

The Transition to Eligible Scope: Reporting and Data Expectations



Learning Objectives

- ▶ Why the Change to Eligible Scope
- ▶ Reporting Requirements
- ▶ Managing the Transition to Eligible Scope
- ▶ Database Management
- ▶ RSR-Ready Systems



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Thank you, Michael.

Hello grantees and providers, and again, thank you for participating in today's webinar. At this point, we are a little more than half way through the 2015 data collection period. As you all are aware, HAB made the decision to move to Eligible Scope data reporting on January 1 of this year. This means that clients will be reported on the RSR if they were eligible to have Ryan White funds cover the cost of their services, regardless of the payor.

Today I will review Eligible Scope reporting requirements as well as who and what should be reported on the 2015 RSR. Then, I will provide some examples of how some grantees and providers around the country are making the transition to Eligible Scope. In this section, I will also cover a topic that many of you have had questions about: how to report support services when you are collaborating with providers that are RWHAP and privately funded.

Additionally, Ellie Coombs will cover some database management topics and provide RSR-ready systems information.

Why Change to Eligible Scope?

- ▶ Addresses the impact of the Affordable Care Act (ACA)
 - Many more clients now have health insurance.
- ▶ Demonstrates the value of RWHAP
 - Follows the care of the patients RWHAP supports in part
 - Assesses the system of care created with RWHAP funds
- ▶ Monitors progress toward achieving the goals of the National HIV/AIDS Strategy



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HAB moved from Funded Scope to Eligible Scope on January 1st of this year. Why did this change occur?

The primary reason for the change is that the Affordable Care Act, or ACA, is changing the way health care is financed. With these changes, some of our clients are able to access health insurance for the first time. As a result, services that were previously covered by the Ryan White program are now covered by insurance programs. However, insured clients are facing increased cost sharing, such as co-payments, co-insurance, and deductibles. Fortunately, the Ryan White Program can provide assistance.

HAB must continue to show the value of the Ryan White program. Because Ryan White will be supporting cost sharing (often late in the year), HAB still needs to follow the care of these clients. In addition, the programs supported by Parts A, B, C, and D focus on creating a system of care. This includes all clients with HIV. The move to Eligible Scope also supports the National HIV/AIDS Strategy by monitoring increasing access to care and health outcomes.

Also, HAB believes the move to reporting under Eligible Scope will make reporting easier, and many providers around the country are agreeing. Agencies are having to do less to prepare their data. You will no longer be required to identify funding streams for services or to determine the payor. Although providers may report more clients on the 2015 RSR, it will be clearer as to which clients should be reported and which clients should not.

What Is Eligible Scope Reporting?

- ▶ The RSR still functions the same!
 - Grantees set up contracts for funded service categories.
 - Providers verify the services provided on each contract.
 - Providers upload client-level data only for those services.
- ▶ You don't filter out clients just because RWHAP is not the payor.
- ▶ Report RWHAP-eligible clients who received services for which you were funded.



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So, what is the Eligible Scope Reporting requirement?

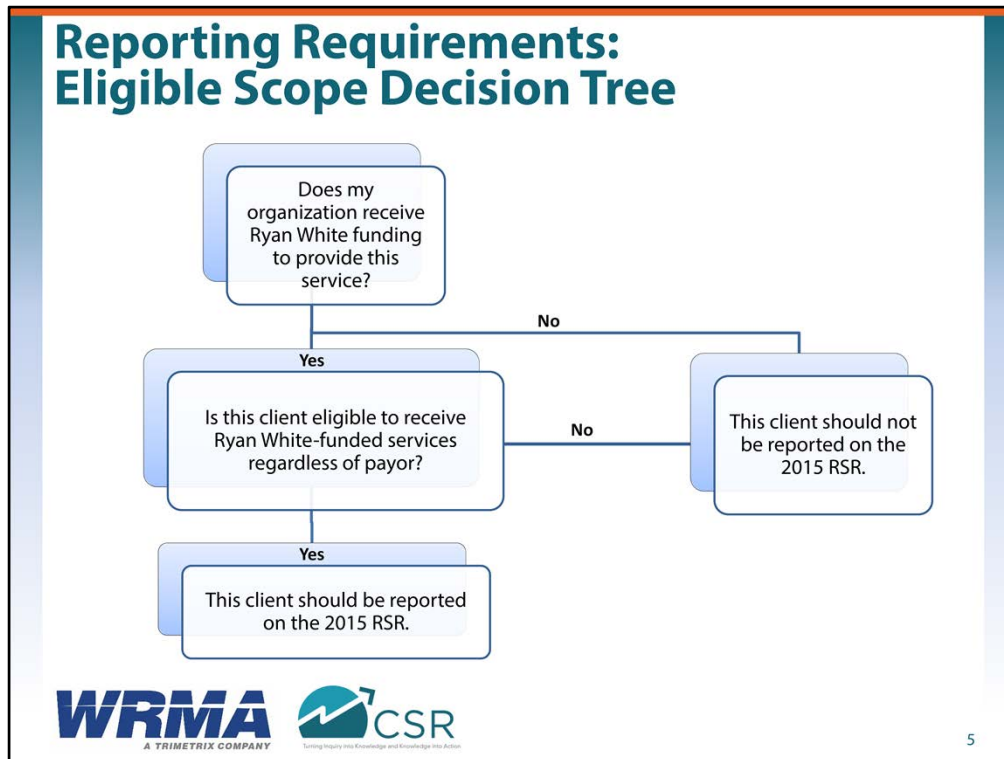
The RSR will have the same essential purpose and procedures.

Grantees set up contracts for funded service categories.

Providers verify the services provided on each contract.

Providers upload client-level data only for those services.

As mentioned before, providers will no longer have to filter clients by payor. Providers will simply report eligible clients who received services regardless of the payor.



This flowchart is the simplest way to visualize the Eligible Scope reporting requirements.

Let's walk through this chart.

First question: Does my organization receive RWHAP funds to provide this service? If no, the client does not have to be reported in CLD. If yes, we ask question 2.

Is the client eligible to receive RWHAP services, regardless of the current payor? If no, the client does not have to be reported in CLD. If yes, the client should be reported in the 2015 RSR CLD.

Your organization should report all clients who are eligible to receive RWHAP funds to pay for services your organization is contracted to provide. This reporting requirement has brought about a fair amount of questions and requests for points of clarification with respect to providers that are funded through RWHAP and funded privately. Later in my portion of today's discussion, we will touch on some of these points and share strategies on how some grantees and providers are handling the transition to Eligible Scope.

Lapses of RWHAP Eligibility

- ▶ Core Medical Services
 - Report if the client is RWHAP eligible at the time of service
- ▶ Clinical Data
 - Report all clinical data if client was eligible for RWHAP any time in the year
 - This includes Outpatient/Ambulatory Medical Care Services (OAMC) dates



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In managing the transition to Eligible Scope, providers have to figure out how to handle lapses in eligibility. Many providers have expressed concerns regarding which services to report when the services are received during these lapses.

Core Medical Services should be reported if they were received during periods of eligibility. Report dates of service that occurred while the client was eligible.

All OAMC service dates should be reported if the client was eligible for RWHAP during any portion of the year.

- ▶ Example: John is deemed eligible for RWHAP services from January–June of the calendar year. In July, John is found ineligible for RWHAP.



Although this is not a change to OAMC reporting guidance, I simply wanted to provide a refresher and let you know that there will be no change.

Lapses of RWHAP Eligibility

- ▶ Support Services
 - Support Services Reporting
 - Reported if the client is RWHAP eligible at the time of service



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Now, let's move to a discussion of support services reporting under Eligible Scope.

Support services should only be reported during periods of client eligibility. If clients only receive support services during periods of ineligibility, those services are not reported on the RSR.

Support Services

- ▶ Working with RWHAP and privately funded support service providers
 - Report all clients who are eligible for RWHAP services regardless of funding source used to provide the service.



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When it comes to working with support service providers that are funded through RWHAP and private funding, organizations across the country have expressed concerns regarding how to ensure that the data collection processes are complete and as accurate as possible. HAB's expectation for service providers is to report all clients who are eligible for RWHAP services they are funded to provide. Once again, the funding source used to provide the service is not a factor in reporting. If you still have questions about this, please refer back to the flowchart on slide 3.

The reporting expectation applies to all providers whether RWHAP funds them 1% or 100%.

There are several organizations that have found ways to work with support service providers that are RWHAP and privately funded.

Support Services

- ▶ Methods of support service data collection and reporting
 - Providing all client service information
 - Implementing a RSR data collection form
 - Collaborating with EHR vendors



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Data Support has spoken with many providers in an effort to understand how they are making the move to Eligible Scope and to offer you real-world examples of how providers are managing the transition.

First, let's discuss providing all client service data. When your organization provides CLD to HAB, patient information is encrypted and secure. Federal regulation expressly permits HAB to receive CLD as it relates to HIV care in the United States and its territories without the need for individual client consent. For further information about sharing CLD with other public health entities, see page 2 of the RSR manual, or contact the Department of Health and Human Services Office of Civil Rights.

Near the end of our presentation, Ellie Coombs will share some RSR technical assistance resources. Slide 32 provides a link to the Office of Civil Rights, which will be happy to address any concerns that you have about reporting CLD to HAB.

Next is the implementation of a client-level data report form. Agencies are using this form to have clients self-report information such as income, but are not verifying the data. This form is only used for the RSR and allows the facility to determine if the client's information should be reported on the RSR.

Several agencies are also collaborating with their EHR vendors to add features to all client files that allow for the collection of income information more rapidly.

Support Services

- ▶ Methods of support service data collection and reporting
 - Assessing all clients' eligibility
 - Cross referencing billing and payment information to assess eligibility



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Some larger providers are opting to screen all clients for their RWHAP eligibility. This is also a good process in case clients have interruptions in income or insurance. Their eligibility for continued care through RWHAP has already been assessed, and there will be no interruption in care.

An innovative strategy that some providers are following is using health insurance billing data to assess eligibility by comparing income limits and guidelines for some insurances, specific to these states. These agencies are able to reasonably estimate if the client would be eligible for RWHAP had this insurance not been in place.

Now, some of these examples may work for you and your providers that are RWHAP and privately funded, or none of them may work. But the takeaway message is to be creative and do your best to provide accurate and complete data. We have spoken to many grantees and providers across the country that are thrilled with the change to Eligible Scope, and I believe that you and your organization can share in the excitement of this transition.

As a caveat, some of these methods and ideas may extend beyond just support service reporting and be adaptable to for your overall XML file.

FAQs



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We've had several frequently asked questions over the past few months that we want to make sure get answered. During this next portion of the presentation, Ellie will ask the questions, and I will give the answers.

So let's get started.

FAQs

- ▶ Question 1:
 - Do I have to use one of the data collection strategies listed in this presentation?
- ▶ Answer:
 - No. The methods and strategies in the presentation are to serve as examples. Do the best you can.



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Ellie:

Question 1:

Do I have to use one of the data collection strategies listed in this presentation?

Michael:

Answer:

No. The methods and strategies in the presentation are to serve as examples. Do the best you can and do what makes sense for your program.

FAQs

▶ Question 2:

- How does HAB define “eligible” for Eligible Scope reporting? Does my organization have to change eligibility criteria to match HAB’s?

▶ Answer:

- No. Client eligibility guidelines are determined by grantees in conjunction with HAB.



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Ellie:

Question 2:

How does HAB define “eligible” for eligible scope reporting? Does my organization have to change eligibility criteria to match HAB’s?

Michael:

Answer:

No. HAB does not have a definition of “eligible.” Client eligibility guidelines are determined by grantee with HAB’s assistance.

FAQs

▶ Question 3:

- Many of my clients now have insurance. Does that mean they are not eligible for RWHAP and should not be reported on the 2015 RSR?

▶ Answer:

- No, a client is typically Ryan White-eligible based on factors such as HIV status, income, and residency. Even if Ryan White funds are not used for a visit, the client should be reported on the RSR under Eligible Scope.



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Ellie:

Question 3:

Many of my clients now have insurance. Does that mean they are not eligible for the RWHAP and should not be reported on the 2015 RSR?

Michael:

Answer:

No, a client is typically Ryan White-eligible based on factors such as HIV status, income, and residency. Even if Ryan White funds are not used for a visit, the client should be reported on the RSR under Eligible scope.

FAQs

- ▶ Question 4:
 - When will we know about new client-level data elements for the 2015 RSR?
- ▶ Answer:
 - At this time, there are no changes to the 2015 RSR data elements.



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Ellie:

Question 4:

When will we know about new client-level data elements for the 2015 RSR?

Michael:

Answer:

There are no changes to the 2015 RSR data elements.

FAQs

- ▶ Question 5:
 - It seems that the change to Eligible Scope will lead to missing data. Will I have problems uploading my XML file?
- ▶ Answer:
 - Review the manual, or contact TA providers for data assistance.



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Ellie:

Question 5:

It seems that the change to eligible scope will lead to an abundance of missing data elements. Will I have problems uploading my XML file?

Michael:

Answer:

The best thing to do is to refer to the manual for data requirement for specific service categories. You can also can contact any TA Provider for assistance.

FAQs

▶ Question 6:

- When can I expect the 2015 RSR Manual to be released?

▶ Answer:

- The manual is currently in the final stages of review and will be released soon.



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Ellie:

Question 6:

When can I expect the 2015 RSR Manual to be released?

Michael:

Answer:

The manual is currently in the final stages of review and will be released soon.

Thank you, Ellie.

I'll now hand off the presentation to Ellie. I will be back for the question-and-answer portion of today's presentation.

Thank you all for your attention, and keep up the amazing work.

Ellie?

The Transition to Eligible Scope: Data Management

Ryan White Services Report (RSR)
HIV/AIDS Bureau
July 11, 2015



The presentation is now focusing on data management and the changes you may need to make so your systems and processes allow you to meet the Eligible Scope requirements.

Working with RSR-Ready Systems

- Held webinar in May 2015
 - Communicate requirements
 - Present potential technical solutions and challenges
- Upcoming survey
 - Understand planned changes
 - Identify timing of changes

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Many of you use an RSR-ready system. That's a system that creates the XML file for you, such as CAREWare or AIRS. We have been working with RSR-ready systems so they get up to speed with requirements. We did a webinar on requirements and implications for data systems in May. At the end of July, we'll send a survey out to RSR-ready systems to understand exactly the changes they will make to their systems and when. We'll disseminate these results to you, but make sure you are also in contact with your vendor, so there are no surprises as we get closer to the submission window.

System Updates

- No changes to the XML schema!
- Add feature that identifies whether a client is eligible or not.
 - Client level: You fill out the field for each client.
 - Eligibility criteria page: You input your criteria, and the system does the work,
- Update electronic bridges so system captures all eligible clients and services.

CAREWare:

- All clients are assumed eligible
- Providers need to enter dates of ineligibility
- System retains previous statuses

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When we met with these systems, we talked about two main upgrades. The first is some kind of feature that allows the system to identify eligible clients for export. There are two main proposals being tossed around.

The first one involves some kind of action at the client level. For each client, you simply indicate whether the client is eligible for the program or not. CAREWare is taking this approach. CAREWare will default to all clients being eligible, so you have to go in and specify a date when the client becomes ineligible. Note that if a client's eligibility changes, the new status does not overwrite the old status. CAREWare is able to retain information on the previous status, allowing it to export services that occurred during periods of eligibility.

Alternatively, the provider would enter the eligibility criteria, such as income limit, in a single page or screen in the system, and the system would do the work in assessing clients and assigning each client an eligibility status.

The second change is making updates to any electronic bridges the providers use to import data into the RSR-ready system from an EHR, such as Epic or GE Centricity. If these bridges are only including clients with RWHAP-funded services, then they'll need to be updated.

Now, I want to talk through some provider scenarios, so everyone has a good sense of what they need to do and where to start, depending on their program and data management system.

Scenario 1: Clinical Providers

- **RWHAP pays for:** OAMC and case management
- **Other funding source:** Yes, some clients are insured through Medicaid, which covers OAMC
- **Client eligibility status:** Some clients meet RWHAP eligibility requirements
- **Current practice:** Data are input into Cerner
 - Provider A: TRAX
 - Provider B: Electronic bridge from Cerner to CAREWare

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Let's take a look at a couple of clinical providers first. Now, each of these providers, A and B, receive RWHAP-funding to pay for OAMC and case management. Quite a few of their clients are insured through Medicaid, which covers most OAMC. Some, but not all, HIV-positive clients seen at the provider sites are eligible for RWHAP. Both providers use the EHR, Cerner, to capture client service and clinical data.

Now, this is where things differ. One provider uses TRAX to create the RSR; the other imports data from Cerner to CAREWare.

What do these providers need to do to prepare for the Eligible Scope transition?

How to Transition to Eligible Scope? Provider A: TRAX User

- Change data extraction process to:
 - Extract *all* OAMC and case management services
 - For all *eligible* clients
 - Medicaid coverage is no longer relevant for inclusion in the RSR
- Use same TRAX tool and process to generate the XML file

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Let's start with the TRAX user. As many of you know, TRAX users extract data from their data management system and import it into a tool to create the XML file.

This provider will need to modify its data extraction process, so now all OAMC and case management services, regardless of payer, are extracted for all eligible clients. In other words, whether Medicaid actually paid for the service no longer matters for determining inclusion in the RSR.

Once data are extracted, they can be reformatted and imported into the same TRAX tool; this part of the process has not been changed.

How to Transition to Eligible Scope? Provider B: RSR-Ready System User

- Download latest version of CAREWare
- Update electronic bridge to include:
 - Clients who are eligible for RWHAP
 - All OAMC services and case management services, regardless of payer
- Do your best! We know this is a transition year.

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Now, in the Provider B scenario, the provider needs to update the electronic bridge that moves data from Cerner to CAREWare because currently, the provider is just moving in clients and services that are RWHAP funded. We understand that this may be a heavy lift, and we just ask that you do your best to report as much data as possible. As with all changes, there are challenges in the beginning, but as people get accustomed to the requirement and make gradual updates to their systems, things get easier and data quality gets better.

Scenario 2: Support Services Provider

- **RWHAP pays for:** Transportation and childcare
- **Other funding source:** No
- **Client eligibility status:** All clients meet RWHAP eligibility requirements
- **Current practice:** Provider inputs all data into ARIES

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Now, let's switch to providers that render support services—these are a little easier. In this first case, RWHAP pays for transportation and childcare. The provider does not and has never accessed another source of funding for these services. All clients are eligible for the program.

Currently, the provider is inputting all data into ARIES.

How to Transition to Eligible Scope?

Scenario 2: Support Services Provider

- *No major changes!* Provider continues to report all clients who had a transportation and/or childcare service.
- Download latest version of ARIES.
- Indicate whether clients are eligible or not through added feature.

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What does the provider need to do? There are no major changes to this provider's processes, so not much. The provider will continue to report all clients who received a transportation or childcare service.

The provider does need to download the latest version of ARIES, when it is available, and use the new feature to assign clients their eligibility status. Now, I'm just using ARIES as an example, so I don't know how this looks at this point.

Scenario 3: Support Services Provider

- **RWHAP pays for:** Housing
- **Other funding source:** Yes, program supported by the state's general fund
- **Client eligibility status:** All clients meet RWHAP eligibility requirements
- **Current practice:** Provider inputs:
 - *RWHAP-funded services* into Casewatch
 - State-funded services into a separate system

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In this third and final scenario, a support services provider receives RWHAP funding for housing. This provider also receives funding from the state for housing. This funding does not come from the Part B program but from some other program funded entirely through the state's general fund. All clients meet RWHAP eligibility requirements.

This provider inputs its RWHAP-funded services and clients in one system, Casewatch Millennium, for example, and clients funded through the state program in another. Now, I'm sure you've heard us say this before, but we don't like this approach. We don't want providers to manage multiple data systems; it's complicated and makes it hard to track overall care quality. That said, we know this is common across providers.

So, what is this provider to do?

How to Transition to Eligible Scope? Scenario 3: Support Services Provider

- Download latest version of Casewatch.
- Provider must move data on eligible clients receiving state-funded housing services into Casewatch.
 - Manual data entry
 - Electronic bridge
- Indicate whether providers are eligible or not through added feature.

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Once again, the provider needs to download the latest version of its RSR-ready system, in this case, Casewatch. That's the easy part. The hard part is also getting those state-funded services into that RSR-ready system so that the provider can generate one file from there. The provider can do this through manual data entry or an electronic bridge. As with ARIES, the provider will need to use whatever feature the vendor adopted to assign clients their eligibility status.

Once again, do your best! If you can't build an electronic bridge this year, do it next year. We understand you may need to take a staged approach to meet this requirement.

Now, we're going to move onto a couple of Q and As.

System Updates

- **Q:** Some of my providers will have to update the bridges that export EHR data into the RSR-ready system. How can my providers pay for these upgrades?
- **A:** EHR and bridge upgrades incur costs that are not required to be included in the 10% administrative cap (PNC 15-01: <http://hab.hrsa.gov/affordablecareact/pcn1501.pdf>)

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Q: Some of my providers will have to update the bridges that export EHR data into the RSR-ready system. How can my providers pay for these upgrades?

A: Based on a new policy notice, EHR and bridge upgrades incur costs that are not required to be included in the 10% administrative cap. You can check out the entire notice by using the link on this slide: <http://hab.hrsa.gov/affordablecareact/pcn1501.pdf>)

RSR Compared with HRSA Compliance Reports

- **Q:** HAB expects grantees to report part-specific data for program monitoring. However, you seem to be telling us we no longer need to collect data by funding stream. Is this right?
- **A:** These are two separate issues. Grantees are responsible for knowing what services they fund. There are program-monitoring reports and deliverables associated with that requirement. For RSR purposes, service data are not reported by part.

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Q: HAB expects grantees to report Part-specific data for program monitoring. However, you seem to be telling us we no longer need to collect data by funding stream. Is this right?

A: These are two separate issues. Grantees are responsible for knowing what services they fund. There are program-monitoring reports and deliverables associated with that requirement. For RSR purposes, a RWHAP client is a RWHAP client. The service data in the RSR are not reported by part.

RSR Technical Assistance Resources

- Data Support (WRMA/CSR)
 - (888) 640 - 9356, 10 am–6:30 pm ET
 - ryanwhitedatasupport@wrma.com
- DART Team
 - Data.TA@caiglobal.org
- HRSA Contact Center
 - (877) 464 - 4772
 - <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

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As always, you have a team of dedicated technical assistance (TA) providers to help you throughout the collection and submission process. Contact any of the TA providers listed here.

RSR Technical Assistance Resources

- HAB Website:
 - <http://hab.hrsa.gov>
 - Instructions, Forms, and HAB Informational E-mails/Policy Notices
- TARGET Center Website:
 - <http://www.careacttarget.org>
 - Important Notices, Dates to Remember, Training Materials
- DHHS–Office of Civil Rights
 - <http://www.hhs.gov/ocr/office/about/contactus/index.html>
 - <http://www.hhs.gov/ocr/hipaa/finalreg.html>

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You can also access these resources listed here.

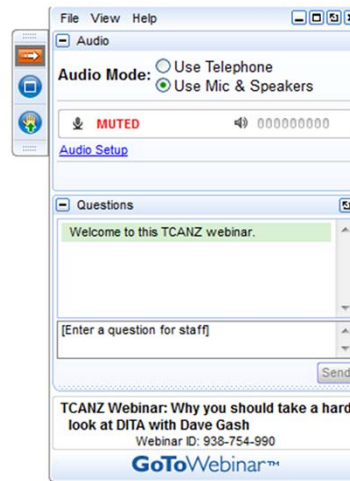
Thank you all for the work you do every day and for your attention today.

Q&A Session

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box.



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And now to your questions. But first, I would like to remind you that a brief, three-question evaluation will appear on your screen as you exit. Your answers to these questions help us understand how we did and what other information you would have liked included on this webcast. We appreciate your feedback very much, and we use this information to plan future webcasts.

As a reminder, you can send us questions using the “Question” function on your control panel on the right hand side of the screen. You can also ask questions directly “live.” You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, my colleague, Beth, will conference you in; or you can click the telephone button, and you will see a dial-in number and code. We hope you consider asking questions “live”; we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question to give you the most appropriate answer.

[Advance slide to “TA Resources” during Q&A period].