

Understanding and Monitoring Funding Streams in Ryan White Clinics: Survey Results

National Webcast
CAPT Tracy Matthews
DATE

U.S. Department of Health and Human Services (HHS)
Health Resources and Services Administration (HRSA)
HIV/AIDS Bureau

Project Team

- Walter R. McDonald & Associates:
 - Carolyn Lichtenstein, Imogen Fua, Rachel Gross, Tessa Robinette, Liz Oppenheim

- Mission Analytics Group:
 - Peggy O’Brien-Strain, Ellie Coombs, Aaron Rosenberger

The purpose of the study was to deepen understanding of the Ryan White Program's role in providing HIV/AIDS care

- Parts C and D funding: for core medical services provided to uninsured and underinsured people living with HIV/AIDS
- Funding streams for services: Medicaid, Medicare, private health insurance and Ryan White Program funds
- Implementation of the Patient Protection and Affordable Care Act (ACA)

The survey answered three research questions

- What services are underinsured for Parts C and D patients; Do they require Ryan White Program support for care completion?
- Do Parts C and D grantees have the infrastructure for tracking changes in client insurance to ensure that the Ryan White Program remains the payer of last resort?
- To what degree are these grantees positioned to adapt to new opportunities under the ACA?

The study population

based on 2012 RSR data

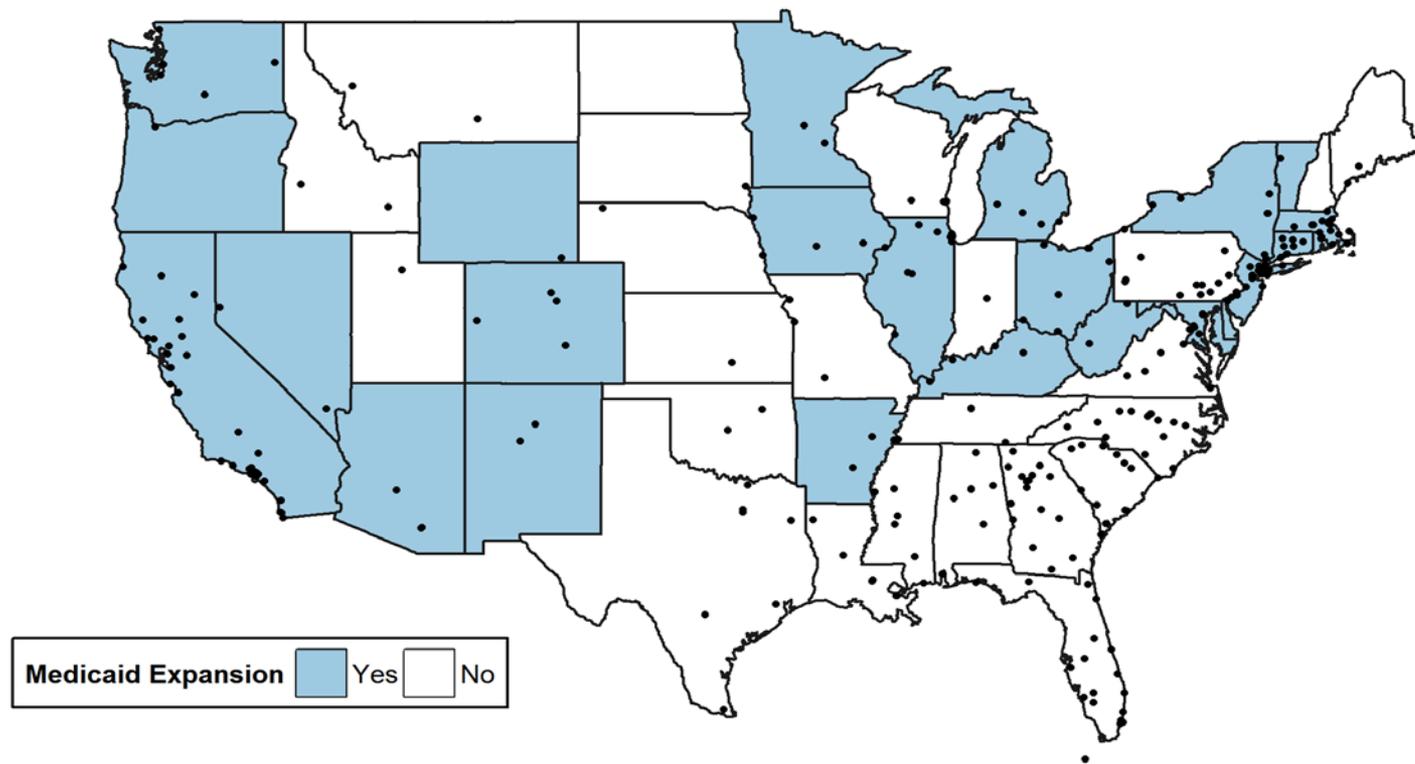
- 315 Parts C and D grantees meeting criteria:
 - Grantee of Record
 - Provide Ryan White-funded services directly
 - Provide outpatient ambulatory medical care (OAMC)
 - Have a minimum of 10 clients with at least one visit
- Representation across two domains
 - Receiving Part C or D funding
 - Provider type (publicly funded community centers, health department, hospital or university-based, and other community-based clinic)

Representative Sample

- Funding Stream:
 - Part C only
 - Part D only
 - Part C and D
- Provider Type
 - Community Health Center
 - Hospital/University Clinic
 - Health Department
- Medicaid Expansion
 - Yes
 - No

Study Population

Geographic Distribution



Study Methodology

- Online survey
- 32 questions, multiple choice and open ended questions
- Recruitment strategy implemented by a team
- Data collected April 21 - May 30, 2014
- Monitored survey completion to ensure representation
- Conducted quantitative and qualitative analysis

Respondents and Clients

Respondents and the clients they served were representative of the Part C and D programs in regard to:

- Uninsured clients
- Clients are Racial and Ethnic Minorities
- Large proportion of women as clients

Respondents experienced challenges with reporting funding information

- 42 grantees were unable to report any dollar amounts for Medicaid, Medicare, and private insurance; many others reported unbelievably low values.
- Grantees have multiple systems to track services and funding (e.g., Ryan White data management system, EMR system, and billing system).
- Grantee program staff often do not have access to Medicaid, Medicare, and private insurance billing amounts.

Limitations on Insurance Coverage for HIV/AIDS Services (Research Question 1)

- Survey asked respondents whether they used Ryan White Program funds to provide a service *to insured clients* and if so, for which reason:
 - Service not covered by insurance
 - Coverage limitations (i.e., utilization controls and clinical requirements)
- Asked separately about Medicaid, Medicare, and private insurance

About one-third of respondents used Ryan White Program funds for insured clients due to coverage limitations

- For most subservices, 30-40% of respondents reported such use
 - Fewer reported limitations for prescribing medications
 - More than 40% reported limitations for specialty care and managing medication therapy
- More than half of respondents used RW funds for insured clients to cover:
 - Risk counseling and management
 - Treatment adherence counseling

Utilization limits were the most common limitations for diagnostic testing

CD4 Cell Count (N=38)	
Utilization Limits	
Medicaid	47.4%*
Medicare	50.0%
Private Insurance	60.5%
Clinical Requirements	
Medicaid	31.6%
Medicare	26.3%
Private Insurance	31.6%
Never Covered	
Medicaid	7.9%
Medicare	7.9%
Private Insurance	10.5%

*Percent out of grantees reporting use of Ryan White Program funds

Other Service Limitations

	Hepatitis C Screening (N=38)	Pneumococcal Immunization (N=39)	Provision of Specialty Care (N=43)	Treatment Adherence Counseling (N=59)
Utilization Limits				
Medicaid	36.8%*	35.0%	46.7%	18.6%
Medicare	39.5%	37.5%	48.9%	16.9%
Private Insurance	42.1%	42.5%	46.7%	18.6%
Clinical Requirements				
Medicaid	44.7%	37.5%	44.4%	10.2%
Medicare	36.8%	37.5%	37.8%	8.5%
Private Insurance	44.7%	40.0%	44.4%	10.2%
Never Covered				
Medicaid	10.5%	20.0%	24.4%	71.2%
Medicare	13.2%	20.0%	24.4%	69.5%
Private Insurance	10.5%	17.5%	26.7%	71.2%

*Percent out of grantees reporting use of Ryan White Program funds

Grantees use of Ryan White Program funds

Service	% *
Medical case management	79.6
Mental health services	67.3
Health education/risk reduction	74.3
HIV counseling and testing	63.6
Oral health care	71.1
Medical nutrition therapy	71.1
Medical transportation services	74.1
Substance abuse services	59.5
Non-medical case management	79.5
Rehabilitation services	27.3
Residential substance abuse treatment	58.3

*Percent out of grantees reporting use of Ryan White Program funds

Case Management is rarely covered

	Medical Case Management (N=86)	Non-Medical Case Management (N=58)
Utilization Limits		
Medicaid	18.6%*	12.1%
Medicare	10.5%	8.6%
Private Insurance	11.6%	8.6%
Clinical Requirements		
Medicaid	14.0%	10.3%
Medicare	11.6%	8.6%
Private Insurance	10.5%	6.9%
Never Covered		
Medicaid	69.8%	79.3%
Medicare	75.6%	82.8%
Private Insurance	76.7%	82.8%

*Percent out of grantees reporting use of Ryan White Program funds

Barriers to Allied Health Services

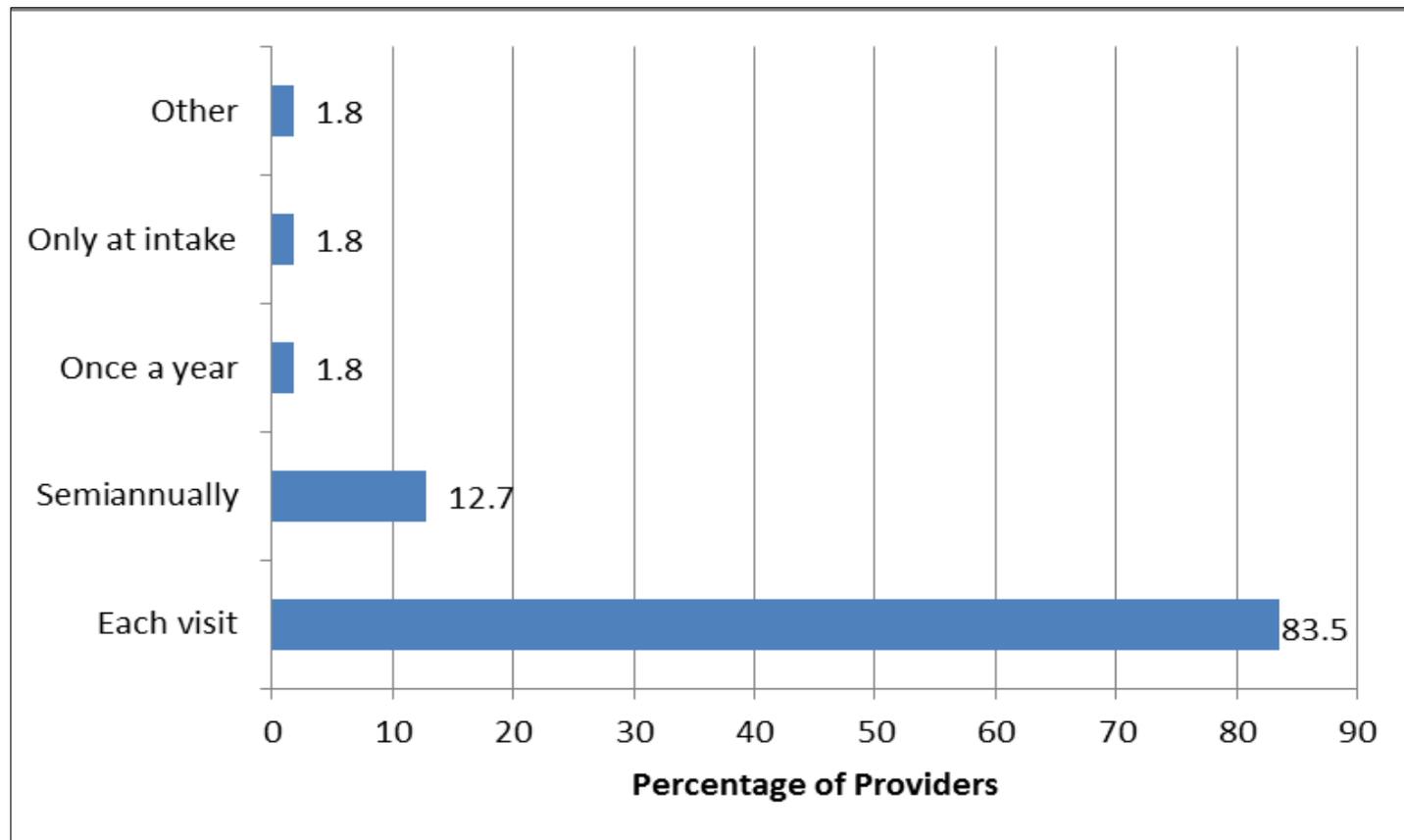
	Mental Health Services (N=86)	Oral Health Services (N=71)	Substance Abuse Services (N=58)
Utilization Limits			
Medicaid	57.1%	52.1%	42.6%
Medicare	48.6%	31.0%	38.3%
Private Insurance	54.3%	43.7%	40.4%
Clinical Requirements			
Medicaid	40.0%	18.3%	44.7%
Medicare	37.1%	8.5%	38.3%
Private Insurance	35.7%	9.9%	42.6%
Never Covered			
Medicaid	12.9%	35.2%	25.5%
Medicare	15.7%	43.7%	27.7%
Private Insurance	17.1%	36.6%	21.3%

*Percent out of grantees reporting use of Ryan White Program funds

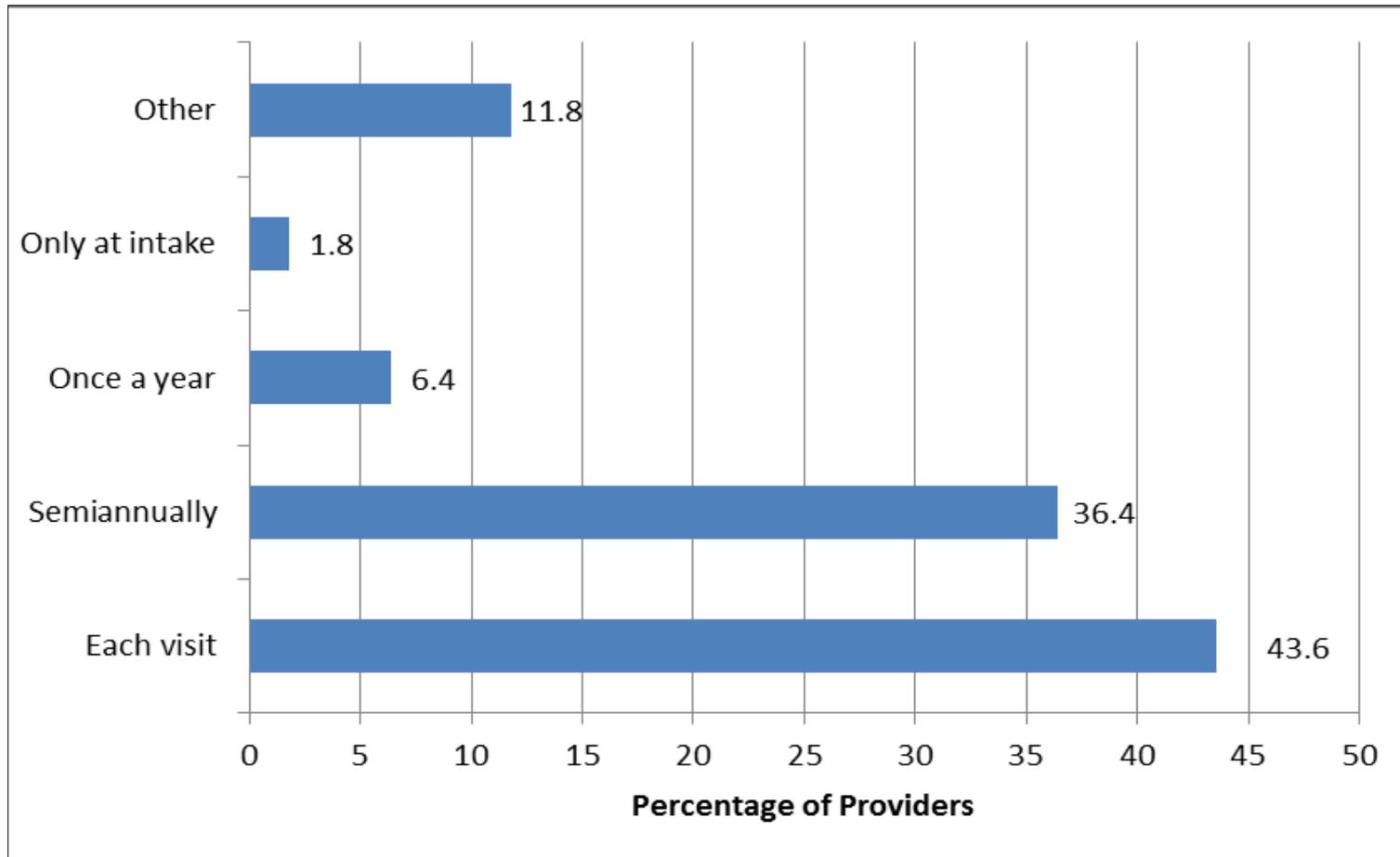
Infrastructure for Tracking Client Insurance (Research Question 2)

- Do grantees have systems in place to check and track client insurance status?
- Do they have the ability to monitor changes in insurance status over time?
- Do they have procedures to assess their clients' eligibility for some form of insurance?

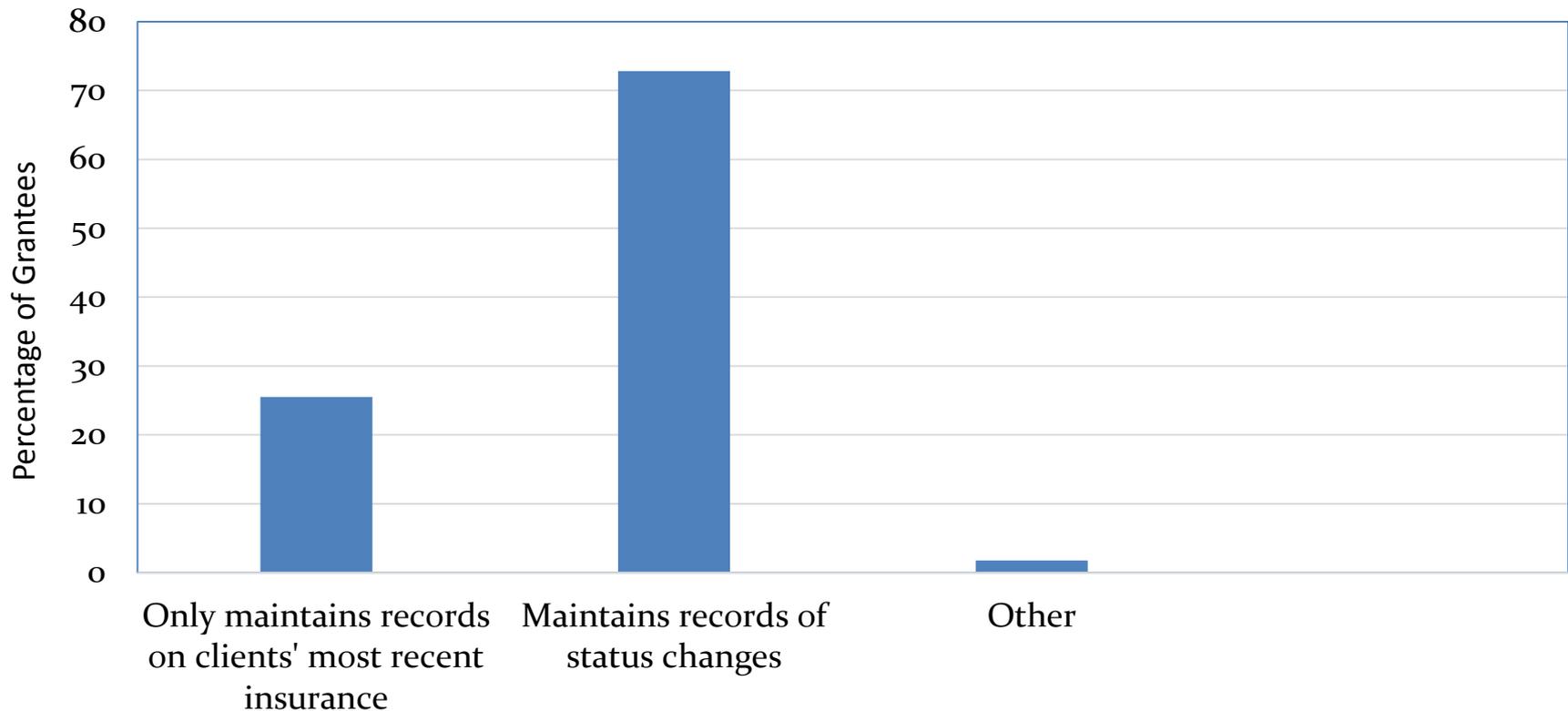
Health Insurance Status Confirmed



Health Insurance eligibility Assessed



Almost three-quarters of grantees' data systems record insurance status changes



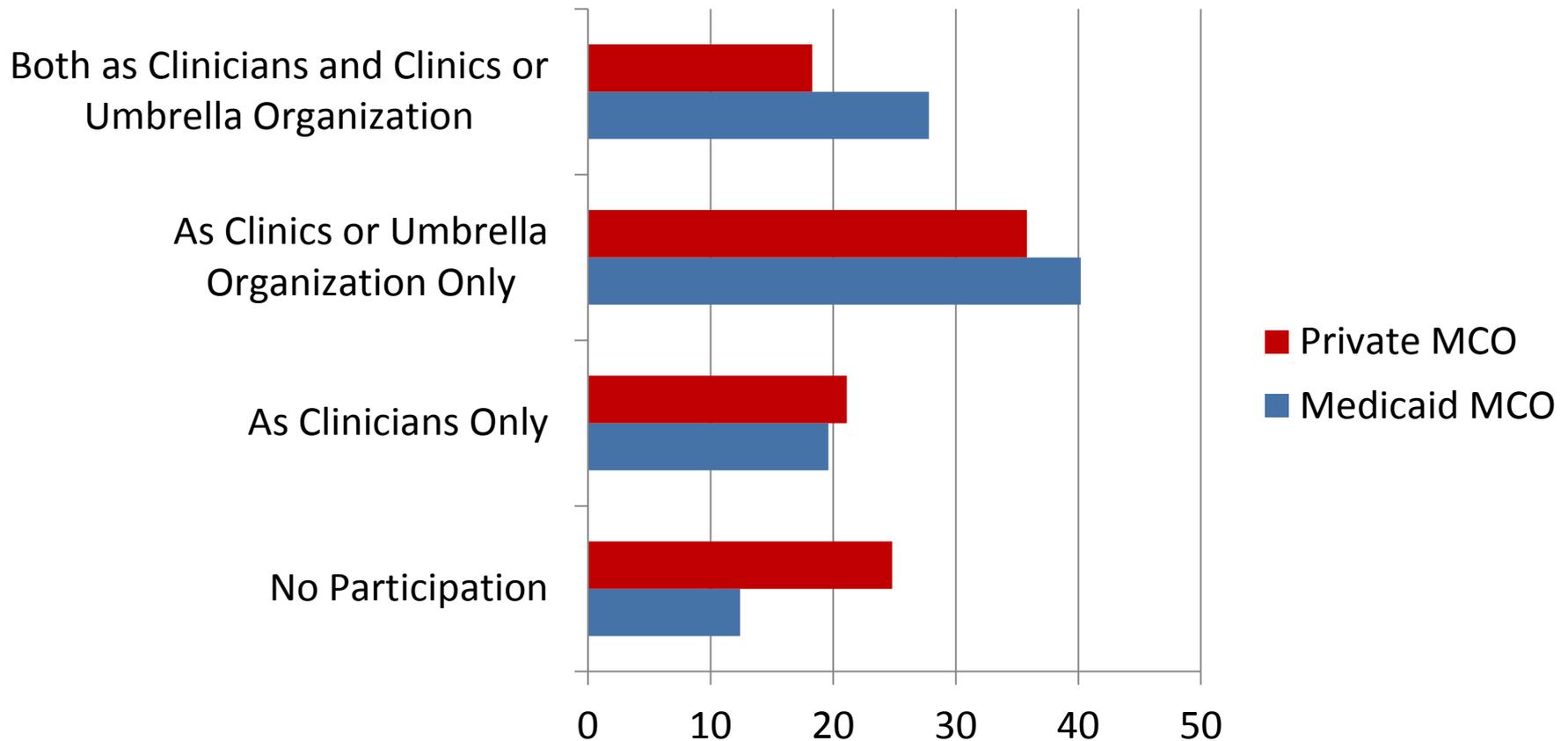
ACA Readiness (Research Question 3)

- Are grantees able to estimate costs of HIV/AIDS care by funding source and service category?
- Are they participating in Managed Care Organization (MCO) networks?
- Are they recognized as a Patient Centered Medical Home (PCMH)?
- Are they a designated health home provider under Medicaid?

Most grantees can calculate revenue per service by funding source

- Only 40% of grantees routinely calculate average cost of care for planning and budgeting purposes.
- 84% of grantees can calculate total revenue per service type according to funding source.
 - For about 40 percent of these grantees, process is cumbersome
- Qualitative response to how they calculate cost of care:
 - 68 did not answer question
 - Common response: Past costs divided by estimated number of clients or number of visits

MCO Participation Medicaid and private MCOs



Publicly funded community health centers are much more likely to be recognized as PCMHs

PCMH Status	Publicly funded Community Health Center	Hospital- or University-based Clinic	Other Community-based Organization	Health Department	All Providers
Yes*	69.4%	12.5%	21.1%	13.3%	32.7%
Currently seeking	25.0%	40.0%	42.1%	20.0%	32.7%
No	5.6%	47.5%	36.8%	66.7%	34.5%

* Percentages are statistically significantly different ($p \leq 0.001$).

Medicaid Health Home Involvement

- Too early to get an accurate sense of grantee participation as health homes
- 15 States have approved health home plans and several others are in the process of applying
- 15 survey respondents who said they were designated health homes represented 7 of those States
- 6 percent indicated they were working with their Medicaid agency to develop a state plan

Summary of Findings

- About one-third of respondents sometimes require Ryan White Program funding to provide OAMC to insured clients due to inadequate insurance coverage.
- Two-thirds or more of respondents sometimes require Ryan White Program funding to provide associated medical and support services to insured clients.

Summary of Findings (Continued)

- The vast majority of respondents are carefully monitoring the insurance status of their clients and working to move clients onto insurance.
- Most respondents indicated that their agencies are working to participate in a range of care options under the ACA.

Questions?

- CAPT Tracy Matthews
- Mail:
 - 5600 Fishers Lane
 - Rockville, MD 20857 (7C26)
- Email: Tmatthews@hrsa.gov
- Phone: 301-443-7804