

Success with Multiple Reporting Requirements

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The Circle of Care

- Founded in 1989 in response to HIV/AIDS epidemic impacting women and children
- Pediatric demonstration project under Ryan White C.A.R.E Act, Title IV, now part D
- Both funder and provider serving women, men, children, youth, and families
- 27–member network of providers addressing range services for individuals and impacted families
- Population-specific HIV Preventions Programs including
 - Perinatal HIV Transmission Prevention
 - Project N.O.W. (Neighborhood Options for Women)

Written Contracts

- For all subcontracted providers:
 - Work plan
 - Budget

- For Clinical services providers:
 - Data management parameters
 - Submission methodology (CAREWare)
 - Work plan
 - Outline of fee for services payment allocation

New Payment System

- FY2003, implemented new payment system to:
 1. Free up dollars to fund additional primary care sites for women
 2. Improve accuracy of data reporting
- New system is data driven
 - Negotiate number of clients served in each population category (HIV+, Unknown status, or Affected)
 - Set amount determined for each category
 - Project numbers of individuals in each category at beginning of contract period
 - Advances on earnings are made based on projections monthly over grant period

Review Process

- Quarterly review and reconciliation of data with each provider
- End of period, the provider is either:
 - on target
 - over-earned
 - under-earned
- Reconciliation for under- or over-earnings done at close of contract period
- Under-earned dollars represent dollars that may be utilized to fund additional HIV services

2005 Results

- All providers either met or exceeded projections
- Those who exceeded their projections, were awarded additional funds based on rates in each category
- Analysis of family composition and retention rates with clean data
- Prompted us to revisit the question: "What constitutes a family?"
 - 16 years since we defined "family"
 - Personnel changes
 - Shifts in epidemic away from infected infants
 - Time to reexamine that basic tenant of The Circle of Care

New Rates

- Rates based on several factors that include the cost of visit to specialty clinic, with social services visit and State medical assistance
- Have two categories of reimbursement:
 - HIV exposed or indeterminate
 - HIV positive individuals
- Rate is paid for first visit to clinic in fiscal grant period

Quarterly Reconciliation

- Reconcile difference between projected clients to be served and those agreed upon in database
- Director of Evaluation and Research prepares data report of entered clients for each site.
- Questions, concerns, and/or missing data are identified and sent to agency for verification
- Discrepancy between data and provider information is corrected and/or negotiated
- Revenue projections calculated

Data Quality

- Timeliness, quality, and accuracy is assured through use of a single database system—CAREWare
- Specific custom fields incorporated into process
- Reconciliations verify accuracy of data

Provider Reconciliation

- Providers who under-earn their projections:
 - Have excess payments deducted from following year
 - New projections are evaluated against achievement of previous year

Additional Reports

- Medical services providers provide quarterly narrative reports based on work plan
- Reflect wide range of services, challenges, barriers, and other information related to care