

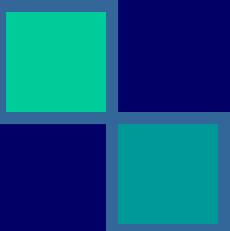

RISE Software Integration with CAREWare: Going Paperless



Marion County Health Department,
Indianapolis, IN

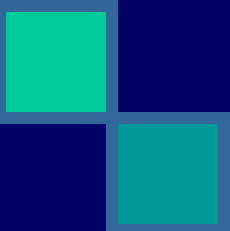



Introductions

- 
- Scott Gardner – Software Engineer
 - Mike Wallace – Director Ryan White/HIV Services
 - Kerry Hill – HAB Officer
- 




Agenda

- 
- Overview of MCHD Ryan White/HIV Program
 - The business case for RISE
 - How did we get there?
 - RISE, what is it?
 - What can we do now?
 - Lessons Learned
 - Recommendations
- 

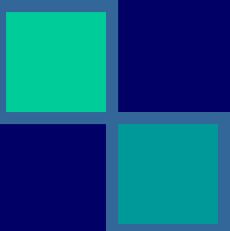



Overview of MCHD Ryan White/HIV Program

- New TGA and the need to have a tracking mechanism for these new dollars and new program
 - Part A, C, and MAI funded agency
 - Funding history and what is funded
 - Need to replace the data system that was being used to accommodate new funding streams, services and agencies
 - Significance of need for multifaceted data system
 - Interface capabilities with the sub-grantees
 - Dual awards to agencies with Part A, C, MAI
 - Significance of a data system that would allow for client level data collection
- 

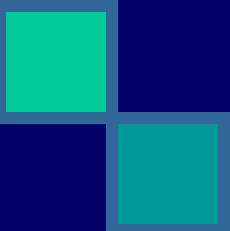



The Business Case for RISE

- 
- Goals
 - Objectives
 - The need to move from an Access Database application
 - Support from all levels of the organization
- 

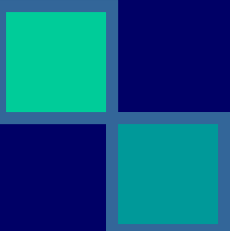



Getting There

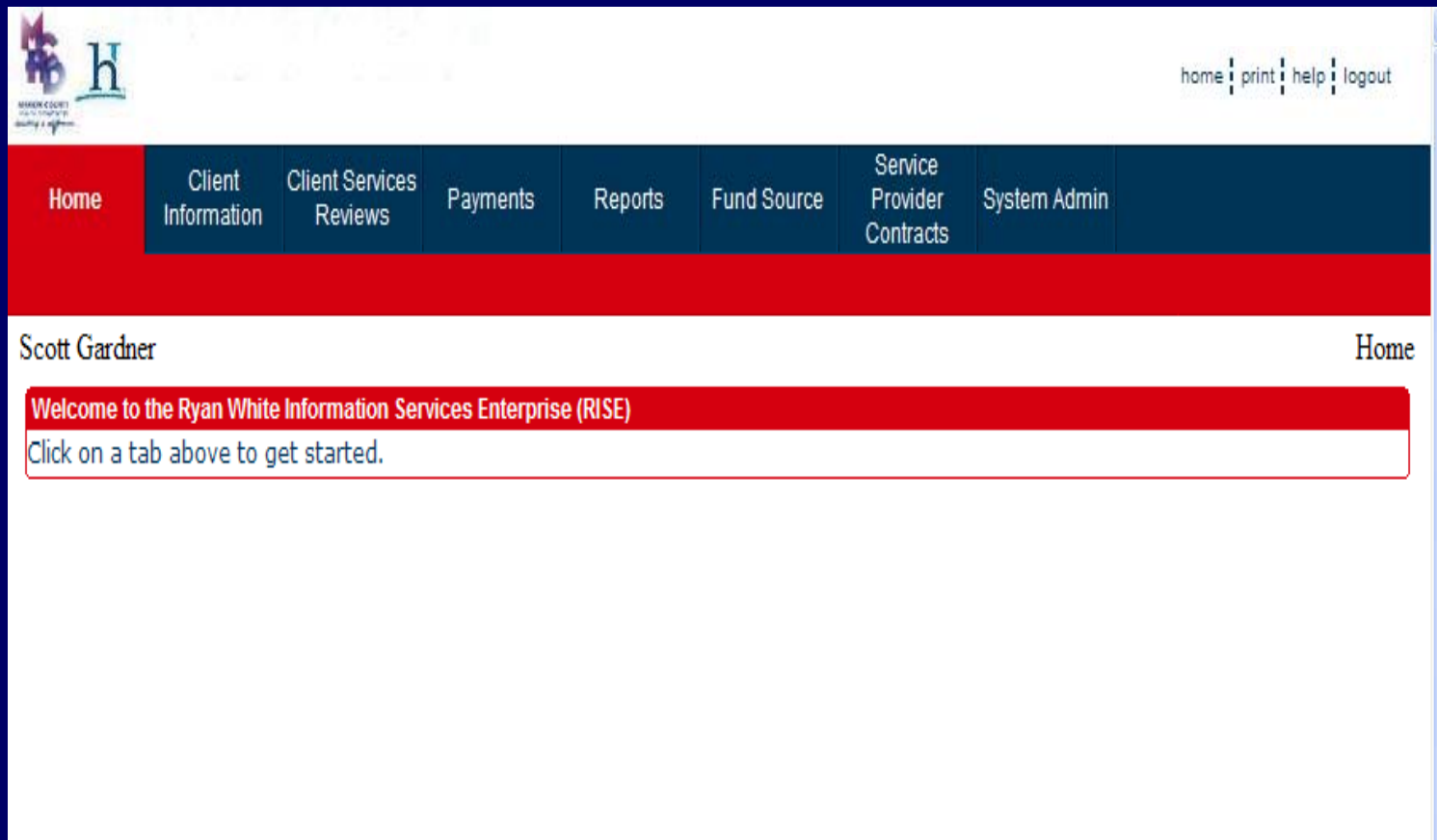
- 
- Complete support from both IT and business
 - Requirements gathering and learning the business process
 - Learning terminology and never assume
 - Data Conversion and cleanup
 - Developed with .NET and SQL Server
 - Timeline from beginning to end
- 



RISE (Ryan White Information Services Enterprise)

- 
- Client Level Data
 - Grants Management (Fund Sources, Providers, Provider Budgets, Money Mover, Reconciliation)
 - Clinical Data
 - Automation of Fund Source selection
 - Exception handling for data and financial integrity
 - Reporting
 - Integration of CAREWare
 - Paperless Process
 - Process from beginning to end
- 

RISE menu screen



The screenshot shows the RISE menu screen. At the top left is the logo for Marion County Health Services, featuring a stylized 'h' and the text 'MARION COUNTY HEALTH SERVICES making a difference'. At the top right are links for 'home', 'print', 'help', and 'logout'. Below this is a navigation bar with tabs: 'Home' (highlighted in red), 'Client Information', 'Client Services Reviews', 'Payments', 'Reports', 'Fund Source', 'Service Provider Contracts', and 'System Admin'. Below the navigation bar, the user's name 'Scott Gardner' is displayed on the left and 'Home' on the right. A red banner contains the text 'Welcome to the Ryan White Information Services Enterprise (RISE)' and 'Click on a tab above to get started.'

home | print | help | logout

Home Client Information Client Services Reviews Payments Reports Fund Source Service Provider Contracts System Admin

Scott Gardner Home

Welcome to the Ryan White Information Services Enterprise (RISE)
Click on a tab above to get started.

Search/Insert a client

The screenshot displays a web application interface for client management. At the top, there is a navigation menu with options: Home, Client Information (selected), Client Services, Reviews, Payments, Reports, Fund Source, Service Provider Contracts, and System Admin. Below the menu is a red banner with the text "Search Client Information | Alerts".

The main content area is titled "Search Client Information" and contains a search form. The form includes the following fields and controls:

- Client Number: 3172 (dropdown menu)
- *App Date: [text input]
- SSN: [text input]
- Medical #: [text input]
- *DOB: [text input]
- Pending Client:
- *First Name: [text input]
- Middle Name: [text input]
- *Last Name: [text input]
- Maiden Name: [text input]
- Buttons: Search, Reset, Insert Client Record

Below the search form is a table of client records. The table has the following columns: Client Number, ID Card, Enter Services, First Name, Middle Name, Last Name, DOB, Sex, Address, Status, App Date, Expiration Date, and Comments. The first row of data is highlighted in yellow:

Client Number	ID Card	Enter Services	First Name	Middle Name	Last Name	DOB	Sex	Address	Status	App Date	Expiration Date	Comments
3172	ID Card	Enter Services	Charlie		Brown	1965/05/25	Male	123 Main ST, Indianapolis, Marion	Active	2010/06/01	2011/06/01	Comments

Application Info/Client Alerts

The screenshot shows a web application interface with a dark blue header and a red navigation bar. The main content area is white with red accents. The interface is divided into several sections: a navigation menu on the left, a client information form in the center, and a client alerts table at the bottom.

Client Information Form:

- Client Number: 3172
- Client Name: Charlie Brown
- DOB: 5/25/1965
- Current Age: 45
- Receive Mail:
- Application Date: 06/01/2010
- Expiration Date: 06/01/2011
- Client Status: Active
- Enrollment Type: New
- HIV Status: Select HIV Status
- HIV Diagnosis Date: [Yellow Highlighted]
- HIV Verif Source: Select HIV Source
- HIV Verif Date: [Empty]
- AIDS Status: Select AIDS Status
- AIDS Diagnosis Date: [Empty]
- Care Coordination Site: Select Site
- Care Coordinator: [Empty]
- Primary Care Facility: Select Facility
- Primary Care Medical #: [Empty]

Client Alerts Table:

Primary Care Facility Not Complete	Expiration Date	HIV Diagnosis Date Not Verified	Income Verification Not Verified	Insurance Verification Not Verified
Verify		Verify		

Client Demographics

Home | Scott Gardner | Logout

Home Client Information Client Services/Reviews Payments Reports Fund Source Service Provider Contracts System Admin

Search Client Information Alerts

Scott Gardner Home Client Information Client Page

Client Navigation

- Search
- Client Alerts
- Client Demographics
- Population Indicator
- Financial/Income
- Insurance
- Contact Info
- Risks
- Referrals
- Services
- Show All

Application Information

Client Number: 3272 Client Name: Charles Brown
DOB: 5/25/1965 Current Age: 45 Receive Mail:

Application Date: 06-01-2010 Expiration Date: 06-01-2011
Client Status: Active
Enrollment Type: New

HIV Status: HIV - Positive HIV Diagnosis Date: 3/10/2010
HIV Verif Source: Physician note/letter HIV Verif Date: 03/15/2010
AIDS Status: CDC - defined AIDS AIDS Diagnosis Date: 05/25/2010

Care Coordination Site: Damsen Center Care Coordinator: Amber Monday
Primary Care Facility: Damsen Center Primary Care Medical #: 123456789

Client Alerts

Primary Care Facility Not Complete	Expiration Date	HIV Diagnosis Date Not Verified	Income Verification Not Verified	Insurance Verification Not Verified
1				

Client Demographics

DOB: 5/25/1965 Current Age: 45
SSN: AARS #: 98765432

First Name: Charles Middle Name: Last Name: Brown
Alias First Name: Alias Last Name:
Maiden Name:
Address: 123 Pre Dr Main ST Suff Dr
City: Indianapolis IN
Zip Code: 46235 Marion County Census tract: 0
Sex: Male
Race: White
Ethnicity: Not Hispanic, Latino, Spanish

Client Information Updated Successfully!

Search Client

Population Indicators

Client Navigation

- ▶ Search
- ▶ Client Alerts
- ▶ Client Demographics
- ▶ Population Indicator
- ▶ Financial/Income
- ▶ Insurance
- ▶ Contact Info
- ▶ Risks
- ▶ Referrals
- ▶ Services
- ▶ Show All

Application Information

Client Number: 3172 Client Name: Charlie Brown

DOB: 5/25/1965 Current Age: 45 Receive Mail: ||

Application Date: 06/01/2010 Expiration Date: 06/01/2011

Client Status: Active

Enrollment Type: New

HIV Status: HIV - Positive HIV Diagnosis Date: 5/10/2010

HIV Verif Source: Physician note/letter HIV Verif Date: 05/15/2010

AIDS Status: CDC - defined AIDS AIDS Diagnosis Date: 05/25/2010

Care Coordination Site: Damien Center Care Coordinator: Amber Monday

Primary Care Facility: Damien Center Primary Care Medical #: 123456789

Population Indicators Information

Population Indicators: Select Population Indicator

Population Indicator ID	Population Indicator		
2145	Racial/ethnic minorities/communities of color	Edit	Delete

1

[Search Client](#)

Financial/Income Information

Financial/Income Information

Income Source:

Relationship:

Pay Frequency:

Pay Amount:

Verification Date:

Income ID	Source	Relationship	Amount	Frequency	Total(Month)	Verification Date		
3111	Tax Return - 1040	Self	\$6,000.00	Monthly	\$6,000.00	2010/06/01	Edit	Delete
				1				

Total: \$6,000.00

in Household: % of Poverty: >300%

Dependents: Co-Pay: FULL CHARGE

Proof of No Income Date:

Insurance Information

Insurance Information

Verified: No
Insurance: Select Insurance
Applied: No
Approved: No
Effective Date From:
Effective Date To:
Pre-Existing Date:
Comments:

Verified	Insurance	Applied	Approved	Effective From	Effective To	Pre-Existing Date	Comments	
Yes	ADAP	Yes	Yes	2010/04/01	2011/04/01		Comments Edit	Delete

1

Contact Information

Contact Information

Contact First Name:

Contact Last Name:

Phone:

Relationship:

Leave Msg?:

Comments:

Contact ID	First Name	Last Name	Phone	Relationship	Leave Msg?	Comments		
4723	Charlie	Brown	317-555-1234	Self	Yes	Comments	Edit	Delete
4724	Snoopy	Dog	317-555-7894	Roommate	Yes	Comments	Edit	Delete

1

Risks Information

Client Navigation

- ▶ Search
- ▶ Client Alerts
- ▶ Client Demographics
- ▶ Population Indicator
- ▶ Financial/Income
- ▶ Insurance
- ▶ Contact Info
- ▶ Risks
- ▶ Referrals
- ▶ Services
- ▶ Show All

Application Information

Client Number: 3172 Client Name: Charlie Brown

DOB: 5/25/1965 Current Age: 45 Receive Mail: ||

Application Date: 06/01/2010 Expiration Date: 06/01/2011

Client Status: Active

Enrollment Type: New

HIV Status: HIV - Positive HIV Diagnosis Date: 5/10/2010

HIV Verif Source: Physician note/letter HIV Verif Date: 05/15/2010

AIDS Status: CDC - defined AIDS AIDS Diagnosis Date: 05/25/2010

Care Coordination Site: Damien Center Care Coordinator: Amber Monday

Primary Care Facility: Damien Center Primary Care Medical #: 123456789

Risks Information

Risk: Select Risk

Risk ID	Risk	Edit	Delete
3028	Heterosexual Contact		

1

Referrals Information

Referrals Information

Referral Site:

Appt Date:

Comments:

Referrals ID	Site	Appt Date	Comments		
2649	Citizens	2010/05/10	Comments	Edit	Delete
2648	Wishard	2010/06/01	Comments	Edit	Delete

1

Review of Services

Home :: Client Services Review :: ReviewServices

Scott Gardner

Home :: Client Services Review :: ReviewServices

Fund Balance

Fund Source	Original Amount	Estimated Balance	Actual Balance
2009 MAI	\$56,000.00	\$34,083.46	\$34,083.46
2010 Formula	\$2,284,436.00	\$2,262,823.30	\$2,264,923.30
2010 Part C	\$600,065.00	\$371,842.76	\$489,892.81
1			

Review Services


Client Number	Service Provider#	Invoice CPT Code	Service Category	Service	Service Date	Customary Amount	Invoice Amount	Pay Amount	Fund Source	Refund	Reimbursable	Review Pending	Comments	Reject Reasons	Review Reasons	Edit	Delete
3172	Wishard 41625	00049	Primary Medical	General injection	2010/05/25	\$0.00	\$100.00	\$0.00	2010 Part C	No	Yes	Yes	Comments	Reject Reasons	Review Reasons	Edit	Delete
3172	Wishard 41625	00271	Primary Medical	Non-sterile supply	2010/05/25	\$0.00	\$15.00	\$0.00	2010 Part C	No	Yes	Yes	Comments	Reject Reasons	Review Reasons	Edit	Delete
1																	

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Fund Source Management

Fund Source																			
FS Demo	High Level Fund Source	Fund Source	Grant Year	Inception Amount	Budget Amount	Estimated Balance	Actual Balance	Carry-Over \$	Fund Start Date	Fund End Date	Can Carry Over	Cost Center ID	Award Number	CFDA Number	CFDA Name	Federal Agency	Source of Funding	Active Status	Pri
FS Demo	A	2011 Formula	2011	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Carry-Over \$	2011/03/01	2012/02/28	Yes	1512121	H7858585858585	93.919	HRSA	HRSA	RWG	True	1
FS Demo	C	2010 Part C	2010	\$600,065.00	\$600,065.00	\$371,842.76	\$489,892.81	Carry-Over \$	2010/01/01	2010/12/31	Yes	141410	H76HA00112-18-00	93.918	HRSA	HRSA	Ryan White Treatment Modernization Act of 2006	True	12
FS Demo	A	2010 Formula	2010	\$2,284,436.00	\$2,284,436.00	\$2,262,823.30	\$2,264,923.30	Carry-Over \$	2010/03/01	2011/02/28	Yes	151211	2 H89HA11463-02-00	93.914	HRSA	HRSA	Ryan White Treatment Modernization Act of 2006	True	13
FS Demo	A	2009 Formula	2009	\$2,642,201.00	\$2,642,201.00	\$49,623.98	\$148,147.91	Carry-Over \$	2009/04/01	2010/02/28	Yes	151210	H89HA11463	93.914	HRSA	HRSA	Ryan White Treatment Modernization Act of 2006	True	1
FS Demo	A	2009 Supplemental	2009	\$1,073,468.00	\$1,073,468.00	\$1,073,468.00	\$1,073,468.00	Carry-Over \$	2009/04/01	2010/02/28	Yes	151210	H89HA11463	93.914	HRSA	HRSA	Ryan White Treatment Modernization Act of 2006	True	2
FS Demo	C	2009 C	2009	\$681,737.00	\$681,737.00	\$84,546.04	\$84,546.04	Carry-Over \$	2009/01/01	2009/12/31	Yes	141409	5 H76HA00112-18-00	93.918	HRSA	HRSA	Ryan White Treatment Modernization Act of 2006	True	3
FS Demo								Carry-Over \$					5 H89HA11463				Ryan White Treatment		

Service Provider Contracts

 home | print | help | logout

Home Client Information Client Services Reviews Payments Reports Fund Source **Service Provider Contracts** System Admin

Service Provider Contract Detail | Fee For Service

Scott Gardner Home :: Service Provider Contracts :: Service Provider Contract Detail

Search Service Provider Contracts

*Service Providers:

*Tax Payer ID:

*New Grant Year:

*Grant Year to Copy From:

Provider Name	Grant Year	Tax Payer ID	Budget Details
Wishard	2008	356005697	Budget Details
Wishard	2009	356005697	Budget Details
Wishard	2010	356005697	Budget Details

1

Service Provider Budgets

Service Provider Contract Information

Provider Name: [Wishard](#)

Grant Year: 2010

Budget Balance

Service Category	Budget Amount	Estimated Balance	Actual Balance	Money Mover
Administration	\$35,375.00	\$35,375.00	\$35,375.00	Money Mover
AIDS Pharmaceutical Assistance (local)	\$100,000.00	\$100,000.00	\$100,000.00	Money Mover
Early intervention services (Parts A and B)	\$100,000.00	\$100,000.00	\$100,000.00	Money Mover
Medical case management (including treatment adherence)	\$50,000.00	\$47,450.00	\$47,450.00	Money Mover
Medical case management (including treatment adherence)	\$117,500.00	\$117,500.00	\$117,500.00	Money Mover
Outpatient/ambulatory/medical care	\$193,400.00	\$0.83	\$115,282.06	Money Mover
Outpatient/ambulatory/medical care	\$400,000.00	\$400,000.00	\$400,000.00	Money Mover
Outreach services	\$15,000.00	\$15,000.00	\$15,000.00	Money Mover
Primary Medical	\$75,000.00	\$63,917.68	\$63,969.00	Money Mover
Primary Medical	\$75,000.00	\$75,000.00	\$75,000.00	Money Mover
	1			

Service Provider Budget Information

Service Category:

Budget Amount:

Fund Source:

Budget ID	Service Category	Budget Amount	Fund Source
246	Outpatient/ambulatory/medical care	\$193,400.00	C
256	Outpatient/ambulatory/medical care	\$400,000.00	A
260	AIDS Pharmaceutical Assistance (local)	\$100,000.00	A
261	Early intervention services (Parts A and B)	\$100,000.00	A
244	Medical case management (including treatment adherence)	\$50,000.00	C
258	Medical case management (including treatment adherence)	\$117,500.00	A

Money Mover

The screenshot displays a web application interface for managing service provider contracts. The main page is titled "Service Provider Contract Detail | Fee For Service" and shows details for "Scott Gardner". A modal dialog titled "Money Mover" is open, allowing users to move funds between different service categories or providers. The dialog includes fields for "Provider Name", "Service Category", "Fund Source", and "Grant Year", along with radio buttons for "Provider", "Fee For Service Category", and "Alter Original Funding Amount". Below the dialog, there is a table with columns for "Amount" and "Move Money".

Service Provider Contract Information

Provider Name: **Walhard**
Grant Year: **2010**

Budget Balance

Service Category: Administration

AIDS Pharmaceutical Assistance (local)

Early intervention services (Parts A and B)

Medical case management (including treatment ad...

Medical case management (including treatment ad...

Outpatient/ambulatory/medical care

Outpatient/ambulatory/medical care

Outreach services

Primary Medical	\$75,000.00	\$63,917.68	\$63,968.00	Move Money
Primary Medical	\$75,000.00	\$75,000.00	\$75,000.00	Move Money

1

Service Provider Budget Information

Service Category: **Select Service Category**

Budget Amount:

Fund Source: **Select a Fund Source**

Fee For Service



Home | print | help | logout

Home Client Information Client Services Reviews Payments Reports Fund Source **Service Provider Contracts** System Admin

Service Provider Contract Detail | Fee For Service

Scott Gardner

Home :: Service Provider Contracts :: Fee For Service

Fee For Service Balance

Grant Year	Fund Source	Service Category	Original Amount	Estimated Balance	Actual Balance	Money Mover
2010	C	AIDS Pharmaceutical Assistance (local)	\$0.00	\$0.00	\$0.00	Money Mover
2010	C	Primary Medical	\$30,000.00	\$30,000.00	\$30,000.00	Money Mover
2010	C	Vision Services	\$8,000.00	\$8,000.00	\$8,000.00	Money Mover
2009	C	AIDS Pharmaceutical Assistance (local)	\$0.01	\$0.01	\$0.01	Money Mover
2009	A	Child care services	\$0.00	\$0.00	\$0.00	Money Mover
2009	A	Linguistics services	\$0.00	\$0.00	\$0.00	Money Mover
2009	A	Medical case management (including treatment adherence)	\$0.00	\$0.00	\$0.00	Money Mover
2009	C	Medical case management (including treatment adherence)	\$0.02	\$0.02	\$0.02	Money Mover
2009	A	Medical transportation services	\$0.01	\$0.01	\$0.01	Money Mover
2009	A	Mental health services	\$0.00	\$0.00	\$0.00	Money Mover
2009	C	Nutrition Services	\$0.00	\$0.00	\$0.00	Money Mover
2009	A	Oral Health Care	\$0.00	\$0.00	\$0.00	Money Mover
2009	C	Oral Health Care	\$0.01	\$0.01	\$0.01	Money Mover
2009	C	Outpatient/ambulatory/medical care	\$0.01	\$0.01	\$0.01	Money Mover
2009	A	Primary Medical	\$99,587.10	\$2,793.76	\$2,793.76	Money Mover
2009	C	Primary Medical	\$45,635.73	\$193.38	\$193.38	Money Mover
2009	A	Substance abuse services-outpatient	\$13,051.90	\$5,795.70	\$5,795.70	Money Mover
2009	C	Vision Services	\$6,618.20	\$0.00	\$0.00	Money Mover
2008	C	AIDS Pharmaceutical Assistance (local)	\$0.00	\$0.00	\$0.00	Money Mover
2008	A	AIDS Pharmaceutical Assistance (local)	\$99,985.00	\$62,160.43	\$62,160.43	Money Mover
2008	A	Medical case management (including treatment adherence)	\$0.00	\$0.00	\$0.00	Money Mover

Grants Payment to Providers

Home Client Information Client Services Reviews **Payments** Reports Fund Source Service Provider Contracts System Admin

Payments To Be Paid | Reconcile Payments | Search

Scott Gardner Home :: Payments :: Search Payments

Fund Balance

Fund Source	Original Amount	Estimated Balance	Actual Balance
2009 MAI	\$56,000.00	\$34,083.46	\$34,083.46
2010 Formula	\$2,284,436.00	\$2,262,823.30	\$2,264,923.30
2010 Part C	\$600,065.00	\$371,842.76	\$489,892.81
1			

Payments Information

Service Provider:

Fund Source:

Service Provider	Amount	Pay <input type="checkbox"/>
Damien Center	\$2,737.50	<input type="checkbox"/>
Midtown Mental Health	\$215.00	<input type="checkbox"/>
Indiana State Department of Health	\$96,304.43	<input type="checkbox"/>
Libertad Counseling, LLC	\$2,100.00	<input type="checkbox"/>
1		

Reconciliations of Payments

Home :: Payments :: Reconcile Payments

Payments To Be Paid | Reconcile Payments | Search

Scott Gardner

Home :: Payments :: Reconcile Payments


Fund Balance

Fund Source	Original Amount	Estimated Balance	Actual Balance
2009 MAI	\$56,000.00	\$34,083.46	\$34,083.46
2010 Formula	\$2,284,436.00	\$2,262,823.30	\$2,264,923.30
2010 Part C	\$600,065.00	\$371,842.76	\$489,892.81
		1	

Reconcile Payments

Reset	Batch Number	Service Provider	Amount	Check Number	Check Sent Date	Check Sent		Payment Detail	Payment Authorization
No	303	Indiana State Department of Health	\$19,378.81		1900/01/01	No	Edit	Payment Detail	Payment Authorization
No	376	Damien Center	\$7,101.50			No	Edit	Payment Detail	Payment Authorization
No	390	Damien Center	\$146.25			No	Edit	Payment Detail	Payment Authorization
No	391	Methodist Life Care	\$83,103.00			No	Edit	Payment Detail	Payment Authorization
No	394	Brother's United	\$1,455.00			No	Edit	Payment Detail	Payment Authorization
No	397	Concord	\$12,159.21			No	Edit	Payment Detail	Payment Authorization
No	398	Concord	\$165.00			No	Edit	Payment Detail	Payment Authorization

Custom Reports/Futrix



home | print | help | logout

Home Client Information Client Services Reviews Payments **Reports** Fund Source Service Provider Contracts System Admin

RISE Reports

Scott Gardner Home :: Reports

RISE Reports

Financial Reports <ol style="list-style-type: none">1. Provider Payment Detail2. Payment Authorization	Client Reports <ol style="list-style-type: none">1. Expired Active Clients2. RISE ID Cards	Letters <ol style="list-style-type: none">1. CC01 - Claim Correction2. DC01 - Denial Claim3. DC02 - Duplicate Claim4. IC01 - Inactive Client5. RCRT01 - Recertification6. TERM01 - Termination	HRSA XML Client Report Generator <ol style="list-style-type: none">1. Generate Client Report XML
--	--	--	---

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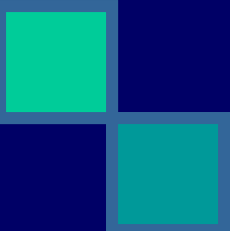

System Administration

The screenshot shows a web application interface for System Administration. At the top left is a logo with a horse and the letter 'H'. To the right are links for 'Home', 'print', 'help', and 'logout'. Below this is a dark green navigation bar with menu items: 'Home', 'Client Information', 'Client Services Reviews', 'Payments', 'Reports', 'Fund Source', 'Service Provider Contracts', and 'System Admin' (which is highlighted in red). A red banner below the navigation bar contains the text 'Error Reporting | Administration'. The user's name 'Scott Gardner' is displayed on the left, and 'Home :: Admin' is on the right. The main content area is titled 'System Administration' and contains a grid of 12 categories, each with a list of sub-items:

- Client Info**
 - Client Status
 - Inactive Reason
 - Enrollment Type
 - HIV Status
 - HIV AIDS Status
 - HIV Source Verification
 - Ethnicity
 - Race
 - Population Indicators
- Contact Info**
 - Contact Types
- Financial/Income**
 - Payment Frequency
 - Income Verification
- Insurance**
 - Insurance Type
 - RIV Limited
 - Insurance Services for ID Card
- Medical**
 - Diagnosis
 - Diseases
 - Vaccines
 - Tests
 - TX
 - TX Type
- User Tasks/Providers**
 - User Provider Relationship
 - User Task Management
- Risks**
 - Risks
- Services**
 - Services
 - Service Categories
 - Not Reimburse Reason
- Service Providers**
 - Service Provider Type
 - Ownership Status
 - Grantee Support
 - Agency Description
 - Provider Sites
 - Service Providers
 - SAP Type
 - SAP Info
- Reports**
 - Coordinator Info
 - Denial Types
 - Denial Reasons
- RISE System Variables**
 - Alert Variables
 - RISE Variables
 - RISE Services Business Rules
 - Sliding Fee Scale



CAREWare Integration

- 
- RISE has the capacity to capture Group 1 HAB data such as CD4 counts, viral loads and Group 2 data such as vaccinations, cervical cancer screenings, mental health, substance abuse screening and more.
- 

Clinical

Medical Information

Disease History: Lab Tests: Mental Health: Show All: Show All Medical Grids:
Immunization History: Screenings: Substance Abuse: Reset:

Disease History

Disease ID	Disease	Infection Date	treatment Date	Comments
1				

Immunization History

Vaccine ID	Vaccine	Dose	Vaccine Date	Comments
1				

Lab Tests

Test ID	Test ^	Test Date	Result	Value	TX?	Referred?	Reason Not in TX
1							

Screenings

Test ID	Test	Test Date	Result	Value	TX?	Referred?	Reason Not in TX
1							

Mental Health


Diagnosis ID	Diagnosis	Diagnosis Date	Service Provider	Other Service Provider	TX?	Close Date	Reason Not in TX
1							

Substance Abuse

Diagnosis ID	Diagnosis	Diagnosis Date	Service Provider	Other Service Provider	TX?	Close Date	Reason Not in TX
1							

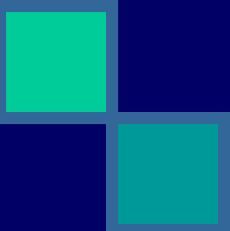



Challenges

- Present version of RISE would require manual entry of clinical data
 - Staffing ratio not adequate to support massive, ongoing manual entry
 - Needed a system that would capture client-level clinical HAB data in a systematic way.
- 




Solutions

- 
- CAREWare integration in July 2009
 - Fully deployed in Jan 2010
 - Presently about 15 agencies using CAREWare
- 




System Integration (CAREWare to RISE)

- Goal is to update RISE with CAREWare data nightly
 - Challenges:
 - Lack of data integrity in CAREWare
 - Data fields not matching one to one
 - HIV/AIDS status “unknown” versus HIV negative
 - Agency names not listed the same in each system
 - RISE would need to be tweaked to accommodate some data fields (URN)
- 

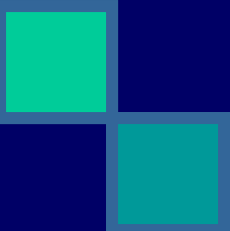



System Integration (CAREWare to RISE)

- CAREWare data cleaning underway
 - Still working to bring all agencies onto central server
 - Once that is done we can move forward with CAREWare to RISE data integration
- 




Going Paperless

- 
- Any paper (invoices, applications, financial worksheets, referrals and so on) that are received by the RWSP will be scanned or virtually printed into Onbase.
 - After paper is scanned, business coordinators will be able to see that invoices, apps and so on are pending.
 - Business coordinators will open the scanned invoice and enter data from invoice into RISE.
- 




Going Paperless

- Inputs/anticipated needs:
 - Full-time FTE to scan all documents
 - Dual monitors for business coordinators to look at scanned item on screen and RISE screen
 - Approx. 15K for heavy-duty scanners, dual monitors and licensing fee
- 



Going Paperless

- Anticipated gains/improvements:
 - Decrease paper flow
 - Reduced needs for file cabinets
 - Improved data security/confidentiality as we move from patient to electronic medical record
 - Reduction in duplication of invoice entry
- 

Right Fax

The screenshot displays the RightFax FaxUtil application window. The title bar reads "RightFax FaxUtil". The menu bar includes "File", "Fax", "List", "Tools", and "Help". The toolbar contains various icons for file operations. The main window is titled "All - All Faxes" and shows a tree view on the left with folders for "Hahrighthfax [HAHPDC1]SG.", "Other Users", and "RISE". The main pane displays a table of fax records:

	Date/Time	To/From/File	Fax Number/E-m...	Pages/Bytes	Status
	07/06/2010 2:14 ...		3172212049	1 pgs	OK
	07/06/2010 9:25 ...		3172212049	8 pgs	OK
	07/02/2010 3:56 ...		Fax Server	2 pgs	OK

The status bar at the bottom right indicates "3 faxes listed".

View of Fax Sent

RightFax Viewer - C:\DOCUME~1\SGARDNER\LOCALS~1\Tem...

File Fax Page Zoom Tools Help

07/06/10 TUE 09:22 FAX 3172212049 008 81001

TEST

**Martin County Health Department Ryan White Services Program
Re: Entry Into Care Enrollment Application**

Name (First, MI, Last)	Date of Birth	MCHD RWSP UIN (For office use only)
TWEET, B, BIRD	5/20/1981	1

Thank you for assisting your patient with the Martin County Health Department Ryan White Services Program re entry into care enrollment application. This application is for clients who have been on the Ryan White program when it was known as Title III and re-enrolled back into the program. It is important all information included on this New Enrollment application is also attached to this envelope application for the MCHD RWSP not having all necessary information required for entry. Please check all boxes that apply to client. If all boxes are checked the application is complete and ready for submission. The following are the necessary re-enrollment application documents, please fax to your agency's business coordinator for entry into the HRNK database.

1. Completed MCHD Ryan White Services Program enrollment application (pages 1-9).
2. Attach proof of HIV status (Proof of status, Western Blot, Completed HIV Case Report, Certification by physician statement, Hospital Discharge Summary, Letter from physician - Note no prescription slips will be accepted).
3. Attach proof of Income (any current pay stubs, W-2/1099 statements, current year W-2, current I-Net statement)
4. Attach copies of other insurance cards (Medicaid, Medicare, YCITA, Wishard Advantage, Private Insurance, etc.)
5. Attach proof of Indianapolis TGA residency (copy of utility bill, apartment lease agreement, POB, etc. in client's name)
6. Attach copy of state issued ID with current address (visible through a line - please highlight the copy when photocopying ID)
7. Attach one current Medicaid Swipe (using either a swipe from the RFE and/or using Legacy Provider ID) in client's name (no former Medicaid, Medicaid QMB Only, Medicaid QMB Aged, also please provide Medicaid swipes showing effective date (You will need to do several inquiries before you find the actual effective date).

Additional documents to include to Perla Duff

1. Please submit Medical Information sheets (pages 9-10) after the patient's Primary care physician or EDV infection control physician has completed the form. These pages are vital to the MCHD RWSP Quality Management program.
2. Send referrals for care and support (especially services)

*Please note: If you are unsure if you have been in the program please call your agency's coded person in charge. Application are filed received in the MCHD RWSP within 7 business days (excluding holidays)

Please fax pages 1-8 to the MCHD RWSP Business Coordinators at (317) 221-3420
Please fax pages 9-10 and all referrals to Perla Duff at (317) 221-2568

Questions or concerns can be directed to:
Mark Williams at markwilliams@hhs.martinco.org or 221-3054 or
Perla Duff at pduff@hhs.martinco.org or 221-3101

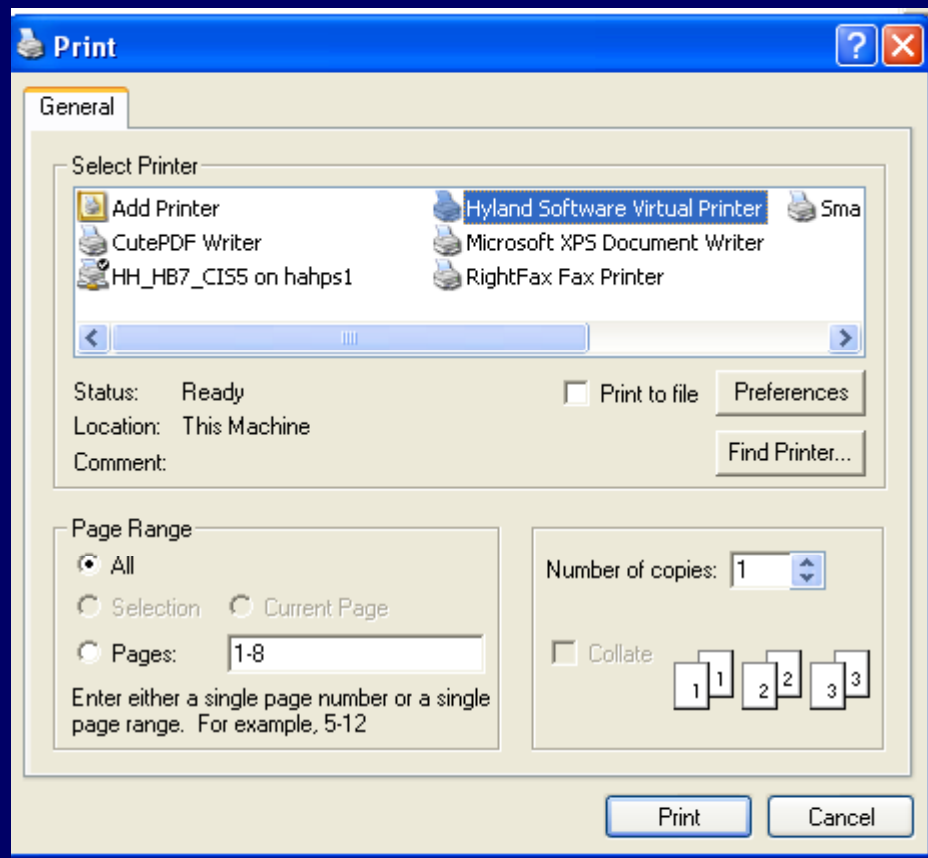
Robert Oct Location 7/6/10
Specialist of care-medicaid case manager Date

I certify that all information is enclosed for the processing of this application

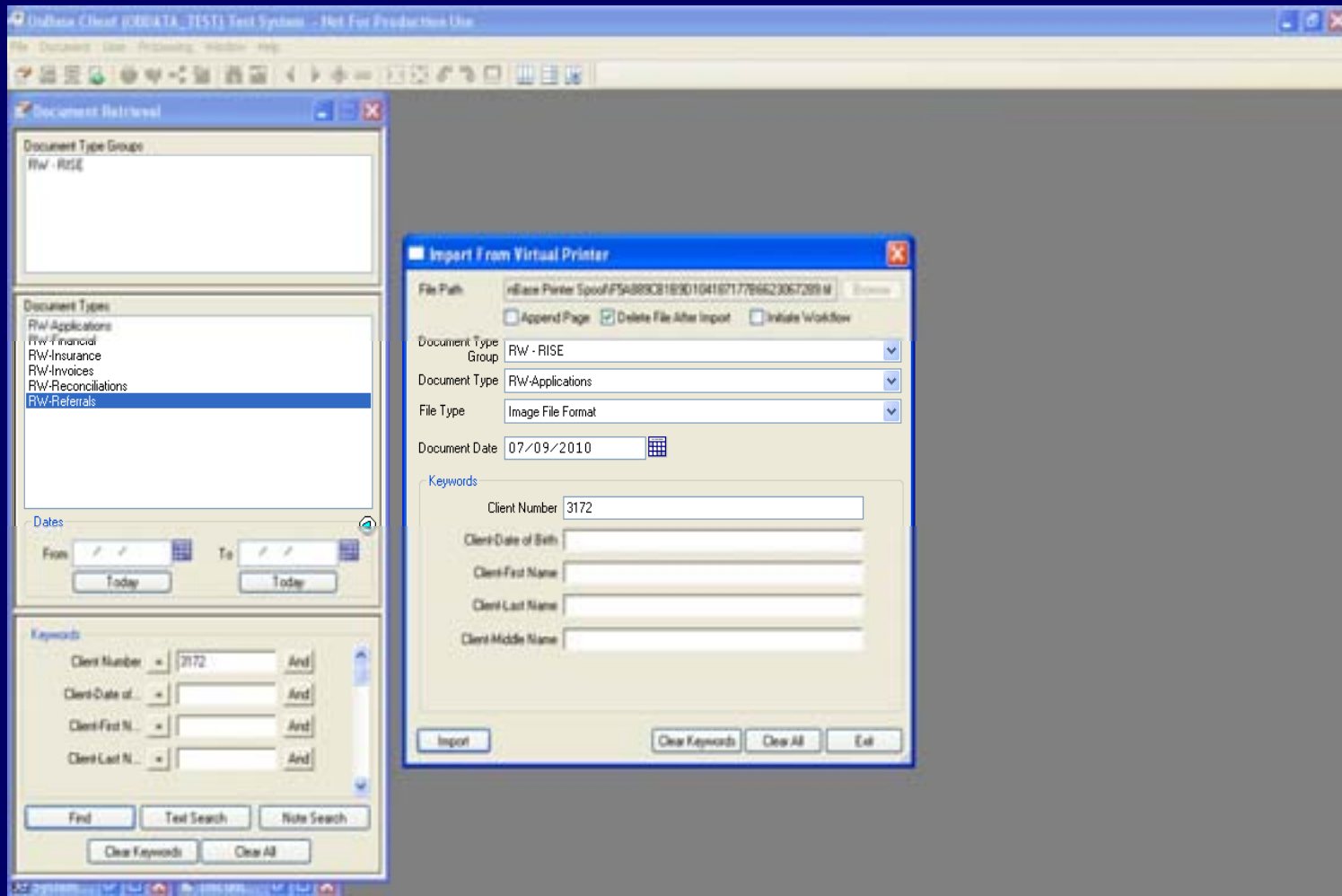
Revised 05/14/09/10

Zoom 24% Page 1 of 8

Virtually Print Fax



Index Fax into OnBase



RISE Task List of Documents

Home | print | help | logout

Home Client Information Client Services Reviews Payments Reports Fund Source Service Provider System Admin Contracts

Task List | Search Client Information | Alerts

Scott Gardner Home :: Task List

User Task List: GARDNER, SCOTT

Invoices

Processed <input type="checkbox"/>	Task ID	Client Number	Classification	Primary Care Facility	Billing Facility	Received Date	
<input type="checkbox"/>	27	3172	INVOICES	Wishard	Bio Scrips	07/21/2010	
<input type="checkbox"/>	21	1	INVOICES	Methodist Life Care	Wishard	07/21/2010	
<input type="checkbox"/>	26	3172	INVOICES	Wishard	Wishard	07/21/2010	
							1

Applicaitons

Processed <input type="checkbox"/>	Task ID	Client Number	Classification	Primary Care Facility	Received Date	
<input type="checkbox"/>	20	0	NEW APP	Wishard	07/21/2010	
<input type="checkbox"/>	29	10	RE-ENTRY	Methodist Life Care	07/21/2010	
						1

Financial

Processed <input type="checkbox"/>	Task ID	Client Number	Classification	Primary Care Facility	Received Date	
<input type="checkbox"/>	23	14	FINANCIAL	Wishard	07/21/2010	
						1

Document Retrieved from RISE

The screenshot shows a web application interface with a navigation menu at the top. The main content area is divided into sections: 'Invoices', 'Applications', and 'Financial'. A document viewer window is open, displaying a 'New Enrollment Application' form for the Marion County Health Department Ryan White Services Program. The form includes fields for Name (First, MI, Last), Date of Birth, and MCHD RWSP ID# (for office use only). The form is filled out with handwritten text: 'Mike, R, DUDE', '2/21/71', and a blank space for the ID number. The document also includes a thank you message and instructions for submission.

Navigation Menu: Home, Client Information, Client Services Reviews, Payments, Reports, Fund Source, Service Provider Contracts, System Admin

User Task List: Scott Gardner, User Task List: GARDNER, SCOTT

Invoices Table:

Processed	Task ID	Client Number	Classification	Primary Cat
<input type="checkbox"/>	27	3172	INVOICES	Wishard
<input type="checkbox"/>	21	1	INVOICES	Methodist L
<input type="checkbox"/>	26	3172	INVOICES	Wishard

Applications Table:

Processed	Task ID	Client Number	Classification	Prim
<input type="checkbox"/>	20	0	NEW APP	Wis
<input type="checkbox"/>	29	10	RE-ENTRY	Me

Financial Table:

Processed	Task ID	Client Number	Classification	Prim
<input type="checkbox"/>	23	14	FINANCIAL	Wis

Document Viewer Window: RW-Applications - NEW APP

07/21/19 WED 09:07 FAX 3172811089 CTS

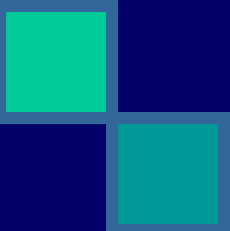

**Marion County Health Department Ryan White Services Program
New Enrollment Application**

Name (First, MI, Last)	Date of Birth	MCHD RWSP ID# (for office use only)
Mike, R, DUDE	2/21/71	

Thank you for assisting your patient with the Marion County Health Department Ryan White Services Program enrollment application. Please check all boxes that apply to client. If all boxes are check the application is complete and ready for submission.
Necessary enrollment application documents, please fax to your agency's Business Coordinator for entry into the RISE database.

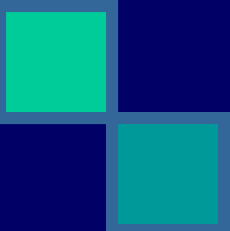



Lessons Learned

- 
- Cooperation of IT and business was a major factor
 - Testing, Testing, Testing, Testing
 - Maintain Data Integrity
 - Key people involved from beginning are crucial
 - EPI
 - HIV Surveillance
 - Quality Management
 - Business Office
 - Grants Administration
- 



Recommendations

- 
- When implementing a new data management system, Grantees should plan for training and standardization around data entry, allocate full-time FTE to managing the data system, and continue to test changes on a small scale before adopting them as standard practice.
- 



Contact Information

- Scott Gardner – Software Engineer
sgardner@hhcorp.org
(317) 221-3322
 - Mike Wallace – Director Ryan White/HIV Services
mwallace@hhcorp.org
(317) 221-3554
- 

Thank You!



Indianapolis TGA