

Utilizing Client Level Financial Data

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Presentation Outline

- Introduction to Bluegrass Care Clinic
- Reasons for Client Level Financial Data Management
- Sliding Fee Scale/Patient Cap
- Financial Process
- Financial Management Systems

Introduction to the Bluegrass Care Clinic



Mission/Goals

- University based HIV primary care clinic (University of Kentucky) caring for PLWHA since 1990.
- **Mission:** To provide a continuum of high quality, state-of-the-art, multi-disciplinary HIV primary care in a compassionate, culturally sensitive manner.
- **Goal:** To achieve 100% access to HIV primary care with 0% socioeconomic disparity in health outcomes.

History

- **Established** as a **Ryan White Part C** clinic in fall 2001.
- **Established** as a **Ryan White Part B** provider in summer 2006.
- Client population has increased nearly 75% since 2002.
- In 2007 new patients enrolling into care has increased by 75%+ since 2004 (86 in 2004 to 155 in 2007)

Staff

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|---|---|
| <ul style="list-style-type: none">• Direct Patient Care• Medical Director• Patient Services Coordinator• Infectious Disease MD (5)• Infectious Disease Fellows (2)• Primary Care MD (2)• Physician Assistant• Clinic Pharmacist (2)• Nutritionist• Mental Health Counselor (LCSW)• Care Coordinators (6) | <ul style="list-style-type: none">• Administration• Project Director• Program Coordinator (Part C)/Financial Manager• Program Coordinator (Part B)/ Social Work Supervisor• Computer Support Specialist/Data Manager• Project Assistant (2) |
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Services

<ul style="list-style-type: none"> • Ryan White Part C • Direct Services <ul style="list-style-type: none"> • Infectious Dis. Specialty • Primary Care • Mental health Counseling • Pharm. Counseling • Nutrition Counseling • Medical Case Mgmt. • Prevention Counseling • By Referral <ul style="list-style-type: none"> • Psychiatry • Specialty care (GI, ENT, etc.) • Dental and Ophthalmology • Diagnostic, Radiology, & Laboratory Testing • Family counseling 	<ul style="list-style-type: none"> • Ryan White Part B • Social/Medical Case Mgmt. • Facilitate Medicare, Medicaid, Social Security Applications • Specialty Care and co-pay assistance • Referral to Mental Health and Substance Abuse Counseling • Emergency Medicine/Pharmaceutical Assistance • Transportation Assistance • Food (referrals) • Nutrition assistance • Referral to Legal Services
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Demographics – 2007

<ul style="list-style-type: none"> • Gender # (%) <ul style="list-style-type: none"> • Male – 677 (80) • Female – 164 (19) • Transgender – 2 (1) • Race/Ethnicity # (%) <ul style="list-style-type: none"> • White – 648 (77) • Black – 138 (17) • Hispanic – 51 (6) • Unreported – 3 (0) 	<ul style="list-style-type: none"> • Poverty Line # (%) <ul style="list-style-type: none"> • <100% - 374 (44) • 101-200% - 164 (19) • 201-300% - 70 (8) • >300% - 78 (9) • Unreported – 157 (19) • Insurance Status # (%) <ul style="list-style-type: none"> • Private – 234 (28) • Medicare – 171 (20) • Medicaid – 119 (14) • No Insurance – 306 (36) • Unreported – 9 (1)
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Demographics – 2007, cont.


<ul style="list-style-type: none"> • Age # (%) <ul style="list-style-type: none"> • 0-2 yrs. – 7 (1) • 2-12 yrs – 5 (1) • 13-24 yrs – 36 (4) • 25-44 yrs – 471 (56) • 45-64 yrs – 310 (37) • >65 yrs – 14 (2) 	<ul style="list-style-type: none"> • Risk Factor # (%) <ul style="list-style-type: none"> • MSM – 427 (51) • Heterosexual – 222 (26) • IDU – 41 (5) • MSM & IDU – 18 (2) • Unreported – 18 (2) • Blood Transfusion – 13 (2) • Hemophilia – 10 (1) • Perinatal – 14 (2)
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Reasons to Collect Client Level Financial Data



Previous System in Place

- **NO SYSTEM**
 - Budget was made based solely on previous years spending – no adjustments based on population increased
 - Individual patient bills were received, signed off on, but not tracked.
 - Billing agency had tendency to hold bills for >6 months
 - Couldn't address patient questions because bills were not tracked internally.
 - No accountability for authorized expenditures



Previous System in Place

- **NO SYSTEM = PROBLEMS**
 - Bills were paid as long as money was available
 - Patient caps were not tracked/adhered to.
 - No quarterly trends or forecasts were made to ensure that money was used to offer the most services possible
 - End of grant year we would have a \$20,000 surplus, or a stack of 300 bills that we weren't expecting/couldn't pay for

Reasons to Collect Client Level Data

- **Track Spending per Patient**
 - Gives realistic picture of spending based on client needs
 - Useful for forecasting based on disease status/insurance status
 - Can Verify that:
 - billing agency has correct patient insurance information
 - insurance (if applicable) was charged first
 - Can identify why charge was denied by insurance to determine if it was a coding issue

Reasons to Collect Client Level Data

- **Address Patient Questions**
 - Allows for patient cap tracking/ adherence
 - Can address patient questions as to why bill was received, what their responsibility is, if bill was received in error, etc.

Establishing A Sliding Fee Scale and Patient Cap



Benefits of Establishing a Sliding Fee Scale

- Key to ensuring that tight dollars are spread across patient population in an objective way
- Ensure correct billing assignment (Grant vs. Patient Responsibility)

Establishing a Sliding Fee Scale

- Sliding Fee Scale based on Health and Human Services Annual Federal Poverty Guidelines released February/March annually
- Information can be found at:
<http://aspe.hhs.gov/poverty/08Poverty.shtml>
- 2008 Federal Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,400	\$13,000	\$11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
For each additional person, add	3,600	4,500	4,140

Bluegrass Care Clinic, Patient Levels

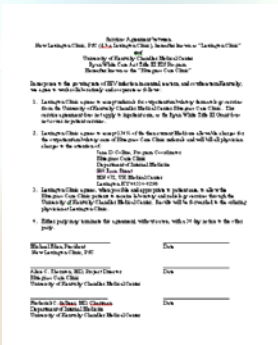
•Patient Level is determined by provided information, utilizing patient level and cap determination chart.

Level	Poverty Level	Grant Responsibility	Patient Responsibility
1	<100% federal poverty level (FPL)	100%	0%
2	101-150% of FPL	80%	20%
3	151-200% of FPL	60%	40%
4	201-250% of FPL	40%	60%
5	251-300% of FPL	20%	80%
6	>300% of FPL	0%	100%

Rate Negotiation

- Federally mandated to negotiate the lowest rate possible
- Negotiate with major billing agencies as early as possible, at time of award
- Negotiate specialty referrals, as needed, by Memorandum of Agreement/Understanding (MOA/MOU)
- Due to negotiated price agreements, utilization of in-house services for laboratory, radiology, and diagnostic testing is written into all MOA/MOUs

MOA/MOU Example



Financial Tools/Processes

- Ryan White Part B/C
 - Patient Enrollment Form
 - Sliding Fee Scale Level/Cap Chart
 - Patient Spreadsheet
 - Lab Tracker/Care Ware
 - Patient Bills Database (Grant Responsibility)

Bluegrass Care Clinic, Patient Spreadsheet

- Ryan White Patient Certification Process
 - The day before each patient appointment project assistant scans each patient on spreadsheet to ensure that their enrollment is up-to-date
 - Patient Charts are flagged to identify step in the process.
 - ■ Patient has submitted all information and is successfully enrolled in grant program
 - ■ Patient has not provided complete information
 - ■ Patient needs to enroll/recertify. Application is placed in chart – financial counselor is notified.



Bluegrass Care Clinic, Patient Spreadsheet

- Ryan White Patient Certification Spreadsheet
 - Front Desk/Registration staff enters patient level in at appt. registration to ensure that patients are billed appropriately

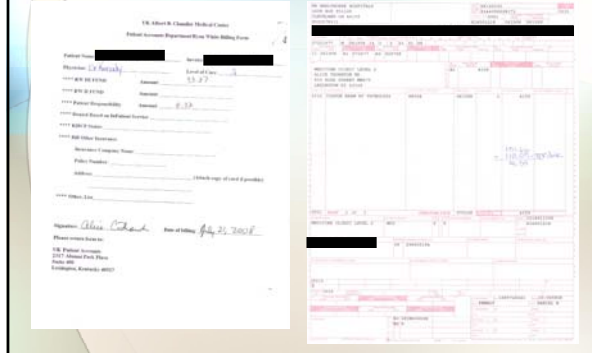
Level	Poverty Level	Registration Code	Grant Responsibility	Patient Responsibility
1	<100% federal poverty level (FPL)	MC1	100%	0%
2	101-150% of FPL	MC2	80%	20%
3	151-200% of FPL	MC3	60%	40%
4	201-250% of FPL	MC4	40%	60%
5	251-300% of FPL	MC5	20%	80%
6	>300% of FPL	MC6	0%	100%

Bluegrass Care Clinic, Patient Bills

- Billing Examples on Sliding Fee Scale

Bluegrass Care Clinic, Patient Bills

- Billing Examples on Sliding Fee Scale, cont.



Bluegrass Care Clinic, Client Spreadsheet

- Billing Examples Based on Sliding Fee Scale, cont.
 - Example 1 – Billing system that can accommodate percentage payments. Program helps Level 4 patient pay for Bactroban (\$42.24) – Patient pays \$15.84, grant pays \$26.40
 - Example 2 – Program helps Level 3 patient (Patient has 40% responsibility) pay for medicine co-pays at \$30 per month. Pharmacy is unable to charge based on percentage. The Care Coordinator program pays two months and patients pay for the third month, etc.

Financial Process Lab Tracker



Setting Your Program Up For Success

- Get buy-in from all of the “players” up front or as soon as possible.
- Get wise advice – or pull in other people your organization that “know the ropes”
- Be open minded and flexible
- LISTEN – sometimes people are inadvertently “telling” you really good stuff

Evaluation of Client Level Financial Tracking

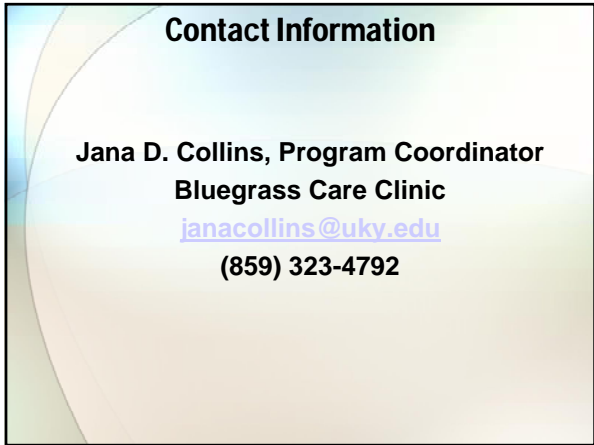
- Reporting allows you to track expenditures by grant, doctor, specialty, etc. (as specific as you want to be)
- Determine if funds are being used effectively per specialty, consider alternate referrals/programs, grants to apply for to help with costs.

Evaluation of Client Level Financial Tracking

- Consider negotiating cheaper rates if possible for multiple referrals to one specialty
- Determine costs per quarter to forecast expenditures to ensure grant funds are being used effectively



Question/Comments



Contact Information

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