

welcome

Ryan White HIV/AIDS Program Parts C and D Stakeholders Call

Health Resources and Services Administration | HIV/AIDS Bureau |

Division of Community HIV/AIDS Programs

April 28, 2022





Ryan White HIV/AIDS Program Parts C and D Stakeholders Call

April 28, 2022

Mahyar Mofidi, DMD, PhD
Captain, United States Public Health Service
Director, Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

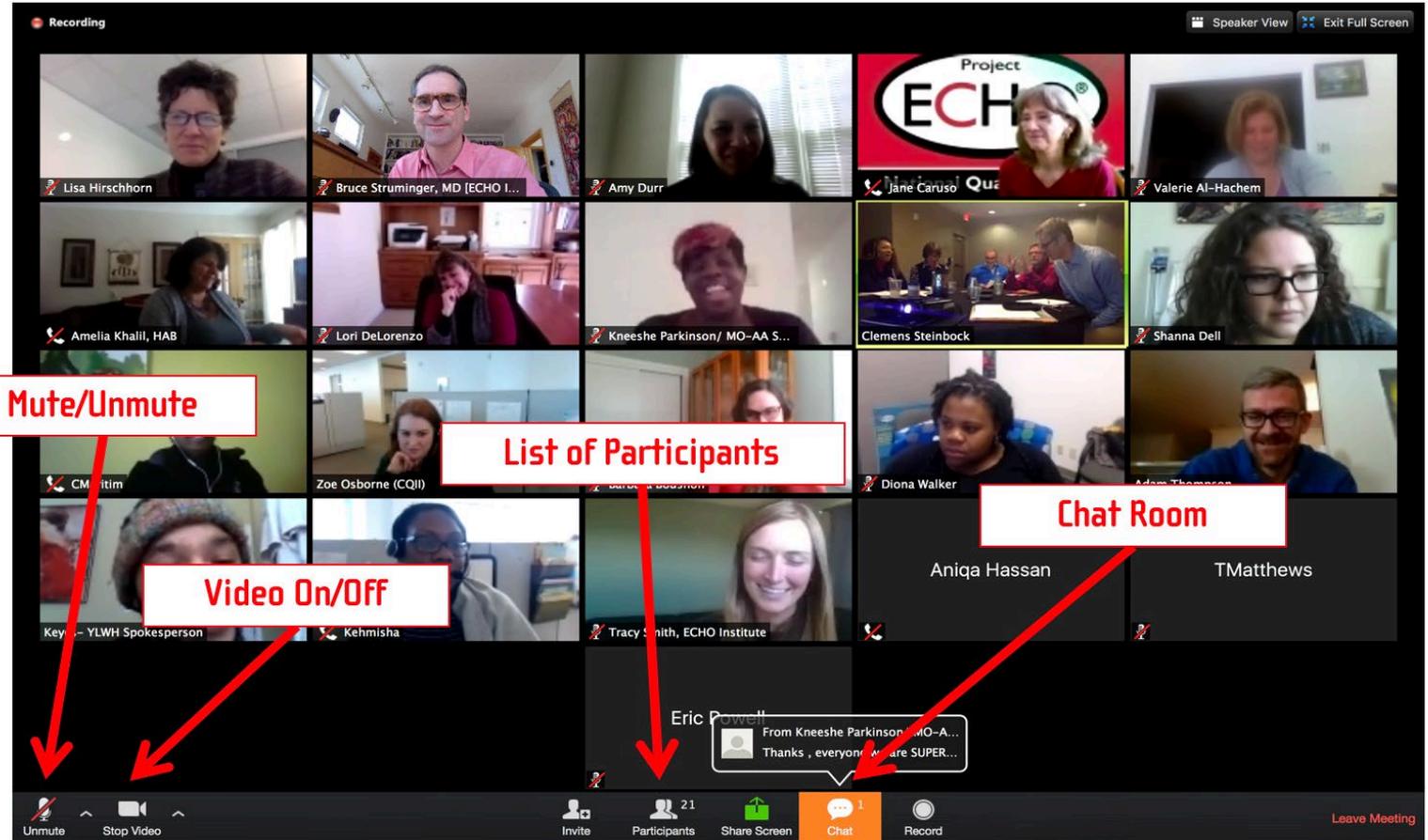
Vision: Healthy Communities, Healthy People



Zoom Platform

Virtual Etiquette

- Mute your line and stop your video during the presentations
- Chat to ask questions and make comments during the presentations and discussion
- Start your video when we will call on you
- Pair your phone with your computer – to reduce bandwidth



Meeting Agenda

- **DCHAP Program Updates**
- **Program Income: Current Practices From The Field**



HRSA's Ryan White HIV/AIDS Program (RWHAP)

FY 2021 Funding: ~\$2.4 Billion

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcomes and reduce HIV transmission among the hardest to reach populations with HIV.



HRSA's Ryan White HIV/AIDS Program System of Care

- **Public health approach with integrated medical care and support services**
 - Recipients determine service delivery and funding priorities based on local needs and planning process
 - People with HIV are integral to the planning process
 - Quality management is required
- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available**



HRSA's HIV/AIDS Bureau (HRSA HAB) Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



DCHAP Mission and Core Values

Mission

Provide Leadership and resources to assure access to and retention in high quality, comprehensive HIV care and treatment services for vulnerable people with HIV/AIDS, their families, and providers within our nation's communities.

Core Values

Communication · Integrity · Professionalism · Accountability · Consistency ·
Respect



In 2020, the RWHAP served more than half a million people in the United States and 3 territories^a

RYAN WHITE HIV/AIDS PROGRAM (RWHAP) SERVED
561,416 clients in 2020

MORE THAN 50% of people with diagnosed HIV in the United States



73.6% of clients are from racial/ethnic minority populations**

6.9% TEMPORARY HOUSING
4.8% UNSTABLE HOUSING

47.9% of RWHAP clients are **aged 50 and older**

60.9% of clients are living at or below **100% of the Federal Poverty Level**



23.6% of clients identified as **Hispanic/Latino**



46.6% of clients identified as **Black/African American**



^a Guam, Puerto Rico, and the U.S. Virgin Islands.



DCHAP Program Updates



Notices of Funding Opportunity (NOFO)

- **RWHAP Part D WICY: Existing Geographic Service Areas (HRSA-22-037 & HRSA-22-156)**
 - HRSA is reviewing applications to these announcements
 - These announcements included the option of supplemental funding for FY 2022
 - Full awards for both HRSA-22-037 and HRSA-22-156 are expected to be released prior to the start date of August 1
- **RWHAP Part C Capacity Development (HRSA-22-019)**
 - HRSA is reviewing applications for this announcement
 - HRSA expects to release Capacity Development prior to the start date of September 1
- **RWHAP Part F Dental Reimbursement Program (HRSA-22-020)**
 - HRSA is reviewing applications for this announcement
 - HRSA expects to release Dental Reimbursement Program prior to September 1



RWHAP Part C - Notice of Award (NoA)

Starts	*FY 22 Awards	*Reporting Requirements
January HRSA-22-011	Partial Award	<ul style="list-style-type: none"> Ryan White HIV/AIDS Program Services Report (RSR), Federal Financial Report (FFR), Expenditure Report
April HRSA-22-014	Partial Award	<ul style="list-style-type: none"> RSR, FFR, Expenditure Report
May HRSA-22-015	Partial award	<ul style="list-style-type: none"> RSR, FFR, Expenditure Report
April & May HRSA-22-017	Partial Award	<ul style="list-style-type: none"> RSR, FFR, Expenditure Report
May HRSA-22-016	TBD	<ul style="list-style-type: none"> RSR, FFR, Allocation Report, Expenditure Report, MAI

*Final awards for FY 2022, when issued, will contain other important information



Balance of Award Update for RWHAP Part C

- On March 15, the Consolidated Appropriations Act of 2022 was signed into law
- HRSA is waiting to receive the appropriations for HAB's Ryan White HIV/AIDS Program Parts
- Once final appropriations are received, HRSA HAB will begin issuing final awards for all FY 2022 RWHAP Part C recipients.



FY 2021 RWHAP Part C FFR Due Dates

RWHAP Part C	FY 2021 Budget Period End Date	FY 2021 FFR Due Date
January Start	12/31/2021	4/30/2022
April Start	3/31/2022	7/30/2022
May Start	4/30/2022	7/30/2022



FY 2021 RWHAP Part C Expenditure Reports

RWHAP Part C	FY 21 Budget Period End Date	FY 21 Expenditure Report Due Date
January Start	12/31/2021	3/31/2022
April Start	3/31/2022	7/30/2022
May Start	4/30/2022	7/30/2022



RWHAP Part C EIS Final Report Update

NOFO	Budget Start	Due Date	Grace Period	Final Due Date
HRSA-18-001	January	3/29/2022	90 days	6/27/2022
HRSA-18-004	April	6/29/2022	90 days	9/27/2022
HRSA-18-055	May	7/20/2022	90 days	10/18/2022
HRSA-18-092	May	7/20/2022	90 days	10/18/2022

Instructions and template is in EHB. Please follow up with your PO if you are not able to access a copy of the instructions for those funded for the FY18 - FY21 project period.



Leveraging RWHAP Part D

RWHAP Part D WICY Basic Training Program

- **Purpose:** Provide recipients with ongoing knowledge about implementing a RWHAP Part D program. Trainings will educate participants on program requirements, examples of grantee best practices in the field, and useful tools for program start-up and implementation. The topics covered will include, but are not limited to the following:
 - Part D Legislation 101
 - Managing federal funding across dually-funded RWHAP Part C &D Programs
 - Using Data for Quality Improvement
 - Understanding and Preparing for RWHAP Site Visits
 - Understanding Program Income
- **Timeline:** FY 2023



Leveraging RWHAP Part D

RWHAP Part D Communities of Practice

- **Purpose:** Facilitate the delivery of evidence-informed interventions and promising strategies to improve family-centered services to WICY with HIV in HRSA-funded RWHAP Part D provider organizations and HRSA-funded organizations serving similar populations.

The Communities of Practice will focus on three important areas:

- Youth transitioning from youth services to adult care
 - Trauma informed care
 - Pre-conception counseling, including sexual health
- **Contract Period:** August 2022 – July 2026



HRSA HAB Policy Clarification Notice 21-02, cont.



Timely Eligibility Confirmation

Recipients and subrecipients:

- ✓ Must conduct timely eligibility confirmations, **in accordance with their policies and procedures**, to assess if the client's income and/or residency status has changed



Six Month Recertification Requirement

- ✓ Are permitted to **accept a client's self-attestation of "no change"** when confirming eligibility, although HRSA HAB does not recommend relying solely on client self-attestation indefinitely
- ✓ **Should not disenroll** clients until a formal confirmation has been made that the client is no longer eligible

RWHAP Best Practices Compilation



How is your organization innovating to reduce health disparities along the HIV Care Continuum?

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

Do you have a novel approach or promising innovation to share?

Please submit it online:
TargetHIV.org/bestpractices



RWHAP Best Practices Compilation (cont.)



NEWS

CALENDAR

LIBRARY

COMMUNITY

HELP

Best Practices Compilation



The Best Practices Compilation gathers and disseminates intervention strategies that have been implemented in RWHAP funded settings and improve outcomes along the HIV care continuum. Explore the Compilation to find inspiration and new ideas for improving the care of people with HIV. [Submit your innovation today for possible inclusion](#) in the Compilation!

Keyword Search

SEARCH

RESET

Filters

 Evidence Level 

Choose

 Focus Population 

Choose

 HIV Care Continuum 

Choose



Gender Affirming Care in the RWHAP Program Letter

- Reaffirms the importance of providing culturally affirming health care and social services to the transgender community
- Letter is *not* new policy or approach to the services delivered by the RWHAP
- Accessible via:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/hiv-care/gender-affirming-care-rwhap.pdf>



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 16, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.¹ Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the *HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV (Guidelines)*.² According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming care across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.³ Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming ~~services through~~ RWHAP ADAP funds, along with RWHAP funds allocated under the separate



Long-Acting Antiretroviral (ARV) Medication Guidance

- In January 2021, the U.S. Food and Drug Administration (FDA) approved the first long-acting antiretroviral product for HIV treatment, Cabenuva
- In February 2022, FDA approved Cabenuva: for two-month dosing for adults with HIV
- HRSA HAB issued a program letter in December 2019 with guidance for RWHAP recipients on long-acting ARV medication:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/dcl-rwhap-adap-long-act-arv.pdf>
- For additional information on long-acting ARV, visit TargetHIV:
<https://targethiv.org/news/about-long-acting-art-fact-sheet-insights-ryan-white-hivaids-program>



HAB Website Has A New Look and New Name: RyanWhite.HRSA.Gov

Health Resources & Services Administration

Bureaus and Offices | Newsroom | A-Z Index | Contact HRSA



Sitemap

Home About the Program HIV Care Grants Data Resources

New 2020 Ryan White HIV/AIDS Program Data

Read the latest client-level data report

Learn More



FEATURED

Highlights new resources, program updates, and upcoming events



Find HIV Care and Treatment

Get connected to HIV care, treatment, and support through the Ryan White HIV/AIDS Program.



Learn About the 2022 National Ryan White Conference

The National Ryan White Conference is August 23-26, 2022, in Washington D.C. The conference is being planned to include both limited in-person and virtual attendance options.

EXPLORE

HIV Care

Find how to get HIV care and services through the Ryan White HIV/AIDS Program.

Grants

Access resources that support Ryan White HIV/AIDS Program grant recipients.

Data

Learn about clients served by the Ryan White HIV/AIDS Program.

Resources

View fact sheets, infographics, publications, and more.

Sign up for the RWHAP Listserv!

[Return to top](#)

Sign up for email updates.

Subscribe

Find a Ryan White HIV/AIDS Program Medical Provider

Enter a city name, ZIP code (such as "20002"), address, state name, or place name.

English | Español

More About the Program

Who Was Ryan White?

State Hotlines

Find Funding

TargetHIV

HRSA
Health Resources & Services Administration



Contact Us

Find a RWHAP Medical Provider



HAB Website Has A New Look and New Name: RyanWhite.HRSA.Gov (cont.)

New Site Navigation

- **About the Program:** Find an overview of the RWHAP, its parts and initiatives, funding, and more!
- **HIV Care** – Learn how to get HIV care and treatment through the RWHAP and how to find a RWHAP provider, and view state HIV hotlines
- **Data** – Find RWHAP data, slide decks, reports, and tools, such as the RWHAP Compass Dashboard

The screenshot shows the top navigation bar of the HRSA website. The header includes the HRSA logo and the text "Ryan White HIV/AIDS Program". To the right of the logo is a search bar and a "Sitemap" link circled in red. Below the header is a main navigation menu with the following items: Home, About the Program, HIV Care, Grants, Data, and Resources. The "Grants" menu is expanded, showing a list of options: Find Funding, Manage Your Grant, Coronavirus (COVID-19), Policy Notices, Program Letters, Clinical Care Guidelines and Resources, Quality of Care, Performance Measure Portfolio, and Audit Reports. The "Resources" menu is also expanded, showing a list of options: Fact Sheets, Infographics, Expert Panel Summaries, eLibrary, Newsletters, Provider Resources, and Webinars. A red arrow points from the "About the Program" menu item to the text "Find RWHAP Resources". Another red arrow points from the "Grants" menu to the text "Grants: Find information and resources on how to manage your grant".

Use the sitemap to easily find web pages

Find RWHAP Resources

Grants: Find information and resources on how to manage your grant

New Ryan White HIV/AIDS Program Resources



Dimensions of HIV Prevention and Treatment for Black Women

Technical Expert Panel Executive Summary



Background

During the course of the HIV epidemic in the United States, Black/African American women have been disproportionately affected. According to the Centers for Disease Control and Prevention (CDC), 67 percent of women who received a diagnosis of HIV in 2019 were Black/African American. In 2019, heterosexual Black women as a population were the fourth highest affected by HIV, behind Black/African American men who have sex with men (MSM), heterosexual MSM, and white MSM.

Pre-exposure prophylaxis (PrEP) is a proven strategy to reduce HIV transmission. Prevention efforts have focused on MSM, with less awareness and uptake among cisgender Black women. CDC statistics (2017) indicate that only 4.4 percent of Black/African American women who would benefit from PrEP received treatment. Education and outreach efforts related to PrEP that focus on Black/African American women are limited. Panelists related that many clinicians do not discuss PrEP with their sexually active female patients with HIV or how PrEP may be appropriate for their sexual partners.

Viral suppression rates among Ryan White HIV/AIDS Program (RWHP) clients are higher than among people with HIV who are not receiving services through RWHP. In 2019, 88.1 percent of RWHP clients were virally suppressed. Black/African American women have seen similar success: 86.7 percent of Black/African American women served by RWHP were virally suppressed. Disparities have lower rates. These include women aged 20-24 years; women who acquired HIV via vertical transmission (i.e., at birth); and those with unstable housing.

Improving Care and Supporting Black Women

During the course of discussion, several themes and strategies for engagement of Black women across the HIV care continuum emerged.

The Black Women's mantra: "It's A Lot." Most importantly, constantly carrying, not only the work, but the emotional weight of our white counterparts, service providers, policy makers, and other folks with more privilege and lower expectations and/or should be.

Acknowledge the Legacy of Oppression. Historical inequities and discrimination affect the health and quality of life of Black women. Acknowledging this legacy—both in terms of impact on the individual and as a society—is critical to addressing the premature decline of health in Black women.

- Improving care and supporting Black women with HIV;
- Improving RWHP services for Black women with HIV;
- Addressing the mental health needs of Black women with HIV;
- Valuing the lived experience of Black women as clients.




HRSA's Ryan White HIV/AIDS Program: HIV Care and Treatment in Rural Communities

Population Fact Sheet | September 2021

The Reach and Impact of the RWHP in Rural Areas in 2019

- 7.9% of all RWHP providers (n = 1602, 037) were located in rural areas¹
- 10.2% of all RWHP outpatient medical care² providers (n = 91/894) were located in rural areas.

Among RWHP providers in rural areas in 2019—

- Nearly 50% served more than 100 RWHP clients.
- 42% were health departments.
- Approximately 87% received Public Health Service Act Section 330 funding, which supports HRSA-funded Community Health Centers.

In 2019, the top 10 most common services delivered by RWHP providers in rural areas were—

Medical case management – 57.5%	Emergency financial assistance – 38.3%
Outpatient/ambulatory health services – 56.9%	Mental health services – 35.6%
Oral health care – 48.1%	Health insurance premium and cost-sharing assistance – 29.4%
Medical transportation – 45.6%	Food bank/home-delivered meals – 21.3%
Non-medical case management – 43.1%	Outreach services – 21.3%

RWHP Clients Who Visited Rural Providers in 2019

3.3% of all clients visited providers located in rural areas

89.8% of clients who visited rural providers were VIRALLY SUPPRESSED

56.7% lived at or below 100% of the Federal Poverty Level

58.0% were racial/ethnic minorities

88.1% which is slightly higher than the national average

89.6% had stable housing versus 87.0% in non-rural areas

48.9% were aged 50+

¹ Klein PM, Gager T, Chasin NE, et al. The Health Resources and Services Administration's Ryan White HIV/AIDS Program in rural areas of the United States: Geographic distribution, provider characteristics, and clinical outcomes. *HIV Clin 2020*;15(2):e220221

² HRSA. Ending the HIV Epidemic in the U.S. <https://www.hrsa.gov/ending-the-epidemic>

³ "RWHP service providers" refers to provider organizations that deliver direct care and support services to RWHP clients

• New resources available on the HAB website. Visit: <https://ryanwhite.hrsa.gov/resources>



Mark Your Calendar

- **Upcoming HAB You Heard Webinar**
 - **May 19, 2022; 2:00-3:00 PM ET**



2022 Stakeholder Webinar Schedule

SAVE THE DATE

HAB's DCHAP Stakeholder Webinars



Day and Date	Time
Thursday, July 21, 2022	2 pm – 4 pm ET
Thursday, October 20, 2022	2 pm – 4 pm ET

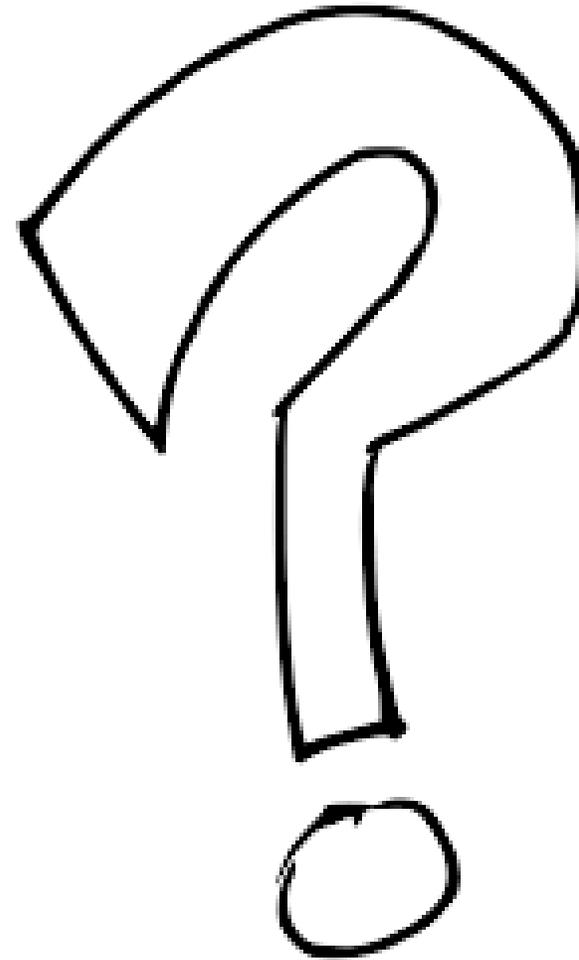
2022 National Ryan White Conference Updates



- 2022 National Ryan White Conference Dates: August 23-26, 2022: Virtual
- Conference registration is now open. Please visit the conference website to register:
<https://ryanwhiteconference.hrsa.gov/>
 - Unlimited registration for all recipient staff
 - Community members are highly encouraged to participate
 - Registration is free
- DCHAP Business Day: August 23, 11 am-2 pm ET
- Abstract approvals were sent out in mid-April



Questions



Contact Information

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www.HRSA.gov



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Program Income: Current Practices From The Field





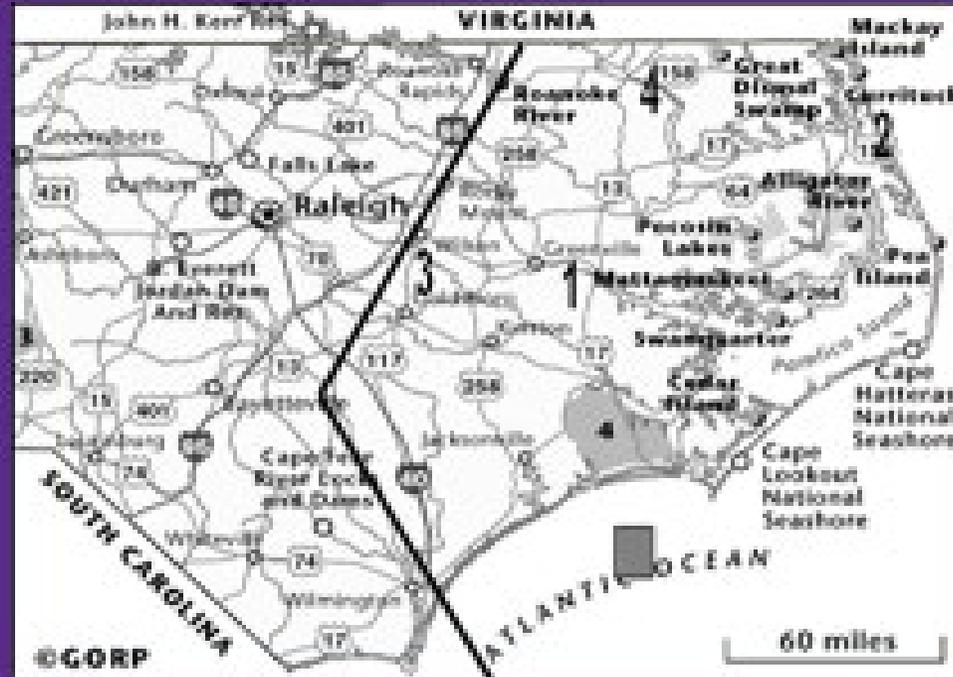
**Division of Infectious Diseases
HIV Program
Greenville, North Carolina**

Jeff Thomas & Nan Ma



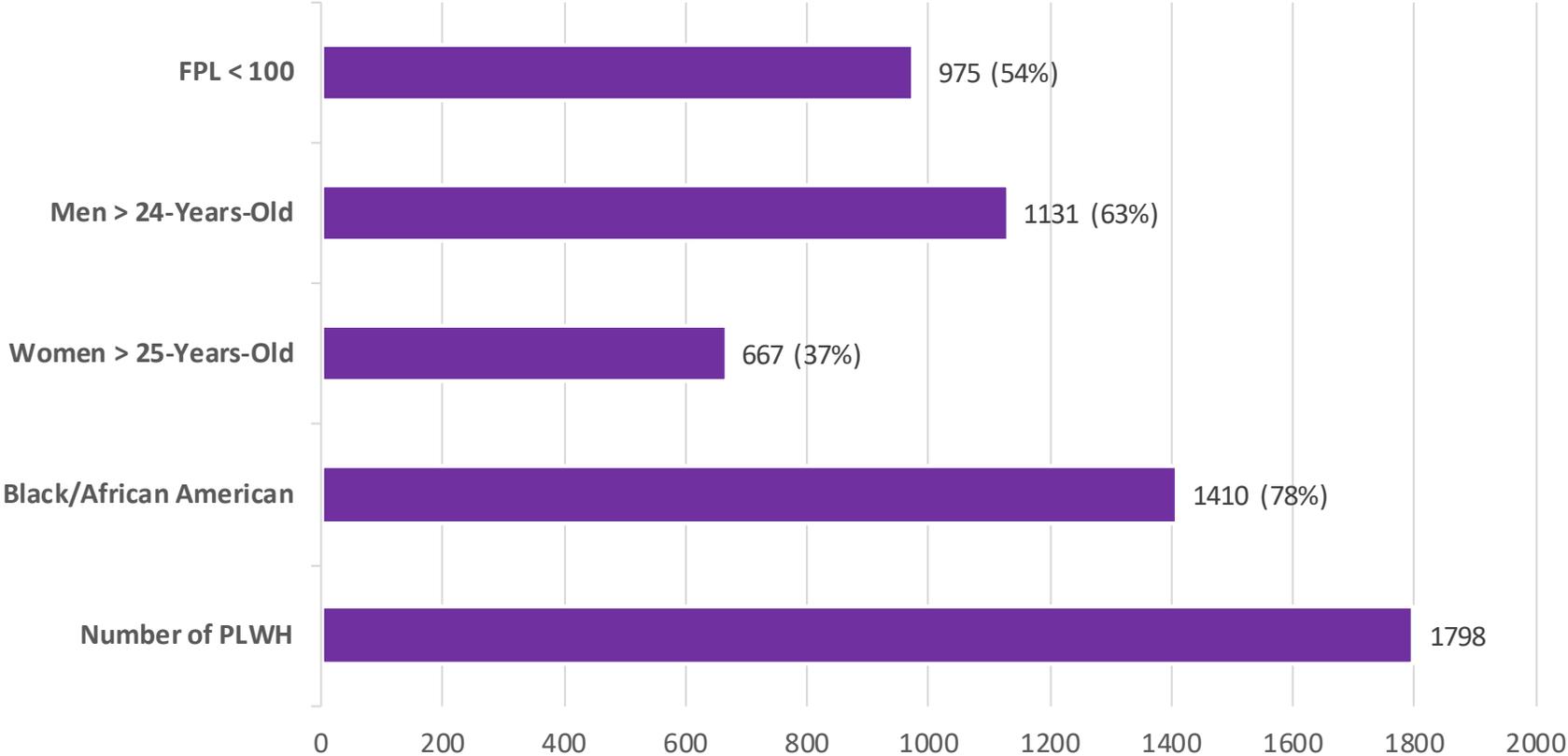
ECU HIV Program

- Primary Provider for HIV Care in Eastern North Carolina (ENC)
- Catchment Area - 30 Counties
- 1798 Active Patients/PWH
- 100 New and 100 Reengaging Patients Per Year (No HIV care > 9 months)



ECU HIV Program Demographics

2022 ECU Patient Level Data



ECU HIV Program – “One-Stop Shop”

- 7 - ID Faculty; 4 - ID fellows; 1- GP*; 2 – NP*; 3 - nurses; 1 – phlebotomist; 2 – PharmDs*
- 2 FT Behavioral Health Counselors; Director (MH/SA); .1 FT Psychiatrist
- Nutritional Screening and Treatment
- Medical Case Management/Community Health Workers*
- RN-Case Manager-Linkage Retention*
- Transportation Assistance & Medication Assistance/ADAP*
- Oral Health Services (School of Dental Medicine) and Vision Program (Referral Coordinator)*
- Specialty and Primary Care Referral Program*
- Clinical Trials Program: 8 Active, 1 actively enrolling

*Funded in whole or in part with program income

ECU Ryan White Program

Four Ryan White Grants (Parts B, C, C-NGSA, and D)

- Ryan White HIV/AIDS Program (RHWAP) Part C: \$554,327; covers 14 counties in ENC
- RHWAP Part C: \$311,809; covers 5 counties in ENC
- RWHAP Part D: \$676,203: covers 28 counties in ENC
- RWHAP Part B: \$567,467: covers 11 counties in ENC



ECU HIV Program Income Sources

- Patient Charges and Third-Party Reimbursement (7%)
 - Collections from Insurance (Third-Party)
 - Patient self-payment for services provided
- 340B Drug Pricing Program (93%)
- Patients with private insurance and Medicare Part D who are not enrolled in the State's ADAP supplement program are offered participation in the 340B Medication Program
 - A dedicated pharmacy technician coordinates referrals to the ECU Pharmacy

Program Income Funded

Expansion of Services

- Hiring of additional clinic staff (e.g., Family Physician, Referral Coordinator, Community Health Workers)
- Contractual Psychiatry services (hourly)
- Expansion of oral health care including shared funding of a dental referral coordinator- improved eligibility, treatment coordination and adherence, payment
- Expansion of specialty care within and outside of ECU
- Stratus video interpreting services
- Expanded HIV Testing
 - ED HIV Opt-in Testing Program

Program Income Funded Additional Improvements

- Relocated to larger facility to accommodate our patient growth
 - Long-term lease
- Minor upgrade of facilities
- Hiring an IT program developer for development of a medical case manager (MCM) dashboard
 - Development of a MCM dashboard to operationalize work tasks
- Support of additional CQI efforts
- Enhanced Staff Training
 - Trauma-Informed Care

Fiscal Management of Ryan White Program Income

The Grant Fiscal Coordinator works closely with:

- Principal Investigator
- Fiscal Team at Internal Medicine
- ECU Billing office
- ECU Office of Research Administration (ORA)

Annual Budgeting Process

The Grant Fiscal Coordinator prepares an annual Budget Plan based on:

- Consider all the resources of Ryan White funds in our clinic, including the original award amount and the program income.
- The assessment of comprehensive HIV care and treatment needs for our clients
- Program income is used to fill the gap in personnel and other support services
- Program income is used for administrative services beyond the 10% cap since it is not subject to such a cap

Budget Plan of Program Income

Budget Narrative and Line-Item Budget:

- Prepared at Fiscal Year term
- Considers the revenue generated during the last fiscal year
- Expenditures are estimated based on previous fiscal years' expenditures data and trends
- Ryan White Management Team meets to discuss priority areas and anticipated new programs and associated expenditures which are then added into the budget

Variance Report

- The Grant Fiscal Coordinator prepares a quarterly variance report that estimates the percentage of funds expended from program income compared to the percentage of the grant year that has passed
- The Grant Fiscal Coordinator sends the quarterly variance report to PI for review and approval.
- During the RW management meeting, the PI and management team discusses the details of the variance and decides if any adjustments are needed

Challenges and Resolutions

Challenge: Hard to share the clients' current RW eligibility status with ECU Dental School when scheduling the dental appointment

Solution: Co-hired a Dental Referral Coordinator to assist with Linkage to HIV Care Services

Challenge: Billing for ECU specialty referrals involve several internal processes to verify eligibility before paying invoices

Solution: Worked with ECU Billing Office to set-up a work queue for internal referrals within ECU-P to bill RWPI, and hired a Financial Counselor to assist with eligibility

Summary

- Program Income is an excellent resource to expand the activities of the award
- Recipients should develop policies and systems to track grant funds and program income to avoid large unobligated balances (UOB)
- Develop streamlined processes that capitalize on strengths while improving weaknesses in relation to program income utilization
- Internal and external communication between staff and community partners is essential

Contact Information

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TRUMAN
HEALTH
SERVICES

340b Program: Building a Strong Financial and Operational Relationship

Miranda Sedillo, MS
Operations Director/
RWHAP Project Director

Dion Sanchez, MBA
Director, Financial
Reporting



Objectives

- Introduce an overview of UNM Truman Health Services' Ryan White Program
- Discuss best practices for compliance with 340b Program Income
- Demonstrate financial and operational tools to develop strategy



UNM Truman Health Services (THS)

Vision: All people living in New Mexico will have access to affirming, quality care that is free from stigma and discrimination leading to an improved quality of life.



Our mission is to achieve zero new HIV and hepatitis C infections in New Mexico. To accomplish our mission, we create a safe place to care for our patients, the community and each other. We respect human dignity and, together, seek to enhance the physical and personal well-being of people accessing care in New Mexico.



Our focus is caring for people with HIV, those who are gender diverse and populations disproportionately impacted by HIV and hepatitis C in New Mexico.



Our History

Ryan White Part C Recipient

Received our initial RHWAP Part C Grant Award

HIV Care

Provided through UNM Hospital

1985

1991

Ryan White Part D Recipient

Received our initial RHWAP Part C Grant Award

Received NCQA Accreditation

National Committee of Quality Assurance

First Contract Pharmacy

UNMTHS Pharmacy Opens

2012

2014

2015

Expand Transgender Services

Expand PrEP/PEP

Became CDC grant sub-recipient under the NMDOH

Allowed for continued access for STI prevention, testing and treatment

Received URAC Specialty Pharmacy Accreditation

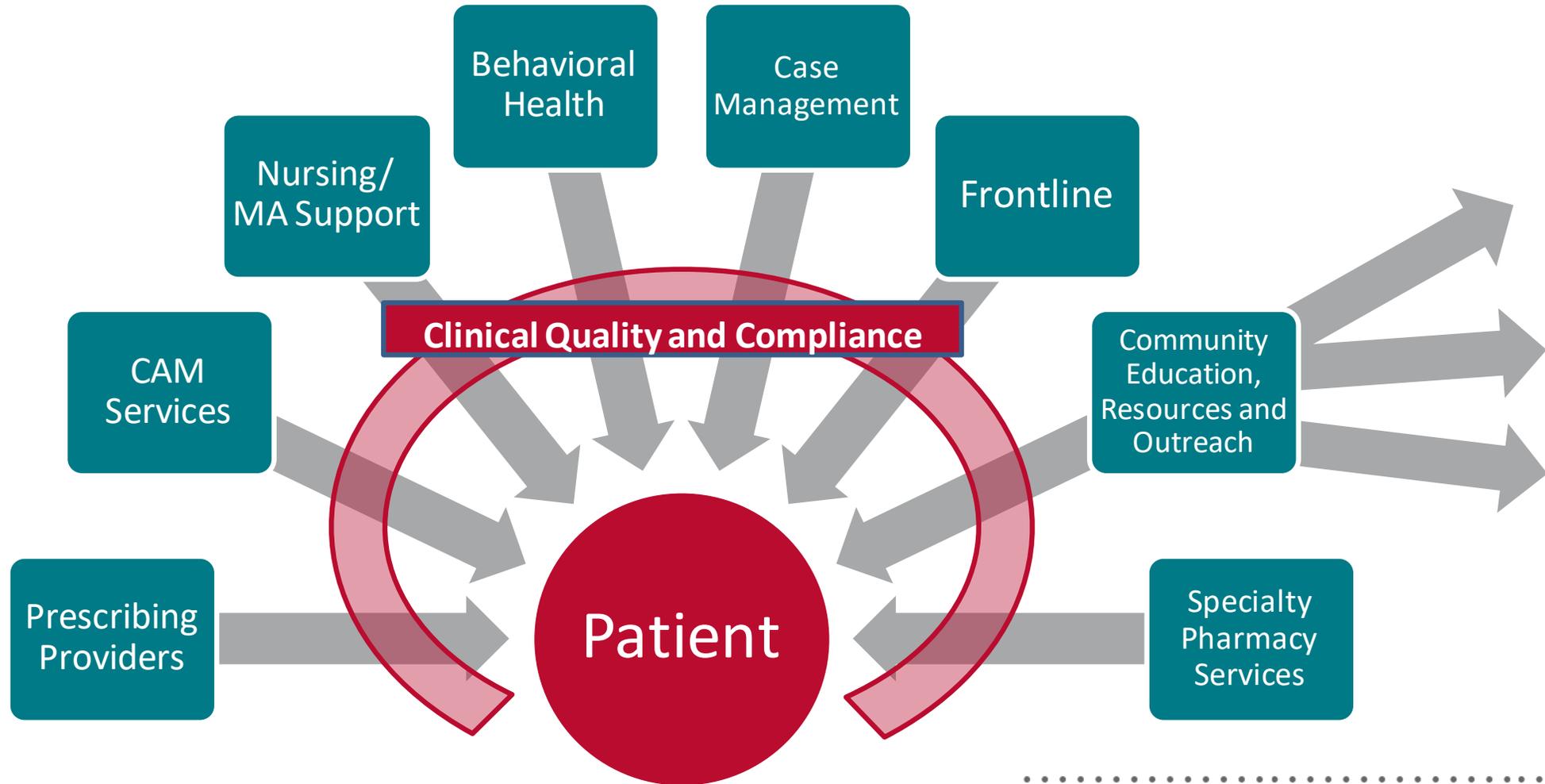
2017

2018

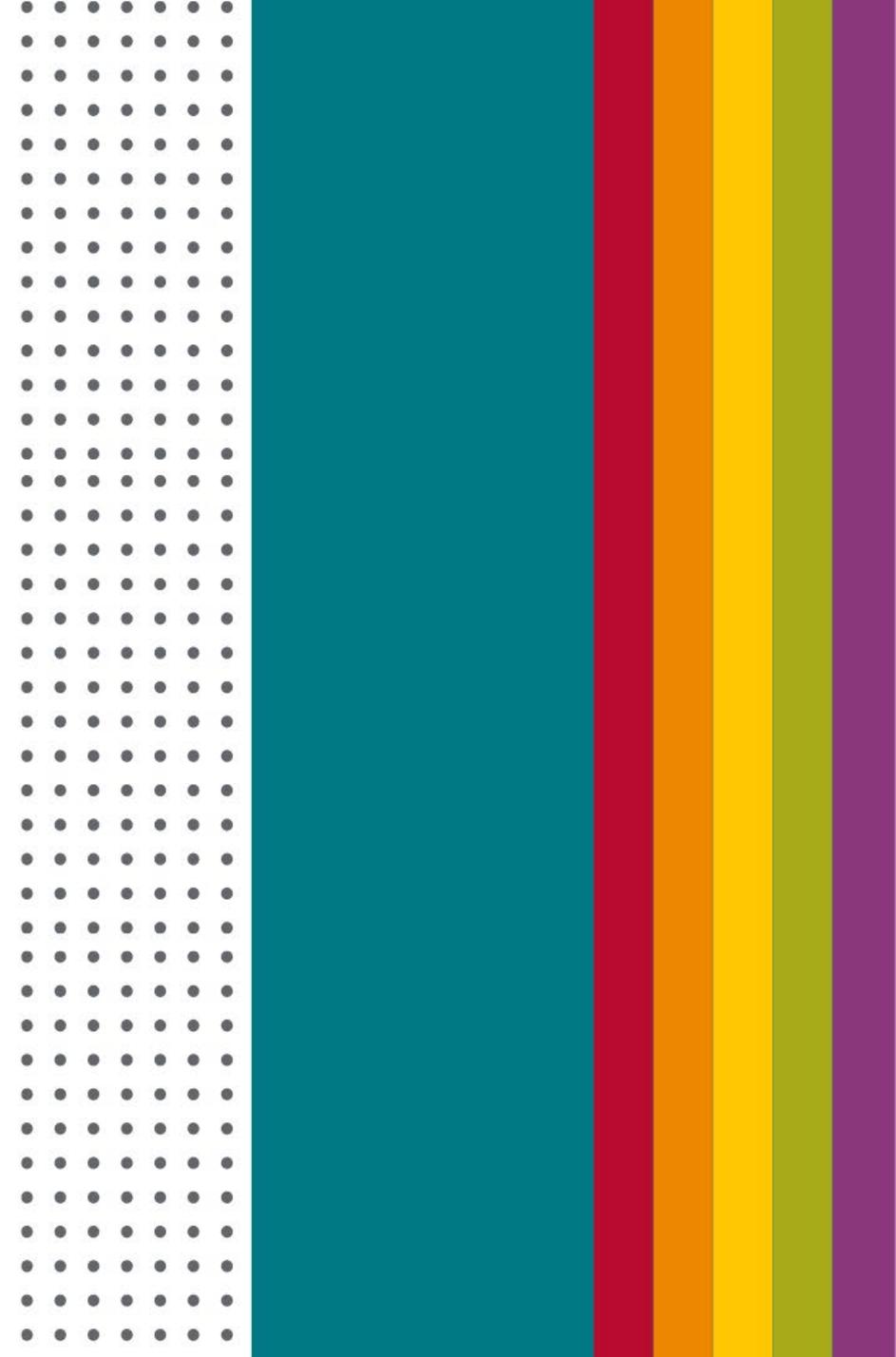
2019

2020

Our Services Center on our Patients



Best practices for compliance with 340b Program Income





Best practices

- Establish a strong financial and operational relationship
 - **Monthly** financial review of grants and 340b program income
 - Shared decision making
 - Created culture of close collaboration
- Create consistent financial reports
 - Fiscal year, project year
 - Take time to review, discuss and identify variance





Challenges

RWHAP Part C, Part D and Other services are not separate operations/cost centers.

And

The grant years are each different and do not match our fiscal year.



Overlapping CY, FY, PY Requires Financial Reporting Adjustments

CY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
FY	7	8	9	10	11	12	1	2	3	4	5	6
Part C	10	11	12	1	2	3	4	5	6	7	8	9
Part D	6	7	8	9	10	11	12	1	2	3	4	5



Solutions

Challenge: RWHAP Part C, Part D and Other services are not separate operations/cost centers.

Solution:

- Creation of specific accounting units for each program: RWHAP C, D, Other
- Allocate revenues based on individual patient type
- Allocate expenses based on agreed-upon allocation by account and reviewed annually
 - General office expenses are driven by patient mix for the month
 - Patient assistance by type of expense

This is accomplished by Truman RWHAP (program) staff working with fiscal team to identify RWHAP patients and determine the proper classification for the various costs and cost categories.





Solutions

Challenge: The grant years are each different and do not match our fiscal year.

Solution:

- Creation of individual reports for each of the unique accounting units by program.
- Listing each month starting with the beginning of the specific grant period and accumulating for grant to date reporting.

Finance does this by creating financials with a grant specific starting periods and a total for the 12 months. In this case we use Excel for greatest flexibility.



Finance Support

Finance provides monthly financials by program and by grant year.

UNM Medical Group
Truman Part C
Grant Year Apr - Mar
Data as of: 03/09/22 at 08:43

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Actual Total Truman Part C
Work RVUs	-	-	-	-	-	-	-	-	-	-	-	-
Arrivals	-	-	-	-	-	-	-	-	-	-	-	-
FTE's	-	-	-	-	-	-	-	-	-	-	-	-
Gross Billing	-	-	-	-	-	-	-	-	-	-	-	-
Net Collections	-	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Salaries	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-
<i>Benefits as % of Salaries</i>												
Total Salaries & Benefits	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Svcs Sal & Ben	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	-	-	-	-	-	-	-
Net Gain / (Loss)	-	-	-	-	-	-	-	-	-	-	-	-
Reductions:												
Mgmt Fees - Clinics	-	-	-	-	-	-	-	-	-	-	-	-
Net Gain / (Loss) after Redu	-	-	-	-	-	-	-	-	-	-	-	-



Financial Review

- Monthly distribution of the financials by program and grant year.
- Monthly meeting with Truman's RWHAP program staff, Finance and Contracts and Grants to review financial status, recent changes and upcoming changes of each program.
 - Provided opportunity to make changes to spending; shifting of funds





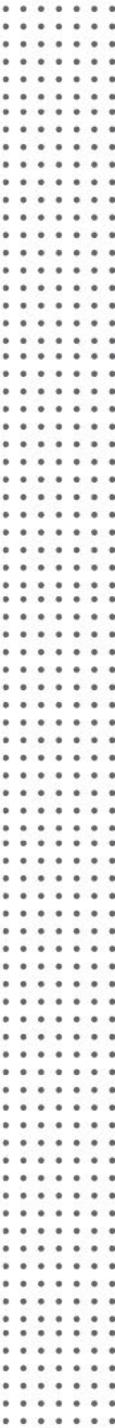
Compliance with 340b Program Income Requires Sufficient Fiscal/Admin Staffing

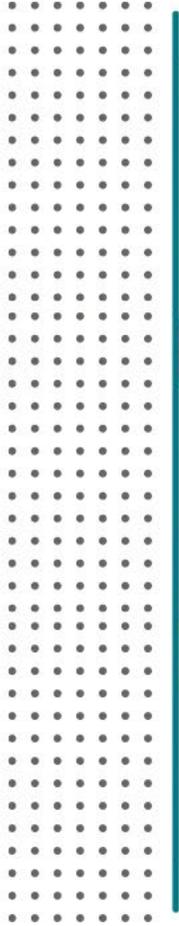
- Dedicate appropriate finance team resources
 - 1.0 FTE Sr. Financial Analyst
 - Program income-supported fiscal staff
 - Oversees allocations processes
 - Conducts financial analysis
 - Coordinates financial team members' efforts to ensure compliance with allocations plan
 - Analyzes budget to actuals, with budget projections to ensure full grant draw down and program income spending
 - Weekly one-on-one with RWHAP Project Director
 - Dedicate appropriate finance team resources





Snapshot of Tools

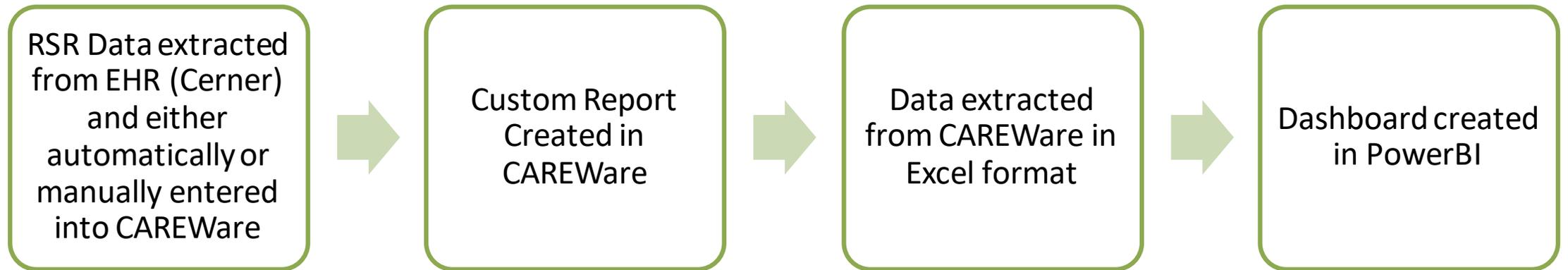




Tool Snapshot

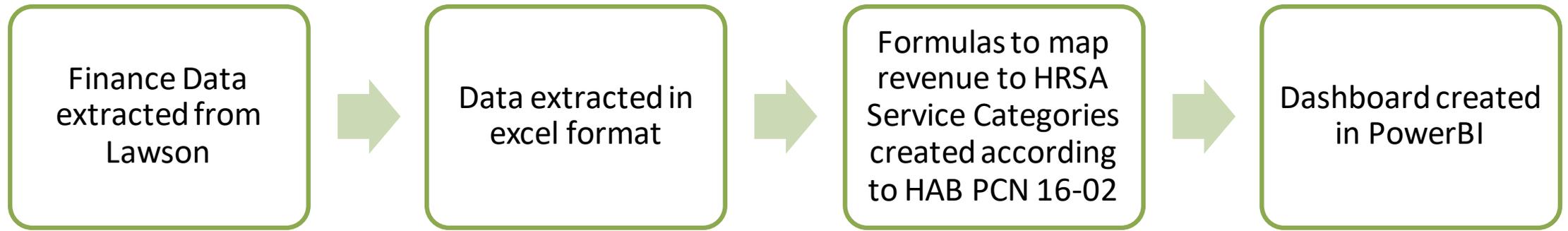


Tool Snapshot

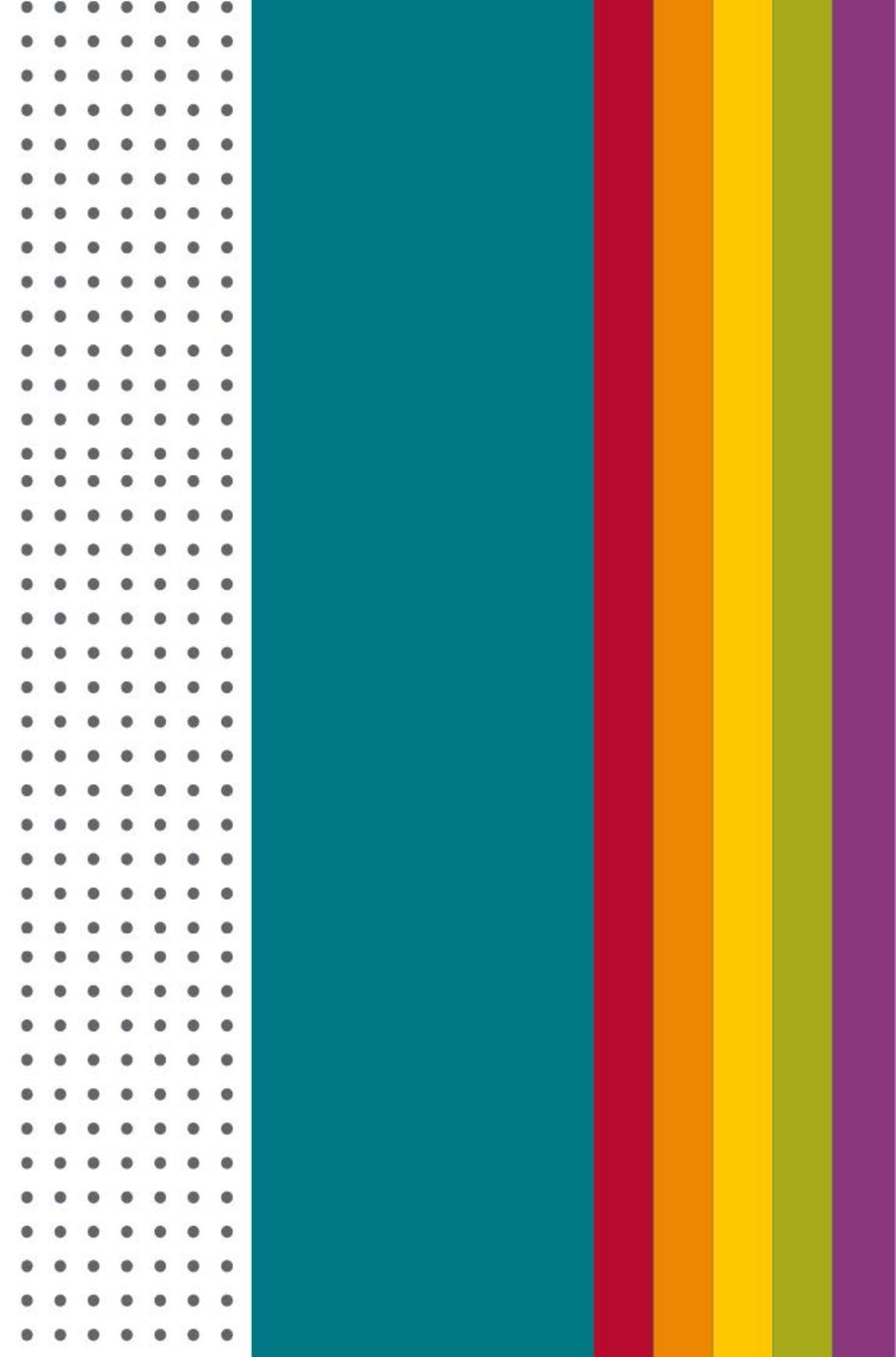




Operational Tool Snapshot



Power BI Demonstration





How did we accomplish all of this?

- Initiated 340b efforts with a small, experienced contract pharmacy; expanded to in-house pharmacy to build revenue
- Held true to our mission and intent of the RWHAP – always place patients first in operational and financial decisions
 - SPECIFICALLY – 340b margin returns to support efforts of the RWHAP, including administration and operational supports





How did we accomplish all of this?

- Identify the mutual benefit from routine reporting and collaboration between finance and operations
- Established a culture of continual readiness for audits/accreditation to ensure compliance





Summary

- Strong relationship between finances and operations results in sustainability and growth
- Establish allocations according to HAB PCN 16-02 and commit to the plan
- Run routine reports and have dedicated time for discussions
- Utilize data (financial and patient) to make strategic decisions – it needs to be submitted, so use it!



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Thank you!



TRUMAN
HEALTH
SERVICES

Thank You!

