

Billings Summary Service Category Variance Explanations

March 1, 2012 to July 30, 2012

CORE SERVICES

Outpatient Ambulatory Medical Care:

Current year contract has just been executed due to legal issues between the Contractor and the City. Expenditure data is based on ARIES units of service provided. Explanation of variance will be updated when actual payment request are received and processed.

AIDS Pharmaceutical Assistance--Locale:

See explanation for OAMC above.

ADAP:

Expenditures will occur at the end of grant year.

Hospice Services:

Expenditures are on target.

Substance Abuse Services Outpatient:

Substance Abuse Outpatient Services continue to be reduced by increased numbers of visits being billed to Medicaid/Medicare.

Substance Abuse Services Residential:

Substance Abuse Residential services continue to be reduced by increased numbers of visits being billed to Medicaid/Medicare.

Mental Health Services:

Decreased demand for group counseling. Outputs continue to be affected by requirement to bill insurance. In addition to Medicaid/Medicare, many clients have slightly higher incomes and likely to have some form of insurance even though coverage often is limited with high deductibles or co-pays that can be barriers to accessing this service. Mental Health services also are being impacted by increased numbers of visits being billed to Medicaid/Medicare. Data for one provider is limited due to contract issues mentioned. Expenditures levels may increase after complete billings are reported.

Health Insurance (HINS):

The UDC and UOS for HINS are both above variance at 89.3%, respectively. Due to changing needs and trends, it is very difficult to predict outputs for this category. State Services funding is depleted. Provider received and billed a \$ 6,333 RW B allocation in July, but the majority of

expenses was billed directly to RW A. Provider continues its restrictions for HINS assistance imposed in May until September, when funding will be reassessed, dependent upon a RW B Supplemental award requested. Provider has been approved for \$ 6,378 from RW B, which will be utilized to support the restricted program in August.

Oral Health Care:

The UDC for Oral health Care is above variance due to existing patients continuing to access OHC and the consistent demand for services from new patients, the UOS for routine care are above variance due to the high UDC. The UOS for prophylaxis is below variance as provider waited to report these units until we verified which clients qualify for Medicaid reimbursement under STARR PLUS to ensure that Ryan White is the Payor of Last Resort. The UOS for specialty care is below variance due to qualified staff providing these services in-house.

Medical Case Management:

The UDC is under variance because the referral criteria for the program have been further defined as several clients were not engaged in services which have limited referral. The UDC is also low because the Nurse Medical Case Manager was hired at the end of July. The UOS are under variance due to not hiring the nurse until the end of July. The program should be within variance for UDC within the next quarter but will take the rest of the grant cycle to reach the variance for UOS.

Additionally, expenditures are not at variance due to fact that providers are adjusting to the new service categories, new job descriptions and roles among case managers, new standards of care and new monitoring standards. Staff has been very busy learning the new system and working toward compliance. Also, some Tier 2 CM has been having persistent computer/ARIES problems, so there is currently some lag in getting those units into the system.

Medical Nutrition Therapy:

The UDC is above variance due to continuing clients and will even out as the grant year progresses. The UOS for therapy is over variance. The agency has informed the grantee that it is in the process of recalculation unit cost and contracted UOS which will bring UOS within variance. The UOS for supplements are above variance due to the program enhancement of distributing nutritional bars as nutritional supplement. In addition, when the newly hired Registered Dietician began delivering nutritional therapy services, she also completed annual nutritional assessments and updated expired treatment plans which has caused a temporary increase in UOS and has led to new prescriptions for supplements. However, upon noticing how many UOS are being delivered monthly. Provider has informed the grantee that we will be recalculating unit cost and contract number of UOS which will lower unit cost and bring the UOS within variance.

SUPPORT SERVICES

Tier 1 Non-Medical Case Management

The UDC is over variance at 78.6% due to continuing clients, as well as Case managers assessing and transferring clients into the program. The UOS are within variance.

Tier 2 Non-Medical Case Management:

The UDC is over variance at 106.7% as clients were assigned to patient navigation concurrently with placement into the MCM-Pilot program. The UOS are below variance 30>6% as program funding only supports a partial Patient Navigator, who is also responsible for servicing clients under Tier 2 MAI. The program supervisor and director are closely tracking units and client placement into the program as the transition into the new Austin TGA Medical Case Management Model continues to evolve. Lastly, ASA has been approved for additional funding to support a second Tier 2 Patient Navigator to support the program.

Outreach:

The UDC for Known Status is below variance at 23.9%, as some clients with Known Status are served under Outreach-MAI. Now fully staffed, the Outreach Team anticipates reaching target goals by the end of the grant year. The UDC for Unknown Status is above variance at 100% as the program due to referrals received directly from Provider's Prevention's testing program. The UDC/Encounters for July are within variance at 41.3%.

Food Bank:

The UDC is above variance due to the way units are allocated to this grant. Each month, the total food bank units are allocated to each funding source based on the percentage of funding that source represents to the program. All clients who have accessed the food bank that month have the chance of having one of their units assigned to any of the funding sources. Each month, units from the same client may be assigned to different funding sources. This causes the UDC to be higher than anticipated based on the amount of funding that each source represents. The UOS are within variance.

Medical Transportation Services:

Expenditures are over target due to increased demand for gas cards.

Psychosocial Support Services:

Demand for support groups has been under expected level, despite attempts to establish new groups.