Ryan White Services Tracker

Open Version

Health Resources and Services Administration

HIV/AIDS Bureau

Tracker Download Website

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STOP   **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

Contents

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 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 data from your case management system 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 and individual services covered by a variety of funding sources
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: formatting data exported from your case management system, 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, you should capture start and end dates of insurance coverage. This allows the Tracker to account for multiple sources of 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 order to create reports on the Ryan White Program's role in funding services within the context of other funding streams. If you capture your Ryan White-funded care in a separate system from other-payer care, you will need to export data from multiple systems. You may handle this situation in one of two ways: 1) compile the information from multiple systems in a single workbook using the accompanying Excel template and import the whole file to the Tracker, or 2) import one file from each system into the Tracker, appending them as you go.

- *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. In some case management systems, this option requires you to 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 your system 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! The HIV/Aids Bureau (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 Your System

The Tracker zip package contains an Excel workbook titled RWTrackerTemplate. This template provides a blueprint for getting data from your system(s) into the Tracker. It is designed to work with any case management system.

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

There are three tabs in the workbook (Table 2). You will need to extract the necessary data elements from your system(s) and enter the data into each tab. The template requires client data in tabular format. You must use a consistent client identifier across all three tabs in order to view the Tracker reports correctly. In addition, be sure to use the same date range for all three tabs.

Requirements for each of the tabs are as follows:

- *Clients:* This tab should contain one record for each client who received services in the reporting period. Most of the data elements on this tab will not change with time. If your system creates a new record for a client when a data element changes (household size, household income), export the most recent record for each client.
- *Insurance:* Include the insurance types and start and end dates for all clients who received services in the reporting period. Advanced users may wish to restrict the data to insurance spans that touch the reporting period. The Tracker will ignore spans that end prior to or begin after the reporting period.
- *Services:* All service visits for all clients in the reporting period. The tab should include one row for each unique combination of client/service date/primary service/subservice/funding source. The Tracker reports account for the possibility that a visit can have more than one funding source.
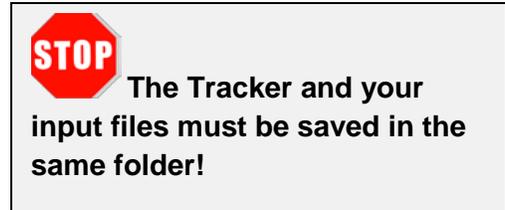
Table 2: RWTrackerTemplate Data Element Names and Descriptions

Tab Name	Data Element	Description
Clients	ClientID	Unique client identifier
	State	State abbreviation
	DateOfBirth	Date of birth
	Gender	Gender
	HouseholdSize	Household size
	HouseholdIncome	Annual household income
	DateOfDeath	Date of death
Insurance	ClientID	Unique client identifier
	InsuranceType	Type of insurance (RSR categories)
	StartDate	Start date of the coverage
	EndDate	End date of the coverage (blank if continuing)
Services	ClientID	Unique client identifier
	PrimaryService	Primary service category
	Subservice	Subservice category
	ServiceDate	Date of service
	Price	Price of service
	FundingSource	Funding source of the contract

Once you have populated the Excel spreadsheet, save it into the same folder where you have saved the Tracker. Do not change the name of the Excel spreadsheet.

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 populated Excel template.**

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 tabs in the Excel spreadsheet. If you modified these names in any way when you populated the tabs, edit the names in the Tracker to match your tab names. The Tracker uses this list to identify your file in the folder and import it 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
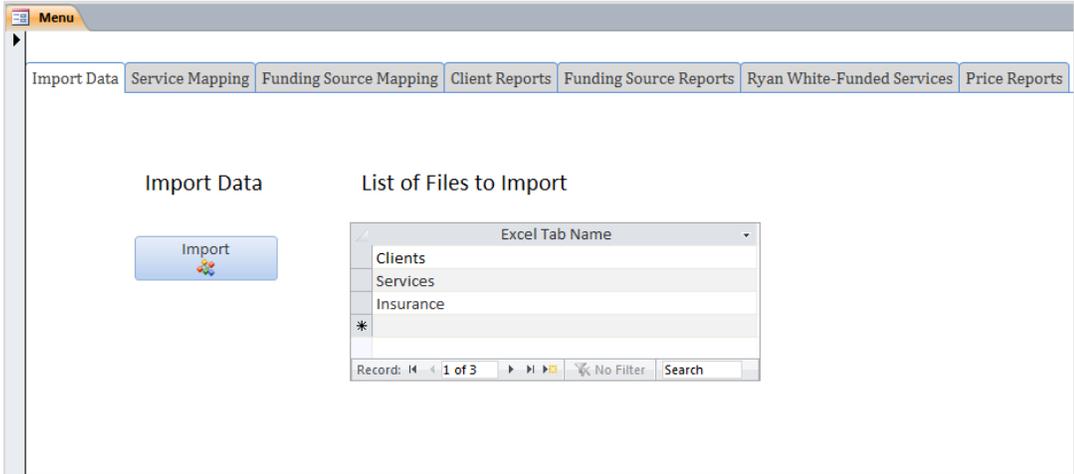
4. **When you click <Import>, a pop up message appears**: "Do you want to overwrite the table(s) on import?" (Figure 2) If you are a first-time user, click <No>. If you are *appending* data from this time period to data from a previous time period, click <No>. If your files are cumulative and include 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 that 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
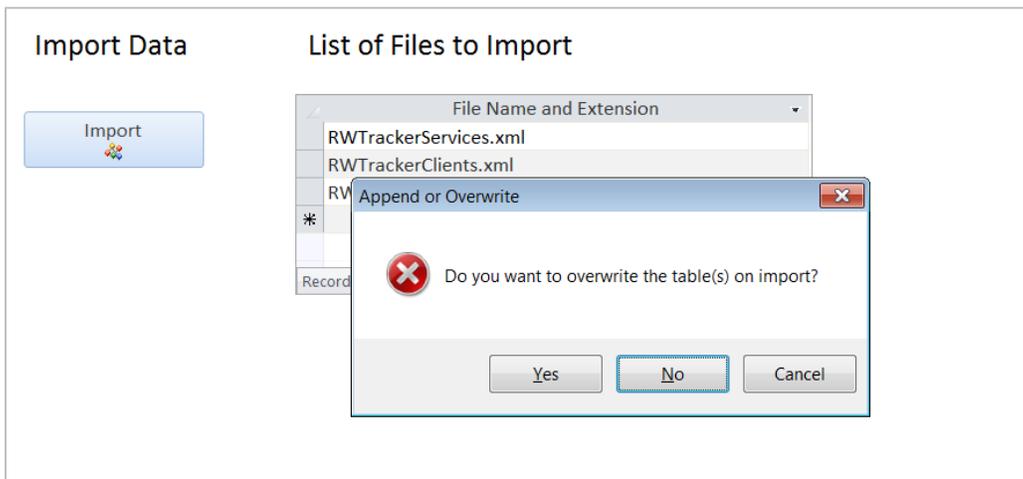
5. **A pop up message indicates** whether the files have been properly imported. If they are not properly imported, the reason for error is provided (e.g., files were not located in the folder).

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
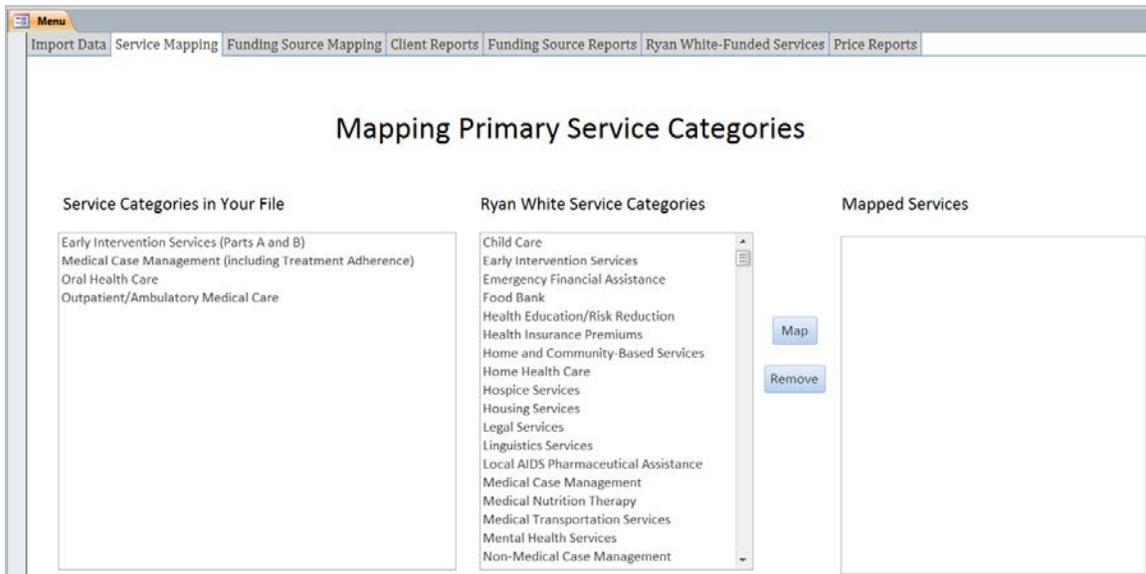
Figure 4 : Mapping Funding Sources Tab
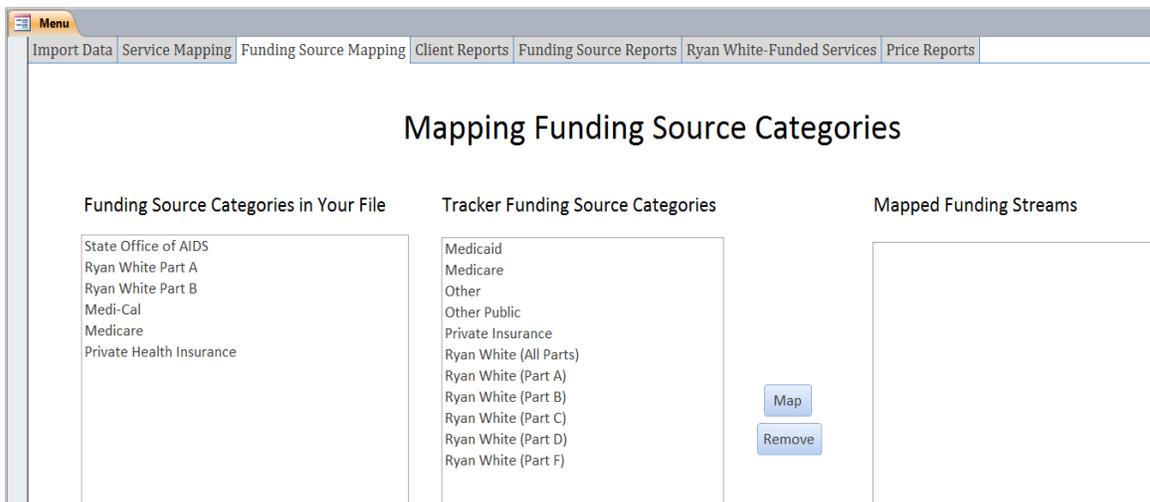
3. Generating Reports from the Tracker

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
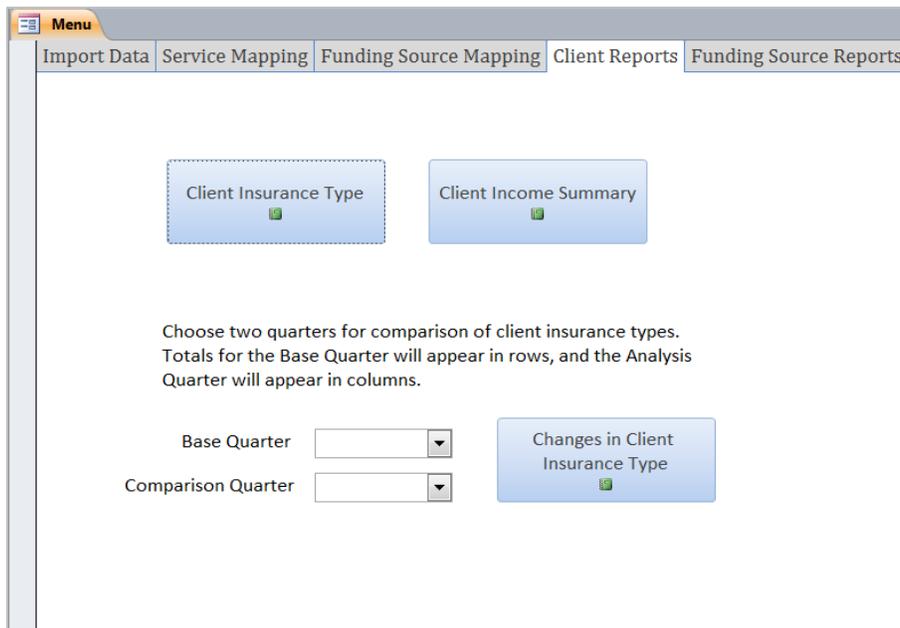
Client Insurance Type

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. Note that clients who have more than one insurance type simultaneously will be counted in multiple columns (multiple lines on the graph). 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

Overview of Client Insurance Type

Number of Clients by Insurance Type

Quarter	No Insurance	Other Public	Medicaid	Medicare	Private	Other	Unknown
Q1 2013	454	149	32	11	2	15	15
Q2 2013	415	172	24	20	2	17	17
Q3 2013	399	178	28	16	2	12	27
Q4 2013	374	160	24	21	2	7	23
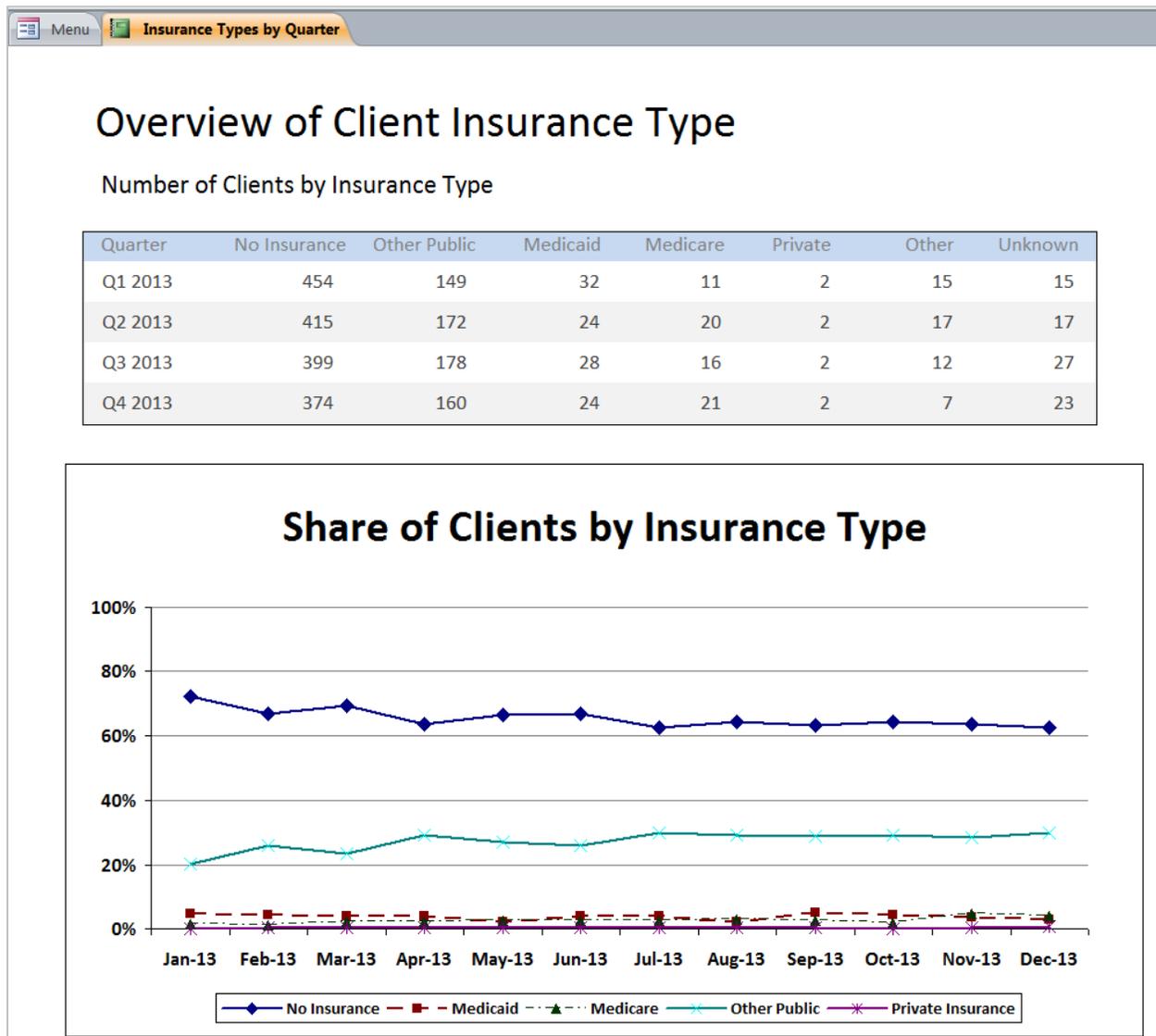
Client Income Summary

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

Menu   Income Summary

Client Income Overview

Number of Clients by Percent of Federal Poverty Level and Quarter

Quarter	0 to 100%	101 to 133%	133 to 200%	201 to 300%	Above 301%
Q1 2013	423	90	108	37	13
Q2 2013	424	85	108	35	15
Q3 2013	416	82	114	36	14
Q4 2013	394	80	95	29	12

Share of Uninsured Clients with Income at or below 133% FPL
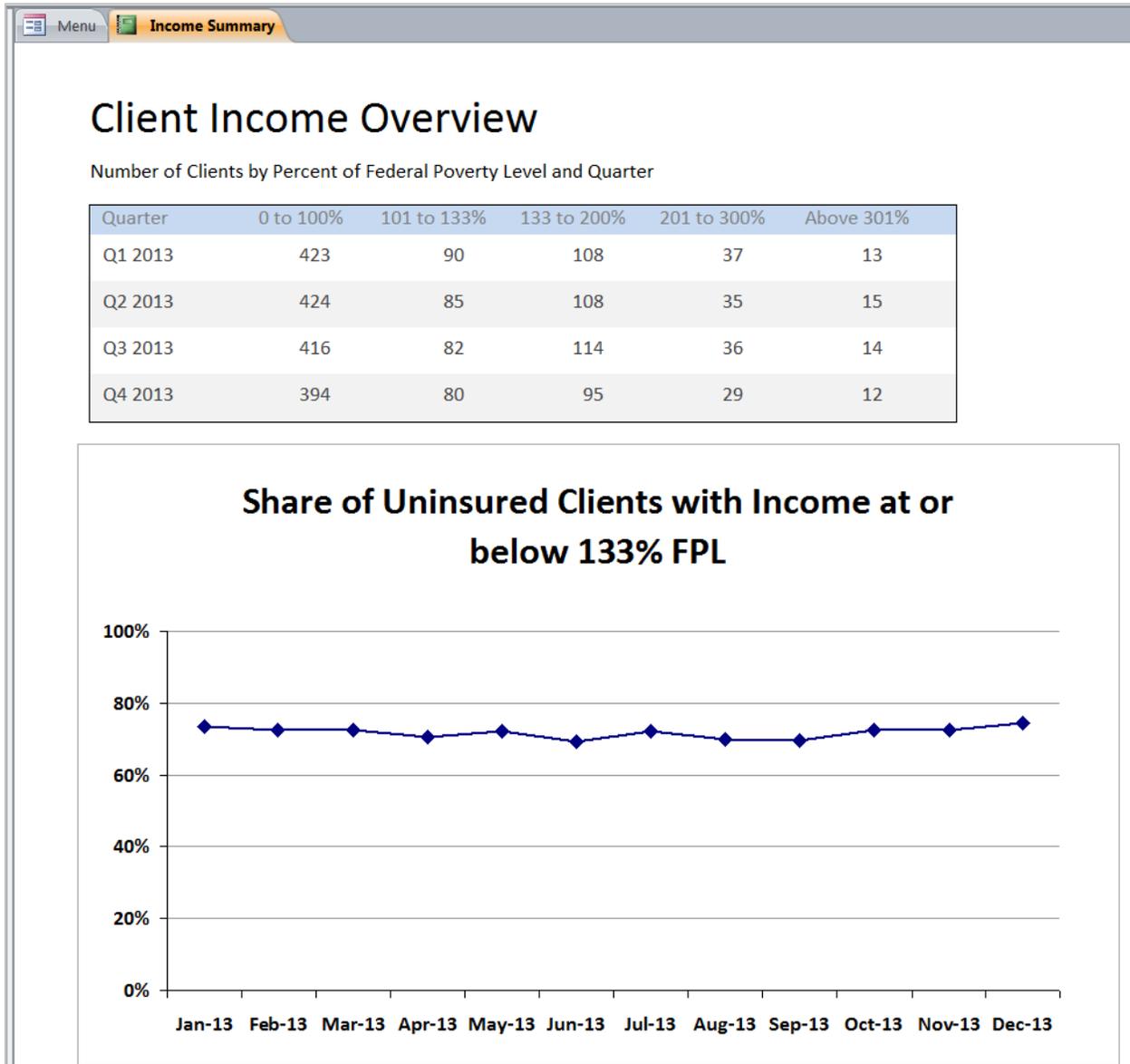
Changes in Insurance Types

This report aims to capture insurance churn – or frequent changes in health insurance status. Use the drop-down lists **<Base Quarter>** and **<Comparison Quarter>** 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

Comparison of Insurance Status Between Selected Quarters

Insurance Types, Q4 2013

Insurance Types, Q1 2013	Medicaid	Medicare	No Insurance	Other Public	Private
Medicaid	11	4	2	10	0
Medicare	0	8	0	0	0
No Insurance	4	6	640	102	0
Other Public	6	8	8	237	3
Private	0	0	0	0	3

Example 1: 640 clients who were uninsured in Q1 2013 were still uninsured in Q4 2013.

Example 2: 102 clients who were uninsured in Q1 2013 had "Other Public" insurance in Q4 2013.

Number of Changes in Insurance Type

Number of Changes	Clients
Did not change health insurance status	700
Changed health insurance status once	117
Changed health insurance status twice	12
Changed health insurance three or more times	3

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
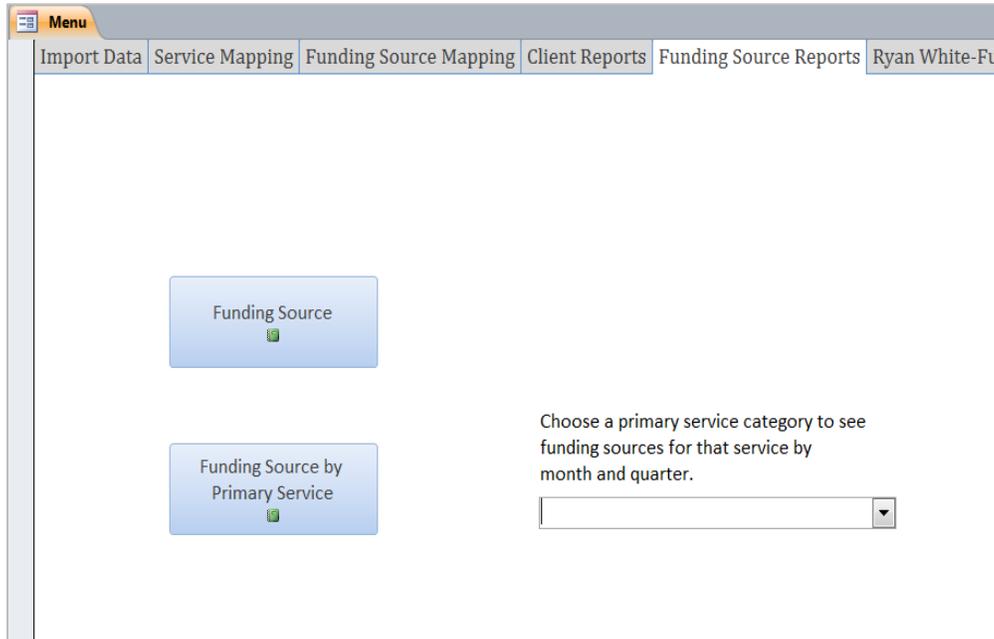
Funding Source Overview

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, funding source, and primary service category. This means that if a visit has multiple funding sources, that visit will appear in all columns (or lines on the graph) that apply.

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
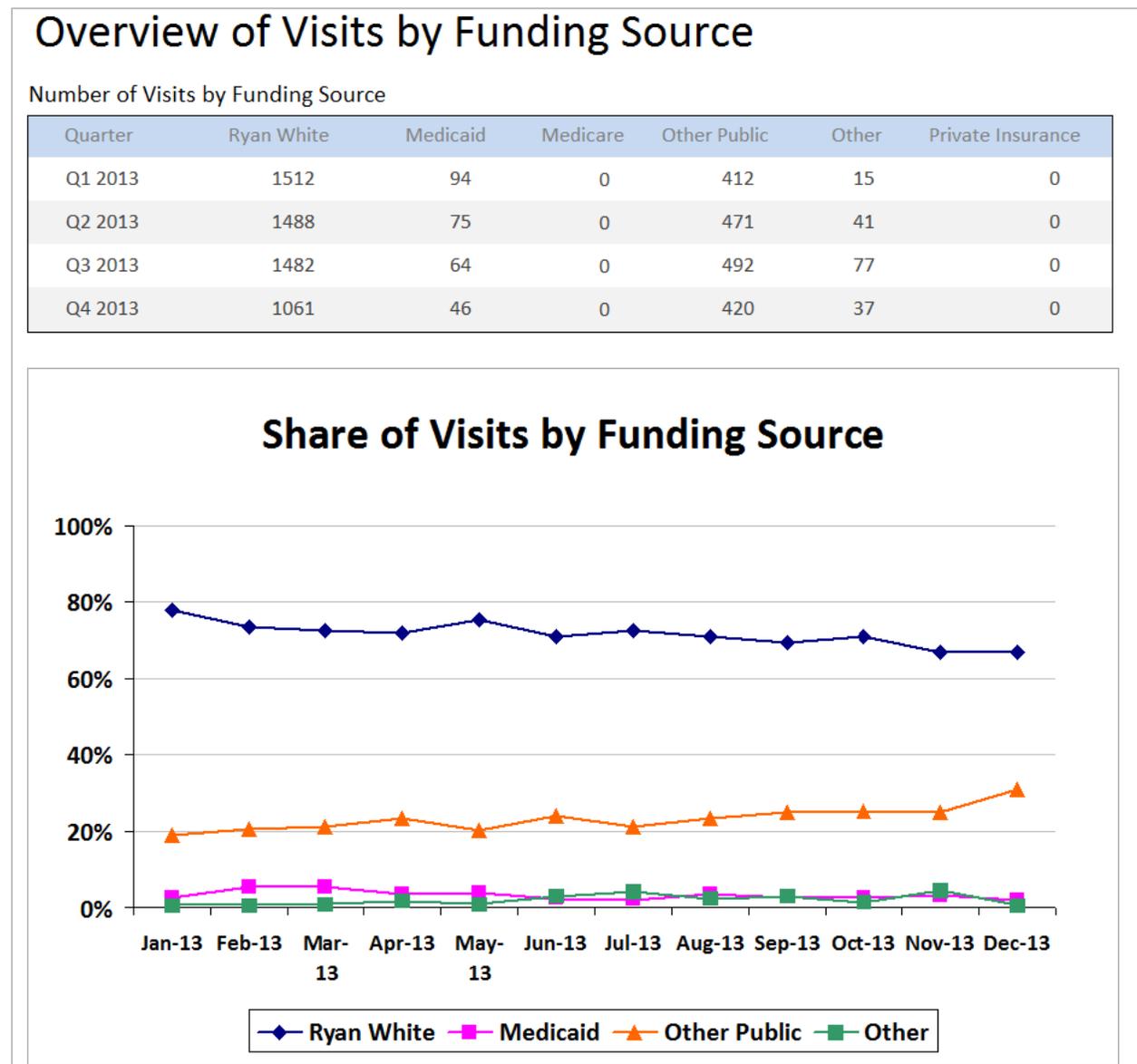
Funding Source by Primary Service Category for Cumulative Reporting Period
As a companion report to the funding source overview, this report provides a more detailed picture of the funding sources for your individual services for the reporting period. This is a table with the total number of visits for 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

Menu | Visits by Funding Source & Service

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

Medical Case Management, Funding Source Summary

Total Visits and Share of Those Visits Covered by Each Funding Source by Quarter

Quarter	Total Visits	Ryan White	Medicaid	Other Public	Other
Q1 2013	433	67.21%	9.70%	23.33%	0.00%
Q2 2013	395	66.58%	6.84%	26.58%	0.00%
Q3 2013	551	70.42%	6.53%	23.41%	0.00%
Q4 2013	563	66.79%	3.37%	30.02%	0.00%
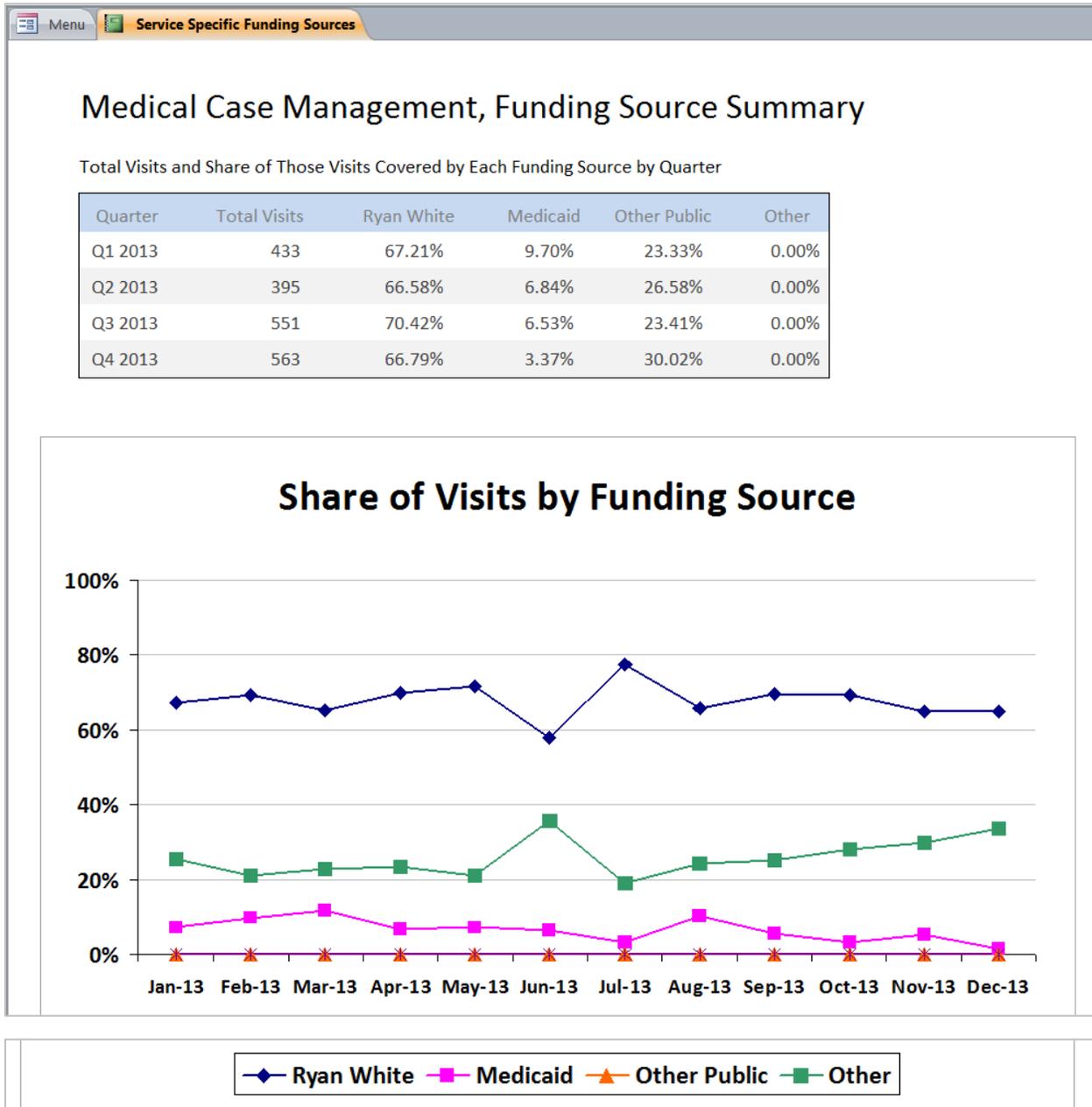
Ryan White-Funded Services Report

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

Insurance Types of Clients with a Ryan White-Funded Visit

Share of Clients with a Ryan White-Funded Service

Category	Primary Service	Total Clients	With a Ryan White-Funded Service	Percent
Core Services	Outpatient/Ambulatory Medical Care	946	668	70.61%
Core Services	Medical Case Management	689	482	69.96%
Core Services	Oral Health Care	375	303	80.80%

Share of Clients with a Ryan White-Funded Service by Insurance Type

Primary Service	No Insurance	Other Public	Medicaid	Medicare	Private
Medical Case Management	86.12%	36.68%	46.15%	20.00%	0.00%
Oral Health Care	79.71%	76.47%	84.31%	93.10%	100.00%
Outpatient/Ambulatory Medical Care	83.77%	39.04%	47.37%	50.00%	66.67%

Example: Just over 46% of clients enrolled in Medicaid had a Ryan White-funded visit for Medical Case Management, while 84% of Medicaid clients had a Ryan White-funded Oral Health visit.

Insurance Types of Clients with a Ryan White-Funded Service

Primary Service	No Insurance	Other Public	Medicaid	Medicare	Private
Outpatient/Ambulatory Medical Care	78.14%	21.11%	1.50%	0.90%	0.45%
Medical Case Management	81.12%	17.43%	1.24%	0.21%	0.00%
Oral Health Care	55.45%	21.45%	14.52%	9.24%	0.66%

Example: Out of all clients with a Ryan White-funded OAMC visit, 1.5% were enrolled in Medicaid.

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

Core vs. Support Services

Share of Ryan White Visits: Outpatient/Ambulatory Medical Care, Other Core Services, and Support Services

Quarter	Outpatient/Ambulatory Medical Care	Other Core Services	Support Services
Q1 2013	63.96%	17.71%	18.34%
Q2 2013	64.63%	18.67%	16.70%
Q3 2013	60.10%	16.23%	23.67%
Q4 2013	47.71%	20.42%	31.86%
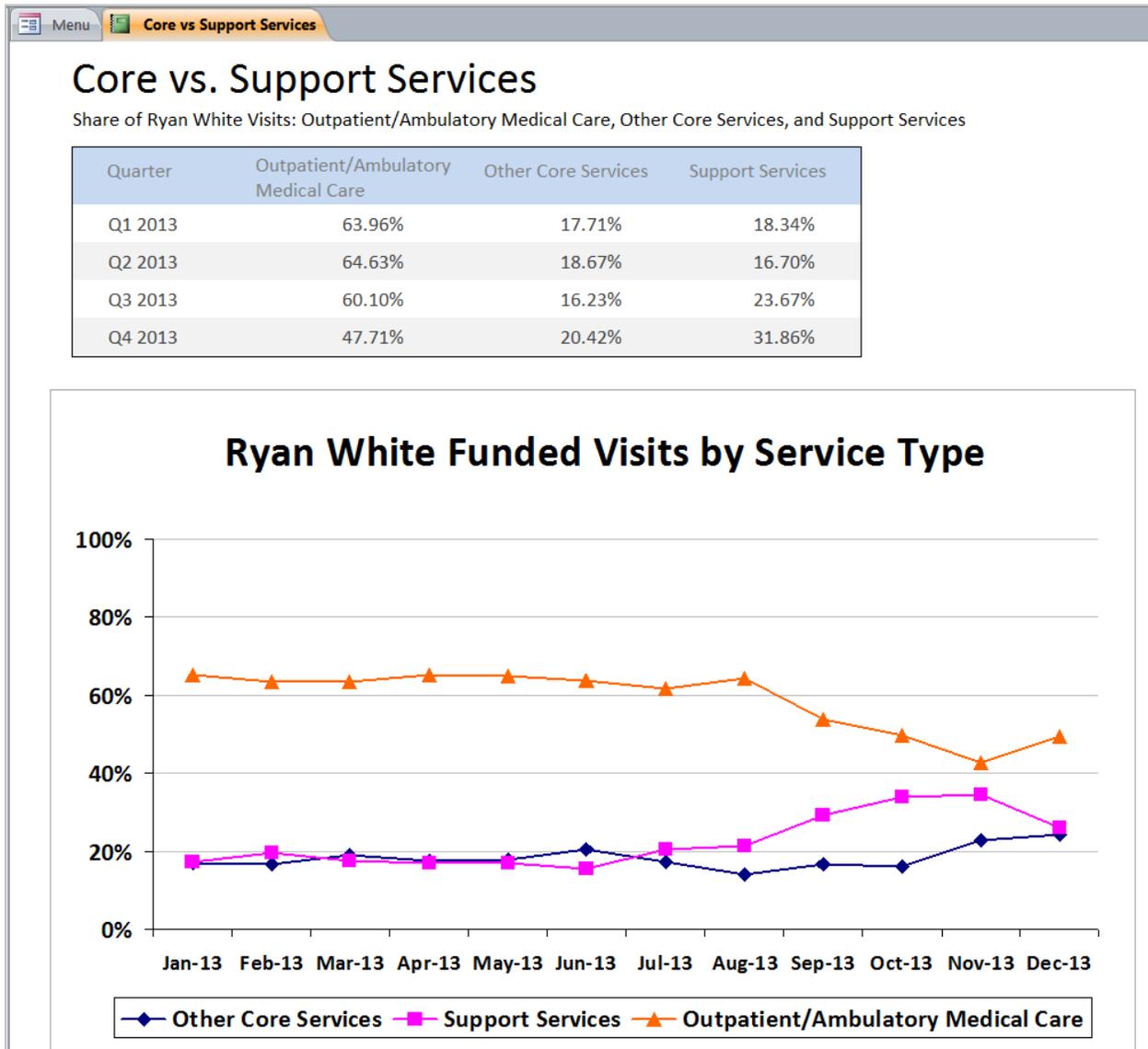
RW-Funded OAMC Subservices

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 clients, 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

Menu | Ryan White by Part Overview

Overview of Ryan White-Funded Visits by Part

Number of Visits by Ryan White Part

Quarter	No Part Specified	Part A	Part B	Part C	Part D	Part F
Q1 2013	333	857	0	356	0	0
Q2 2013	283	892	0	341	0	0
Q3 2013	272	901	0	347	0	0
Q4 2013	172	669	0	261	0	0

Share of Ryan White Visits by Part
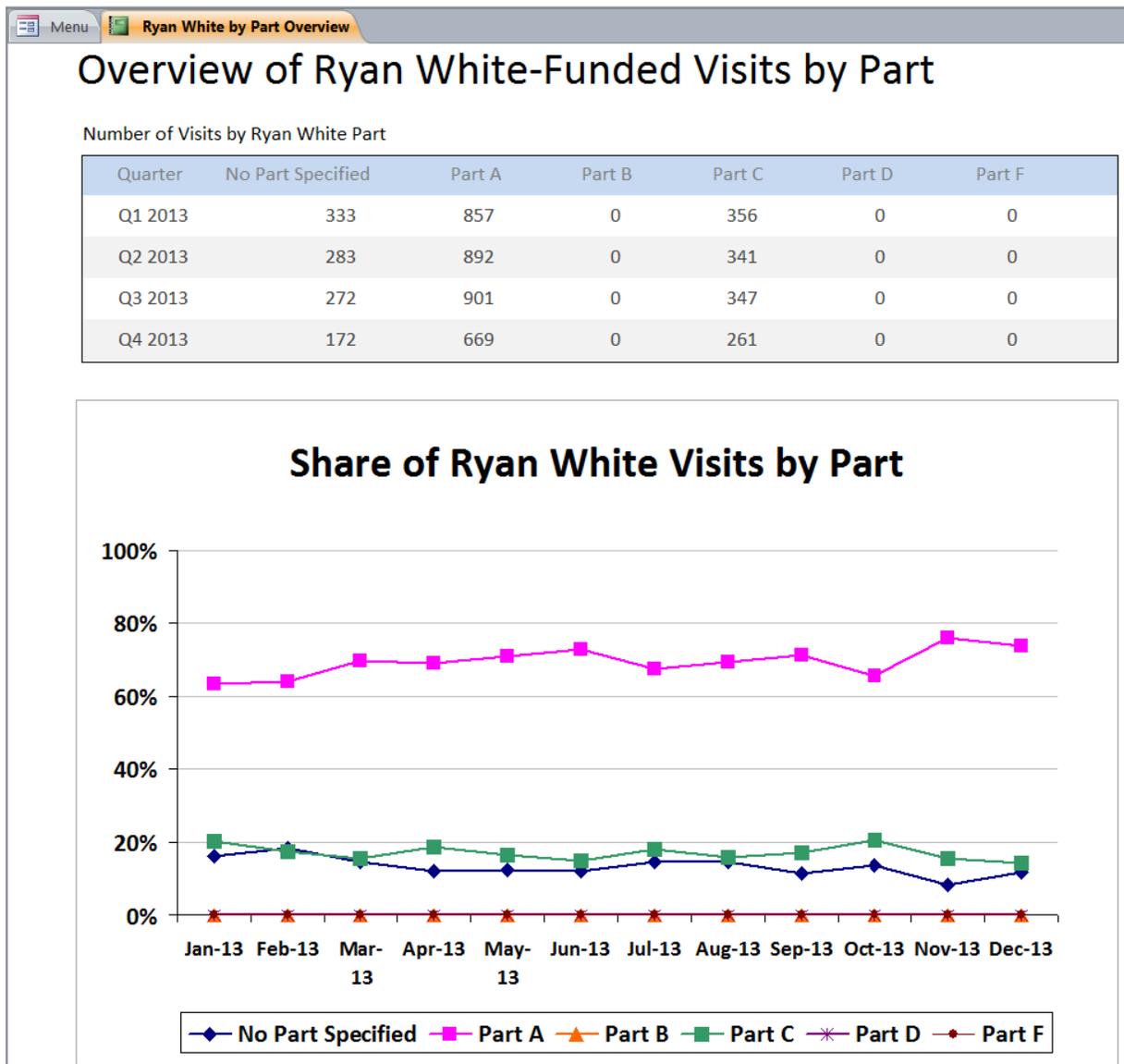
RW-Funded Services by Part and Service Category

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
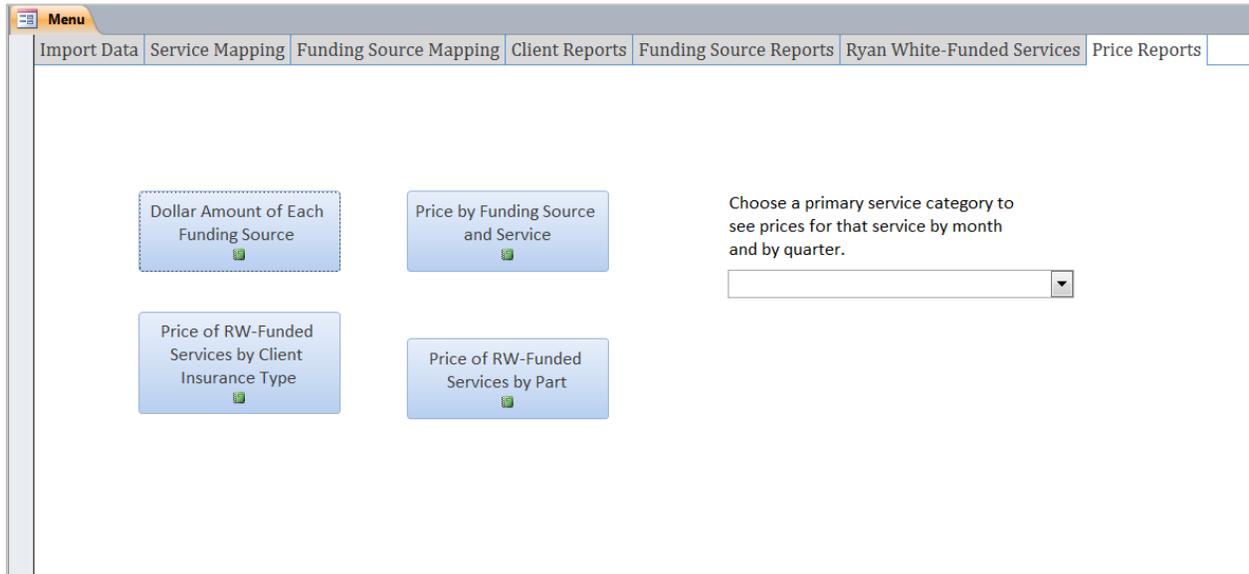
Price of Each Funding Source

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 20).

Figure 21: Price of Each Funding Source

Overview of Funding Source Amounts

Total Amount and Share of Total for Each Funding Source by 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 21).

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 22). 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 23).

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
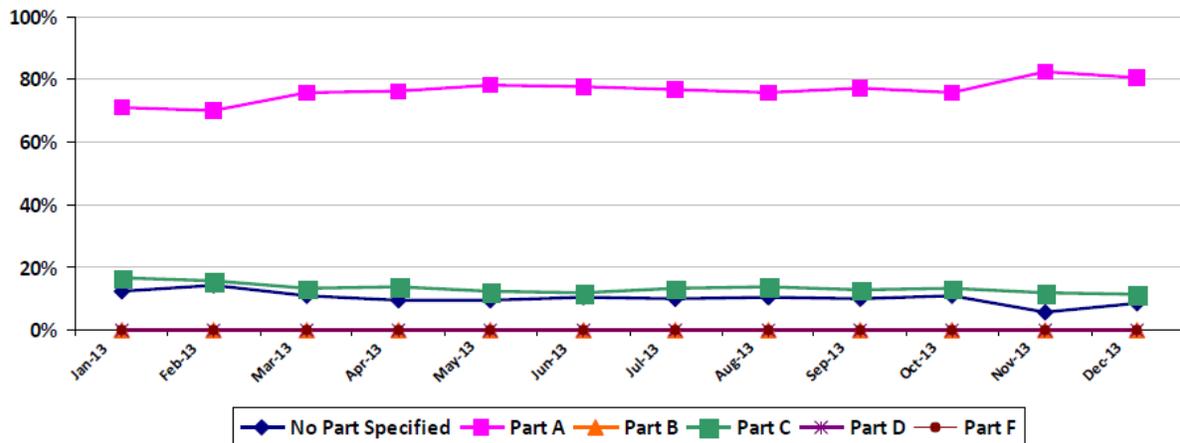
Service Specific Price & Funding Source

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 24).

Figure 25: Select a Primary Service Category

Outpatient/Ambulatory Medical Care, Price Summary

Total Price and Share of Total for Each Funding Source by 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%