

Understanding the New Funded Scope Requirement

Overview

- Only **RW-funded** clients and their services/visits are reported in the RSR, in contrast to RW-eligible clients in the RDR.
- **Reported clients** must have received at least one RW-funded service/visit during the reporting period.
- A **service or visit** counts as funded – and is reported in the RSR – if it is at least **partially** paid for by RW.

Introduction

For the RSR, HAB has a new policy regarding the scope of reporting requirements: only Ryan White-funded clients and services should be reported, in contrast to the RDR, which includes clients eligible for Ryan White funding regardless of the funding that actually paid for their care.

HAB made this change to gain a clearer picture of the services provided with its funds and to increase HAB's ability to demonstrate the value of Ryan White service provision.

Although HAB is interested in improving transparency and accountability, *the agency does not intend the RSR to be a cost accounting exercise*. To avoid placing excessive reporting burden on you, HAB has rejected models that would require you to link each Ryan White dollar to a service.

What counts as a Ryan White-funded service?

A Ryan White-funded service is any service fully or partially paid for with Ryan White dollars.

For the RSR, you submit information on service provision in the core and supportive services sections of the Client Record. A service should be included in the Client Record if it is fully or partially funded by Ryan White.

Ryan White programs often use multiple funding streams, such as Medicaid, Medicare or private insurance, along with Ryan White to pay for clinical services. Your system should be able to identify a Ryan White-funded service using procedure or payer codes. Some procedures are never covered by Medicaid, so you can assume they are covered by Ryan White.

Note: the only service information reported in the RSR that does not necessarily need to be Ryan White-funded are the date of a client's first visit at the provider agency and the date of a client's first outpatient/ambulatory care visit (Elements 1 and 47).

Who counts as a Ryan White-funded client?

A Ryan White client is any client that received a Ryan White-funded service during the reporting period.

The types of services that a client receives will determine the information you need to report for the client. If a client received any outpatient/ambulatory medical care paid for by Ryan White during the reporting period, you must report all the client's demographic and clinical information, in addition to the Ryan White services they



Key Points

- **Do not report services in the RSR if you are unsure how they were funded.** However, do report services on the RSR if Ryan White typically funds this type of service and you *cannot* confirm that Ryan White funding was *not* used.
- Do not report a service as Ryan White funded just because the **salary of the physician** providing care is Ryan White funded. The service itself must have been paid for with Ryan White funding to be reported, regardless of the source for the caregiver's salary.
- There is no need to recode services that were initially paid for by Ryan White but then **retroactively funded by a third-party payer**. If a service was initially paid for using Ryan White funding, it can be reported in the RSR, regardless of later reimbursements. Your grantee may implement more strict requirements regarding recoding services, but this recoding does not change your RSR reporting.
- If a set of services is **bundled**, and Ryan White pays for at least part of the services, report this set of services as Ryan White funded. If the bundled services occurred over multiple visit data, report each visit date.

received in the core and supportive services section.

If a client did not receive any Ryan White-funded outpatient/ambulatory care during the reporting period, but did receive other Ryan White-funded services, such as case management, you only need to report the client's demographic information and the services that the client received. You should not report any clinical information for clients that did not receive Ryan White-funded outpatient/ambulatory care during the reporting period.

If clients receive a CD4 count test before their *first* Ryan White-funded outpatient/ambulatory care visit, but both the test and service occurred within the same reporting period, you should report the results of the CD4 count test for that reporting period.

FAQs about funded scope requirement!



1. *Should I report services and client information for a client that received services covered by a third-party insurer, if the client has received Ryan White-funded care in the past?*

Answer: Because the client did not receive any Ryan White-funded services during the reporting period, you should not report any information for this client regardless of his/her eligibility for the Ryan White program.

2. *How do I report non-outpatient/ambulatory care visits funded by both Ryan White and a third-party insurer?*

Answer: Because part of this visit was paid for by Ryan White, you report the client's demographic information and the visit. However, because the client did not receive outpatient/ambulatory care you do not need to report the client's clinical information unless this client received an outpatient/ambulatory care visit at some other point during the reporting period.

3. *How do I report a situation where the services provided to a client are funded by a third-party payer (e.g. Medicaid, private insurance) but the salary of the provider is supported by Ryan White?*

Answer: This visit and the client's demographic and clinical information should not be reported in the RSR, because the services were not paid for using Ryan White funding. However, you should report the physician's

salary in the Service Provider Report.

4. *How do I report information for clients supported by Health Insurance Continuity Programs?*

Answer: Only report demographic information for clients receiving support through Health Insurance Continuity Programs that are fully or partially funded using Ryan White base funds. Do not report information in 2009 for clients who received support through Health Insurance Continuity Programs if the program was funded using non-Ryan White base funds (e.g. ADAP, or state funding).

Learn More!

Review the webcast on funded scope:

www.careacttarget.org/library/media/datacollection/RSRScope.pdf

Consult the Instruction Manual: http://www.careacttarget.org/library/RSR_Instruction_Manual_v1-4.pdf

Send the TA team an email: RSR.TA@sphereinstitute.org

Stories from the field...

An agency uses Ryan White funding to pay part of the salary of a medical provider, but all of the procedures recorded in a client's visit are paid for by Medicaid. Is this a Ryan White-funded visit? It depends. Would all of the services have happened without Ryan White funding, because they were covered by Medicaid? If so, then, no, this is not a Ryan White-funded visit. Do not report the visit in the RSR.

But if, for example, the provider gave the client a vaccination that was not covered by Medicaid, this service would qualify as an outpatient/ambulatory care visit on the RSR. This provider's billing system was capturing procedures for Medicaid, but had no way to capture the vaccination. The provider's data system or practices may need to change to indicate these extra services. The contract between the grantee and provider may also need to reflect this.

Remember, though, that the RSR is not cost accounting. Even though the RSR is counting visits and services, the provider contract can pay a share of salary, rather than paying on a per visit or per service basis.