HIV/AIDS care for people who are underinsured and uninsured. With the ongoing implementation of the Patient Protection and Affordable Care Act (ACA), more insurance options are available to Ryan White clients. This change to the health insurance landscape raises questions about the Ryan White Program's role in covering services. You can prepare yourself to answer these questions by examining the Ryan White Program in the context of other funding sources.

What Is the Tracker and How Does it Work?

The Ryan White Services Tracker (Tracker) aims to support your tracking of client health insurance status, the sources of funding for individual services, and the price of services. The Tracker will help you by producing reports based on CAREWare data you feed into it. These reports can enable you to accomplish several goals:

1. Document the importance of Ryan White Program funds for providing comprehensive HIV/AIDS care.
2. Make data-driven decisions in response to changes in insurance coverage.
3. Adjust service profiles and target underinsured and uninsured clients.

The Tracker is a Microsoft Access database application. You will export custom files from CAREWare and import them to the Tracker. The Tracker creates tables and graphs with information on:

1. Client insurance status
2. Most common Ryan White-funded outpatient/ambulatory medical care (OAMC) subservices
3. Share of total visits covered by a variety of funding sources, in total and by service
4. Price of services by funding source
5. Ryan White-funded service information – for all combined Parts and separately for Parts A, B, C, and D

This user manual describes the major steps involved in using the Tracker: exporting data from CAREWare, importing data into the Tracker, mapping services and funding sources, and creating reports.

Data Requirements

The Tracker relies on the quality and comprehensiveness of your data to produce useful reports. The features available to you depend on your data collection practices, as described below:

- *Insurance coverage with start and end dates:* To better identify changes in insurance status through the Tracker, you should capture start and end dates of insurance coverage. This allows the Tracker to account for multiple sources of coverage. If your system does not capture end dates (such as CAREWare), the Tracker assumes that the new start date indicates the end of the previous insurance coverage. If your system overwrites insurance status (that is, only records the current status), you can work around this issue by extracting data from your system and importing them into the Tracker on a periodic basis. In this case, you should use the Tracker on a quarterly or monthly basis depending on the frequency of insurance coverage changes and how accurately you want to capture this information.

- *All HIV/AIDS care data for all clients within the system:* You should capture all HIV/AIDS care data for all clients in CAREWare in order to create reports in the Tracker on the Ryan White Program's role in funding services within the context of other funding streams. In other words, if you capture your Ryan White-funded care in a separate data management system, you will not be able to use the Tracker to compare Ryan White funds to other major funders of care, such as Medicaid or Medicare. If you capture your Ryan White-funded care in a separate system from other-payer care, you will need to create import files from multiple systems to see these changes. This can be handled by importing multiple files into the Tracker and appending them as they are imported.
- *Link of service to funding source:* The reports on service funding source also rely on the availability of data that link the funding source to each service provided. You should assign each service a funding source that covered that care, such as Ryan White, Medicaid, Medicare, or private insurance. This feature is available in CAREWare, assuming you have set up contracts appropriately.
- *Data at the subservice or procedure level:* Because Medicaid and private insurance may not cover all OAMC needs even for covered clients, the Tracker includes reports that show the most common Ryan White-funded OAMC subservices by client insurance. To populate these reports, you should capture data on services at the subservice or procedure level.
- *Prices of services:* If you capture dollar amounts associated with services (e.g., prices, costs, or charges) in your data system, you are able to assess the financial impact of the Ryan White Program within the context of other funding sources. Although the reports are labeled "Price of Services," the reports use whatever charge information is included in the data. Individual grantees may use these fields differently. These reports are not populated if you do not include price/cost/charge information in the data file.
- *Part-specific RWHAP information:* If you record specific Ryan White Part grants as discrete funding sources, the Tracker produces reports on the share of visits and total price/cost of Ryan White-funded services by Part. These reports are not populated if Part grants are not captured in the data file.

Table 1. Summary of Tracker Features by Grantee Data Being Collected

Data That Must be Captured	Report Topics That Can be Produced				
	Insurance Status	Service funding source	Most common Ryan White-funded OAMC subservices	Price of services by funding source	Ryan White-funded services by Part
1. Insurance status with start and end dates	•				
2. All HIV/AIDS care data for all clients within the system		•			
3. Link of service to funding source		•	•	•	•
4. Data at the subservice or procedure level			•		•
5. Price of services				•	•
6. Part-specific Ryan White information				•	•

We Want to Hear from You!

Start using the Tracker now to assess changes during healthcare reform's 2014 roll out! Generate input files from CAREWare and import those files into the Tracker on a quarterly basis, appending data as you go (see next chapter for instructions).

See any interesting trends? We want to know! HAB is interested in understanding grantee experiences with healthcare reform to inform future policy. In addition, we want to highlight cases that demonstrate the importance of the Ryan White Program in supplementing health insurance to provide individuals with comprehensive HIV/AIDS care.

We also want your feedback related to the usefulness and usability of the Tracker. Are there any other reports you would like to see? Did you experience any technical issues?

Please send your feedback to Ellie Coombs, ecoombs@mission-ag.com

2. Getting Your Data into the Tracker

Download the Tracker

You can download the Tracker zip package from the [TARGET Center website](#). Input your email address and save the zip file titled *Ryan White Tracker* to a secure location on your computer. We request your email address to send you information about updates. Extract the files from the zip file.

Export Data from CAREWare

Three Excel files that you can generate from CAREWare serve as the Tracker's input files. You will use CAREWare's custom reporting feature to create these files. The XML file titled *Tracker_Import_Files* in the Tracker download package contains the schema that CAREWare needs to create the files. This XML file works with the <Import From File> option on the CAREWare Custom Report menu. For more information on using custom reports in CAREWare, see the CAREWare Quick Start manual:

<http://hab.hrsa.gov/manageyourgrant/careware/quickstart7.pdf>.



The Tracker and your input files must be saved in the same folder!

Save the three Excel spreadsheets into the same folder where you have saved the Tracker.

Table 2 contains the names and data elements in each Excel file.

Table 2: CAREWare Data Element Names and Descriptions

File Name	Data Element	Description
ACA_demog.xls	URN	Unique client identifier
	State	State name
	DOB	Date of birth
	Gender	Gender
	HH Size	Household Size
	Last HH Income	Household Income (annual)
	Date of Death	Date of death
ACA_healthins.xls	URN	Unique client identifier
	First Primary Insurance in Span	Insurance type at the first assessment in the reporting period
	Date of First Insurance Assessment In Span	Date of the first insurance assessment in the reporting period
	Last Primary Insurance In Span	Insurance type at the last assessment in the reporting period
	Date of Last Insurance Assessment in span	Date of the last insurance assessment in the reporting period
ACA_services.xls	URN	Unique client identifier
	Srv Category	Primary service category
	Srv Short Name	Subservice
	Srv Date	Date of service
	Srv Contract	Service contract
	Srv Funding Source	Funding source
	Srv Price	Price of service

Import Data into the Tracker

Follow these steps to import data into the Tracker.

1. **Go to the folder where you have saved the Tracker and the three Excel files you generated from CAREWare.**
2. **Open the Tracker.** You will see the Menu form. On the Import Data tab (Figure 1), the List of Files to Import table contains the list of Excel files as named in the CAREWare export instructions. If you modified these names in any way when you generated the files, edit the names in the Tracker to match your file names. The Tracker uses this list to identify your files in the folder and import them to the correct table.
3. **Import data by clicking the <Import> button** on the Import Data tab.

Figure 1 : Import Data Tab on Menu Form

Menu

Import Data | Service Mapping | Funding Source Mapping | Client Reports | Funding Source Reports | Ryan White-Fund

Import Data

Import

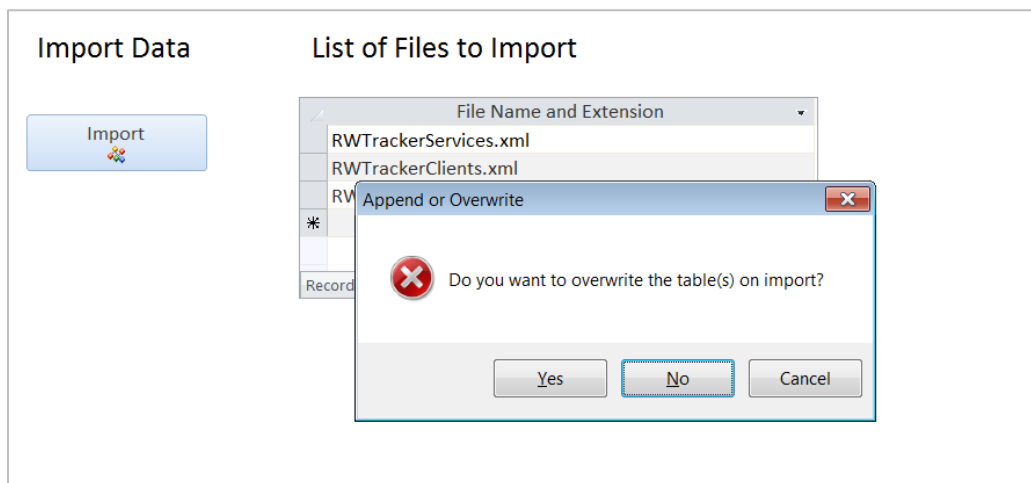
List of Files to Import

File Name and Extension
ACA_demog.xls
ACA_services.xls
ACA_healthins.xls
*

Record: 1 of 3 | No Filter | Search

4. **When you click <Import>, a pop up message appears:** “Do you want to overwrite the table(s) on import?” (Figure 2) If you are a first-time user, click <No>. If you are *appending* data from this time period to data from a previous time period, click <No>. If your files are cumulative and include all of the data on which you plan to report, click <Yes>. Clicking <Yes> will bring up another message box: “Do you want to clear service and funding source mapping?” This option is for grantees who plan to use the tool for multiple providers with different service and funding source names. Click <No> if you want to save the service and funding mapping from the previous time you used the Tracker.

Figure 2 : Import Message



5. **A pop up message indicates** whether the files have been properly imported. If they are not properly imported, the reason for error is provided (e.g., files were not located in the folder).

Map Data

Now you must map the values for Ryan White service categories and funding sources. You will assign values used by your internal data management system to the standard values presented in the Tracker reports. Only the services and funding sources that you map in this step will appear in your reports. This allows for consistency in reporting across grantees and facilitates the consolidation of data into single categories. You will use two tabs on the Menu form to complete the mapping.

1. **Select the Service Mapping tab** (Figure 3). When you open the tab, you will see two lists of service categories: those in your import files and those that appear in the Tracker output reports (the Ryan White service category names). Click on your service category name and the matching Ryan White service category name and click Map. Continue this process until all services are mapped. *You may map more than one of your services to the same Ryan White service category. The service categories in your file that match exactly the names of Ryan White service categories are automatically mapped.*
2. **Edit mapping choices with the <Remove> button.** If you need to make changes to your mapping, begin by selecting the relevant service in the Ryan White Service category box. The service(s) from your file that you have mapped to the selected service will appear in the

Mapped Services list box on the right. Highlight the service in this box for which you wish to remove the mapping, and click **<Remove>**. The service category will now reappear in the **Service Categories in Your File** box. You may now map that service to a different category if you choose.

3. **Use the same process to map funding source categories through the Funding Source Mapping tab** (Figure 4). You can have many different service funding sources, depending on access to different federal and local grants and private and public health insurance programs. Map your internal categories to the categories used in the Tracker output tables: Ryan White (general or by Part), Medicaid, Medicare, Other Public, Private Insurance, and Other. *Note that you only need to map your funding for a specific Part to that Part; the Tracker automatically groups data by Part to the overall Ryan White category, so you can run reports for all Ryan White Parts combined.*

Figure 3 : Mapping Service Categories Tab

The screenshot shows the 'Mapping Primary Service Categories' tab. It features a menu bar at the top with options: Import Data, Service Mapping, Funding Source Mapping, Client Reports, Funding Source Reports, Ryan White-Funded Services, and Price Reports. The main content area is divided into three columns:

- Service Categories in Your File:** A list box containing 'Early Intervention Services (Parts A and B)', 'Medical Case Management (including Treatment Adherence)', 'Oral Health Care', and 'Outpatient/Ambulatory Medical Care'.
- Ryan White Service Categories:** A scrollable list box containing various services such as 'Child Care', 'Early Intervention Services', 'Emergency Financial Assistance', 'Food Bank', 'Health Education/Risk Reduction', 'Health Insurance Premiums', 'Home and Community-Based Services', 'Home Health Care', 'Hospice Services', 'Housing Services', 'Legal Services', 'Linguistics Services', 'Local AIDS Pharmaceutical Assistance', 'Medical Case Management', 'Medical Nutrition Therapy', 'Medical Transportation Services', 'Mental Health Services', and 'Non-Medical Case Management'.
- Mapped Services:** An empty list box.

Between the 'Ryan White Service Categories' and 'Mapped Services' boxes are two buttons: 'Map' and 'Remove'.

Figure 4 : Mapping Funding Sources Tab

The screenshot shows the 'Mapping Funding Source Categories' tab. It features a menu bar at the top with options: Import Data, Service Mapping, Funding Source Mapping, Client Reports, Funding Source Reports, Ryan White-Funded Services, and Price Reports. The main content area is divided into three columns:

- Funding Source Categories in Your File:** A list box containing 'State Office of AIDS', 'Ryan White Part A', 'Ryan White Part B', 'Medi-Cal', 'Medicare', and 'Private Health Insurance'.
- Tracker Funding Source Categories:** A list box containing 'Medicaid', 'Medicare', 'Other', 'Other Public', 'Private Insurance', 'Ryan White (All Parts)', 'Ryan White (Part A)', 'Ryan White (Part B)', 'Ryan White (Part C)', 'Ryan White (Part D)', and 'Ryan White (Part F)'.
- Mapped Funding Streams:** An empty list box.

Between the 'Tracker Funding Source Categories' and 'Mapped Funding Streams' boxes are two buttons: 'Map' and 'Remove'.

3. Generating Reports from the Tracker

The Tracker creates a series of reports that contain information on health insurance status, client income, funding sources, and the price of services. This information allows you to gain a better understanding of the services funded through the Ryan White Program.

Create the reports using the buttons on the following tabs: Client Reports, Funding Source Reports, Ryan White-Funded Services, and Price Reports (Figure 5). Click a button and the corresponding report will appear. Reports are described below.

Client Reports

Client reports summarize information about client health insurance and income, which will help you assess how payer mix is changing with the implementation of healthcare reform.

Figure 5: Client Reports

The screenshot shows a web application interface with a top menu bar containing the following tabs: **Menu**, **Import Data**, **Service Mapping**, **Funding Source Mapping**, **Client Reports** (which is the active tab), and **Funding Source Reports**.

Under the **Client Reports** tab, there are two main buttons: **Client Insurance Type** and **Client Income Summary**. Below these buttons, the following instructions are displayed:

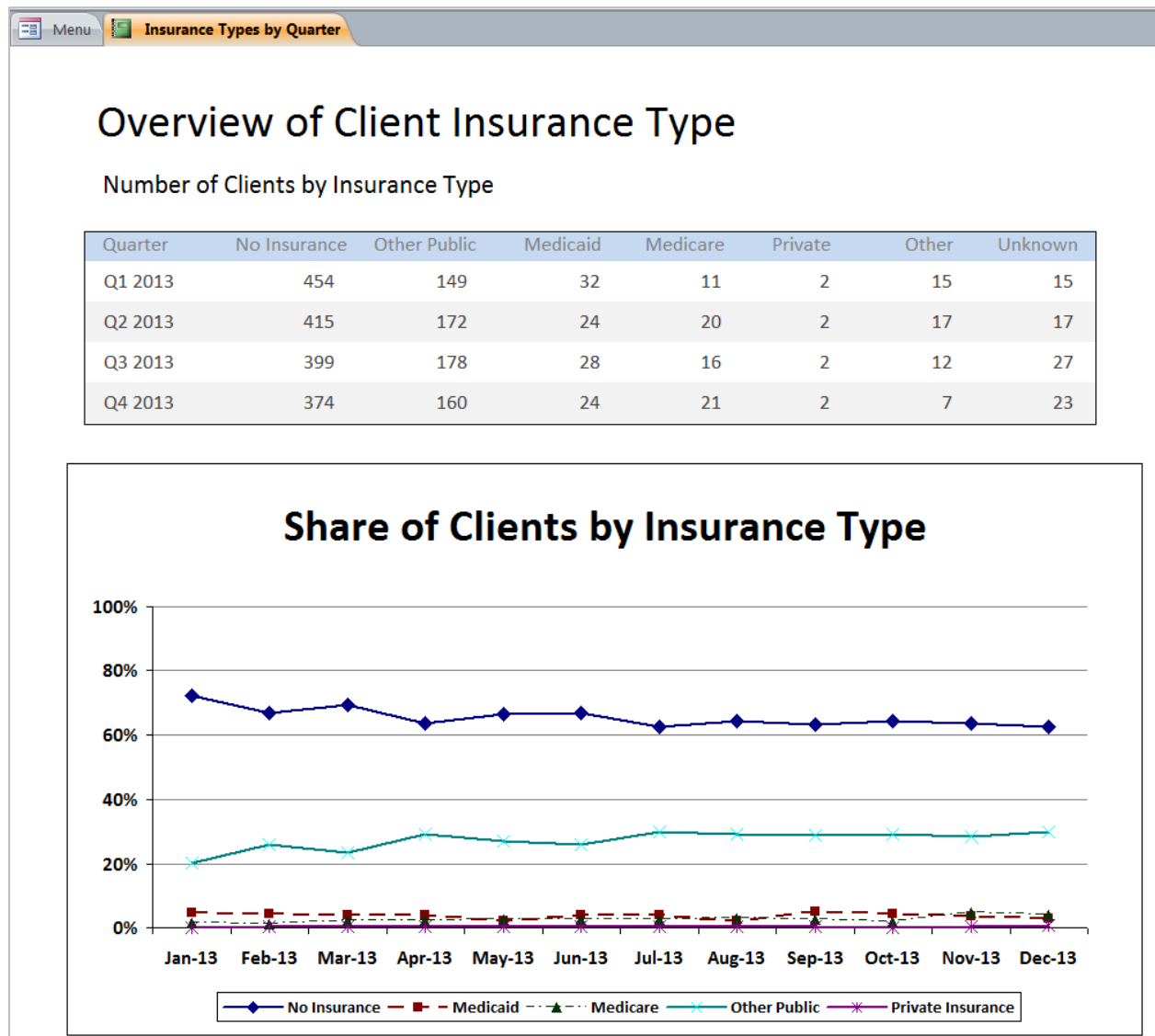
Choose two quarters for comparison of client insurance types.
Totals for the Base Quarter will appear in rows, and the Analysis Quarter will appear in columns.

Below the instructions, there are two dropdown menus: **Base Quarter** and **Comparison Quarter**. To the right of these dropdowns is a button labeled **Changes in Client Insurance Type**.

Client Insurance Type

This report contains a table and graph with client insurance status over time (Figure 6). The table displays the number of clients assigned each insurance type by quarter. The graph displays the share of total clients assigned each insurance type by month. The report can help grantees assess changes in the payer mix as more insurance options become available. For example, grantees might expect to see a change in the share of their clients who are uninsured as healthcare reform progresses.

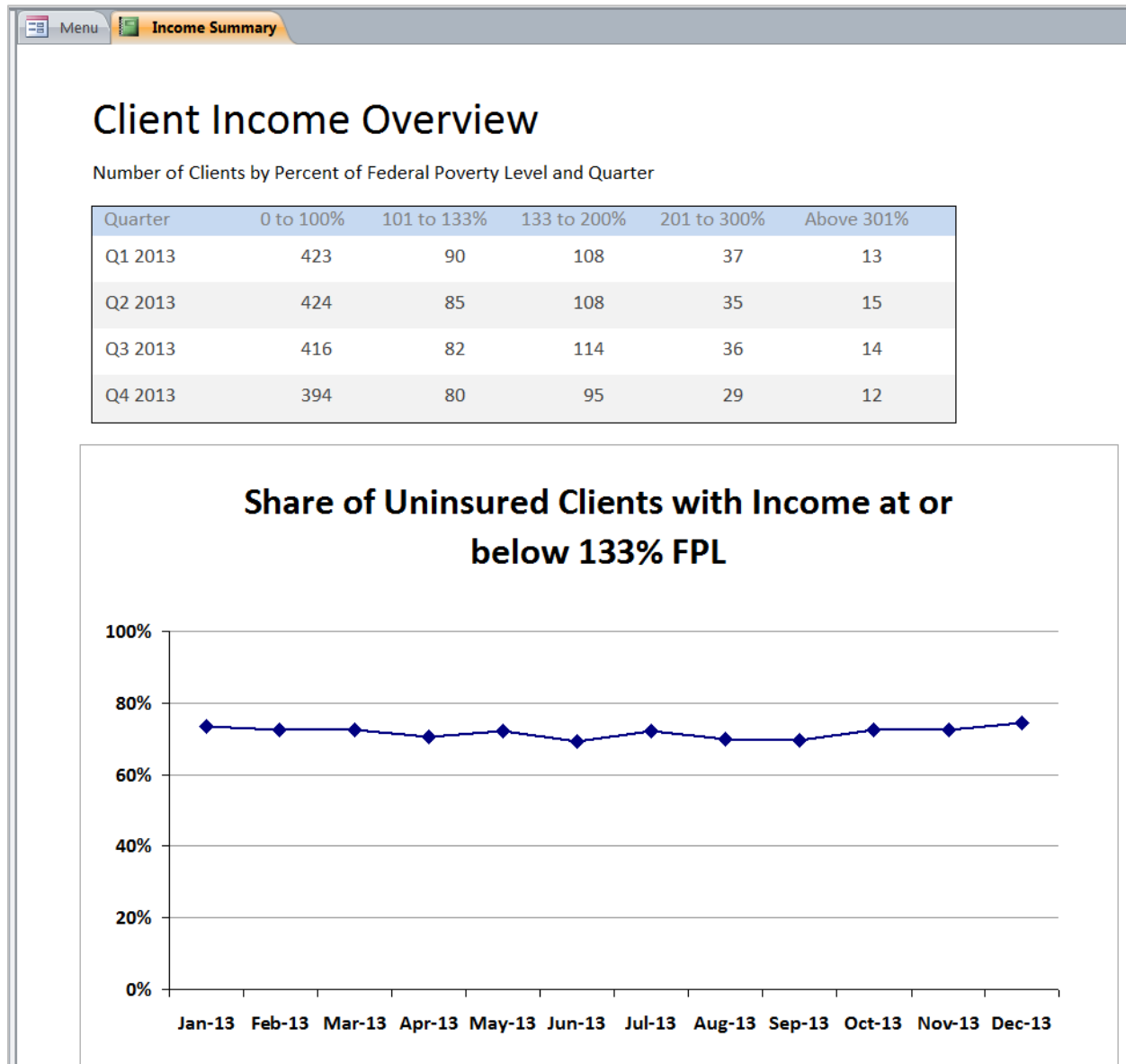
Figure 6: Client Insurance Type



Client Income Summary

The table at the top of the report presents the number and percent of clients by income category and quarter (Figure 7). In the graph, you will see the percent of uninsured clients at or below 133% of the federal poverty limit (FPL). The graph can help you determine what percentage of your uninsured clients are eligible for each new health insurance option: the Medicaid expansion or the Health Insurance Exchange. Individuals with incomes below 133% FPL are eligible for the Medicaid expansion, while individuals with incomes above 133% FPL are eligible for the Health Insurance Exchange.

Figure 7: Client Income Summary

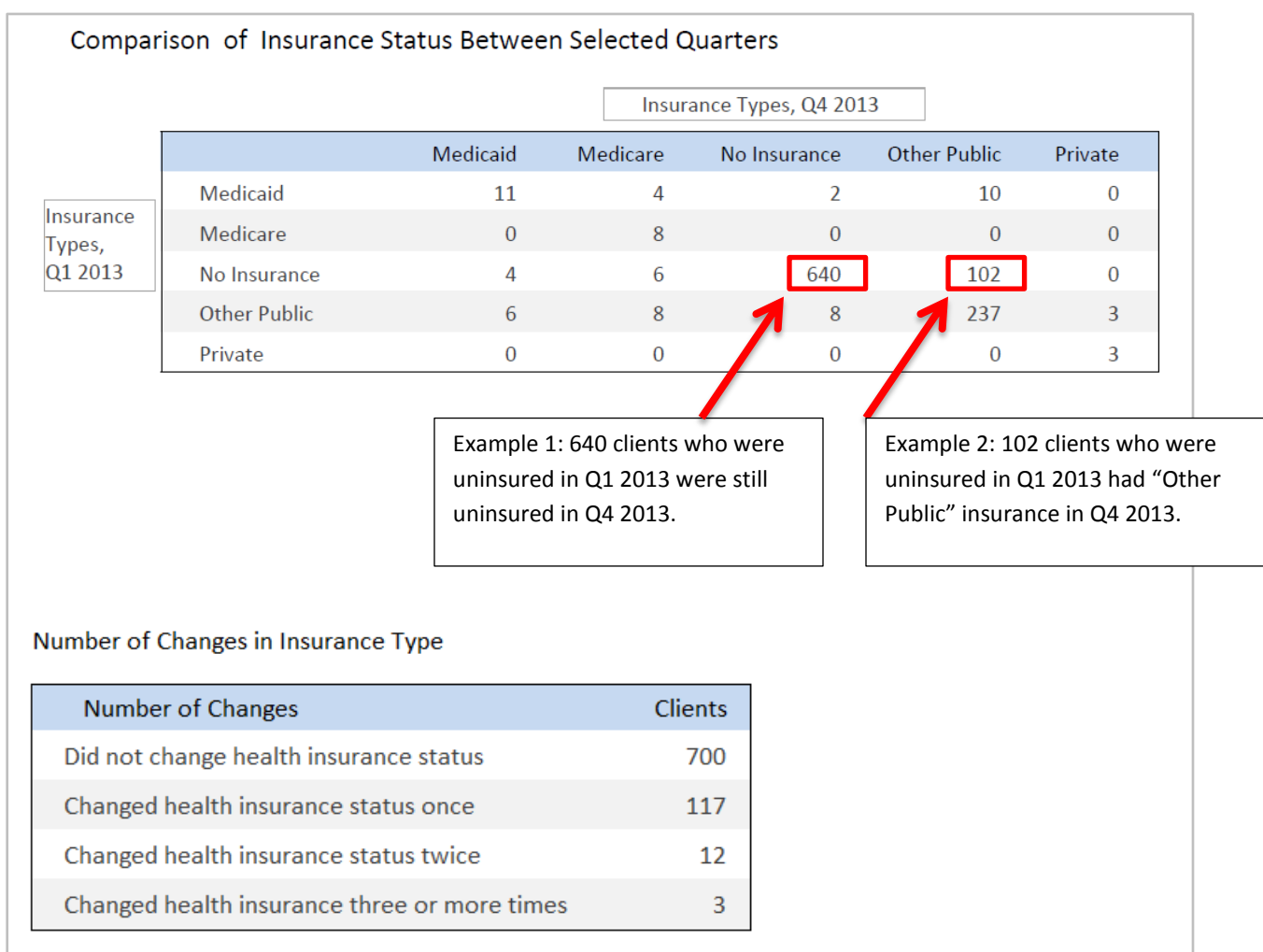


Changes in Insurance Types

This report aims to capture insurance churn – or frequent changes in health insurance status. Use the drop-down menus next to this button to select a base quarter and a comparison quarter. After you have made your selection, click **<Changes in Client Insurance Type>**. This will bring up a report with two tables (Figure 8). The first, a matrix of client insurance changes, identifies movement from one insurance type to another. In the far left column, you will see the insurance types in the base quarter. The top row displays the insurance types for the comparison quarter. The counts on the diagonal represent clients who had the same insurance type in both quarters. Off-diagonal cells display the counts of clients who changed from one insurance type to another. *Note that the matrix includes only clients who had service visits in both of the quarters you selected on the Menu tab.*

The second table displays the number of changes in insurance type over the reporting period as a whole. It shows the number of clients who changed insurance types zero times, once, twice, or three or more times. “Change in Insurance Type” is counted every time a client has a visit with an insurance type different from the insurance type covering his or her previous visit.

Figure 8: Changes in Client Insurance Type



Funding Source Reports

These tables and graphs capture information on the funding sources of all services provided to people with HIV/AIDS. You can use this information to assess whether your agency's funding sources change as more insurance options become available. For example, if the share of your services funded by Ryan White dollars remains relatively constant during the implementation of healthcare reform, it may mean that the new insurance options do not cover the services you offer.

Figure 9 : Funding Source Reports

The screenshot displays a software interface for generating reports. At the top, a horizontal menu bar contains the following items: "Menu", "Import Data", "Service Mapping", "Funding Source Mapping", "Client Reports", "Funding Source Reports", and "Ryan White-Fu". The "Funding Source Reports" tab is currently selected. Below the menu bar, the main content area features two blue rectangular buttons on the left. The top button is labeled "Funding Source" and has a small green icon below the text. The bottom button is labeled "Funding Source by Primary Service" and also has a small green icon below the text. To the right of these buttons, there is a text prompt: "Choose a primary service category to see funding sources for that service by month and quarter." Below this prompt is a white rectangular dropdown menu with a downward-pointing arrow on its right side.

Funding Source Overview

The report includes a table with the total number of visits in each quarter and the share of those visits covered by each funding source category. On the graph, you will see the same shares presented monthly. The Tracker defines a visit as a unique combination of client, service date, and primary service category.

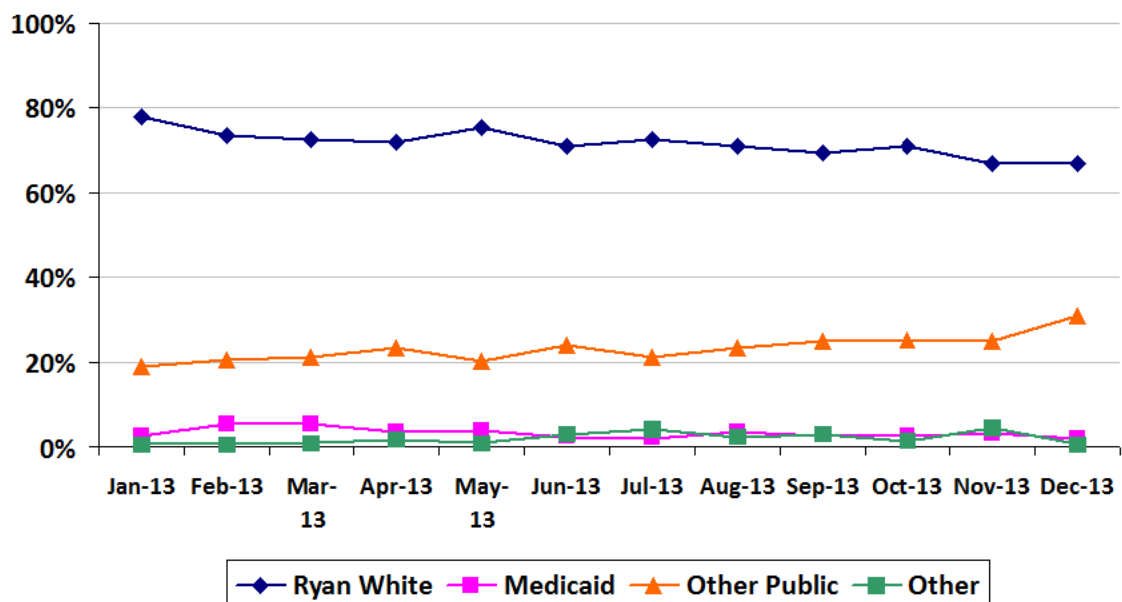
Figure 10: Funding Source Overview

Overview of Visits by Funding Source

Number of Visits by Funding Source

Quarter	Ryan White	Medicaid	Medicare	Other Public	Other	Private Insurance
Q1 2013	1512	94	0	412	15	0
Q2 2013	1488	75	0	471	41	0
Q3 2013	1482	64	0	492	77	0
Q4 2013	1061	46	0	420	37	0

Share of Visits by Funding Source



Funding Source by Primary Service Category for Cumulative Reporting Period

As a companion report to the funding source overview, this report provides a more detailed picture of the funding sources for your individual services for the reporting period. This is a table with the total number of visits for each Ryan White service category and the percent of those visits covered by each funding source (Figure 11). The report is sorted by total visits, so the most commonly accessed services appear at the top.

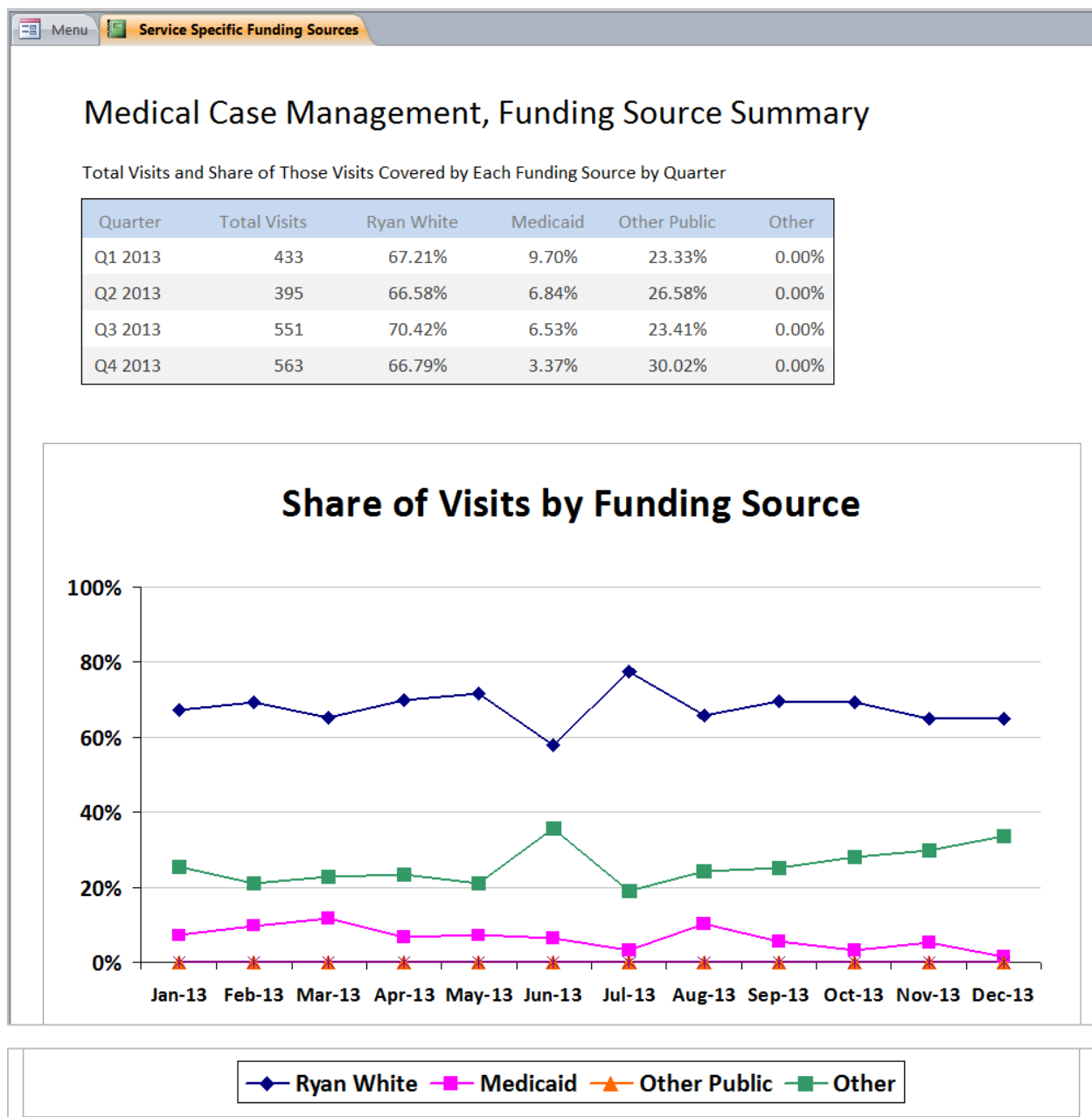
Figure 11: Funding Source by Primary Service Category

Visits by Funding Source and Service Category								
Visits at Least Partially Paid for by Each Funding Source by Service Category								
Category	Primary Service	Total Visits	Ryan White	Medicaid	Medicare	Other Public	Other	Private Insurance
Core Services	Outpatient/Ambulatory Medical Care	58	0.00%	0.00%	32.76%	12.07%	0.00%	55.17%
Core Services	Medical Case Management	20	0.00%	0.00%	50.00%	0.00%	0.00%	50.00%
Support Services	Medical Transportation Services	15	6.67%	0.00%	86.67%	0.00%	0.00%	6.67%
Core Services	Mental Health Services	15	6.67%	0.00%	73.33%	0.00%	0.00%	20.00%
Support Services	Non-Medical Case Management	12	66.67%	0.00%	0.00%	0.00%	0.00%	33.33%
Support Services	Outreach Services	7	14.29%	0.00%	0.00%	0.00%	0.00%	85.71%
Support Services	Substance Abuse	6	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Core Services	Oral Health Care	6	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support Services	Treatment Adherence Counseling	4	50.00%	0.00%	0.00%	0.00%	0.00%	50.00%
Support Services	Housing Services	3	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Support Services	Food Bank	3	33.33%	0.00%	0.00%	0.00%	0.00%	66.67%
Support Services	Rehabilitation Services	2	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support Services	Substance Abuse Services - Residential	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Support Services	Psychosocial Support	1	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
Core Services	Medical Nutrition Therapy	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Select a Primary Service Category

Use the drop-down list on the Funding Source Reports tab to select a primary service category. Selecting a service will open a report specific to your choice (Figure 12). Modeled on the Funding Source Overview, the report includes a table and graph of the share of visits covered by each funding source for *only the service you select from the drop-down list*. To view the report for a different service, close the current report (<CTRL+W> or right-click on the Service Specific Funding Source tab and select <Close>), go back to the Menu tab, and select another service from the drop-down list.

Figure 12: Service Specific Funding Sources



Ryan White-Funded Services Report

This tab provides users with two types of reports: 1) reports about all Ryan White-funded services, and 2) reports that disaggregate Ryan White-funded services by Part. In order to view the reports by Part, users must map their funding sources to individual Parts (see Chapter 2).

Figure 13 : Ryan White-Funded Services



Ryan White-Funded Services by Client Insurance Type

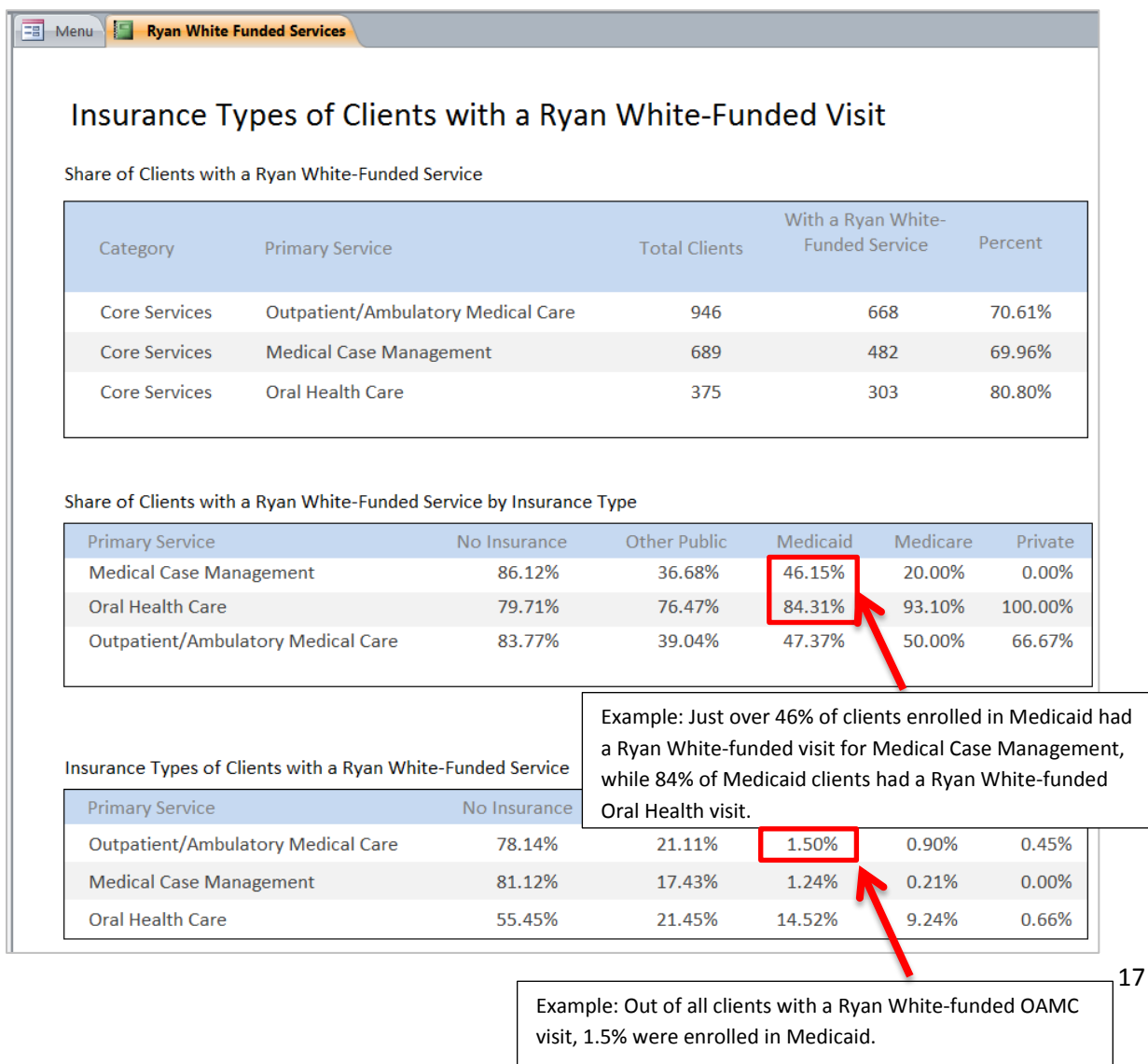
This report presents three tables (Figure 14). Each one focuses only on Ryan White-funded services for the reporting period as a whole and summarizes information by primary service category:

Share of Clients with a Ryan White-Funded Service: The first table shows, for each Ryan White service category, the total number of clients with a visit and the number and percent of those clients with at least one Ryan White-funded visit. This information provides you with an overall picture of the primary service categories that Ryan White dollars fund most frequently.

Share of Clients with a Ryan White-Funded Service by Insurance Type: The second table presents the share of clients with a Ryan White-funded visit within each insurance type. If a large share of clients enrolled in a certain insurance program had the given Ryan White-funded service, then the insurance program may not cover that service.

Insurance Types of Clients with a Ryan White-Funded Service: The data in this table will be largely reflective of the distribution of insurance types among your client population. For example, if the majority of your clients are uninsured, the uninsured group will likely comprise the largest share.

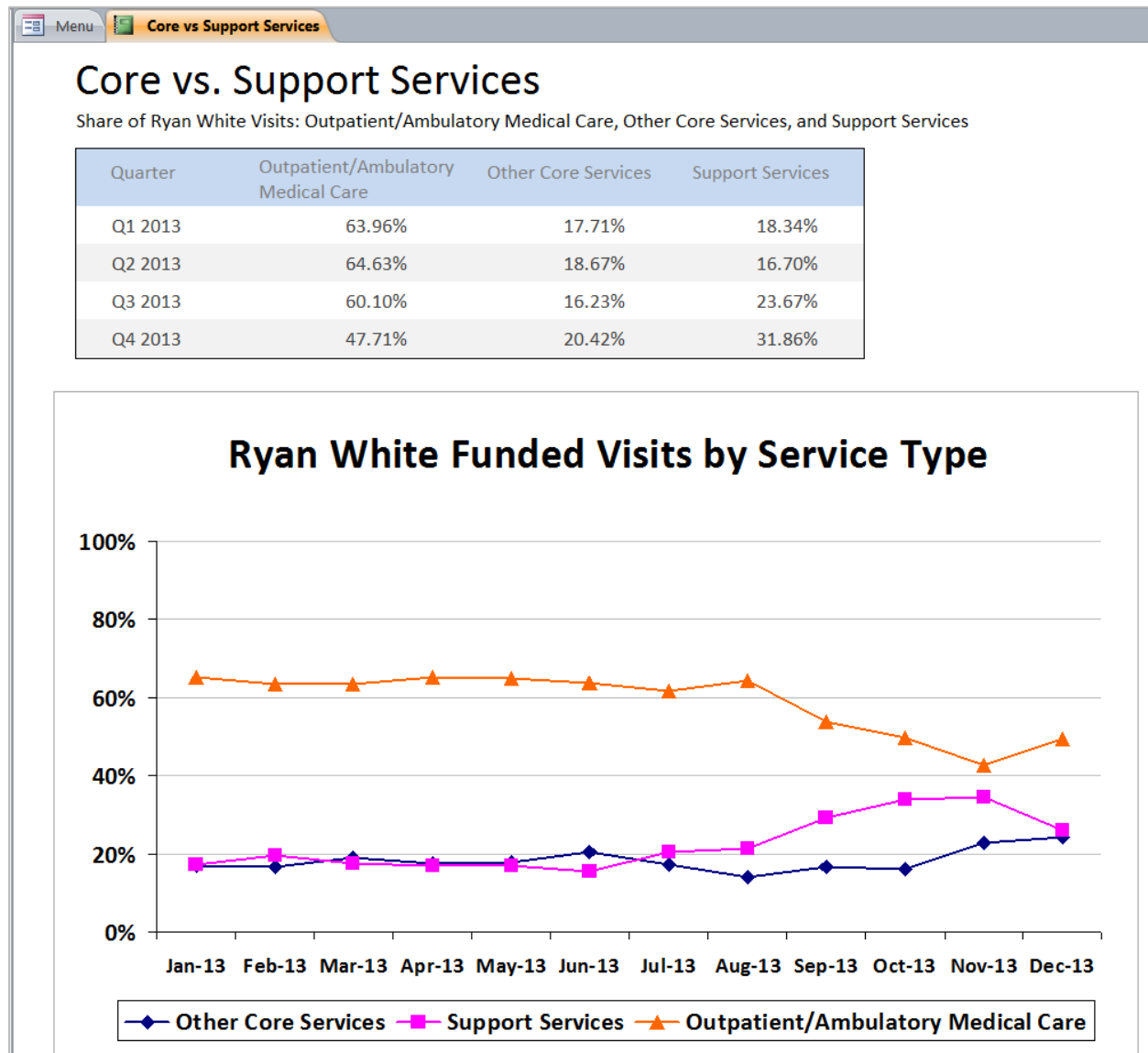
Figure 14: Ryan White-Funded Services



RW-Funded Services: Core vs. Support

This report contains a table and graph that display the share of total Ryan White-funded visits for OAMC, other core services, or support services (Figure 15). As more clients become insured, you may see a shift from Ryan White-funded OAMC to other core or support services.

Figure 15: Core vs. Support Services



RW-Funded OAMC Subservices

This report contains six tables, one for each major insurance type (Medicaid, Medicare, Other Public, and Private), uninsured clients, and all clients (Figure 16). Each table has a list of the top 10 most common Ryan White-funded OAMC subservices for clients with each major insurance type. These tables can help you identify differences in the subservices covered by some insurance types. For example, if Ryan White commonly funds a certain subservice for Medicaid-insured client, the grantee can assume that Medicaid does not cover that service

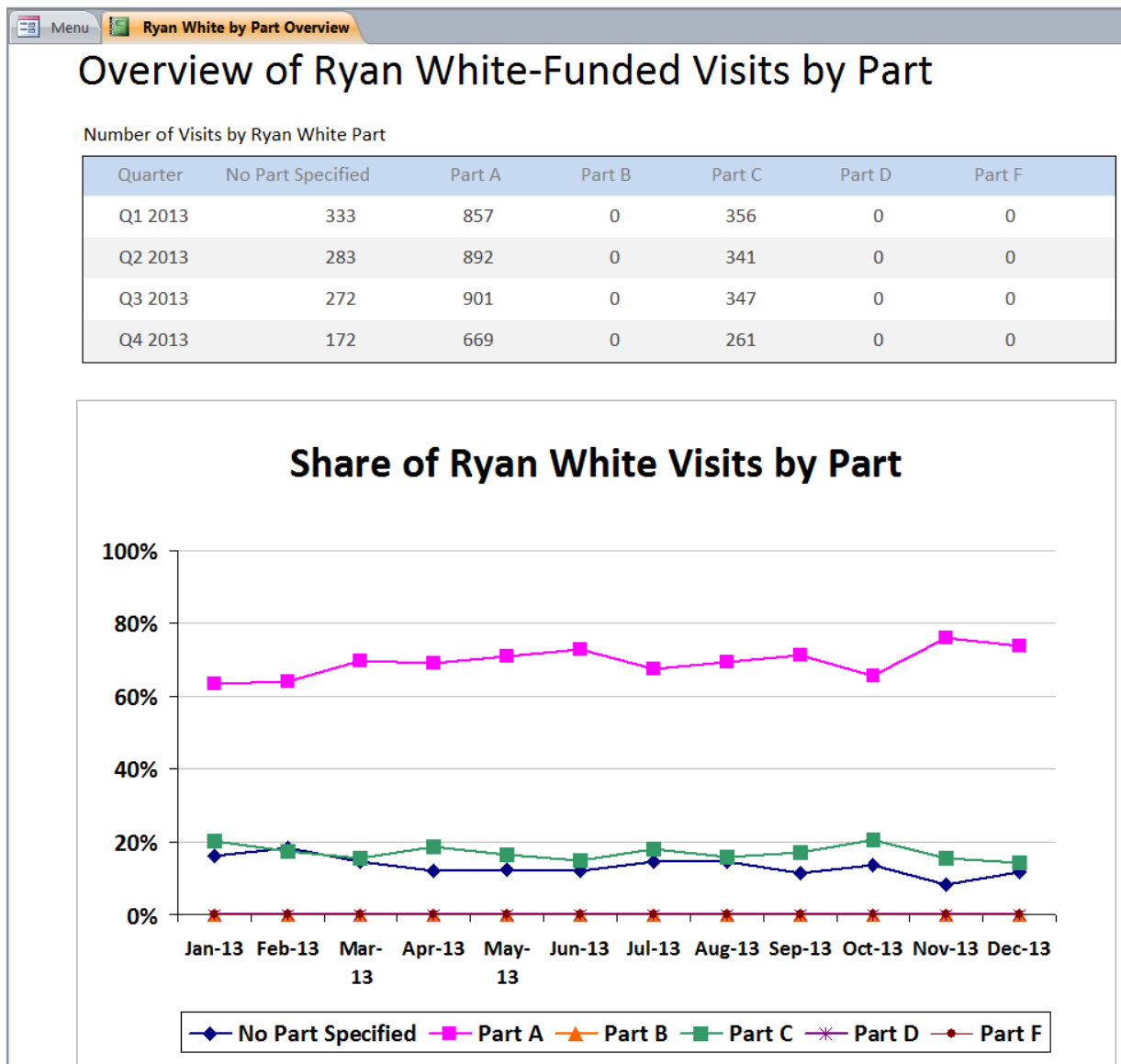
Figure 16: Top OAMC Subservices

Top 10 Outpatient/Ambulatory Medical Care Subservices Funded by Ryan White by Insurance Type	
All Clients: Top 10 Subservices	
Subservice	Total Clients
Routine Labs	1055
Follow-Up Visit	1054
Other Laboratory Service	935
Follow-up Clinic Evaluation	366
Follow-up Clinic Evaluation - ASF	287
Immunizations	260
IGRA Testing	182
Medication	171
Internal Service	168
UCI Pathology	119
No Insurance: Top 10 Subservices	
Subservice	Total Clients
Routine Labs	899
Follow-Up Visit	890
Other Laboratory Service	788
Follow-up Clinic Evaluation	336
Follow-up Clinic Evaluation - ASF	245
Immunizations	224
Medication	142
IGRA Testing	131
Internal Service	128
UCI Pathology	91
Medicaid Population: Top 10 Subservices	
Subservice	Total Clients
Follow-Up Visit	10
Routine Labs	6
Other Laboratory Service	6
Follow-up Clinic Evaluation - ASF	3
Follow-up Clinic Evaluation	3
IGRA Testing	2
UCI Pathology	1
Ob/Gyn	1
New Clinic Evaluation - ASF	1
Medication	1
Internal Service	1
Immunizations	1
Medicare Population: Top 10 Subservices	
Subservice	Total Clients
Routine Labs	6
Other Laboratory Service	6
Follow-Up Visit	6
Immunizations	2
Follow-up Clinic Evaluation	2
UCI Pathology	1
Ob/Gyn	1
IGRA Testing	1
Follow-up Clinic Evaluation - ASF	1
Private Insurance Population: Top 10 Subservices	
Subservice	Total Clients
Follow-Up Visit	1
Follow-up Clinic Evaluation - ASF	1
Follow-up Clinic Evaluation	1
Other Public Insurance Population: Top 10 Subservices	
Subservice	Total Clients
Follow-Up Visit	100
Routine Labs	86
Other Laboratory Service	81
Follow-up Clinic Evaluation - ASF	35
IGRA Testing	27

Overview of RW-Funded Service by Part

This report focuses solely on Ryan White-funded visits, displaying a quarterly table with the number of total visits and a monthly graph with the share of total visits funded by each Part (Figure 17). The report will only be available if you record funding sources by Part and map them appropriately on the Funding Source Mapping tab.

Figure 17: Overview of RW-Funded Visits by Part



RW-Funded Services by Part and Service Category

Similar to the table of services found on the Funding Source by Service report, this report presents the total number of Ryan White-funded visits for each primary service category and the share of the total funded by each Part (Figure 18). The table is sorted so that the most common services appear at the top.

Figure 18: Ryan White-Funded Visits by Part and Service Category

Ryan White-Funded Visits by Part and Service Category								
Visits at Least Partially Paid for by Ryan White								
Category	Primary Service	Total Visits	None Specified	Part A	Part B	Part C	Part D	Part F
Core Services	Medical Case Management	1089	0.00%	87.42%	0.00%	12.76%	0.00%	0.00%
Core Services	Outpatient/Ambulatory Medical Care	398	0.00%	12.56%	13.32%	52.51%	22.36%	0.00%
Support Services	Food Bank	390	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Support Services	Medical Transportation Services	239	0.00%	97.91%	0.00%	2.09%	0.00%	0.00%
Support Services	Health Education/Risk Reduction	203	0.00%	67.49%	0.00%	33.00%	0.00%	0.00%
Core Services	Medical Nutrition Therapy	123	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Core Services	Mental Health Services	107	0.00%	11.21%	0.00%	89.72%	0.00%	0.00%
Core Services	Oral Health Care	89	0.00%	33.71%	0.00%	66.29%	0.00%	0.00%
Support Services	Housing Services	68	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Support Services	Treatment Adherence Counseling	65	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Support Services	Substance Abuse	61	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Support Services	Referral Services	22	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Support Services	Outreach Services	2	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%

RW-Funded Subservices by Part

This report follows the same structure as Ryan White-Funded Services by Part and Service Category (Figure 19). The table includes all subservices (regardless of service category) and the share of total visits with that subservice funded by each Ryan White part.

Figure 19: Ryan White-Funded Subservices by Part

All Ryan White-Funded Subservices by Part								
Service	Subservice	Total Visits	No Part Specified	Part A	Part B	Part C	Part D	Part F
Medical Case Management	Phone Contact	587	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Food Bank	Vouchers	360	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Medical Transportation Services	Gas Voucher	212	0.00%	97.64%	0.00%	2.36%	0.00%	0.00%
Outpatient/Ambulatory Medical	Outpatient/Ambulatory Medical Care	204	0.00%	5.88%	22.55%	29.41%	43.63%	0.00%
Medical Case Management	Medical Case Management	163	0.00%	53.37%	0.00%	47.24%	0.00%	0.00%
Medical Case Management	Service Coordination and Medical Follow-Up	148	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Health Education/Risk Reduction	Health Education/Risk Reduction	133	0.00%	50.38%	0.00%	50.38%	0.00%	0.00%
Medical Case Management	Case Conference	93	0.00%	39.78%	0.00%	61.29%	0.00%	0.00%
Mental Health Services	Mental Health Services	66	0.00%	16.67%	0.00%	83.33%	0.00%	0.00%
Treatment Adherence Counseling	Treatment Adherence Counseling	65	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Oral Health Care	Oral Health Care	55	0.00%	23.64%	0.00%	76.36%	0.00%	0.00%
Substance Abuse	Substance Abuse Services - Outpatient	52	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Outpatient/Ambulatory Medical	Infectious Diseases	50	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Health Education/Risk Reduction	Newsletter	37	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Outpatient/Ambulatory Medical	Smoking Cessation	35	0.00%	11.43%	0.00%	88.57%	0.00%	0.00%
Medical Nutrition Therapy	Medical Nutrition Therapy	35	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Medical Case Management	ADAP Enrollment Assistance	33	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%
Outpatient/Ambulatory Medical	Partner Notification (PCRS)	32	0.00%	6.25%	0.00%	93.75%	0.00%	0.00%
Medical Nutrition Therapy	Nutritional Supplements	32	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%
Medical Nutrition Therapy	Nutritional Counseling (by RD)	31	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%

Price Reports

These tables and graphs capture information on the price of different funding sources used to provide HIV/AIDS services (Figure 20). The changes you see in the client and visit-based Tracker reports will have financial effects relative to the price of your services. If you collect price data in your data management system, you can use these reports to assess the financial implications of healthcare reform.

Figure 20: Price Reports

The screenshot displays a web application interface for "Price Reports". At the top is a horizontal menu bar with the following items: "Menu", "Import Data", "Service Mapping", "Funding Source Mapping", "Client Reports", "Funding Source Reports", "Ryan White-Funded Services", and "Price Reports". The "Price Reports" item is currently selected. Below the menu bar, the main content area contains several interactive elements:

- Four blue rectangular buttons with white text and a small green icon at the bottom right:
 - "Dollar Amount of Each Funding Source" (bordered with a dashed line)
 - "Price by Funding Source and Service"
 - "Price of RW-Funded Services by Client Insurance Type"
 - "Price of RW-Funded Services by Part"
- Text on the right side: "Choose a primary service category to see prices for that service by month and by quarter."
- A white dropdown menu with a downward arrow icon.

Price of Each Funding Source

This report presents total price and the percentage of total price for each major funding source. The report contains a quarterly table and a monthly graph (Figure 21). The Tracker calculates total price using the Srv Price field in the ACA_Services file exported from CAREWare.

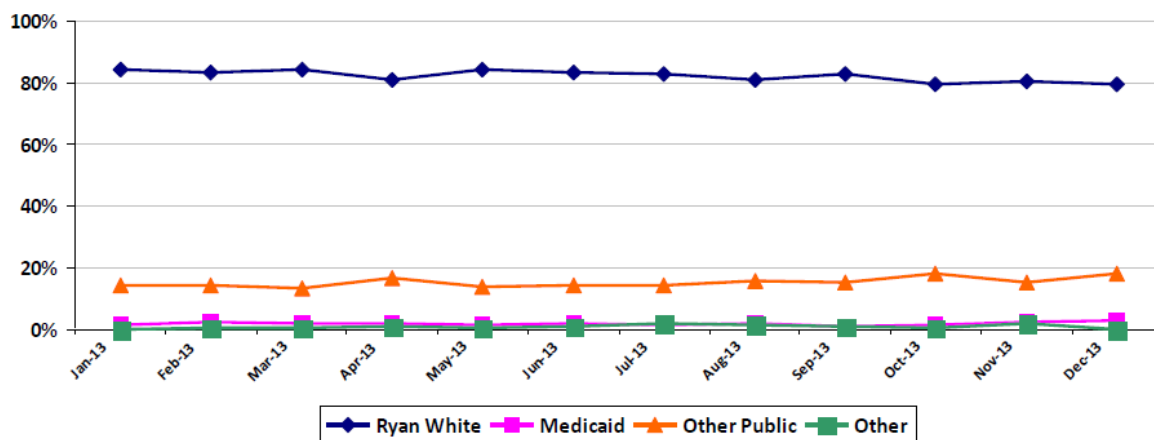
Figure 21: Price of Each Funding Source

Overview of Funding Source Amounts

Total Amount and Share of Total for Each Funding Source and Quarter

Quarter	Total Amount	Ryan White	Medicaid	Medicare	Other Public	Other	Private Insurance
Q1 2013	\$51,987,898	84.01%	1.87%	0.00%	13.82%	0.31%	0.00%
Q2 2013	\$53,568,737	82.78%	1.62%	0.00%	14.83%	0.77%	0.00%
Q3 2013	\$54,148,132	82.11%	1.45%	0.00%	15.00%	1.44%	0.00%
Q4 2013	\$43,231,254	79.86%	2.09%	0.00%	17.29%	0.76%	0.00%

Share of Total Price by Funding Source



Price by Funding Source and Service

This table displays the total price and the share of total price for each major funding source for all services provided to people with HIV/AIDS by service category. It is sorted by total price, with the service associated with the highest dollar amount at the top (Figure 22).

Figure 22: Price by Funding Source and Service

Share of Total Price by Funding Source and Service Category								
Visits at Least Partially Paid for by Each Funding Source by Service Category								
Category	Primary Service	Total Price	Ryan White	Medicaid	Medicare	Other Public	Other	Private Insurance
Core Services	Outpatient/Ambulatory Medical Care	\$95,910,326	71.68%	2.43%	0.00%	25.88%	0.00%	0.00%
Core Services	Oral Health Care	\$81,808,857	97.94%	0.00%	0.00%	0.00%	2.06%	0.00%
Support Services	Non-Medical Case Management	\$25,212,022	71.86%	4.74%	0.00%	23.40%	0.00%	0.00%
Core Services	Early Intervention Services	\$4,816	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Price of RW-Funded Services by Client Insurance Type

The report lists each service category with its total price and the percentage of each price by client insurance type. The Tracker uses the service date, insurance start and end date, and price of the visit to assign a dollar amount to an insurance type for each visit (Figure 23). This report includes only Ryan White-funded visits.

Figure 23: Price of RW-Funded Service by Clients Insurance Type

Share of Total Price of Ryan White-Funded Visits								
Total Price by Insurance Type and Service Category								
Category	Primary Service	Total Price	Medicaid	Medicare	No Insurance	Other Public	Other	Private
Core Services	Outpatient/Ambulatory Medical Care	\$95,910,326	0.55%	0.41%	61.39%	5.76%	0.39%	0.11%
Core Services	Oral Health Care	\$81,808,857	11.49%	9.01%	45.45%	20.38%	3.73%	1.08%
Support Services	Non-Medical Case Management	\$25,212,022	1.04%	0.49%	49.19%	8.43%	0.64%	0.11%
Core Services	Early Intervention Services	\$4,816	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%

Price of RW-Funded Services by Part

Similar in structure to the Price and Funding Source Overview report, this report presents a quarterly table and monthly graph with the share of total price (Ryan White–funded visits only) by Ryan White Part (Figure 24).

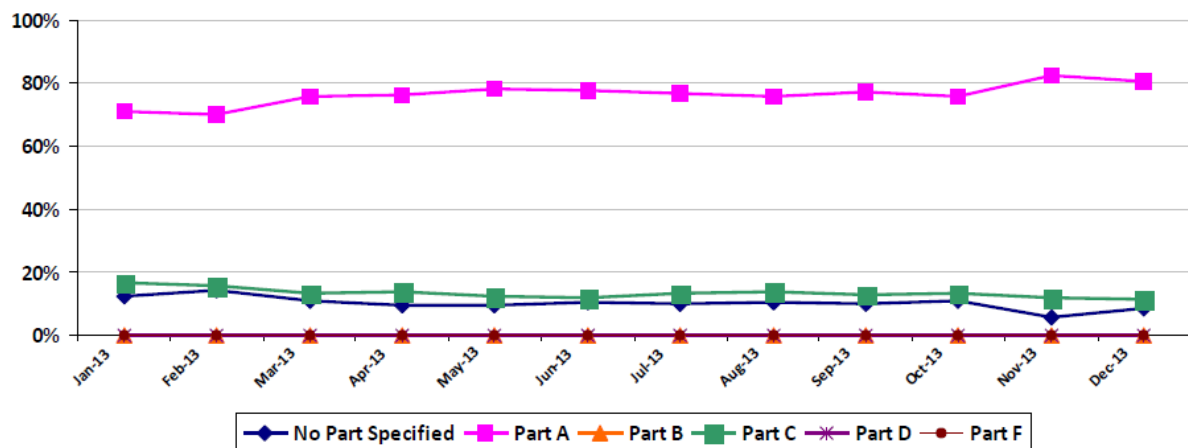
Figure 24: Price of RW-Funded Services by Part

Ryan White-Funded Services by Part

Price of Ryan White-Funded Services by Part

Quarter	Total Price	No Part Specified	Part A	Part B	Part C	Part D	Part F
Q1 2013	\$43,672,674	12.50%	72.31%	0.00%	15.19%	0.00%	0.00%
Q2 2013	\$44,342,182	9.90%	77.35%	0.00%	12.75%	0.00%	0.00%
Q3 2013	\$44,460,622	9.98%	76.69%	0.00%	13.33%	0.00%	0.00%
Q4 2013	\$34,523,036	8.70%	79.00%	0.00%	12.30%	0.00%	0.00%

Ryan White-Funded Services, Share of Total Price by Part



Service Specific Price & Funding Source

Select a primary service category from the drop down menu to see the share of total dollars by funding source for this service category (Figure 25).

Figure 25: Select a Primary Service Category

Outpatient/Ambulatory Medical Care, Price Summary

Total Price by Funding Source and Quarter

Quarter	Total Price	Ryan White	Medicaid	Medicare	Other Public	Other	Private Insurance
Q1 2013	\$26,403,649	74.20%	2.47%	0.00%	23.33%	0.00%	0.00%
Q2 2013	\$26,522,537	72.28%	2.25%	0.00%	25.48%	0.00%	0.00%
Q3 2013	\$25,399,132	72.53%	1.78%	0.00%	25.69%	0.00%	0.00%
Q4 2013	\$17,585,008	65.78%	3.59%	0.00%	30.62%	0.00%	0.00%

Share of Total Price by Funding Source

