

Assessment of Uncompensated HIV Health Care

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Aim And Duration of the Project

- **Assess the extent of uncompensated HIV care in Minnesota, factors associated with that uncompensated care, and the impact that such care has on the quality of medical care received by people living with HIV**
- **The assessment would be conducted from March 2001 through February 2002**

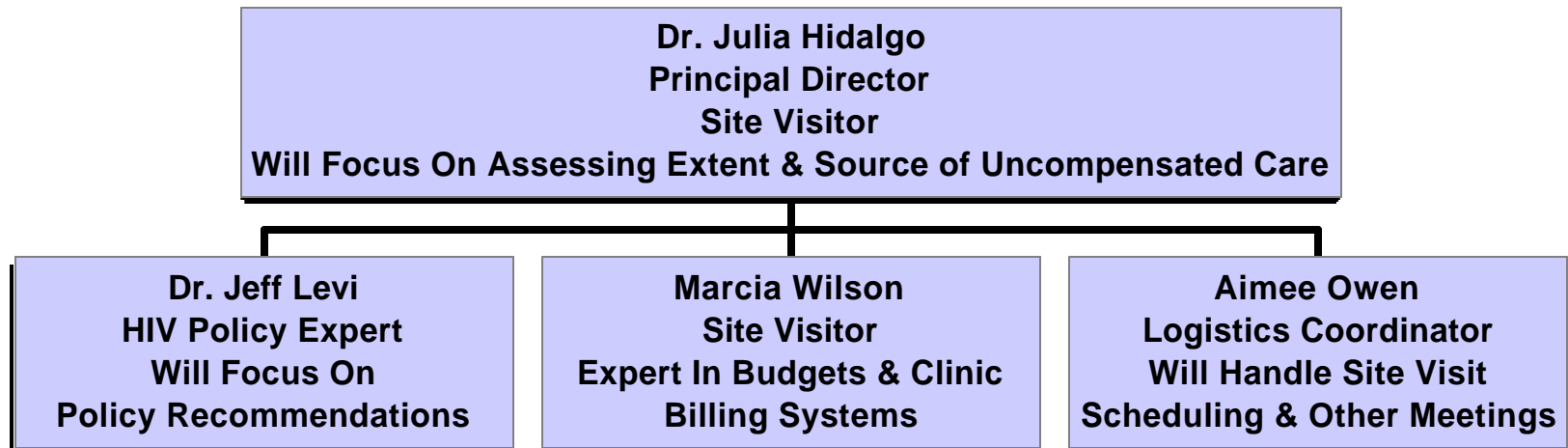
Project Objectives

- **Describe the administrative and management aspects of service delivery models in Minnesota HIV clinics**
- **Determine the degree to which HIV care continues to be uncompensated in the Minneapolis/St. Paul metro area among HIV clinics and other selected HIV providers**
- **Assess the causes of uncompensated care**

Other Project Objectives

- **Identify the potential likely impact of emerging trends in health care financing policy on persons with HIV/AIDS**
- **Develop recommendations related to:**
 - ✓ **TA for HIV specialty clinics**
 - ✓ **Advocacy efforts in public policy arenas**
 - ✓ **Funding priorities for community planning bodies**
 - ✓ **Improved collaboration among specialty clinics and other HIV care providers**

Project Team



Project Methods

- 1. Orient clinics regarding the assessment**
 - ✓ Meeting and informational mailing
- 2. Site visits will be scheduled for June and July**
- 3. Describe demographic, third party payer, and other relevant characteristics of the patient population**
 - ✓ Clinics will receive a standardized information request
 - ✓ Submissions from clinics will be reviewed before the site visits

Project Methods

- 4. Describe administrative and management features of the clinic service models**
 - ✓ **The standardized information request will include orientation materials regarding the models used**
 - ✓ **A site visit protocol will be developed that identifies the materials to be reviewed during the visit and staff to be interviewed**
 - ✓ **Site visits will be conducted at 10 clinics during a 1-2 day period, based on the availability of clinic staff**
 - ✓ **Site visit summaries will be prepared, submitted to clinic staff for review, and revised based on their comments**

Project Methods

- 5. Determine the extent of uncompensated care incurred by the clinics**
 - ✓ **Develop an econometric model that estimates the degree of uncompensated care**
 - ✓ **During site visits, meet with financial staff to discuss the extent and source of uncompensated care and availability of data documenting its extent**
 - ✓ **Based on information from clinics, input data into model**

Project Methods

- 6. Determine causes of uncompensated care incurred at the clinics and their relationship to the service model used**
 - ✓ Information from the site visits will be used to address this task
 - ✓ Meet with HIV+ consumers to gain their perspective regarding the causes of uncompensated care
- 7. Describe relevant national and regional trends in delivery and financing and their potential impact on provision of HIV care to Minnesota residents**

Project Methods

8. Prepare a report:

- ✓ **TA options for clinics**
- ✓ **Potential advocacy strategies**
- ✓ **Health care funding priorities and possible uses of public funds for HIV care**
- ✓ **Mechanisms to improve collaboration between the clinics to enhance service and financial efficiencies and improve quality of care**

9. Prepare and present a report to local stakeholders

- ✓ **Revise the report based on their comments**

Factors Likely To Influence **Uncompensated Care**

- 1. Third-party provider status**
- 2. Patient eligibility (adequacy of enrollment assistance, eligibility barriers, other factors)**
- 3. Covered services (lack of third party coverage for common HIV services, lack of staff certification required for compensation, non-reimbursable staff)**

Factors Likely To Influence **Uncompensated Care**

- 4. Rates and costs (deficient rates and inadequate costs and charge setting)**
- 5. Billing Systems (inadequate billing procedures, lack of billing, inadequate accounting and record-keeping)**
- 6. Impact of Managed Care (contracting barriers)**

Factors Likely To Influence **Uncompensated Care**

- 7. Cross-cutting Issues
(unfavorable policy, regulation,
and legislation)**

The National Policy **Environment**

Entitlement Programs

- **Medicaid**
 - **Increasing role given demographics and costs**
 - **Eligibility criteria delay access to early intervention**
 - **Increasing role of managed care**
 - **Need to follow clinical guidelines, assure access to experienced providers, offer appropriate capitation to MCOs and reimbursement to providers**
- **Medicare**
 - **Increased number of HIV+ enrolled**

Ryan White CARE Act

- **RWCA as payer of last resort receiving greater attention from HRSA and Congress**
 - RWCA as “wrap around” Medicaid
- **Stress on ADAPs as clients live longer and do not progress to Medicaid eligibility**
- **Flat funding in 2002?**

The Changing National Policy Environment

Medicaid

- **Waivers to expand coverage for non-disabled**
 - ME, MA, DC approved; GA in process
 - New administration more flexible?
- **Congressional interest in Medicaid expansion**
 - IOM HIV study
 - Pelosi bill
 - Breast and Cervical Cancer model

Medicare

- **Prescription drug debate directly relevant to people living with HIV/AIDS**

Ryan White CARE Act

- **Emphasis on coordinating services between Medicaid and various titles of RWCA**
- **Greater emphasis on “primary care first” in reauthorization**
- **Use waiver process to promote greater integration between RWCA and Medicaid?**