

Reducing Administrative Burdens by Engaging Subrecipients to Develop Data Systems that Work:

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ON HIV CARE & TREATMENT

Disclosures

- Hillsborough County, Dallas County, and Fulton County have no financial interest to disclose.
- Jesse Thomas works as Project Director for RDE System Support Group, LLC.
- This continuing education activity is managed and accredited by AffinityCE/Professional Education Services Group in cooperation with HRSA and LRG. PESG, HRSA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.
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- Commercial Support was not received for this activity.

Learning Objectives

- Learn about programmatic and infrastructure supports needed to design and implement **automated, end-to-end eligibility determination** and **claims processing**.
- Explore the use of information technology to **reduce manual effort** to save time and costs.
- Understand how to assess **data quality** and **consistency issues** that directly impact fiscal workflow and implement this kind of assessment in their own programs.
- Presenters will provide guidance on **pitfalls and lessons learned** on how to avoid them to those regions interested in replication.

Welcome and Introductions

eCOMPAS and e2Community Success Stories

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Users

✓ Recipients

Programs

✓ Sub-Recipients

✓ CDC Prevention ✓ Public Health

✓ HRSA A,B,C,D ✓ Human Services

✓ HRSA ADAP ✓ Health Networks

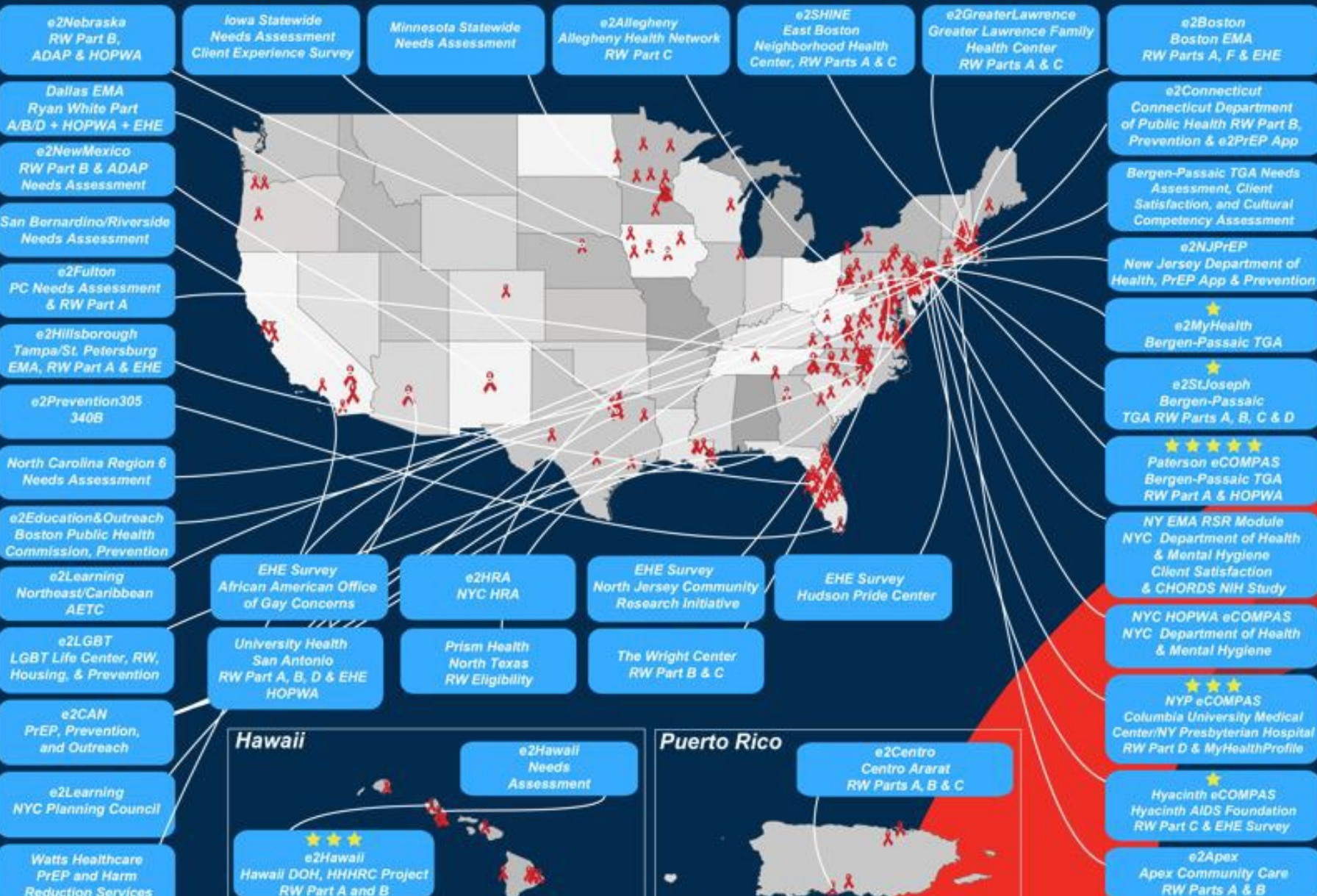
✓ HRSA SPNS ✓ Harm Reduction

✓ HRSA AETC ✓ Clinics

✓ HUD HOPWA ✓ CBOs

✓ NIH ✓ Planning Commissions

✓ ONC ✓ Clients & Patients



Hawaii

★ ★ ★
e2Hawaii
Hawaii DOH, HHHRC Project
RW Part A and B

e2Hawaii
Needs Assessment

Puerto Rico

e2Centro
Centro Ararat
RW Parts A, B & C

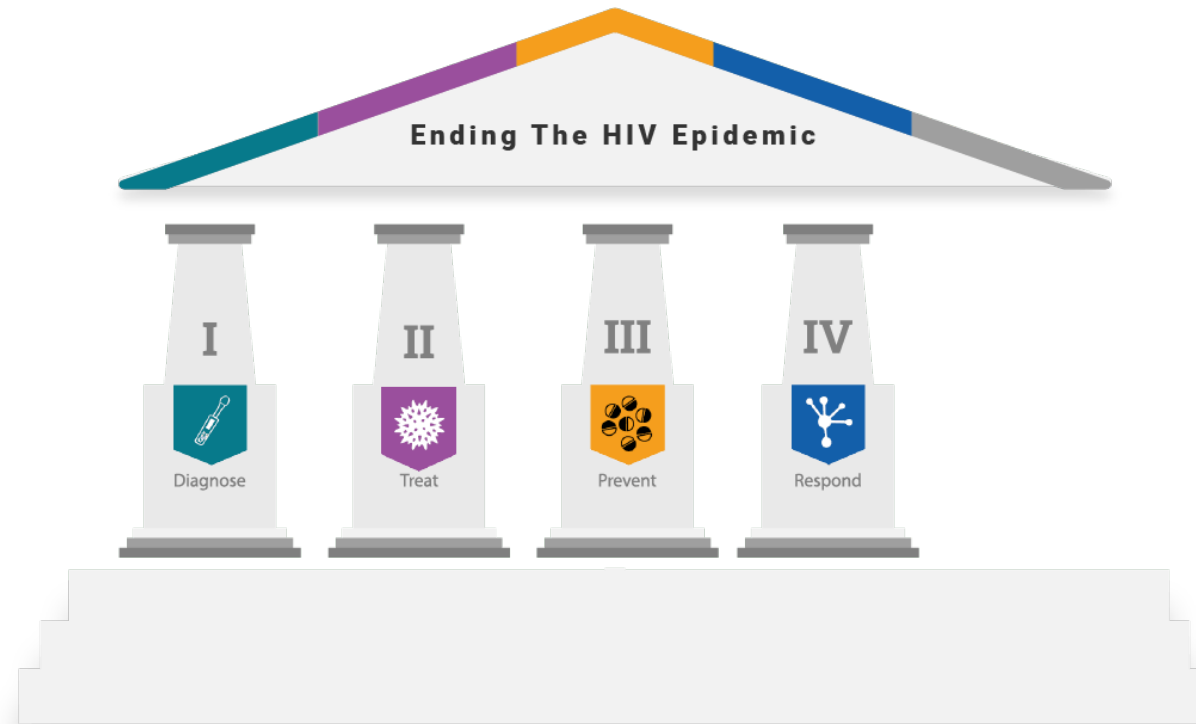
Legend

National Resource Guide ★ Special Projects of National Significance (SPNS)

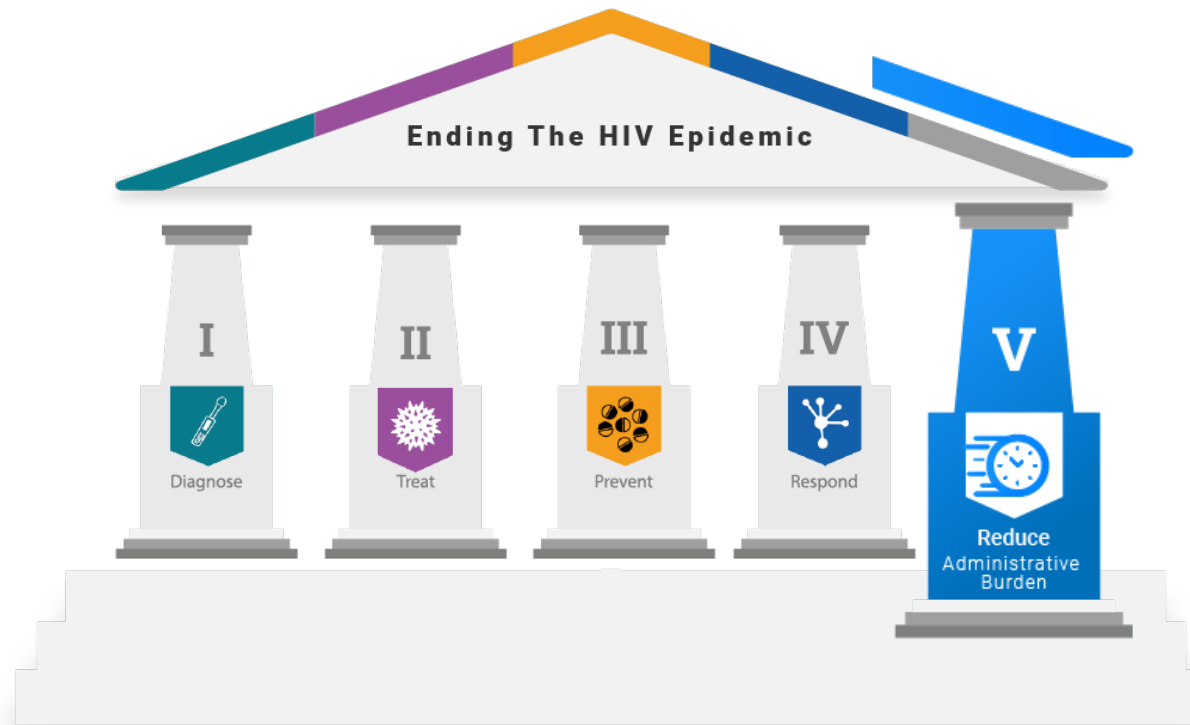
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30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic

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30 Years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic



Reducing Administrative Burden

- Time is our finite resource
- Reduce staff stress, burnout, and turnover
- Burden → empowerment

Right Data & Right Tools

- Quality
- Actionable
- Useful + Usable

Security and Privacy #1

AWS Assurance Programs



eCOMPAS
Advanced
Encryption

2002 | 2004 | 2006 | 2008 | 2010 | 2012 | 2014 | 2016 | 2018 | 2020

Evaluate Impact of HIT on Care

e Networks of Care

Capacity building grants*

Parts A & B

Parts C & D

All Parts

HIT for ADAP

HIT for HIV Care Continuum

SMAIF HIEs for Care Engagement

SMAIF HIV Care & Housing Data Integration

Direct clinic IT investments:

Medical Home for HIV+ Homeless

Practice Transformation HIV Primary Care

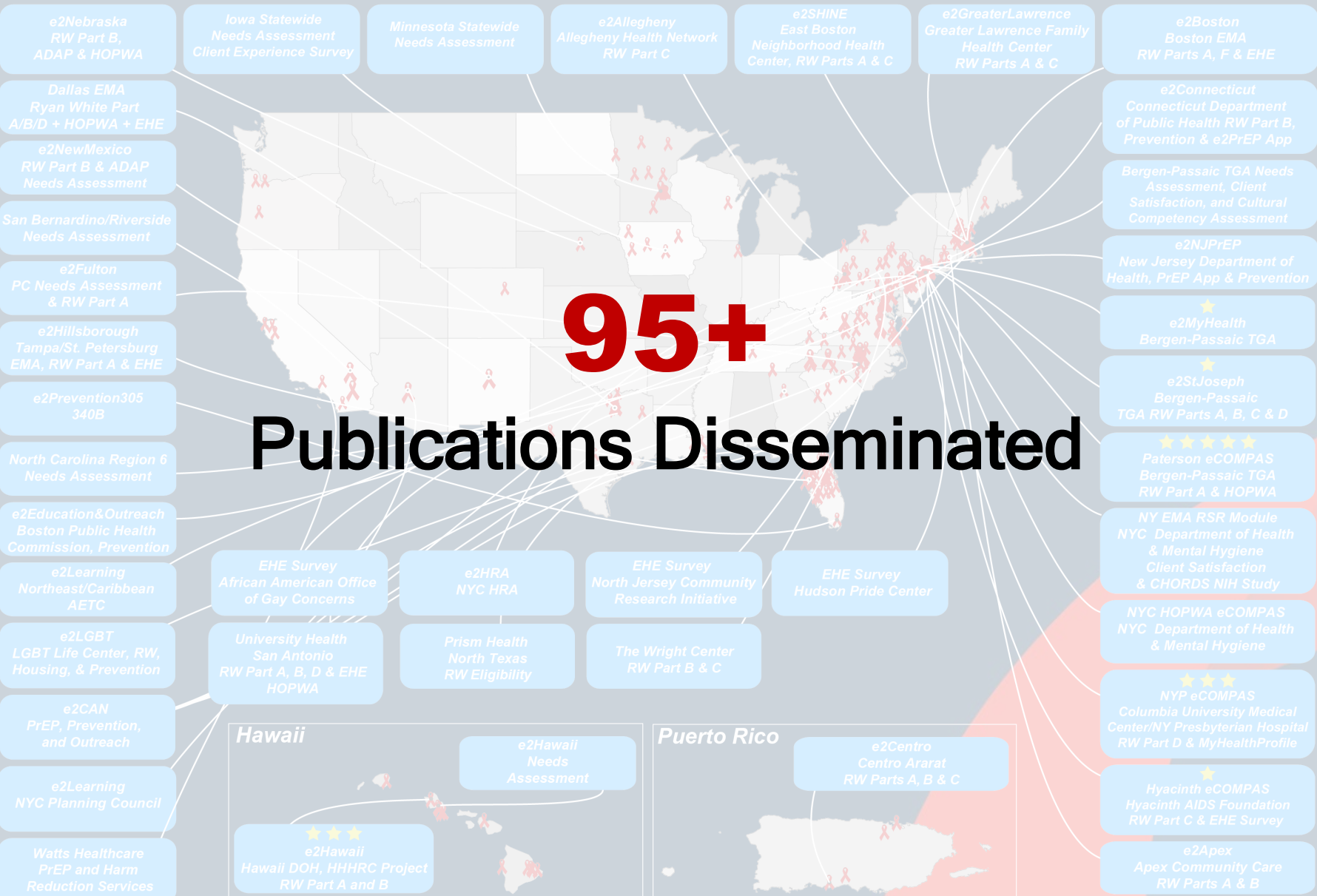
Evidence-Informed Interventions

Social Media HIV Care Continuum

19 SPNS Projects

eCOMPAS and e2Community Success Stories

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22



Legend

National Resource Guide ★ Special Projects of National Significance (SPNS)

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Presentations

#	Title	Presenters/Panelists	Presenters	Date and Time
1	Reducing Administrative Burdens by Engaging Subrecipients to Develop Data Systems that Work: Tampa, Dallas, Atlanta (Session #20609)	Hillsborough County, Dallas County Health & Human Services, Fulton County, RDE Systems	Aubrey Arnold; Sonya Hughes; Jeff Cheek; Thomas Reed; Jesse Thomas	TBD
2	Addressing Opiate Use through Practice Transformation: Implementing Dashboard Reports to Improve Panel-Based Care (Session #20684)	Columbia University / New York Presbyterian, RDE Systems	Sarah Lewittes; Susan Olender; Mila Davila; Onelia Pineda; Jesse Thomas	TBD
3	Actuating Care in Georgia, Iowa, and New Jersey Using Multilingual, Audio-Assisted, Evidence-Based Needs Assessments (Session #20811)	Fulton County, City of Paterson, Iowa Department of Public Health, RDE Systems	Sandra Vincent; Millie Izquierdo; Katie Herting; Jesse Thomas	TBD
4	Housing, Employment and HIT improve access for vulnerable populations in Paterson NJ & Puerto Rico (Session #20823)	City of Paterson; RDE Systems	Millie Izquierdo; Jesse Thomas	TBD
5	Two States' Journeys to integrate programs and utilize innovative approaches to improve data quality (Session #20877)	Nebraska Department of Health and Human Services, New Mexico Department of Health, RDE Systems	Weston Stokey; Laine Snow; Jesse Thomas	TBD



Cross-Regional View

- 3 Southern EMA Perspectives
- 3 Different Legacy Systems
- 3 Different States
- 3 Different Fiscal Models
- 3 Non-Medicaid Expansion States, focused on Core Medical Services

Planning Process & Stakeholders

– Shared Methodology

- All Regions have 7 to 10 people involved on Project Day-to-day with different Roles and multiple funding
 - Grant Team, Program Admins, Fiscal, IT, QM.. etc
- All Regions are getting input from Providers at varying stages of the project
- EHE Recipients
 - All three programs targeting populations that have unmet needs under Ryan White
 - Newer program with new stakeholders and needs

Planning Process & Stakeholders

– Shared Outcomes

- Common areas where Stakeholder/Community engagement resulted (Or will result in) measurable outcomes.
 - Client Data Tracking
 - Data Sharing and Consents
 - Fiscal and Billing
 - Data Exchange Capacity and Needs
 - Reporting

Shared Barriers

- Data Migration
- EMR Interoperability / Data Exchange
- COVID

Three Regions @ Different Stages

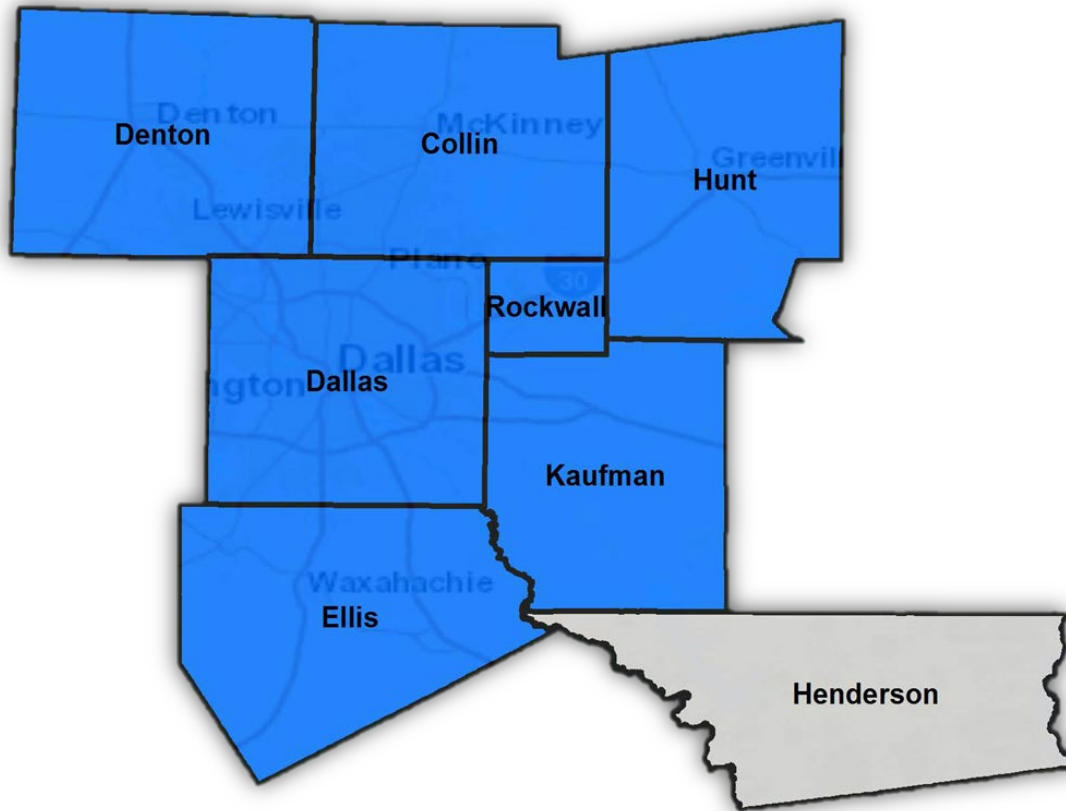
1. Dallas EMA: < 1 Year on Journey
 - Stakeholder Engagement
 - Overcoming Systems Challenges
 - Design
2. Atlanta-Metro EMA: < 2 Years
 - CAREWare Migration
 - Fiscal / Procurement
 - Mobile / Web Client Satisfaction Surveys
3. Tampa-St Petersburg EMA: 7 Years
 - End-to-end billing
 - Automated Eligibility
 - EHE / Part A Capacity

Dallas EMA – e2Dallas

Dallas County, TX



Dallas EMA

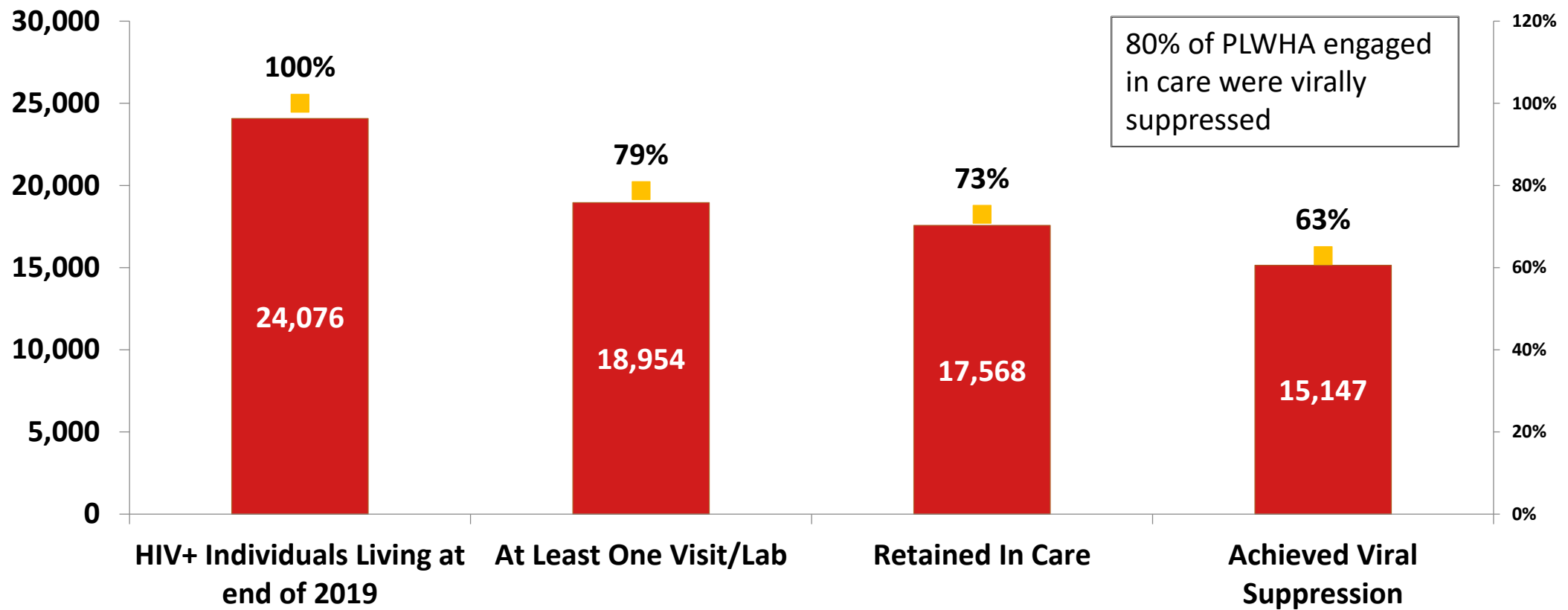


Prevalence in the Dallas EMA, 2019

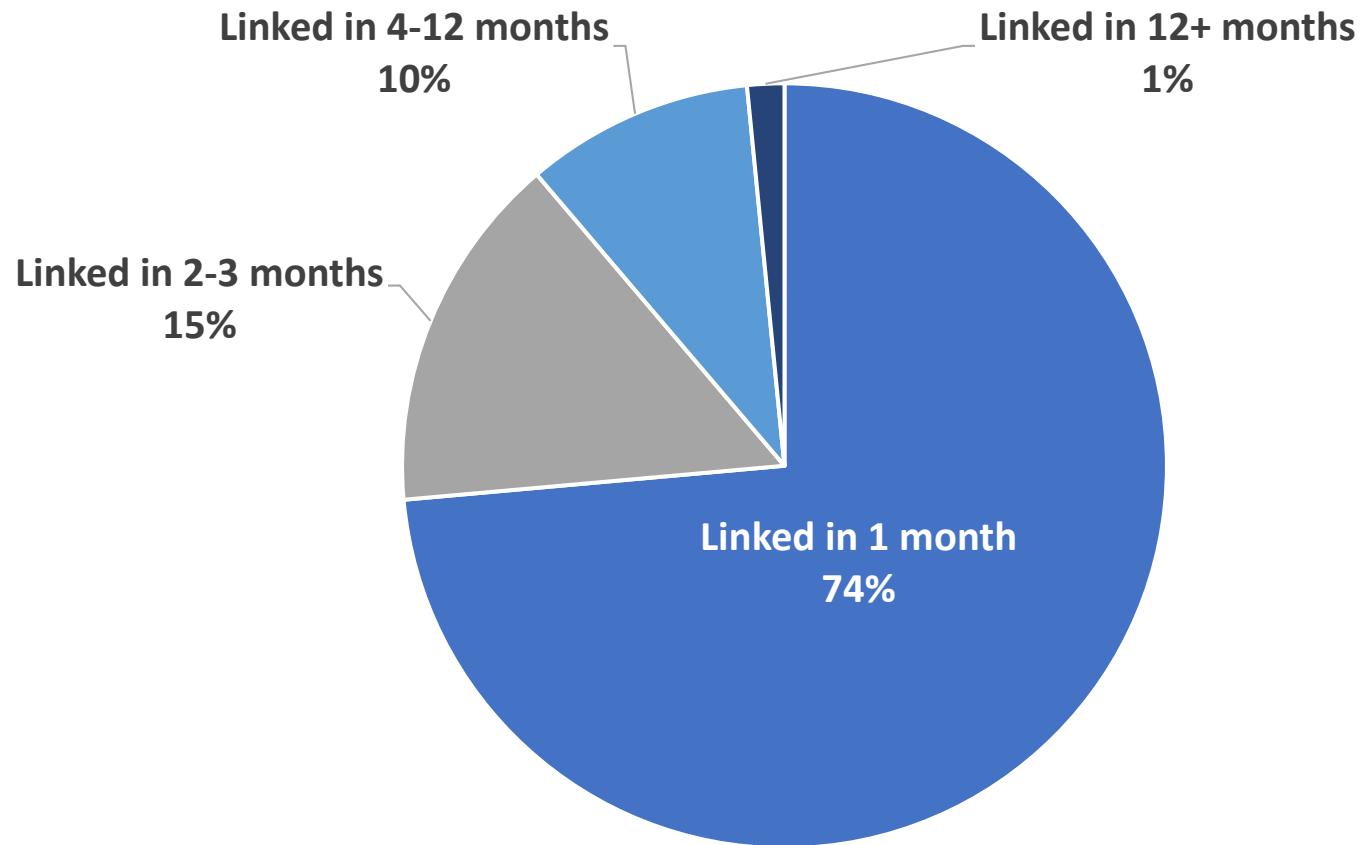
Total PLWH – 24,076

- Dallas – 19,472
- Collin – 2,045
- Denton – 1,539
- Ellis – 343
- Kaufman – 288
- Hunt - 142
- Henderson – 126
- Rockwall – 121

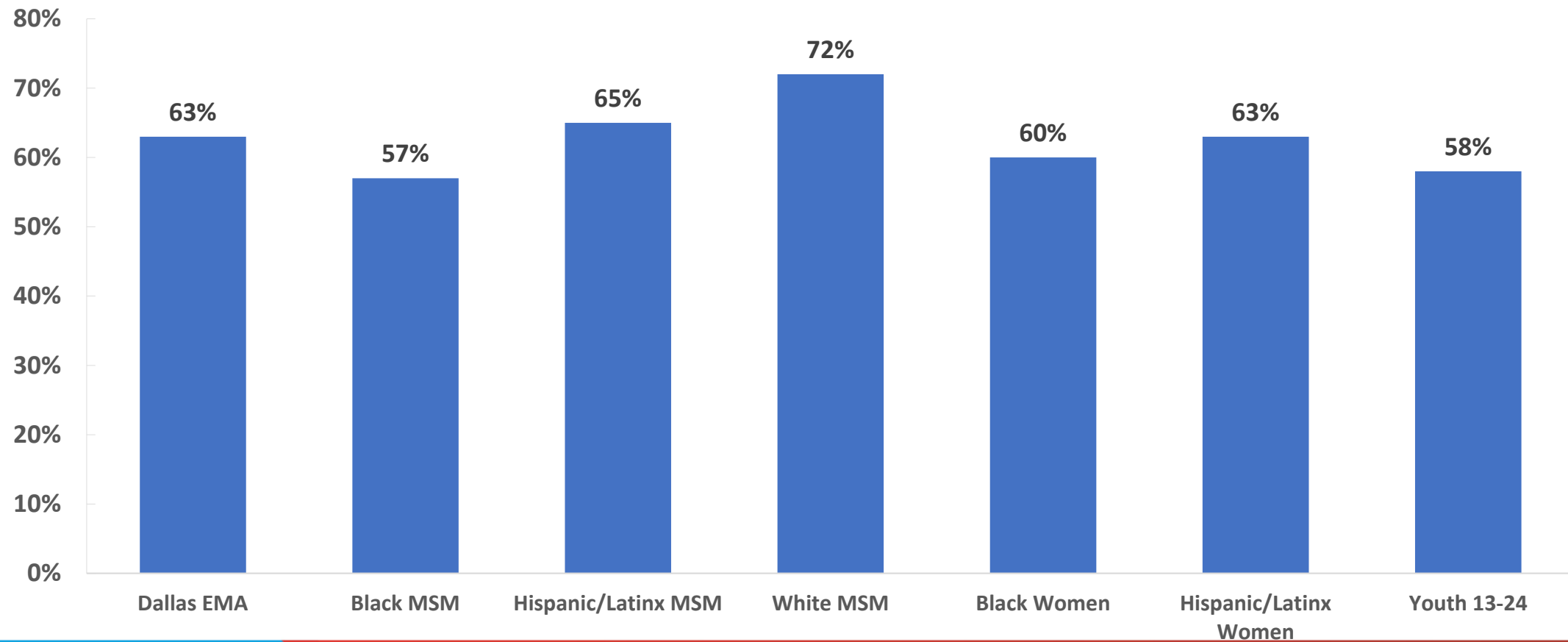
HIV Care continuum: Dallas EMA, 2019



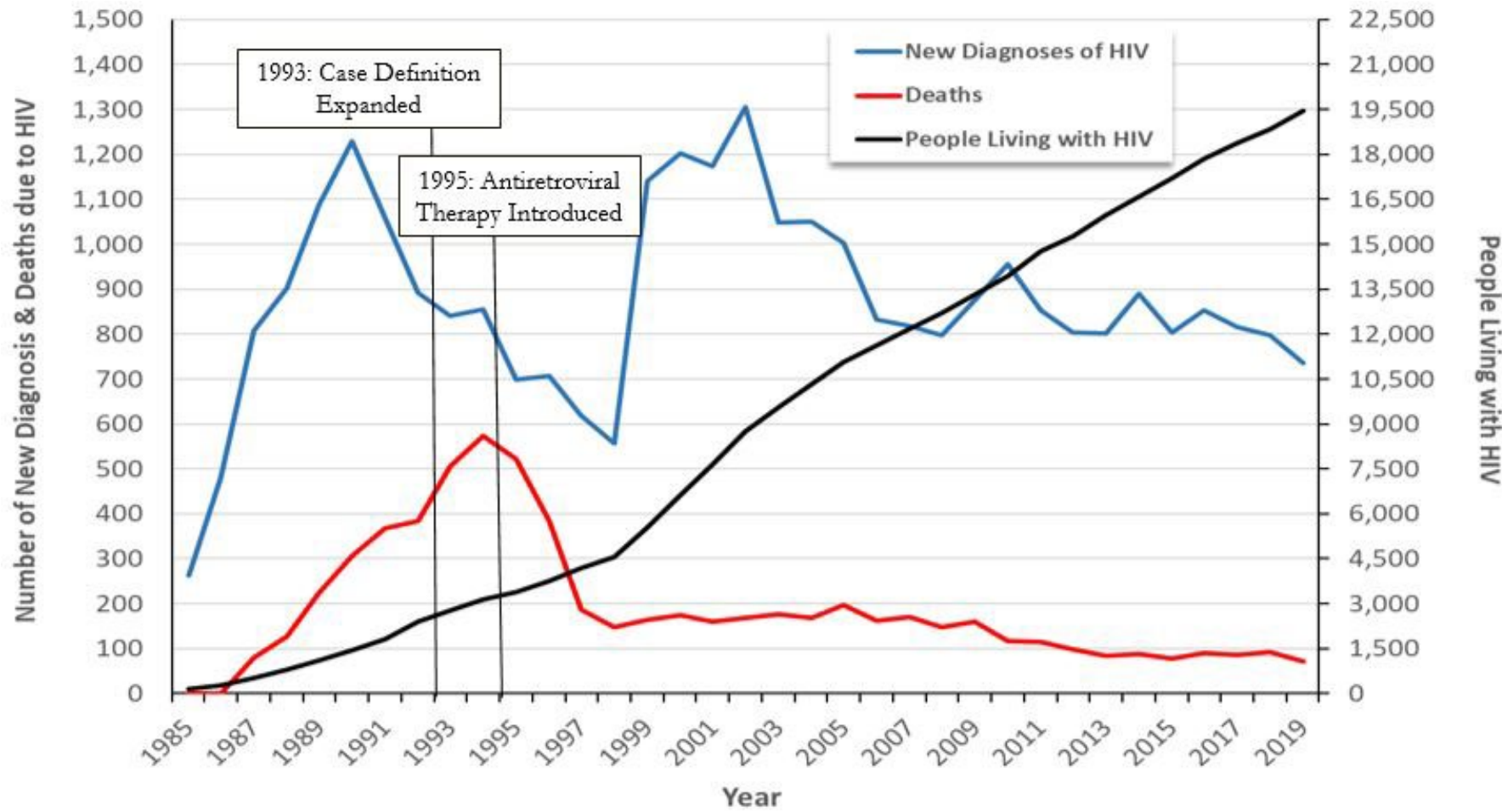
Linkage to Care: Dallas EMA, 2019



Viral Suppression by Sub-Population: Dallas EMA, 2019



Dallas County Residents Living with Diagnosed HIV Infections, New Diagnoses and Deaths 1985 - 2019



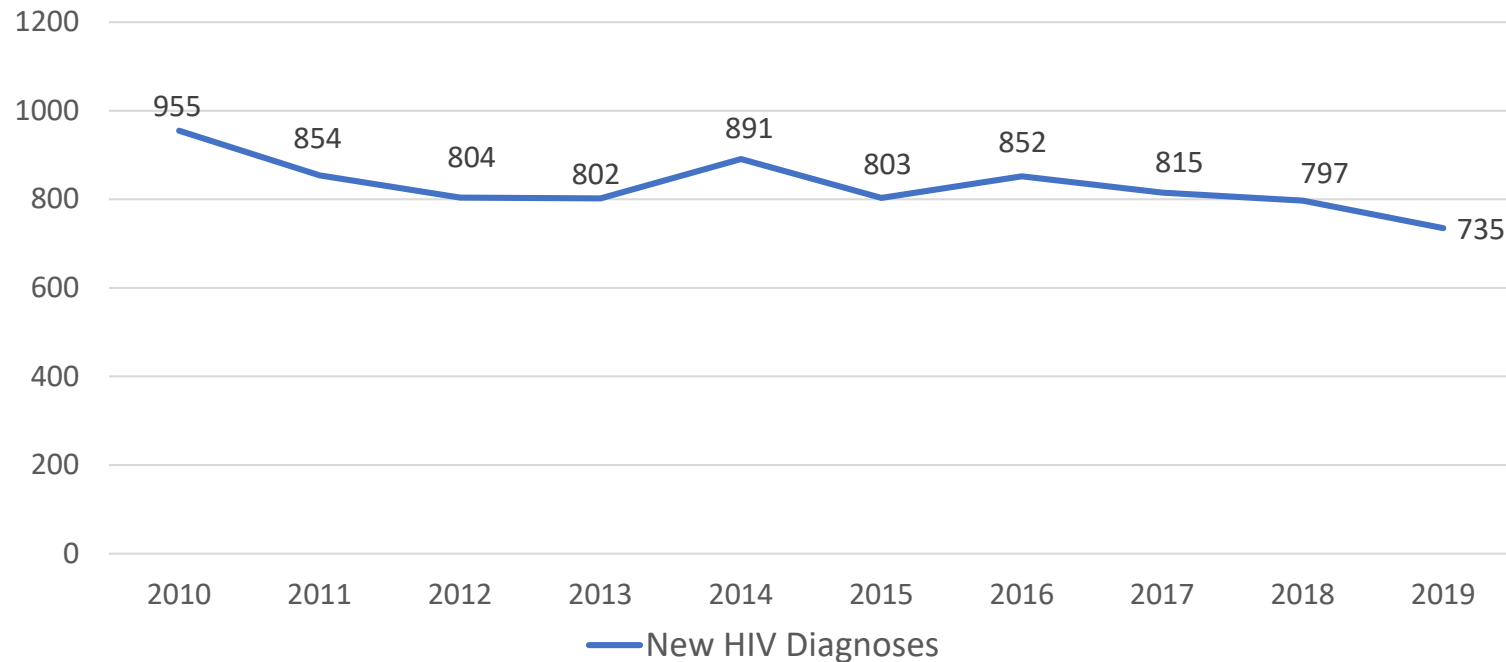
← PLWH ~19,500

← New Dx ~ 800/year

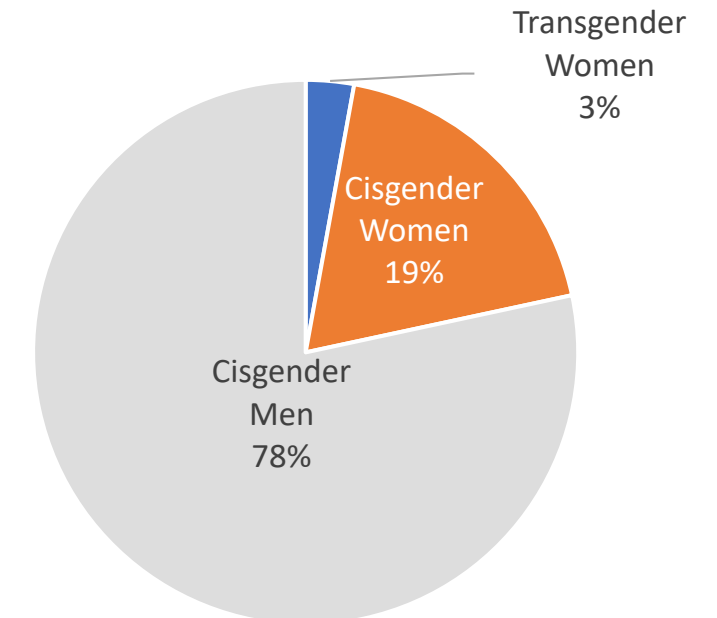
← Deaths* ~100/year

New HIV Diagnoses: Dallas county, 2019

New HIV Diagnoses



New HIV Diagnoses by Gender Identity



Challenges with Data Systems

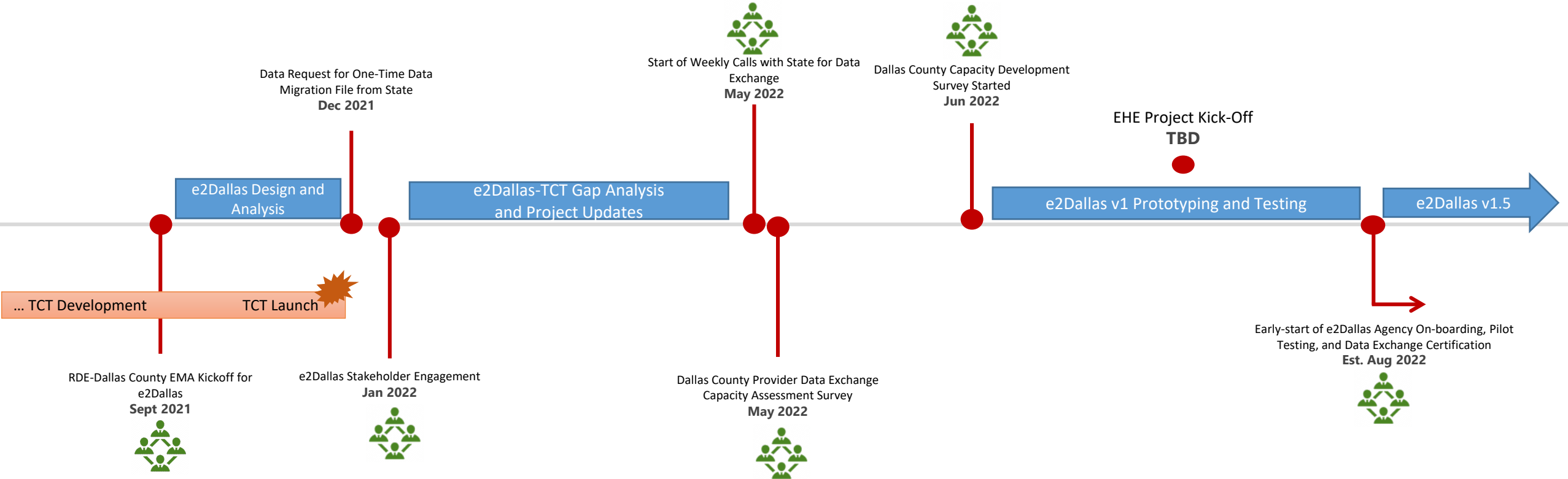
1. New State System – Take Charge Texas (TCT)
2. Duplication of efforts / multiple systems
3. Multi-Program Funding Sources
 - a. Ryan White Part A, B, C, & D
 - b. Dallas Local AIDS Pharmaceutical Assistance Program (LPAP)
 - c. Ending the HIV Epidemic (EHE)
 - d. Housing Opportunities for People With AIDS (HOPWA)
4. Legacy AIDS Regional Information and Evaluation System (ARIES) Data
5. State System Uncertainties -> Focus efforts on stable elements, gap analysis, change management
6. Data Exchange -> Data Exchange Capacity Survey
7. COVID & related barriers
8. Measuring indirect impact and outcomes

Stakeholder Engagements to Understand Needs and Establish Broad Collaboration

- Approached providers to create a two-way working relationship. They could trust us to keep them informed and to take their feedback and use it, and we could trust them to lead their team through a process with many hurdles
- Kept abreast of developments within TCT to make sure that e2Dallas would meet any state standards



e2Dallas Timeline



Pre-Launch Stakeholder Engagement Poll

Do you face other headaches regarding data collection and reporting?

- “TCT”
- “TCT not cross referencing adap and rw elig data”
- “TCT rollout”
- “TCT rollout is a mess. “
- “Login with TCT”
- “Mess is generous”
- “Consistency of data being provided from the state”
- “Inconsistency with data collection and entry”
- “Lack of answers”
- “Lack of consents for privacy”
- “Need updated continuum data”
- “Needed system updates to current needs”
- “Patient choices on how data is shared”
- “Patient frustrations”
- “Patients not wanting to submit”
- “Systems integrating”
- “Universal training for recent data entry”
- “Upload mapping issues”

Context: Stakeholder Engagement Jan 2022

Stakeholder Engagement Poll

What features or aspects of e2Dallas and our approach are you most excited about and how will they help you?

- “Time savings”
- “Better access to information”
- “Data Sharing, esp Eligibility Graphics”
- “RSR completeness”
- “Real time updates, user friendly.”
- “Reduce admin burden”
- “Reduce admin burden and love the ability to drill down on data”
- “The data dashboard”

Context: Stakeholder Post Engagement Jan 2022

Stakeholder Engagement Poll

Apart from TCT, what other data system(s) do you use to comply with all your data collection and reporting requirements?

- “eClinicalWorks”
- “eClinicalWorks”
- “TCT and CAREWare with EMR NextGen”
- “CLIENTTRACK (INTERAL), ECLINICAL WORKS ECW (INTERAL), TAKECHARGETEXAS TCT”
- “CPS, Cerner”
- “CareWare, EMR”

Context: Provider Data Exchange Capacity Assessment

Results to Date

- **Risk Management.** Able to enumerate risks of a statewide data entry transition, the impact to providers, users, funders, and clients, and map each gap to a component of the e2Dallas Roadmap and External Systems Risk Mitigation Strategy
- **Engaged Provider Community.** Approached providers to create a two-way working relationship. They could trust us to keep them informed and to take their feedback and use it, and we could trust them to lead their team through a process with many hurdles
- **Ongoing Communication Updates.** Kept abreast of developments by attending bi-monthly calls regarding TCT to make sure that e2Dallas would meet any state standards, and be kept in the loop when TCT fixes were made.

What's Next?

- **e2Dallas Launch Prep.** Design positive launch experience for all stakeholders, and leverage the EHE program as a pioneer, particularly with the state of being able to upload all client data to TCT, including new intakes.
- **e2Dallas Data Bridges from EMRs.** Use EMR Capacity Assessment survey results to launch an EMR Upload to e2Dallas certification and testing initiative to guide agencies through the process to implement, test, and launch their own EMR data bridges.
- **e2Dallas Roadmap.** Work on the other elements of the e2Dallas Roadmap
 - Fiscal
 - CQM
 - Dental
 - Client-Facing Portal / App

Takeaways

- You don't have to be stuck – you can control your destiny
- Leadership
 - Involvement
 - Vision
 - Support to overcome challenges
 - Navigation
 - Convening
- Stakeholder Engagement is Critical
 - Support varying capacities and sizes of funded agencies
 - Cross-Team collaboration in division (RW Program, CQM, Fiscal, EHE, HOPWA, DSHS)

Takeaways

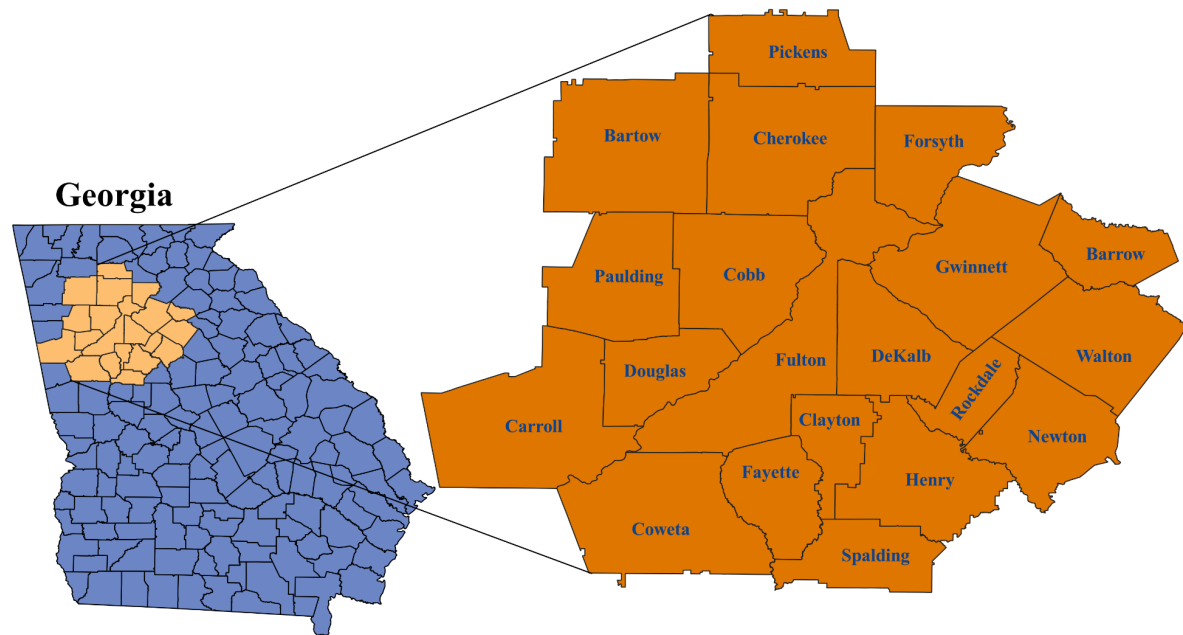
- Contributors of Positive Progress to Date
 - Tools, Templates, Reference Models
 - Peer Collaboration
- Characteristics of a Good Partnership
 - Speak the languages
 - Program (Ryan White, HOPWA)
 - IT
 - Legal
 - Grants
 - Knowing other national models
 - Long-term orientation: foundation to get to end goal and the larger vision
 - Flexible and motivated to overcome challenges and address evolving needs

Atlanta EMA - e2Fulton

Fulton County, GA



Background



- Metropolitan Atlanta is home to 54% of Georgia residents and is the 9th largest Metropolitan Statistical Area in the nation.
- The Ryan White Part A Eligible Metropolitan Area is 20 Counties. The EMA represented 1.7% of the population of the US in 2019 yet accounted for 3.7% of the nation's PLWH and 4.6% of new HIV diagnoses. The EMA served 4.1% of all persons served by the nation's RWHAP Part A programs.
- The four EMA counties are home to 81% of PLWH in the EMA with a combined prevalence of 33,029.
- Target Populations: African Americans, Transgender Women, Latinx

Background

- In FY2022, Atlanta EMA received \$30,441,668 for Part A & \$3,975,746 for EHE
- Atlanta EMA Serves over 18,000 clients annually across 24 agencies
- The transition from CAREWare included moving 38,254 client records, with 2,044,666 service records, and 3,462,332 lab records.

How did this come about?

- Initial thought on systems improvements: multiple consultants to work on different aspects, multi-year project, huge budget, and unclear that systems would be integrated
- Tampa EMA (Aubrey Arnold) conversation on e2Hillsborough & eCOMPAS
- Procurement

Atlanta EMA Vision

- System to Reduce Administrative Burden
 - Recipient and Subrecipients
- Integrated
- Centralized
- Comprehensive
- Streamline
- Data quality → Use the Data we have available to us



Client Data Management

- Client Data Management:
- Client Record Management
- Client Service Delivery and Tracking
- Client Data Extract
- Client Eligibility and Recertification
- Cross-Agency Client Services Lookup Screen
- Replace CAREWare



Contract Management

- Manage Multi-Contracts (Part A, EHE, CARES)
- Unit Cost Service Utilization
- Invoicing Module
- See What's Over or Under Budget in Real Time
- Fiscal Reports

e2Fulton

Main Reports Help

Users Client Search Add Client Providers All Referrals LKM Management Data Migration Service Contracts Procurement

+ New Entry

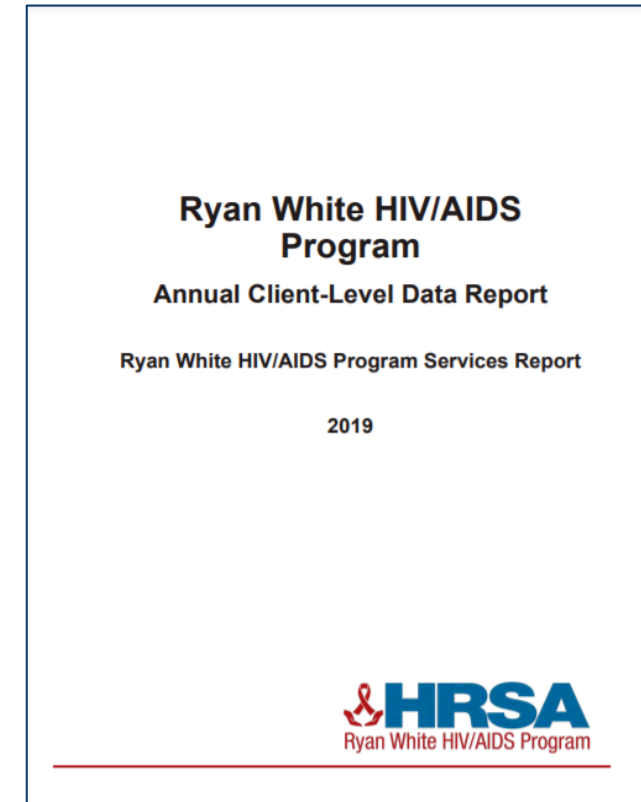
Provider	Service Contract/Contract Name	Contract Start Date	Contract End Date	Contract Funding Source 1	Contract Funding Source 2	Fiscal Year	Project Officer	Action
AHF (AIDS Healthcare Foundation)	FY 2021 NonFunded	03/01/2021	02/28/2022	FY2021 - Non-Funded	(not specified)	FY2021	(not specified)	Edit
AHF (AIDS Healthcare Foundation)	COVID-19 Part A	04/01/2020	03/31/2022	Legacy Contracts - COVID, Part A	(not specified)	Legacy Contracts	(not specified)	Edit
AHF (AIDS Healthcare Foundation)	FY 2021 Part A	03/01/2021	02/28/2022	FY2021 - Part A	(not specified)	FY2021	(not specified)	Edit
AHF (AIDS Healthcare Foundation)	EHE - Part A	03/01/2020	02/28/2026	Legacy Contracts - EHE	(not specified)	Legacy Contracts	(not specified)	Edit

Quality and Outcomes Management

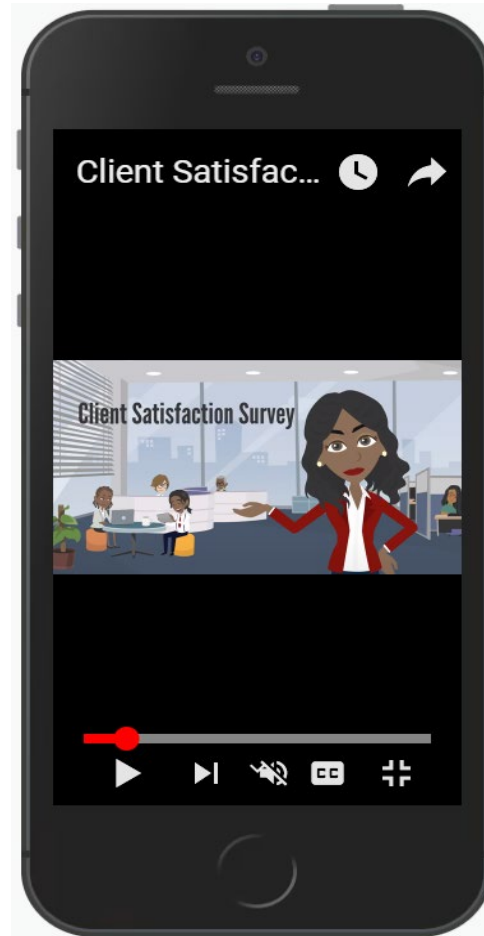
- Dynamic Charting of Indicators
- Identify Trends in Real-Time
- Generate Graphical Demographic Reports with Real-Time Data
- Care Continuum Report and Dashboard
- HAB Performance Measures Report
- Visual Analytics



- CLC and Allocations Report
- CDR
- WICY
- RSR – Visual and Interactive
- Automated Data Validation Engine
 - Built-in QM Features Help Ensure Data Quality and Completeness



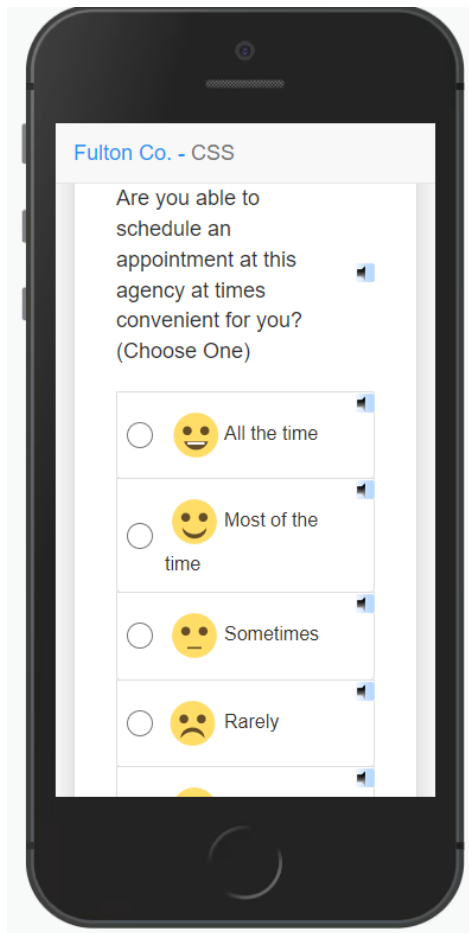
Client Satisfaction Survey - Survey accessibility features:



- [Personalized Intro Video](https://www.youtube.com/watch?v=m731YgcKYm4)

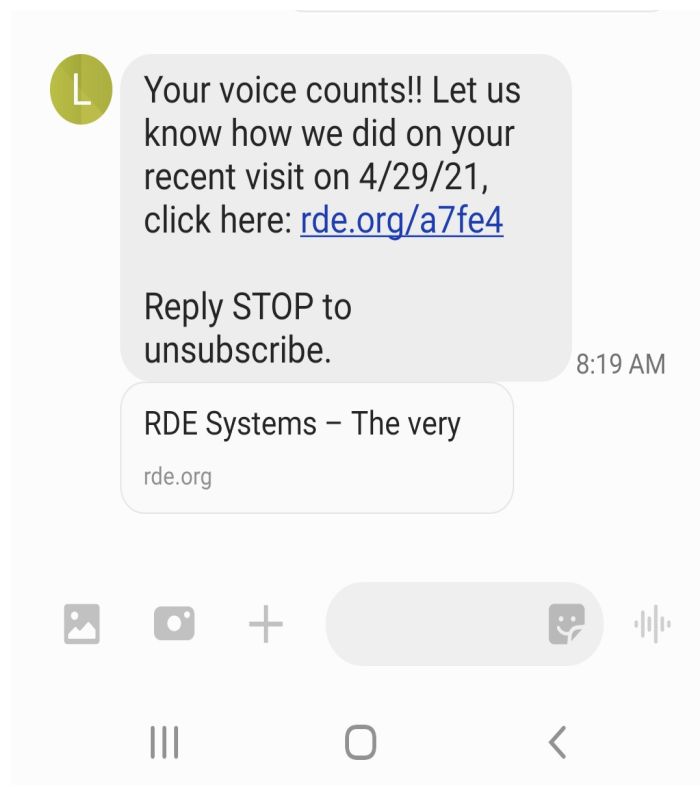
<https://www.youtube.com/watch?v=m731YgcKYm4>

Consumer Satisfaction Survey



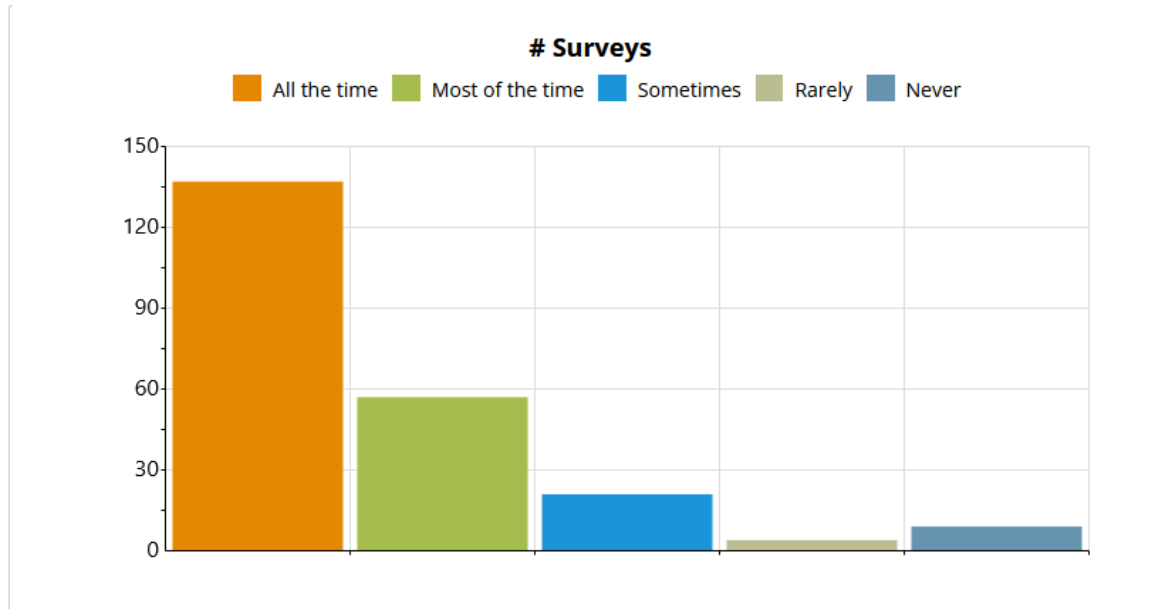
- Centralized and consistent
- On-Going
- Computer or Mobile Device
- Consumer Caucus informed the language
- Clients identified through e2Fulton
- Audio-Assisted and Bi-Lingual
- Multi Entry
- Real-Time Feedback in Graphical Format
- Drilldown for Detailed Analysis

Client Satisfaction Survey - Survey accessibility features:



- SMS Alerting
- Algorithm

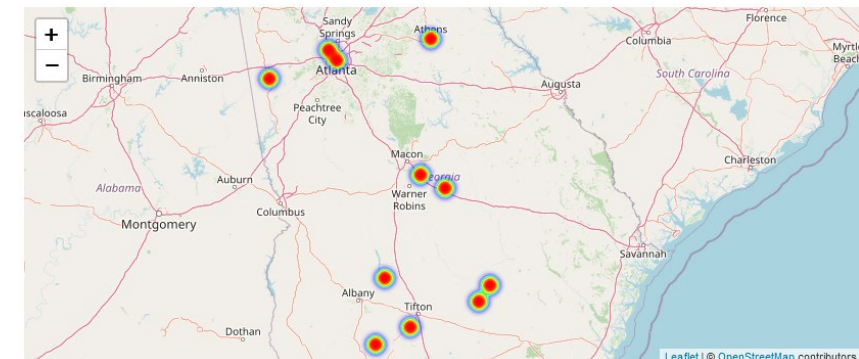
Client Satisfaction Survey - Survey accessibility features:



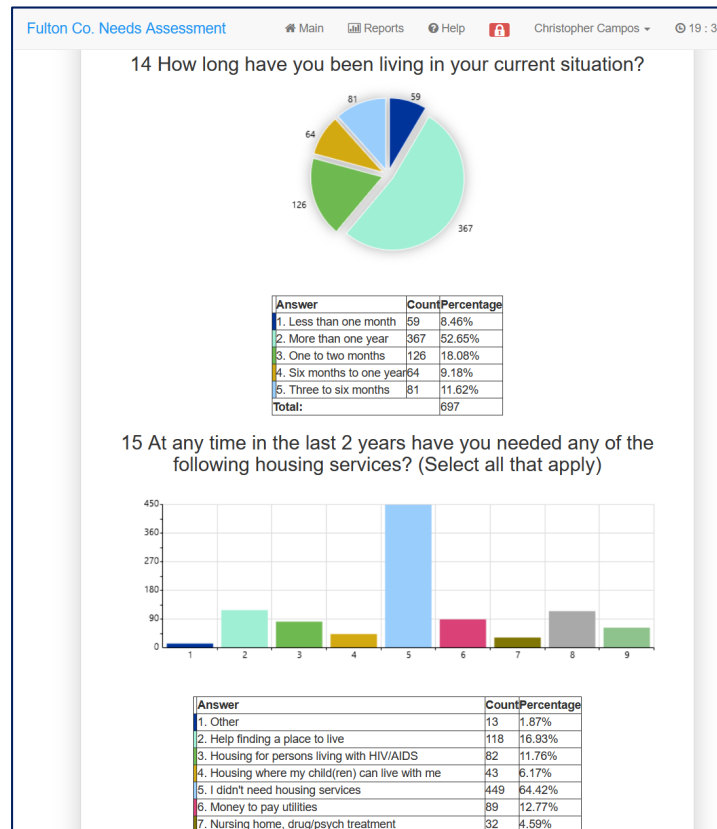
Question 1: Are you able to schedule an appointment at this agency at times convenient for you? (Choose One)

	# Surveys	%
All the time	137	60.1%
Most of the time	57	25%
Sometimes	21	9.2%
Rarely	4	1.8%
Never	9	3.9%
Total	228	100%

- e2 Visual Analytics
 - Real-time data analysis
 - Able to see results in real-time and track trends
 - Ensure Reaching Priority Populations
 - User-Friendly
 - Geospatial



Needs Assessment



- Questions developed by Assessment Committee
- Person can pause their survey and continue later
- Mobile-First Design
- No Apps or Software to Install
- e2 Visual Analytics
 - Real-time data analysis
 - Able to see results in real-time and track trends

[Personalized Intro Video](#)

<https://www.youtube.com/watch?v=6n1xe297ozw>

Project Goals and Mission Statement

Core Mission

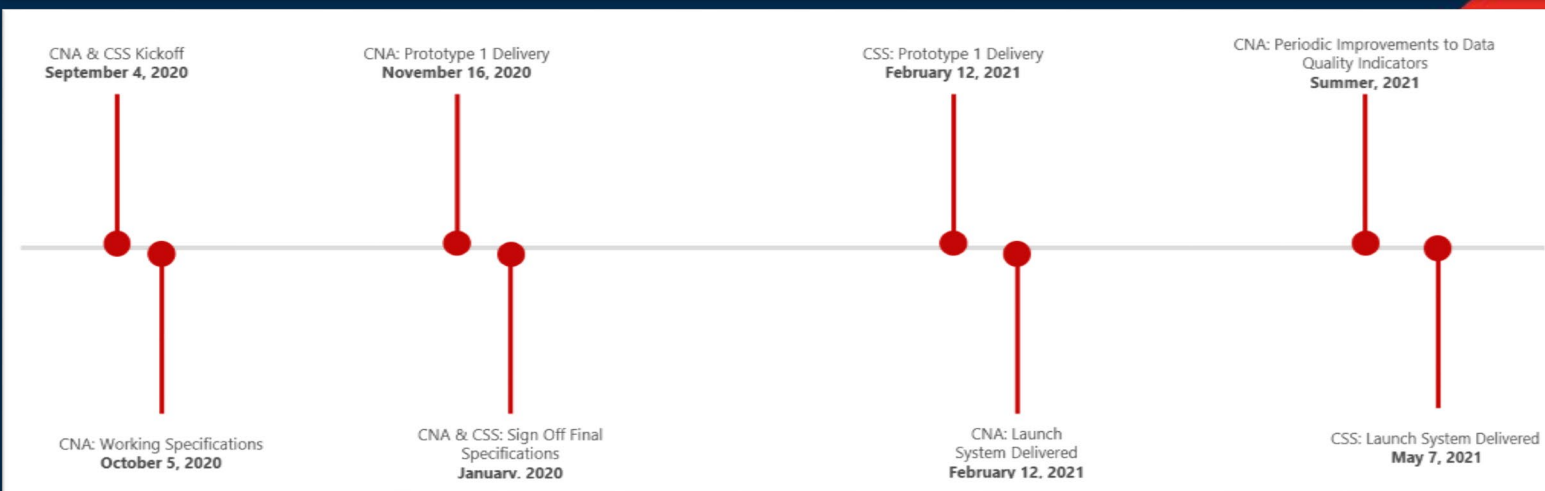
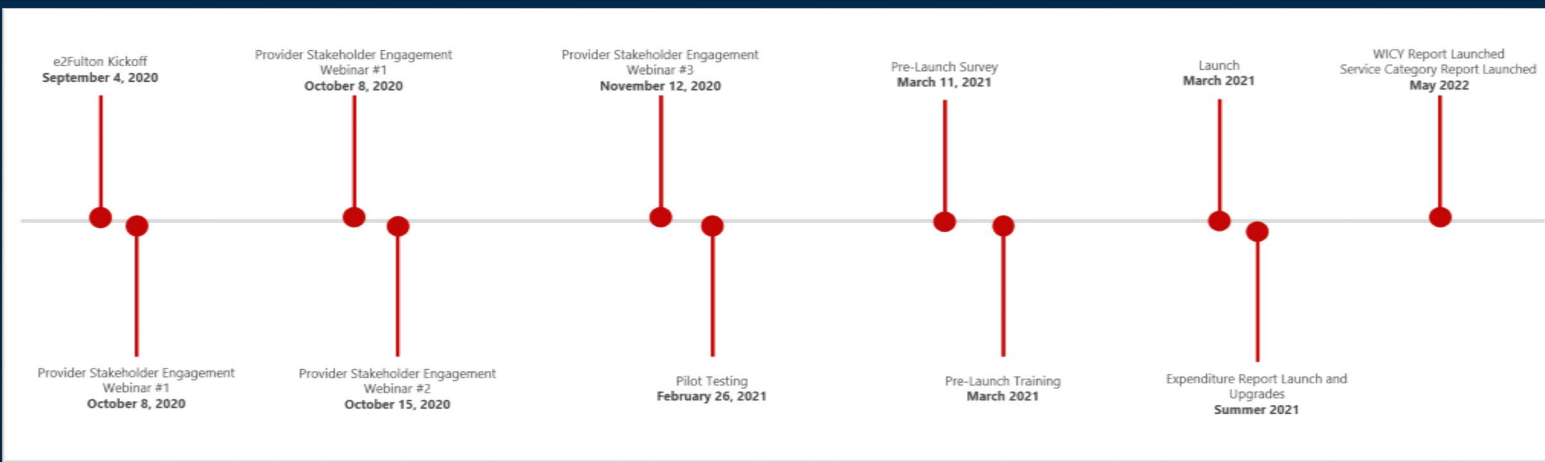
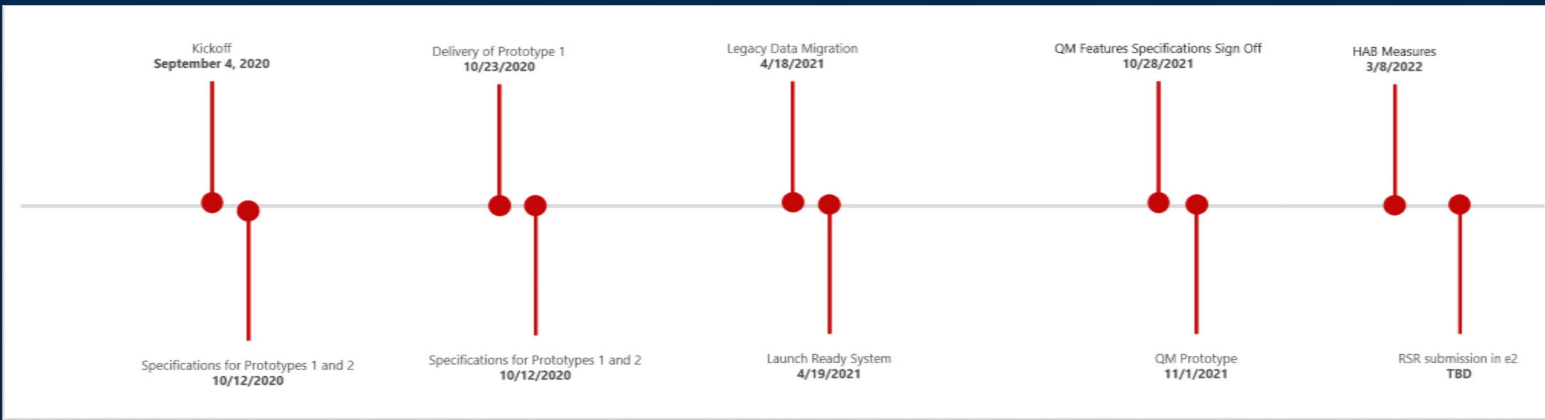
1. Ensure Minimum Viable Product (MVP) for A/Fiscal/CW by March 1, 2021.
2. Improve efficiency and effectiveness across all project domains.
3. To Improve and develop system efficiencies which support the care of persons living with HIV with the overall goal of HIV elimination.
4. Collaboratively overcome unforeseen challenges proactively.

Priorities and Foundation

- Secure data migration with no data loss
- Smooth launch without bumps
- Good working relationship and platform to handle the future vision
- Everyone does their homework to prevent project delays
- Producing tools to help reduce administrative burden.

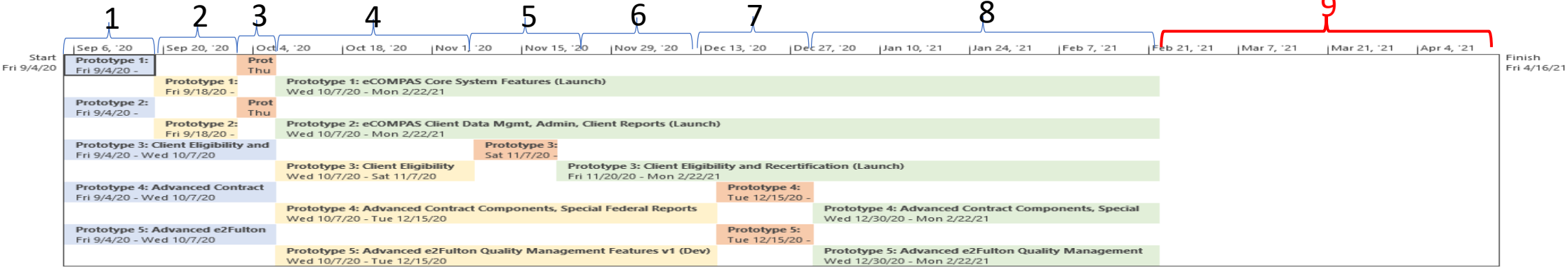
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Timeline e2Fulton

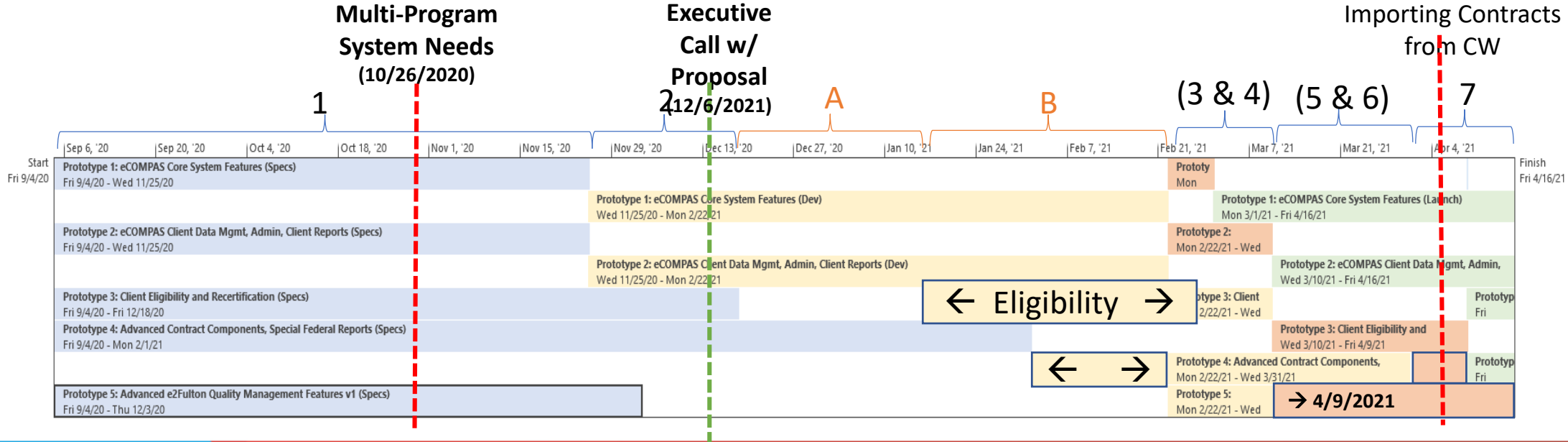


Planned vs. Actual Timeline

e2Fulton
Planned
Timeline



e2Fulton
Actual
Timeline



Challenges & Mitigations - Fulton

Challenge	Mitigations	Outcomes
Compressed Timeline 6 Month for Multi-Program Migration and Integration of ECM and Contract Management	Additional meetings, staff, assignments Early Stakeholder Involvement Nights and Weekends	Project Launched On Time
Non-Part A Contracts	Re-Designed and Re-Tested System for Multi-part Contract Setup integrated Fiscal	Able to dedicate resources to keep project timeline on track
Cleaning Legacy Data to meet higher data quality standards (over 500 imports)	Leverage Existing Infrastructure and Integration	Data Migration from legacy system with continued support for migration

Challenges & Mitigations - Fulton

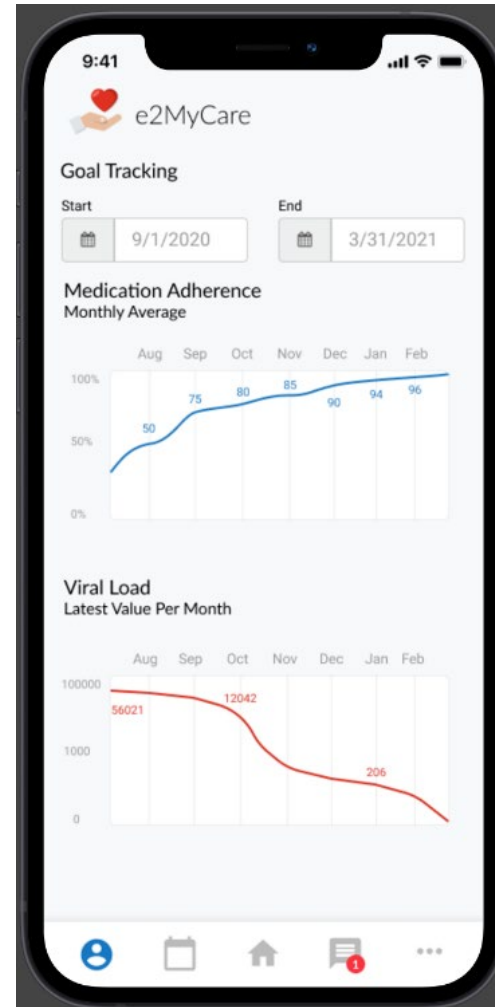
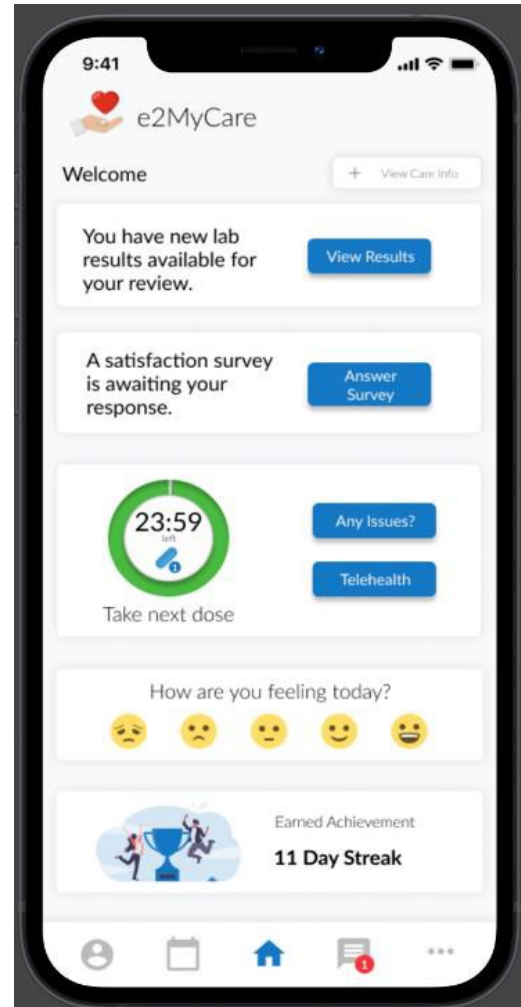
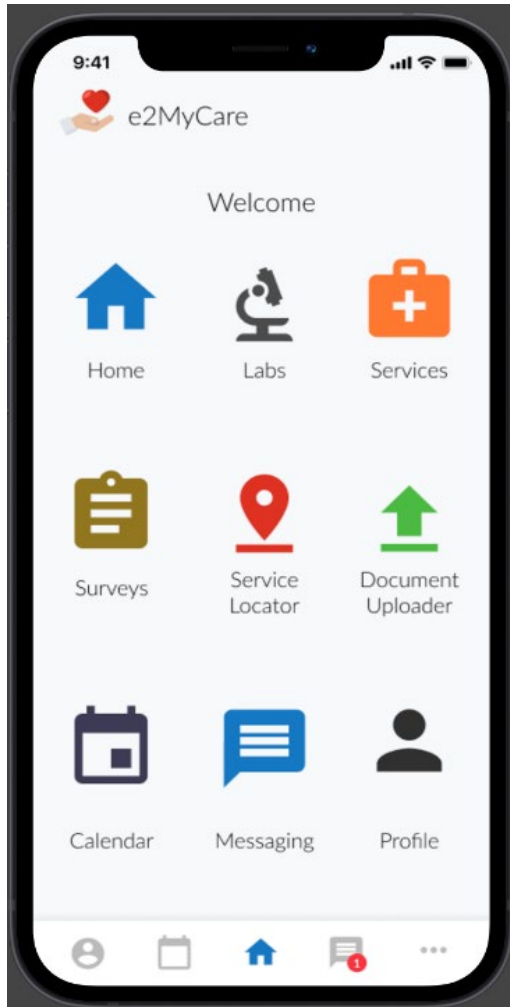
Challenge	Mitigations	Outcomes
Agency Onboarding & Agency Data Onboarding	Training 400+ users total, with 150 participating over 3 days of training	High levels of user ability to enter or retrieve data with minimal support
Natural Resistance to Change	Stakeholder Engagement Intensive proactive support at launch (daily huddles + weekly provider meetings)	High end user satisfaction
The Great Resignation County + Agencies 85% Turnover in Two Years (Timing during launch and post-launch support and enhancement)	Ensured knowledge transfer with transition plan and recorded knowledge transfer (KT) sessions Gap analysis for new team members Partnership Approach: One Team	Joint-Team Continuity, support, and operation

- From Meeting about getting the data to meeting about the data
 - Instead of chasing data, an ability to pull a year of data across the whole region and leading discussion with providers
- From Excel tracking of expenditures and paper copies of supporting documentation to e2 Online Procurement (Contract Proposals, Final Contracts, Billing)
 - Agencies are doing invoicing, billing, and renewing contracts through e2Fulton
- Changed the way Consumer Needs Assessments (CNAs) and Consumer Satisfaction Surveys (CSSs) are planned and implemented
 - Automated dispensing of Consumer Satisfaction Surveys
 - Real time secure reporting of Consumer Satisfaction Collected Data

Future Vision

- Tweaks and upgrades based on Staff and Provider experience
- Replace CAREWare PDI format with more modern standards and process (CSV & HL7 EMR data bridges)
- Enriching agency EMRs with e2Fulton data
- Custom Reports / Dashboard Builder
- Care Continuum Dashboard

Future Vision: e2My Care

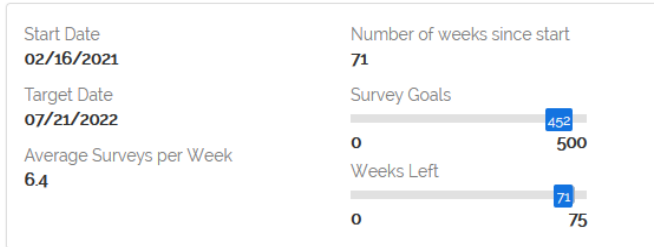


- User-friendly telemedicine system
- Accessible from smart phones and other mobile devices
- Provide clients with secure, remote access
- Electronic tools for HIV client outreach, engagement, and linkage to care
- Public-facing website for client education, outreach, and linkage to services.

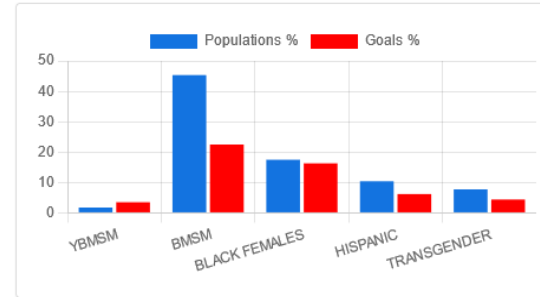
Future Vision: Replicate Needs Assessment Dashboard for Client Satisfaction Survey

Progress At-A-Glance

Survey Overview

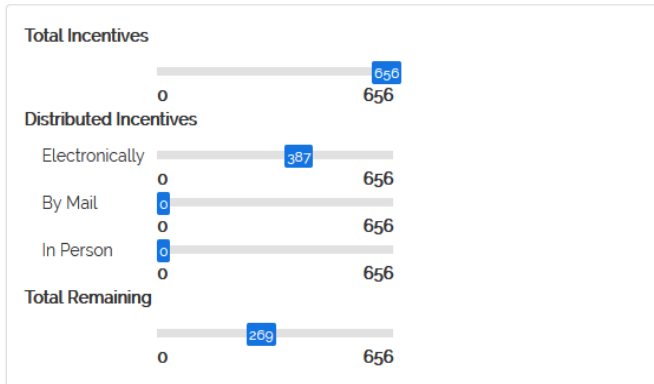


Priority Populations

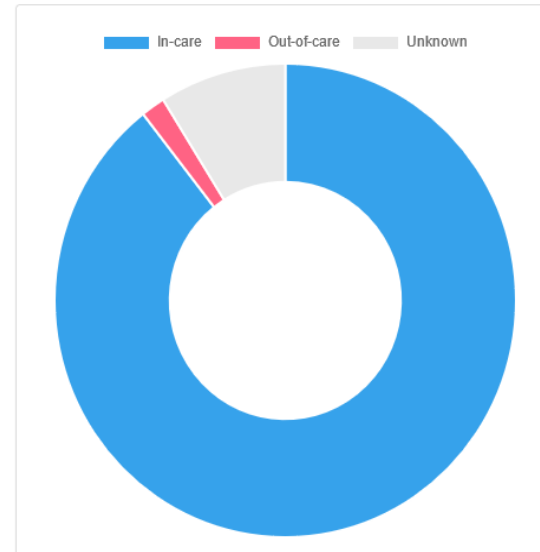


- Survey Targets, Volume, and Progress
- Priority Population Widget – Are we Reaching our priority population's?

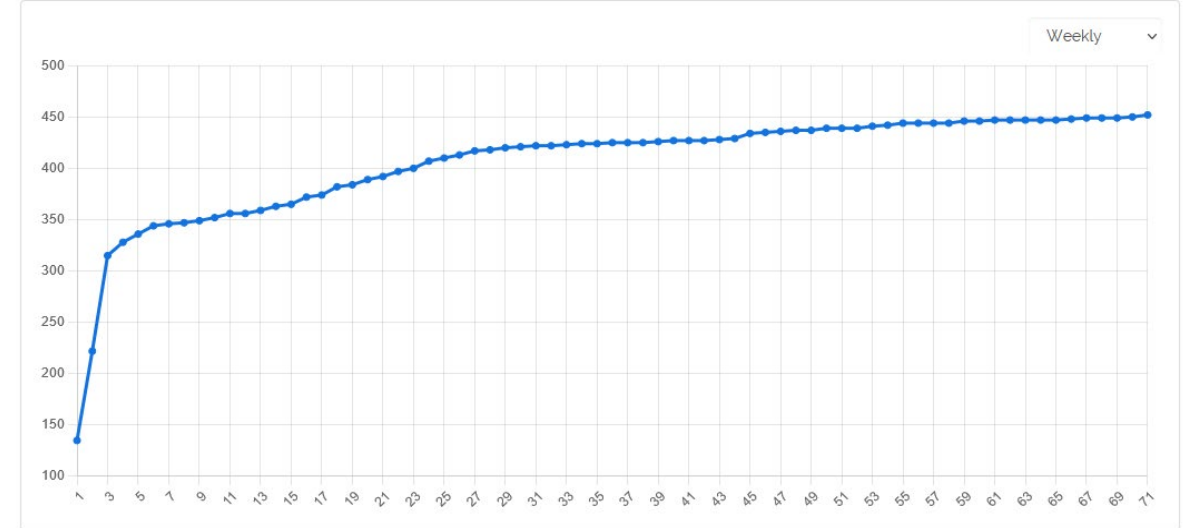
Incentive Statistics



Care Status



Survey Volume



Lessons Learned



- Envisioning a system, a vendor, and a budget are just the tip of the iceberg.
- **Large-scale undertakings require large-scale time investments**
- **Change is the only constant – Flexibility is key – Focus on the end product**
- **Involve leadership**
- **Stakeholder engagement helps prioritize needs and generates sincere buy-in**
- **Communicate – regularly among all groups – to have a common understanding**
- **Things will cost more than expected**
- **Talk with other EMAs to see what has worked for them**
- **Celebrate the accomplishments**

End User Feedback

- **“I think we're really going to make a difference with this.”**
 - *Fulton County, 5/14/2020*
- **“This is very exciting to have this tool available, it makes life so much easier.”** - *Fulton County, 5/18/2020*
- **“I’m really excited about it. It’s a mansion when we were living in a shack before. It’s not fully decorated yet, but it’s beautiful.”** - *Fulton County, 10/29/2021*
- **“Love this referral process”**- *Planning Council, 2021*
- **“I'm so glad we are using technological advances to remove some the barriers agencies and clients face on a regular basis!”** - *Program Manager, 2021*

e2Fulton Pre-Launch Training - % Optimism

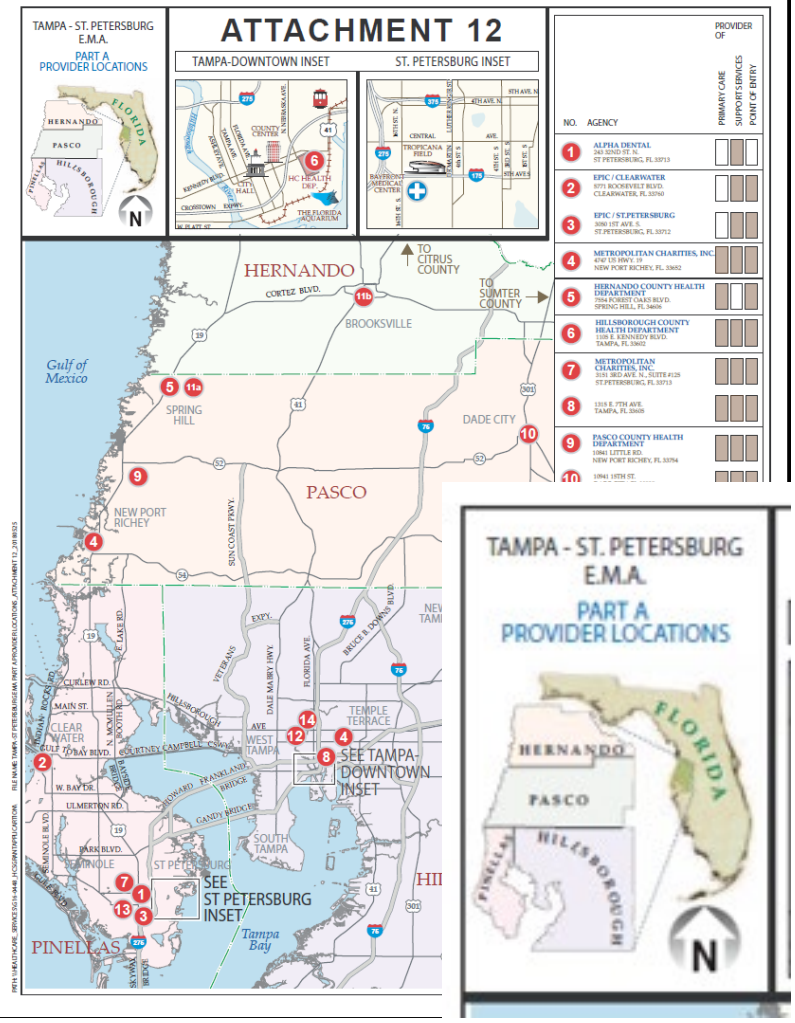


Tampa EMA – e2Hillsborough

Hillsborough County, FL



The Tampa-St. Petersburg EMA



- The **Tampa-St. Petersburg Eligible Metropolitan Area (EMA)** is located on the west central coast of Florida, and is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. Since 1992, the **Hillsborough County Board of County Commissioners** has been the designated Recipient and CEO of the **Ryan White Part A** funds for the EMA. The Board of County Commissioners delegate responsibility for the administration of the Part A funds to the **Ryan White Program Office**, which is a division of the Department of Health Care Services, within the Human Services Division of Hillsborough County Government.
- **All of the positions directly funded by Ryan White Part A are housed within the Department of Health Care Services within one office** at the Hillsborough County Center, which contains all major offices of Hillsborough County Government. These positions report directly to or management under the Director of Health Care Services. **The arrangement promotes a natural communication flow that is efficient and ongoing between staff** that is funded by Ryan White Part A and avoids duplication of effort.

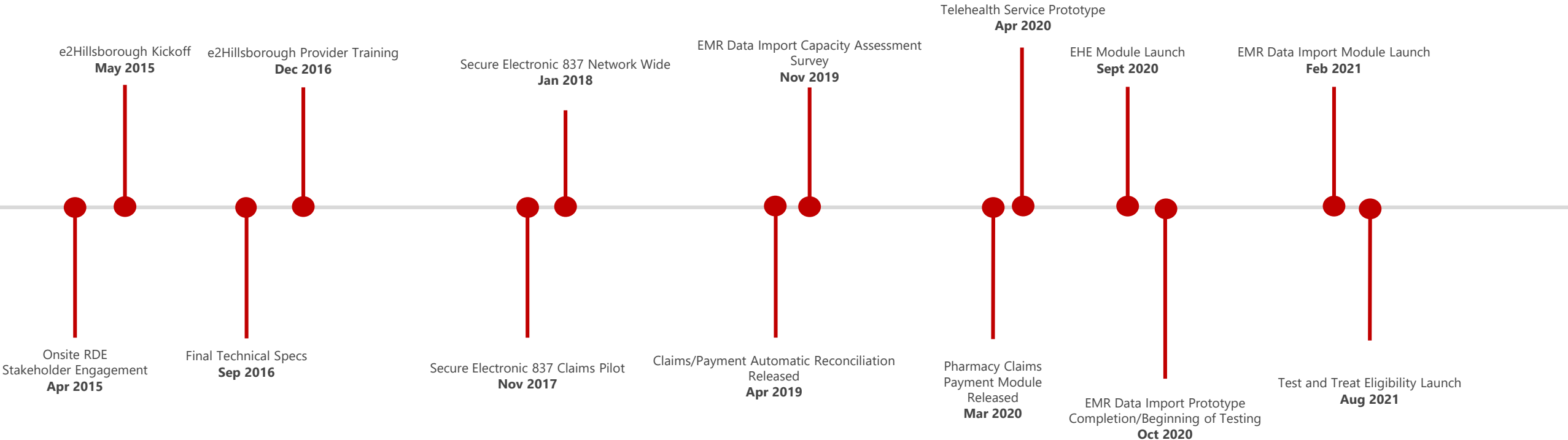
Tampa-St Petersburg EMA Vision

- State CAREWare Migration
- User-Friendly and stable to reduce CAREWare support requests
- Wanted Cloud-based High-security system
- Data sharing with Global Consent Form
- Automated Eligibility
- End-End Billing and processing
- Sustainability
- Flexible to handle evolving vision

Our Stops on our Journey Today

- From Paper to Automated Eligibility + Fiscal Integration
- End-to-End, Claims-Based Electronic Billing and Payment
- TA Grant Outcomes
 - Test and Treat
 - EMR Data Exchange

e2Hillsborough Timeline



2015 - Legacy System

- CAREWare hosted at the State
- Client Management
- Manual Eligibility Calculations
- No Interfaces with Subrecipients' Electronic Medical Record systems
- Paper billing process involving TPA
- Volume of Support Requests

Stakeholder Engagement/Project Inputs

- On-site initial stakeholder engagement
- Pre-launch Survey
- *Weekly calls with key stakeholders (RDE + Hillsborough + Provider representation)*
- *User Acceptance Testing with key stakeholders testing*
- Analysis of System Use and Interface Data
- Post-launch User Satisfaction Survey
- Annual Proactive Courtesy Calls
- Technical Capacity Assessment Survey for data interfaces

Billing/Claims Process in the EMA (Before)

View Video:

<https://demo.rde.org/videoplayer/Org/VideoPlayer/Videos/play.cfm?code=mDK2sFq9GKTxGDHsXL5gYaEc6pbd3Z>

Claims/Billing Process in the EMA (After fully automated and electronic)

View Video:

<https://demo.rde.org/videoplayer/Org/VideoPlayer/Videos/play.cfm?code=EMukbSPbWQ6GMNDycyucZVlyxbr6wx>

Pre-launch User and Agency Needs Assessment Survey

Annual Cost of Using CMS 1500 Forms

Total Cost for Paper-Based Claims:

Found that an average of **1,800+** hours per year across the EMA spent to complete and submit CMS 1500 forms.

>\$11,000 paper & shipping direct costs per sub-recipient

>\$90,000 paper & shipping direct costs EMA wide

User Billing Challenges Summarized

- Inefficient process.
- Expensive.
- Took average of 5 days and at most 3 staff members to submit paper claims each month.
- Lack of efficient tools and support.
- Required monitoring.

Hillsborough County's Business Needs – Base System

- Complete Ryan White Data System compliant with HRSA standards and reporting
- Automated, complete, contract management, secure and electronic end-to-end Billing System
- Automated Eligibility determination to improve data consistency and data quality across all funded Part A sub-recipients.
- Global consent across the EMA
- Robust Quality Management reporting capabilities
- A data system that can adapt to needs

How did Hillsborough County meet these needs?

- **Innovative Process Rethink**
- Hillsborough County and RDE Systems Collaboration
- Beginning of ... [e2Hillsborough!](#)
- Automate time consuming or failure prone manual processes
- Less time on paperwork = more time on care

Having the Right People in the Room

- **Weekly Calls** held throughout project lifecycle
- Stakeholders represented
 - Recipient program staff
 - Recipient fiscal staff
 - County IIO Office (for automated interfaces)
 - **Key subrecipients**
- Others invited as-needed
 - Recipient QM staff
 - Subrecipient fiscal staff

Automated Client Eligibility Calculator

- Automatic algorithm that calculates Eligibility dates
- Clean and consistent across all the clients
- Supporting documentation stored securely in-situ
- Eligibility Plans allow priority population for services
 - Plan R – all clients
 - Plan RB – Black clients
 - Plan RH – Latinx clients
 - Plan RBH – Black Latinx clients
- Reduced staff time

Automatic Client Eligibility Calculator

Name Doe, Jane
Gender Female
DOB 06/01/1974
E2ID IDU20322
UCI JNDE0601742U

Eligibility ⓘ [Ineligible](#)
[History](#)
[Audit Report](#)

Reasons for Ineligibility:

- No Currently Valid NoE/Recertification Document Entered Within the Last 188 Days.
- No Income Verification Document Entered Within the Last 188 Days.

Automatic Client Eligibility Calculator

Name	Doe, Jane
Gender	Female
DOB	06/01/1974
E2ID	IDU20322
UCI	JNDE0601742U
Eligibility ?	Ineligible History Audit Report

Reasons for Ineligibility:

- No Currently Valid NoE/Recertification Document Entered Within the Last 188 Days.
- No Income Verification Document Entered Within the Last 188 Days.

User Corrects Issue



Instant Eligibility Recalculation!

Name	Doe, Jane
Gender	Female
DOB	06/01/1974
E2ID	IDU20322
UCI	JNDE0601742U
Eligibility ?	Plan RBH NOE Begin Date: 06/19/2020 NOE End Date: 12/23/2020 TPA Begin Date: 06/19/2020 TPA End Date: 12/23/2020 History Audit Report

Service Entry

- Current Procedural Terminology (CPT) coding used– capturing client services provided during the office visits.

🔍 *Service Details*

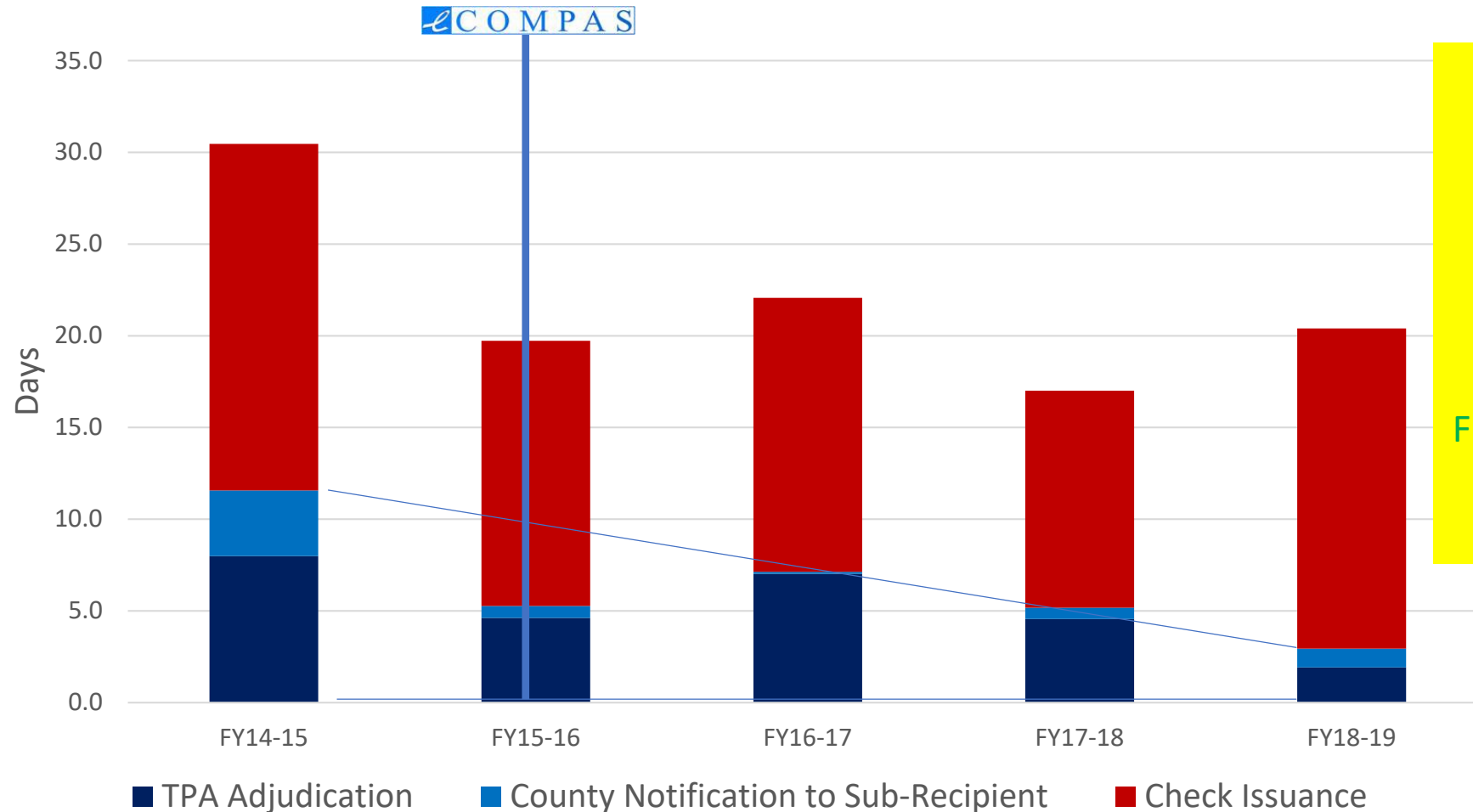
Subservices Selected	Modifier	Per Unit Amount	Enter number of Units	Total Service Amount
86361 - T CELLS ABSOLUTE CD4 COUNT		\$ 5.20	1	\$ 5.20
86701 - ANTIBODY HIV-1		\$ 7.20	2	\$ 14.40

Outcome: Claims/Billing Process in the EMA (fully automated and electronic)

- No more paper claims!
- Electronic claims fully integrated in e2Hillsborough
 - Claims sent using standards-compliant HIPAA 837 Claims File
- Easy Claims Submission process
- Efficient fiscal monitoring.
- No manual effort, reduced time, cost and effort.

Average Claim Adjudication and Payment Time for Paid Claims

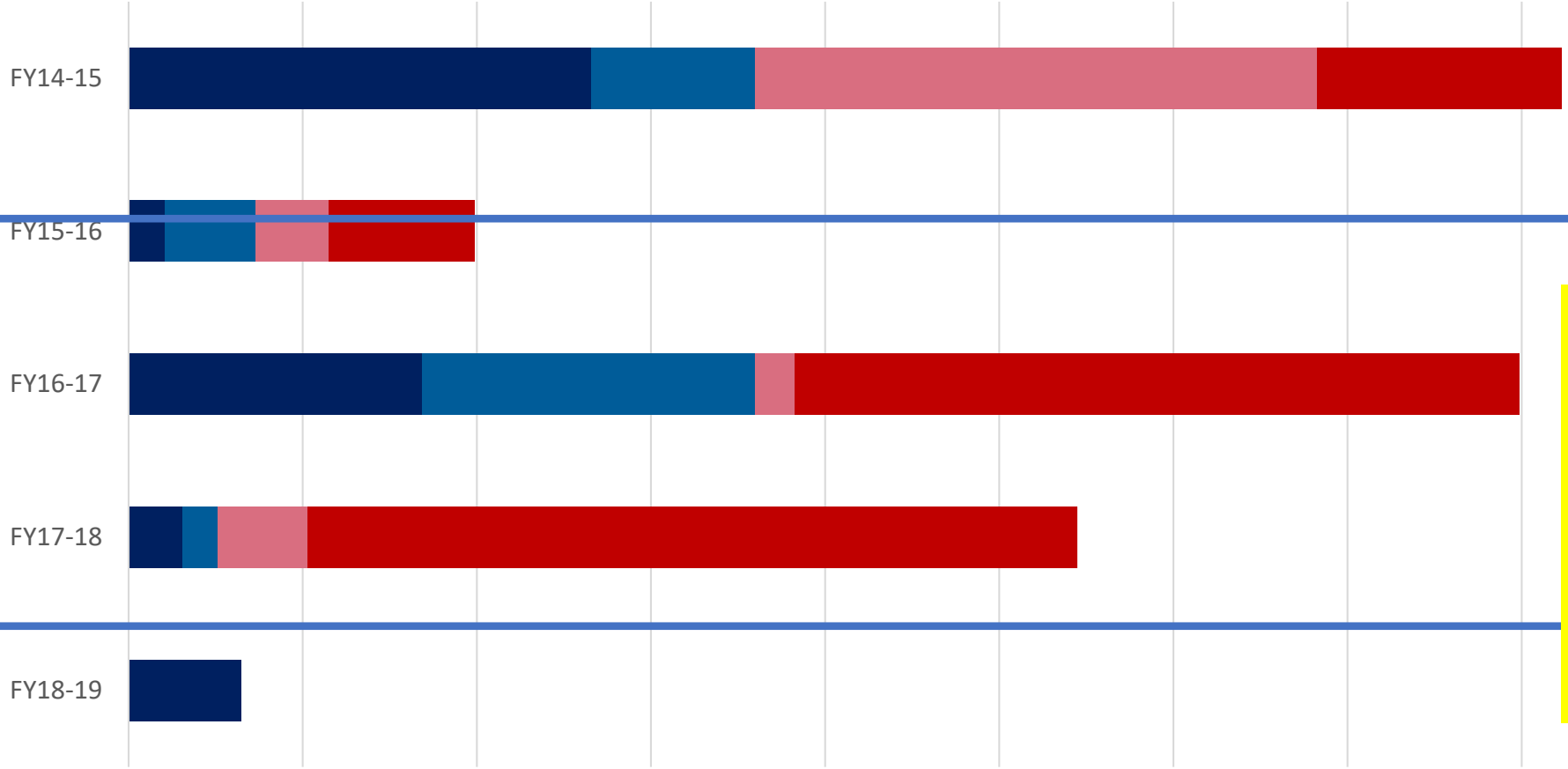
Note: Excludes Mailing Time!



300%
Improvement:
TPA Adjudication +
County Notification:
From 12 days to <3 days
on average

Percentage of Claims Paid Exceeding 45 Day Threshold

0.00% 1.00% 2.00% 3.00% 4.00% 5.00% 6.00% 7.00% 8.00% 9.00%



eCOMPAS

Launch

eCOMPAS

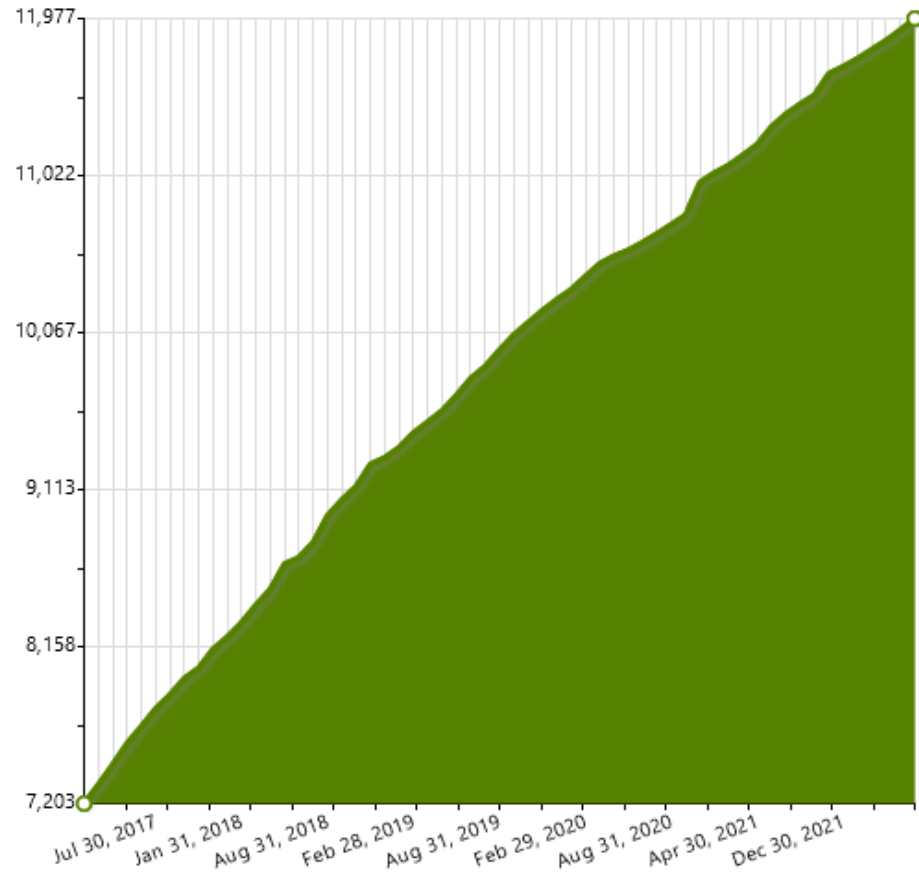
End-to-End
 Electronic
 Billing

1160%
 Improvement:
 % of Late Claims Paid:
 From 8.2% to <1%

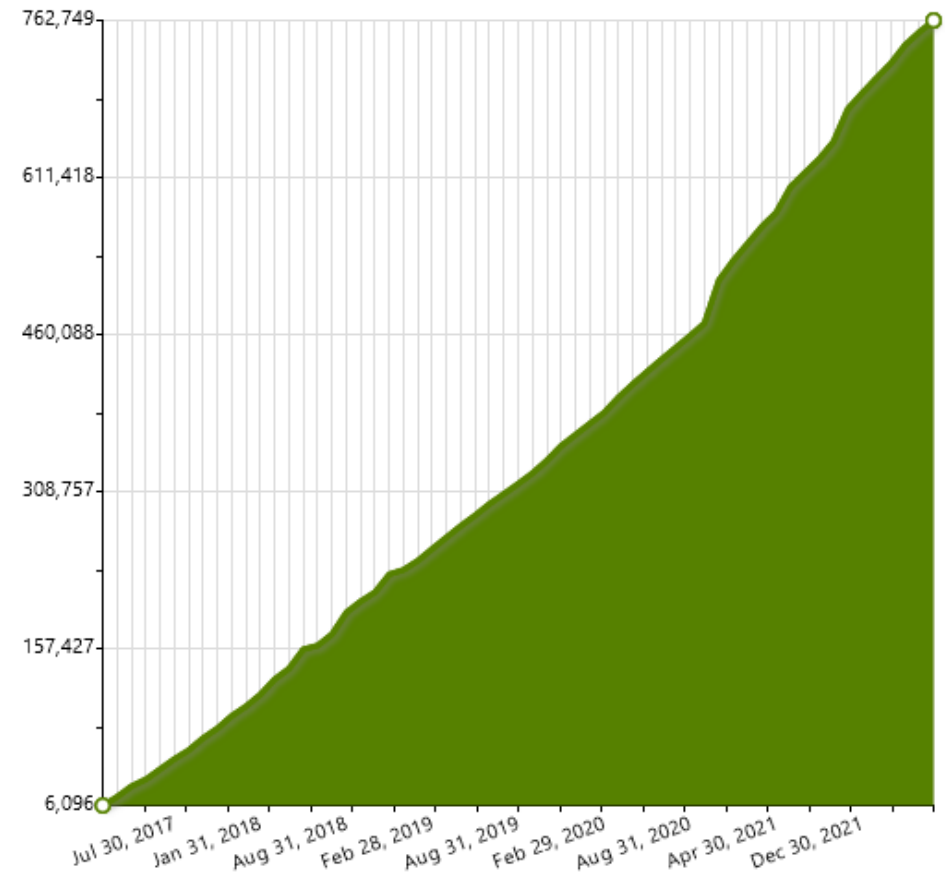
■ 46-55 days ■ 56-65 days ■ 64-84 days ■ 85+ days

Efficiency improvements compound over time

Clients

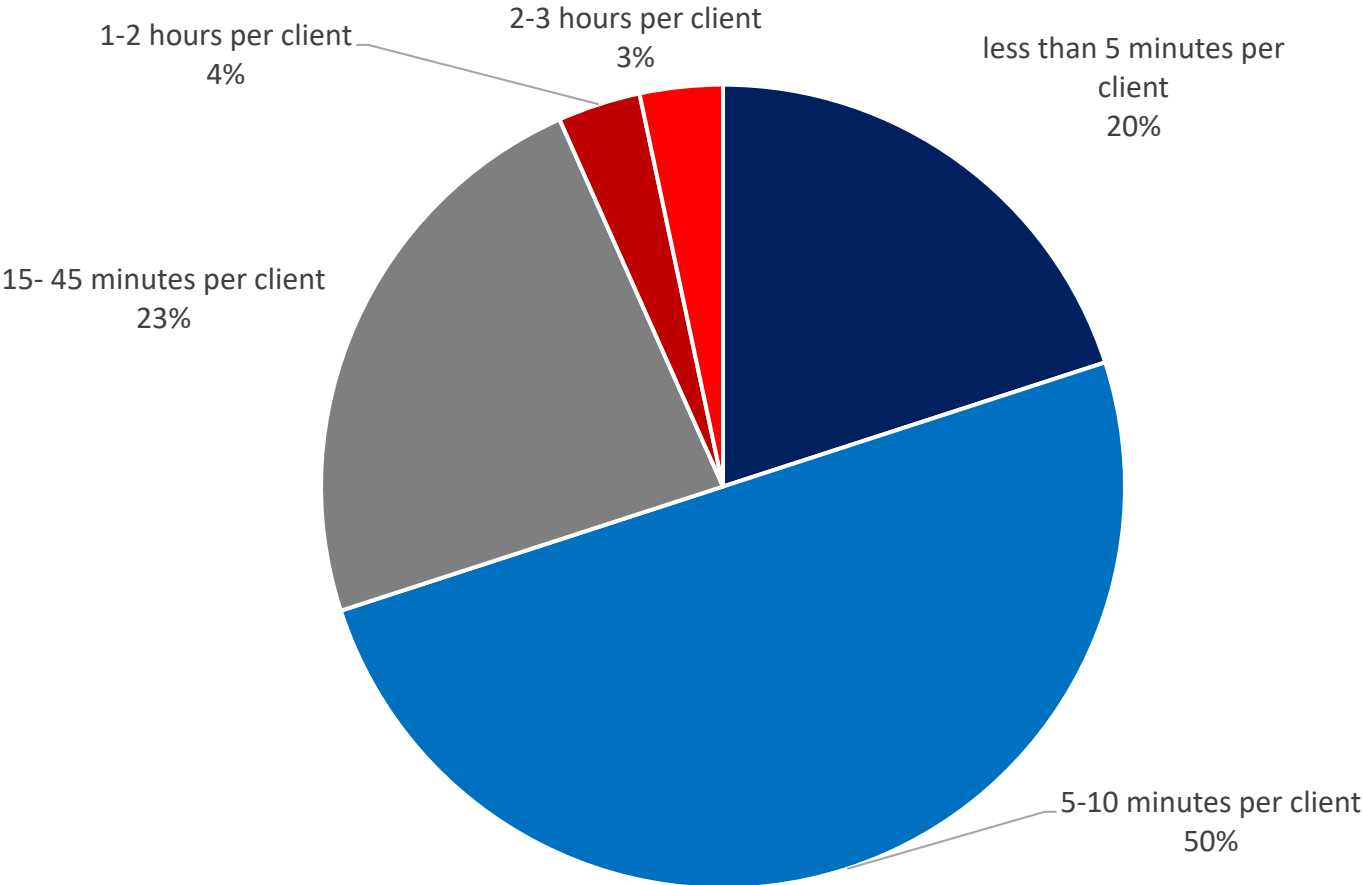


Units



Post-Launch User Satisfaction Survey

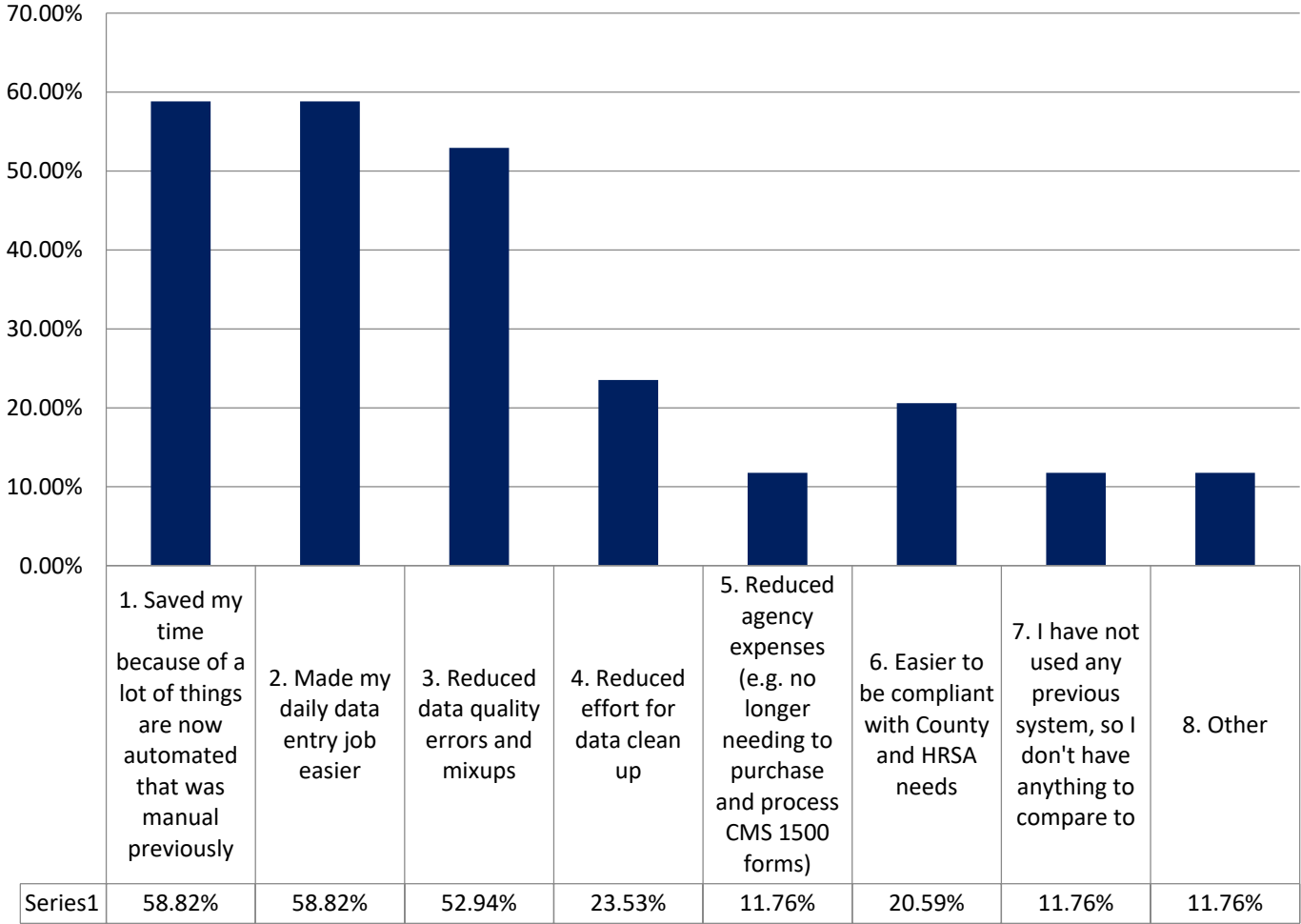
How much time has e2Hillsborough's automation of Eligibility, NOE dates, and TPA dates saved you compared to manual determination?



**From less than
1 hour
to
5-10 min per
client**

(among respondents who indicated the Eligibility Module was applicable to them)

In what way have all these e2Hillsborough features, that you like, helped you?



Test and Treat Eligibility

- Presumptive, 30-day eligibility for clients with rapid HIV+ tests
 - Allows for rapid start of/linkage to care
- Temporary waiver of certain documentation requirements **with provider input** on which would present barriers to care

Data Hero: Angela Kellogg

- [Add photo of Angela, presenter to speak over slide about her contributions]

What do end-users think about the efforts that produced e2Hillsborough?

“In 20 years of work this is the easiest system I’ve used.”

Medical Case Manager

“Billing process is easy to use.”

Case Manager

“Great system to use, thank you.”

Subrecipient Director

“Retrieval and analysis has been made easier using system wide data.”

Agency Administrator

“The Excel data extract feature saves countless hours of duplicate data entry for our team of 3.”

Agency Administrator

“It’s facilitated data analysis tremendously.”

Quality Management Consultant

“Makes it easier to identify gaps in client/patient care.”

Agency Administrator

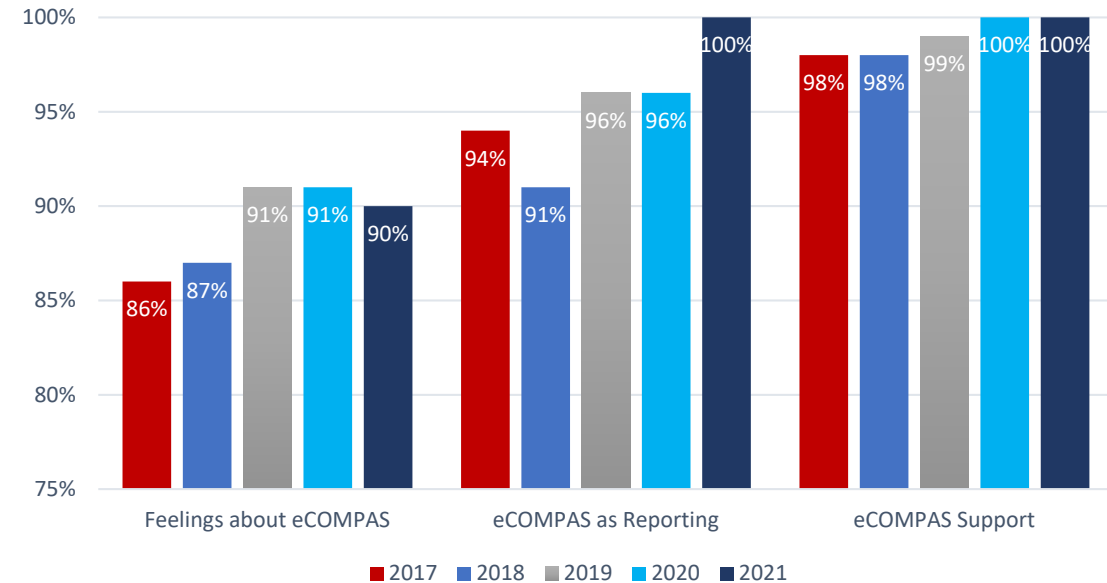
“The data export project has been moving along very efficiently. The RDE staff have been extremely helpful and cooperative to get this process moving along.”

Michael Wagner

“Using e2Hillsborough has been great, it is easy to navigate and very user-friendly when entering services and patient information.”

Subrecipient Program Support Specialist

eCOMPAS Satisfaction Scores for e2Hillsborough



e2Hillsborough features have reduced users' burdens

- “It has reduced my burden just by making things easier.”
- “We are **saving** by NOT having to purchase paper 1500 claim forms, no storage of those boxes, NOT having to keep folks away from the printer while waiting on hundreds of forms are spitting out and not trying to figure out where in the printing process things stopped because of a paper jam.”
- “**Billing using e2 has to be the easiest process ever**. I like that I can select which claims are submitted or just push through the entire month (or date range). The reports that can be generated are helpful to reconcile, verify and find any duplicates before you submit.”
- “The only claims we have had denied are because of input errors by our staff.”
- “**Processing time has been dramatically reduced** and payments are received (on average) **within 30 days** of submission.”

-July 2020

Ingredients of Success

- Collect feedback early and often
- Get the right people in the room to discuss the system frequently
- Proactively reach out to users regularly

Future Vision

- Priority Population Reporting
- Data interfaces with Part B
- Ongoing innovation strategies for efficiencies and cost savings to achieve long term system sustainability.
- Serving further populations under Ending the HIV Epidemic
- Improving User Experience with streamlined data entry
- Eliminating unnecessary red tape whenever found
- Improving Reporting tools to give the needed data without users having to formulate complex filters
- Continuous enhancements 😊

Aubrey's Key Points

- Reduced administrative burden
- Found tech partner that got our culture
- We speak the same language
- It never fails compared with legacy system...
- No complaints - "The silence is golden"

Wrap Up!



How can we accomplish ambitious goals?



How can we accomplish ambitious goals?



One bite at a time.

Thank you for your time!

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RDE Red



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