Attachment A. Survey

OMB No. 0915-XXXX
Expiration date: XX/XX/201X

Understanding and Monitoring Funding Streams in Ryan White Clinics - Survey

Supported by the Health Resources and Services Administration, HIV/AIDS Bureau
Contract Number: HHSH250200646016I

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-XXXX. Public reporting burden for this collection of information is estimated to average XX 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.

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.

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 and support.

GRANTEE DEMOGRAPHIC INFORMATION

1. Agency name _____

2. Agency Location (city, state) _____

3. Respondent Name _____

4. Respondent's Title _____

5. Respondent's Telephone Number _____

6. Respondent's Email Address _____

7. Is your program/facility that provides services to persons living with HIV or AIDS (PLWHA) recognized as a Patient Centered Medical Home (PCMH) (also known as a Primary Care Medical Home)?
   - o Yes
   - o We are currently seeking recognition
   - o No

7a. If yes, when were you recognized? _____

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 2 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)?
   - o Yes, we are a designated provider
   - o No, we are working with our Medicaid agency on electing the Medicaid State plan option to develop health homes for PLWHA
   - o No, we are not working on establishing a health home
   - o Not applicable in our state

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 <u>private</u> Managed Care Organizations (MCOs). [Check all that apply]
    - o Individual HIV clinicians participate in MCO network(s) as primary care providers (PCPs)
    - o Individual HIV clinicians participate in MCO network(s) as specialists
    - o HIV clinic participates in MCO network(s)
    - o The umbrella organization/hospital participates in MCO network(s)
    - o No participation
    - o Other (please describe), _____

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

11. Please describe your agency's relationship with <u>Medicaid</u> Managed Care Organizations (MCOs). [Check all that apply]
    - o Individual HIV clinicians participate in networks as primary care providers (PCPs)
    - o Individual HIV clinicians participate in networks as specialists
    - o HIV clinic participates in networks
    - o The umbrella organization/hospital participates in networks
    - o No participation

    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?
    - o Fee for service
    - o Capitated (per member per month)

- o N/A

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

13. Please check the services your agency provides to PLWHA directly or through contracts with other provider(s) [Check all that apply]
    - o Outpatient ambulatory care
    - o Oral health care
    - o Mental health services
    - o Medical nutrition therapy
    - o Medical case management
    - o Substance abuse services
    - o HIV counseling and testing
    - o Non-medical case management
    - o Child care services
    - o Pediatric development assessment/early intervention services
    - o Emergency financial assistance
    - o Food bank/home-delivered meals
    - o Health education/risk reduction
    - o Housing services
    - o Legal services
    - o Linguistic services
    - o Medical transportation services
    - o Outreach services
    - o Permanency planning
    - o Psychosocial support services
    - o Referral for health care/support services
    - o Rehabilitation services
    - o Respite care
    - o Substance abuse-residential
    - o Treatment adherence counseling
    - o Other _____

FUNDING SOURCES FOR THE PROVISION OF SERVICES TO PLWHA

14. Are there any limits placed on reimbursement of subservices under outpatient ambulatory care provided by your agency to PLWHA covered by Medicaid, Medicare or private insurance? If your agency does not provide a service, check "N/A." If there are limits placed on reimbursement, check the appropriate boxes.

Service reimbursement limitations:	**Do not Provide (N/A)**	**Medicaid**			**Medicare**			**Private Insurance**		
		Utilization limits (e.g., number of visits)	**Clinical requirements (e.g., mandatory referral)**	**Never covered**	**Utilization limits (e.g., number of visits)**	**Clinical requirements (e.g., mandatory referral)**	**Never covered**	**Utilization limits (e.g., number of visits)**	**Clinical requirements (e.g., mandatory referral)**	**Never covered**
CD4 cell count lab	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Viral load count	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other diagnostic testing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
STI screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tuberculosis screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hepatitis B screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hepatitis C screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cervical pap smears	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other preventive care and screening	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Influenza immunization	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Service reimbursement limitations:	Do not Provide (N/A)	Medicaid			Medicare			Private Insurance		
		Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered
Pneumococcal immunization	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hepatitis B immunization	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prescription of HAART	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Prescription of PCP prophylaxis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dispensing HAART & PCP prophylaxis medications	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Managing medication therapy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Treatment adherence counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
HIV risk counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Early intervention and risk management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Provision of specialty care (includes all	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Service reimbursement limitations:	Do not Provide (N/A)	Medicaid			Medicare			Private Insurance		
		Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered
medical subspecialties)										
Continuing care and management of chronic conditions	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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.). *Also provide any comments if you cannot answer any or all of Question 14:*

15. Are there any limits placed on reimbursement of additional medical and support services provided by your agency to PLWHA who are covered by Medicaid, Medicare or private insurance? If your agency does not provide a service, check "N/A." If there are limits placed on reimbursement for additional medical or support services, check the appropriate boxes.

Service reimbursement limitations:	**Do not Provide (N/A)**	**Medicaid**			**Medicare**			**Private Insurance**		
		Utilization limits (e.g., number of visits)	**Clinical requirements (e.g., mandatory referral)**	**Never covered**	**Utilization limits (e.g., number of visits)**	**Clinical requirements (e.g., mandatory referral)**	**Never covered**	**Utilization limits (e.g., number of visits)**	**Clinical requirements (e.g., mandatory referral)**	**Never covered**
Oral health care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical nutrition therapy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical case management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Substance abuse services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
HIV counseling and testing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Non-medical case management	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Health education/risk reduction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical Transportation services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Service reimbursement limitations:	Do not Provide (N/A)	Medicaid			Medicare			Private Insurance		
		Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered	Utilization limits (e.g., number of visits)	Clinical requirements (e.g., mandatory referral)	Never covered
Rehabilitation services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Substance abuse – residential	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please provide any additional comments you have regarding reimbursement limitations or other barriers to the provision of the medical and support services listed above. *Also provide any comments if you cannot answer any or all of Question 15:*

INFORMATION ON GRANTEES' ABILITY TO TRACK HEALTH INSURANCE AND FUNDING SOURCES

Tracking of Insurance Status

16. How often is health insurance status confirmed with PLWHA clients?
    - o Each visit
    - o Semiannually
    - o Once a year
    - o Only at intake
    - o Other: _____

17. How often does your agency assess client eligibility for Medicare, Medicaid, or other health insurance?
    - o Each visit
    - o Semiannually
    - o Once a year
    - o Only at intake
    - o Other: _____

18. What system(s) does your agency use to track health coverage of PLWHA? [Check all that apply]
    - o Ryan White data management system
    - o Electronic Medical Records (EMR)
    - o Billing/accounting system
    - o Other: _____

19. Does your agency have an established means of maintaining or reporting on changes in client health coverage over time?
    - o We only maintain records of clients' most recent health coverage status.
    - o We maintain records of changes in client health coverage, but <u>do not</u> generate reports of changes in client health coverage over time.
    - o We maintain records of changes in client health coverage <u>and</u> have generated reports of changes in client health coverage over time.
    - o Other: _____

20. Do you have/receive information regarding reimbursements received from Medicaid or private health insurance for PLWHA clients you serve?
    - o Yes, the Ryan White program at my agency can easily access this information
    - o Yes, but the information is difficult to access
    - o No

21. What is the approximate claims adjudication time (in weeks) between billing and receiving reimbursement from Medicaid, Medicare or private insurance?
    - o Medicaid _____ Don't know (please explain):_____
    - o Medicare _____ Don't know (please explain):_____
    - o Private insurance _____ Don't know (please explain):_____
    - o Do not collect this information _____

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

22. Does your agency routinely calculate the average cost of care per HIV/AIDS client for planning and budgeting purposes?
    - o Yes (Please answer 23a and 23b)
    - o No (Please answer 24)

22a. If yes, what is the most recent estimate for the average annual cost of services provided and/or contracted by your agency for PLWHA? _____

22b. If yes, please explain your methodology for calculating the cost of care.

23. 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.?

- o Yes, easily (Please answer 24a)
- o Yes, but the process would be cumbersome (Please answer 24b)
- o No (Please answer 24b)

23a. If "Yes, easily," please describe your process. This may include your process for identifying a client's health insurance status and the services covered by that insurance (Skip to 25).

23b. If "Yes, but the process would be cumbersome" or "No," please describe why:

24. 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	☐	☐	☐	☐		☐
Ryan White Part B	☐	☐	☐	☐		☐
Ryan White Part C	☐	☐	☐	☐		☐
Ryan White Part D	☐	☐	☐	☐		☐
Medicaid	☐	☐	☐	☐		☐
Medicare	☐	☐	☐	☐		☐
Private Insurance	☐	☐	☐	☐		☐

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 below questions below to help with the design of the tracker.

25. 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?
    - o Yes (Please answer 26a and 26b)
    - o No, but *most* data are captured in one system (Please answer 26a and 26b)
    - o No (Please answer 27)

25a. If "Yes" or "No, but most data are captured in one system." What is the system?
- o AIRS
- o ARIES
- o CAREWare
- o Casewatch Millennium
- o CHAMP
- o eClinicalWorks
- o eCOMPAS
- o eShare
- o LabTracker/AVIGA
- o Provide Enterprise
- o Sage

- o SCOUT
- o SuccessEHS
- o GE Centricity
- o EPIC
- o NextGen
- o Other_____

25b. At what level do you capture services in this system? [Check all that apply]

- o Visit level
- o Service level
- o Subservice level
- o Procedure level

25c. Do you assign insurance/reimbursement source/payor source to services in this system?

- o Yes
- o For some services
- o No

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

- o Yes, please contact me once the tool is developed
- o Yes, my agency would like to participate in the development of the tool
- o No, my agency can create reports with this information already
- o 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.

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

_____

28. 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)
    - o Part A: _____
    - o Part B: _____
    - o Part C: _____
    - o Part D: _____
    - o Part F: _____

29. 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.)
    - o Medicaid: _____
    - o Medicare: _____
    - o Private Insurance: _____

30. How much revenue (if any) did you receive for HIV/AIDS-related services from other sources in 2012? If none, please indicate zero.
    - o All Other Funding Sources: _____

31. Did you use any of your Ryan White Part C and/or Part D funds for salaries (FTEs) in 2012?
    - o Yes (Please answer 32a)
    - o No (end)

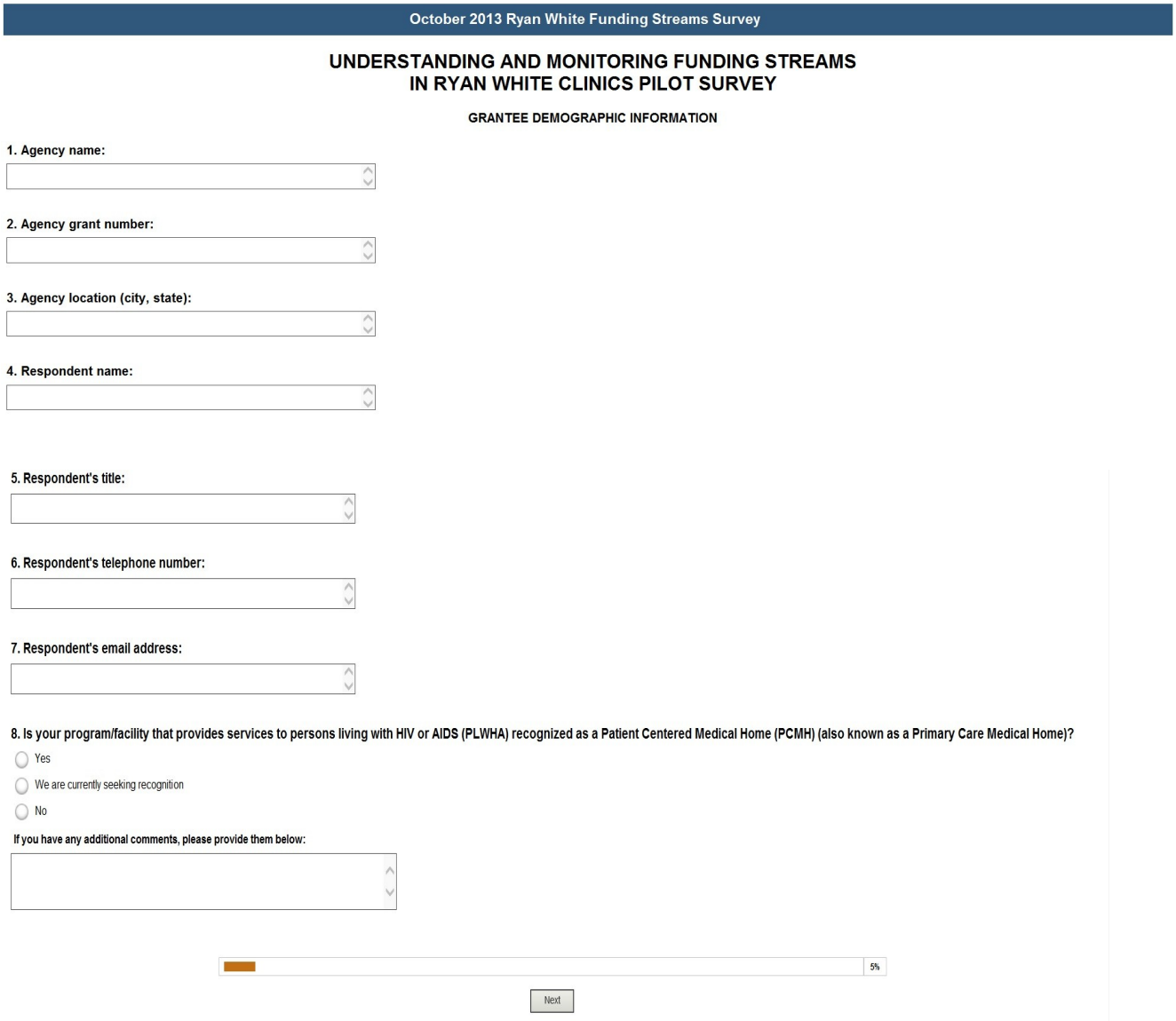
31a. If yes, how many FTEs? _____

31b. How much of your Part C and/or Part D funds (in dollars) do these salaried FTEs represent?
    - o Part C: _____
    - o Part D: _____

31c. Please check the services provided by these FTEs. [Check all that apply]
    - o Outpatient ambulatory care
    - o Oral health care
    - o Mental health services
    - o Medical nutrition therapy
    - o Medical case management
    - o Substance abuse services
    - o Non-medical case management
    - o Child care services
    - o Pediatric development assessment/early intervention services
    - o Emergency financial assistance
    - o Food bank/home-delivered meals
    - o Health education/risk reduction
    - o Housing services
    - o Legal services

- o Linguistic services
- o Medical transportation services
- o Outreach services
- o Permanency planning
- o Psychosocial support services
- o Referral for health care/support services
- o Rehabilitation services
- o Respite care
- o Substance abuse-residential
- o Treatment adherence counseling
- o HIV counseling and testing to determine the presence of HIV infection
- o Other (Please specify): _____

Screen Shots of Survey Instrument



October 2013 Ryan White Funding Streams Survey

UNDERSTANDING AND MONITORING FUNDING STREAMS IN RYAN WHITE CLINICS PILOT SURVEY

GRANTEE DEMOGRAPHIC INFORMATION

1. Agency name:

2. Agency grant number:

3. Agency location (city, state):

4. Respondent name:

5. Respondent's title:

6. Respondent's telephone number:

7. Respondent's email address:

8. Is your program/facility that provides services to persons living with HIV or 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

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

5%

Next

9. As you know, the Centers for Medicare and Medicaid Services (CMS) is providing funding for States to establish health homes the election of the Medicaid State plan option for establishing health homes. Is your program/facility participating in part of a stat 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 are not working on establishing a health home
- ◯ Not applicable in our state

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

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

11. Please describe your agency's relationship with <u>private</u> Managed Care Organizations (MCOs). [Check all that apply]

- ☐ Individual HIV clinicians participate in MCO network(s) as primary care providers (PCPs)
- ☐ Individual HIV clinicians participate in MCO network(s) as specialists
- ☐ HIV clinic participates in MCO network(s)
- ☐ The umbrella organization/hospital participates in MCO network(s)
- ☐ No participation
- ☐ Other (please describe in text box on next page)

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

FUNDING SOURCES FOR THE PROVISION OF SERVICES TO PLWHA

15. What limits, if any, are placed on reimbursement of subservices under outpatient ambulatory care provided by your agency to PLWHA covered by Medicaid, Medicare, or private insurance? [Check all that apply] (If your agency does not provide a service, choose "N/A".)

	Medicaid	Medicare	Private Insurance
CD4 cell count lab	Utilization limits (e.g., number of visits) Clinical requirements (e.g., mandatory referral) Never covered Do not provide (N/A)		
Viral load count			
Other diagnostic testing			
STI screenings			
Tuberculosis screenings			
Hepatitis B screenings			
Hepatitis C screenings			
Cervical pap smears			
Other preventive care and screening			
Influenza immunization			
Pneumococcal immunization			
Hepatitis B immunization			
Prescription of HAART			
Prescription of PCP prophylaxis			
Dispensing HAART and PCP prophylaxis medications			
Managing medication therapy			
Treatment adherence counseling			
HIV risk counseling			
Early intervention and risk management			
Provision of specialty care (includes all medical subspecialties)			
Continuing care and management of chronic conditions			

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.):

October 2013 Ryan White Funding Streams Survey

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.

	No, we do not record dollar amounts for individual services	Ryan White Data Management System	Electronic Medical Record	Billing/Accounting Software	Other	N/A (we do not receive funding from this source)
Services funded by...						
Ryan White Part A	☐	☐	☐	☐	☐	☐
Ryan White Part B	☐	☐	☐	☐	☐	☐
Ryan White Part C	☐	☐	☐	☐	☐	☐
Ryan White Part D	☐	☐	☐	☐	☐	☐
Medicaid	☐	☐	☐	☐	☐	☐
Medicare	☐	☐	☐	☐	☐	☐
Private Insurance	☐	☐	☐	☐	☐	☐

Please describe "Other" responses in the box below: