

## The New Funded Scope Requirement for the RSR: Who Should I Report?

### **Overview of RSR reporting guidelines:**

- Reported services must have been at least partially paid for by Ryan White, based on the understanding that many services are paid for with several sources of funding
- Reported visits must have been at least partially paid for by Ryan White
- A service/visit should not be reported if non-Ryan White funds paid for the care, or if Ryan White dollars paid for the provider's salary, but not the service/visit itself
- Reported clients must have received at least one Ryan White-funded service/visit during the reporting period

For the RSR, HAB has a new policy regarding the scope of reporting requirements: only Ryan White-funded clients should be reported, in contrast to the RDR, which included clients eligible for Ryan White funding regardless of the funding that actually paid for their care. For the RSR, clients must have received a service at least partially covered by Ryan White during the reporting period to be included. HAB was motivated to make this change to gain a clearer picture of the services provided with its funds and to increase the agency'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. This document aims to help you identify what counts as a Ryan White-funded service and who counts as a Ryan White client.

### ***What counts as a Ryan White-funded service?***

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

You will submit information on service provision within 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. As you often use multiple funding streams, such as Medicaid, Medicare or private insurance, along with Ryan White to pay for a service, your system should be able to identify a Ryan White-funded service using procedure and payer codes. Please note: the only service information reported in the RSR that does not necessarily need to be Ryan White funded is the date of a client's first visit at the provider agency (Element 1) and the date of a client's first outpatient ambulatory care visit (Element 47).

## **Helpful hints**

- 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 (e.g. if the client later becomes enrolled in Medicaid). If a service was initially paid for using Ryan White funding, it should be reported in the RSR, regardless of later reimbursements.
- If a set of services is bundled, but Ryan White pays for at least part of the services, report this as Ryan White funded. Remember, for bundled services:
  - All visit dates should be reported, even if they were covered as one service payment.
  - Within a bundled service, you could have specific clinical services that need to be individually reported.

## ***Who counts as a Ryan White-funded client?***

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

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

If a client does not receive any outpatient ambulatory care during the reporting period, but does 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 do not need to report any clinical information for clients that did not receive outpatient ambulatory care during the reporting period.

## **Helpful hints**

- Be aware that you may need to report a client's clinical information prior to the time they started receiving Ryan White-funded services because of the two reporting periods in 2009 (January to June and January to December).
  - For example, a client had private insurance for May and June, but began relying on Ryan White funds for ambulatory care starting in August. Do not report this client in the January to June period, but do report the client

in the January to December period, including all of their clinical information back to May and June.

- Only report demographic information for clients receiving support through Health Insurance Continuity Programs that are fully or partially funded using Ryan White base funds.
  - You should report this information for clients for whom you answer “yes” on question # 27 - “Indicate (Yes/No/Unknown) if Health Insurance Premium funding were provided for the client at any time during each quarter.”
  - 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, State funding).

**For more information:**

- Use the table in the appendix of the Instruction Manual on the RSR page of the TARGET Center website as a guide for what information you need to report for a client depending on the services he/she has received (<http://www.careacttarget.org/rsr.asp>)
- Review FAQs for the new funded scope requirement on the RSR page of the TARGET Center website ([http://www.careacttarget.org/rsr\\_faq.asp](http://www.careacttarget.org/rsr_faq.asp))