



Priority Setting Sessions
Planning for Fiscal Year 2021
DATA PACKET

CORE MEDICAL SERVICES

July 2020

Please remember to use this data packet during all sessions!

This data packet is supported by the Ryan White Part A Program under the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

This information has been compiled by the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

TABLE OF CONTENTS

Core Medical Services

Ambulatory/Outpatient Medical Care	3-4
Local Pharmacy Assistance Program	5-6
Early Intervention Services	7-8
Health Insurance Assistance	9-10
Home Health Care	11
Medical Case Management	12
Medical Nutrition Therapy	13
Mental Health Services	14-15
Oral Health Care	16
Outpatient Substance Abuse Treatment Services	17
Other Fundable Core Services	18

Ambulatory Outpatient Medical Care*

2020 Priority #8

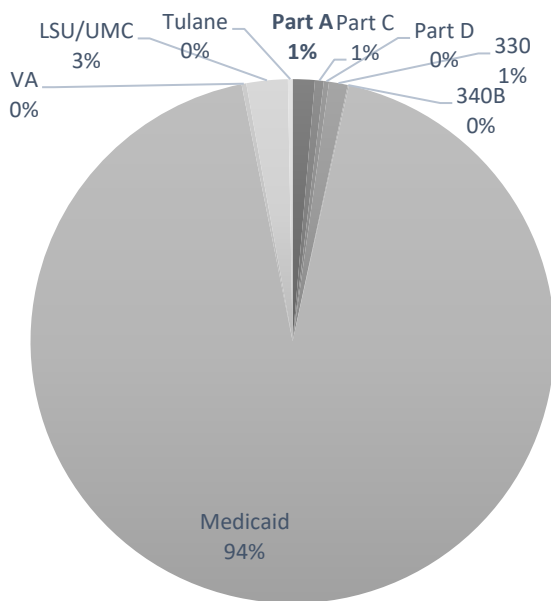
Service Description: Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. (PCN 16-02)

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment		Client Need Rank #1	
SPECIFIC GAPS/EMERGING NEEDS: Ambulatory Outpatient Care had the lowest gap of any category (only 17 out of 507 participants needed but did not receive this service)	Needs Assessment Trends			
		2015	2017	2019
	Need %	75%	81%	84%
	Gap %	4%	5%	3%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	2,420 (54%)	93%	89%
FY 2018	2,621 (58%)	99%	88%
FY 2017	2,684 (52%)	91%	85%
FY 2016	2,613 (57%)	74%	82%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Medicaid Primary Care Utilization & Expenditures (2014-2019)



Figure C9. HIV-Related Medical Care Visits in Past 12 Months

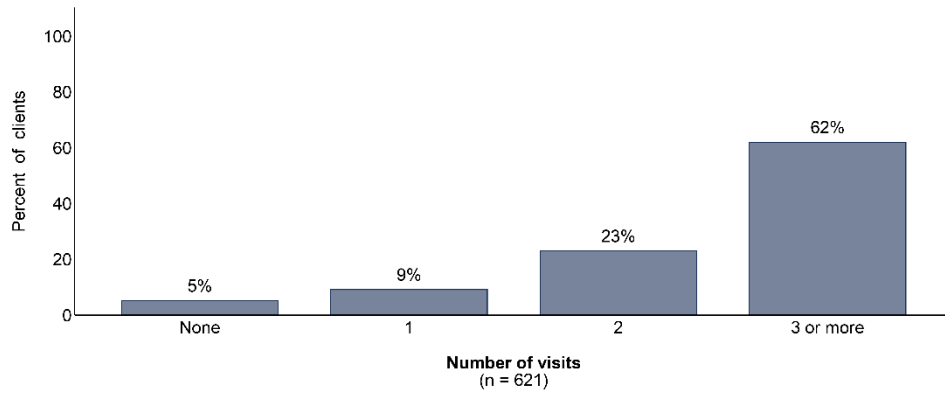


Figure B1. Health Insurance Status

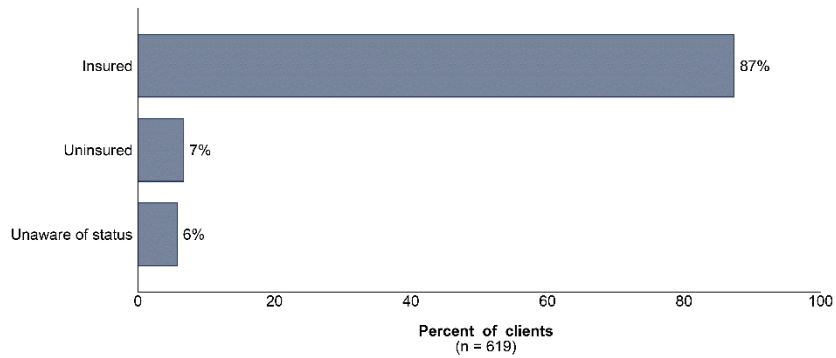
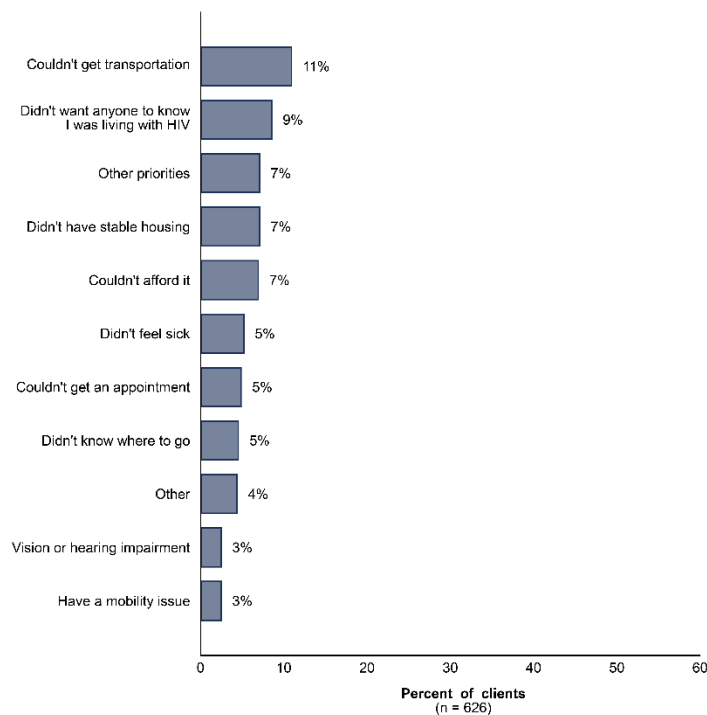


Figure C11. Barriers to Receiving Needed Medical Care



Local Pharmacy Assistance Program

2020 Priority #10

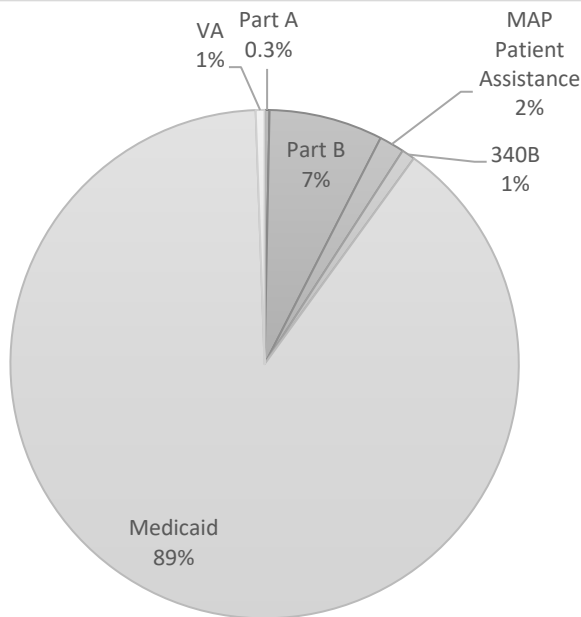
Service Description: Cost for prescribed medications to treat eligible uninsured PLWH. Medications coverage includes medications listed on the Part A Formulary (expansive formulary). Expenditures are not to exceed the Monthly Medication Cap of \$3,000 per client per month. Beneficiaries can apply to exceed the cap of \$3,000 in extreme cases. Items not listed on the Part A formulary are not covered.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment	Client Need Rank #4		
	Needs Assessment Trends			
SPECIFIC GAPS/EMERGING NEEDS: LPAP was the third lowest gap in care ranking (18 out of 422 respondents needed but did not receive this service)		2015	2017	2019
	Need %	80%	74%	70%
	Gap %	4%	7%	4%

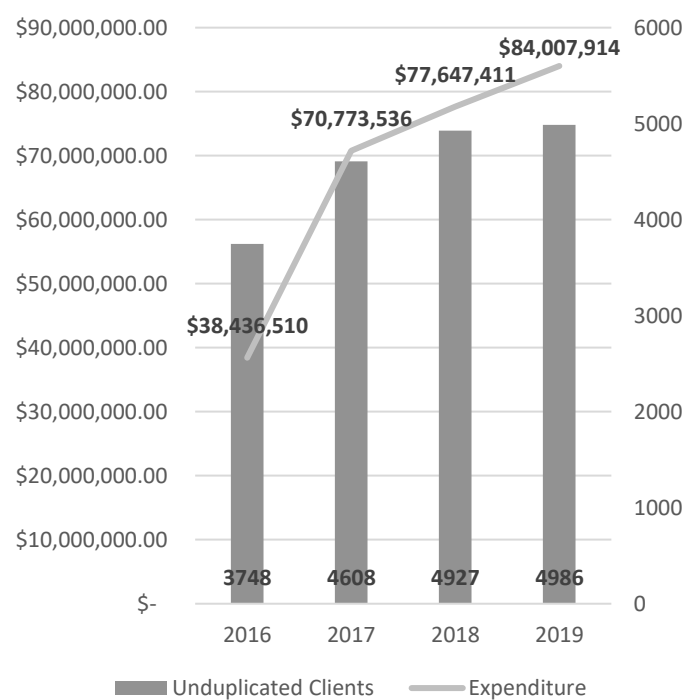
ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	185 (4%)	100%	87%
FY 2018	150 (3%)	100%	86%
FY 2017	250 (6%)	90%	89%
FY 2016	584 (13%)	69%	78%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Medicaid Medications Utilization & Expenditures (2014-2019)



Local Pharmacy Assistance Program

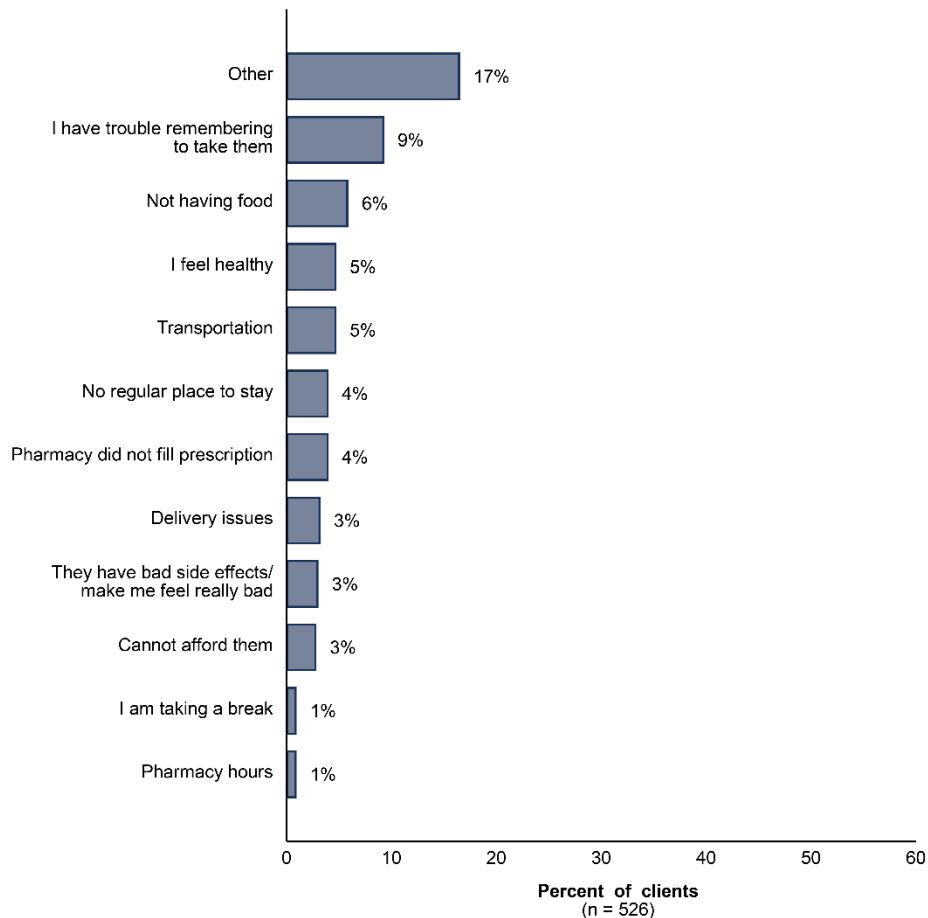
2020 Priority #10

Medications Assistance (LA HAP)

Fiscal Year	UDC (NOEMA)	Total Cost	Average Cost Per Client
UNINSURED			
FY 2015	1,309	\$5,204,475	\$3,976
FY 2016	624	\$1,059,200	\$1,697
FY 2017	363	\$1,521,744	\$4,192
FY 2018	175	\$723,288	\$4,133
FY 2019	491	\$2,306,046	\$4,697
INSURED – Drug Co-pays & Deductibles			
FY 2015	2,081	\$5,737,471	\$2,757
FY 2016	1,410	\$1,524,629	\$1,081
FY 2017	1,358	\$3,570,983	\$2,630
FY 2018	978	\$2,424,468	\$2,479
FY 2019	1,446	\$4,488,297	\$3,104

- The chart above includes payor sources for medication assistance for people living with HIV (PLWH) in New Orleans Eligible Metropolitan Area (NOEMA).
- The statewide Part B Health Insurance Program (HIP) covers copayments, deductibles and premiums for clients between 138% and 600% Federal Poverty Limit (FPL); see Health Insurance Assistance Service Summary Sheet for data related to HIP.

Figure C13. Reasons for Not Taking HIV Medication in the Past 12 Months



Early Intervention Services (EIS)

2020 Priority #21

Service Description: Provides effective linkages between the Ryan White system of care and points of entry.

Early Intervention Services (EIS) providers will partner with community-based access points to identify and refer PLWH out of care into the health care system. Services also include follow-up on all referrals into primary care and case management. Diagnostic tests should not duplicate those covered by primary care. This category applies to individuals unaware of HIV status and/or newly diagnosed. Ryan White HIV/AIDS Program (RWHAP) Part A EIS must include the following four components: targeted HIV testing, referral services, access & linkage to HIV care and treatment services, and health education/risk-reduction related to an HIV diagnosis.

Policy Clarification Notice 16-02

CLIENT PRIORITY/DOCUMENTED NEED	Service Utilization		# HIV Positive Diagnoses																
	FY 2019	1,178	8																
	FY 2018	996	10																
	FY 2017	1,139	6																
	FY 2016	1,086	5																
	NOTE: Number of clients does not apply to EIS because the majority of individuals receiving EIS services are not PLWH.																		
<table border="1"> <thead> <tr> <th>Epi Data</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> </tr> </thead> <tbody> <tr> <td>Late Diagnoses</td> <td>23.7%</td> <td>20.6%</td> <td>19.5%</td> <td>21.8%</td> </tr> <tr> <td>Out of Care</td> <td>25.0%</td> <td>23.98%</td> <td>23.85%</td> <td>23.1%</td> </tr> </tbody> </table>					Epi Data	2016	2017	2018	2019	Late Diagnoses	23.7%	20.6%	19.5%	21.8%	Out of Care	25.0%	23.98%	23.85%	23.1%
Epi Data	2016	2017	2018	2019															
Late Diagnoses	23.7%	20.6%	19.5%	21.8%															
Out of Care	25.0%	23.98%	23.85%	23.1%															

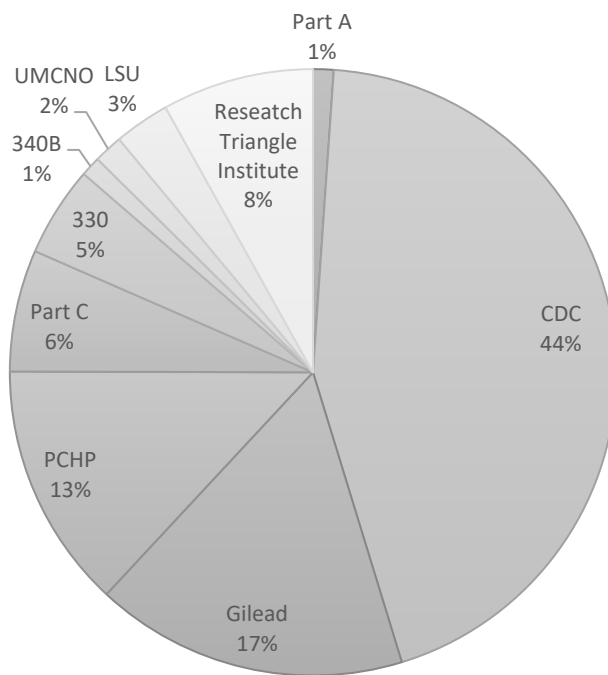
ACCESS TO CARE & MAINTENANCE IN CARE

EIS Components	Barriers	Solutions
Targeted HIV Testing	Rigid clinic structures; stigma; lack of basic health education; lack of access to testing locations; language barriers	Routine HIV and STD testing in clinical settings; include HIV testing during non-stigmatized health screenings; flexible and expanded hours; social marketing on dating apps and social media campaigns; availability of bilingual services
Linkage	Unstable housing; employment status; fear; depression; transportation; clinic hours and locations; incarceration	Psychosocial support; peer or patient navigators; better access to behavioral and mental health services; improved transportation resources; housing and employment resources; staff training on health equity and LGBTQ sensitivity; transgender sensitivity; colocation of medical care and supportive services; establishing a medical home; educate community about stigma; positive messages about PLWH; communication between

		correctional facility and community providers
Referral	Not knowing where to go; fear of engagement with providers	Use of peer and patient navigators; ensure comfortable clinic flow and experience.
Health Education	Insufficient dissemination of information	Conduct information session in non-traditional places (e.g., beauty parlors, community spaces, schools, etc.); normalize testing; treatment adherence; PrEP access and education

Source: 2016 Listening Sessions. Special populations: Young Men of Color, Black Women, Latinx, Transgender Male & Female, and Adolescents.

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Health Insurance Assistance (HIA)

2020 Priority #12

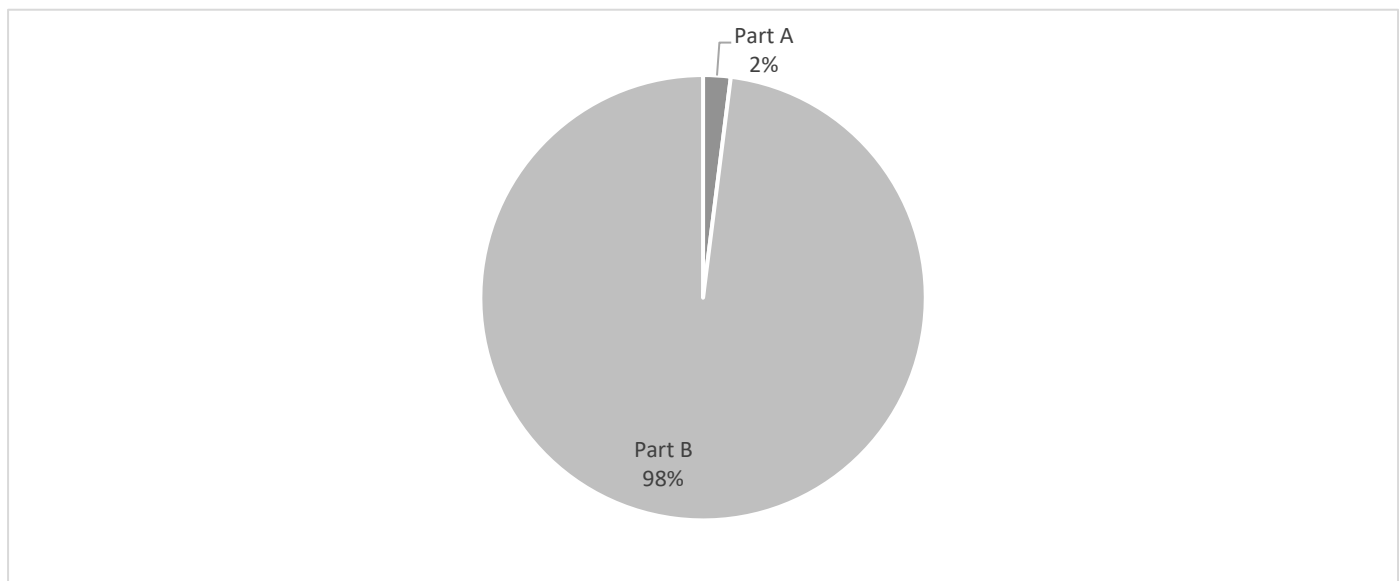
Service Description: For clients ineligible for the Part B Health Insurance Programs (HIP), this program provides timely payment to cover cost of outpatient primary medical care and medication co-payments, insurance deductibles, and monthly premiums. Medical care co-payments, deductibles, and premiums are provided to eligible persons who have Medicaid, Medicare, private insurance, or other health benefit programs. There is a cap limit of \$3,000 per client per month for all Health Insurance Assistance services (cap may be exceeded with prior OHP approval). Dental insurance premiums and copays can be covered as well. HIA serves individuals 401- 500% FPL.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment	Client Need Rank #5		
	Needs Assessment Trends			
SPECIFIC GAPS/EMERGING NEEDS: Health Insurance Assistance ranked low in terms of gap (26 out of 482 respondents needed the service but did not receive it)		2015	2017	2019
	Need %	47%	69%	66%
	Gap %	6%	6%	5%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC visit	% of clients with viral load <200 copies/mL
FY 2019	103 (2%)	100%	96%
FY 2018	374 (8%)	99%	88%
FY 2017	457 (11%)	91%	85%
FY 2016	505 (11%)	74%	82%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Poverty	Total	IHS	Medicaid	Medicare (unspecified)	Medicare Part A/B	Medicare Part D	No Insurance	Other	Private - Employer	Private - Individual	VA
Overall minus EIS											
<100	2467	2	1474	82	282	123	341	15	36	111	1
101-200	1088	0	237	66	204	87	202	7	110	170	5
201-300	541	0	44	16	42	7	113	5	155	158	1
301-400	263	0	15	2	14	2	38	2	99	91	0
401-500	89	0	6	3	3	1	8	1	46	21	0
Unknown	30	0	0	0	0	1	26	0	1	2	0
	4478	2	1776	169	545	221	728	30	447	553	7

Part B HIP: The Health Insurance Program (HIP) assists PLWH who have health insurance coverage (public or private). Funded by Ryan White Part B funds, HIP is designed to assist qualified individuals with eligible premiums as well as medication and medication cost shares (co-payments, co-insurances and deductibles) associated with a participant’s health insurance coverage. Part B serves PLWH up to 400% currently but is expected to increase eligibility to 600% of the Federal Poverty Level (FPL) in the near future.

UDC and Percentage of FY2017 HIP Funds Spent on Premiums, Co-pays, and Deductibles		
Fiscal Year 2017	UDC (NOEMA)	Total Cost
Premiums (includes dental)	1,023	\$6,092,445
Co-Pays	931	\$276,526
Deductibles	312	\$199,713
Total	1,391	\$6,568,683
UDC and Percentage of FY2018 HIP Funds Spent on Premiums, Co-pays, and Deductibles		
Fiscal Year 2018	UDC (NOEMA)	Total Cost
Premiums (includes dental)	1,139	\$7,417,224
Co-Pays	844	\$379,543
Deductibles	368	\$270,102
Total	1,401	\$8,066,869
UDC and Percentage of FY2019 HIP Funds Spent on Premiums, Co-pays, and Deductibles		
Fiscal Year 2019	UDC (NOEMA)	Total Cost
Premiums (includes dental)	1,492	\$7,628,929
Co-Pays	1,092	\$907,159
Deductibles	371	\$280,940
Total	1,724	\$8,817,029

Source - Ryan White Part B Program

Home Health Care

2020 Priority #22

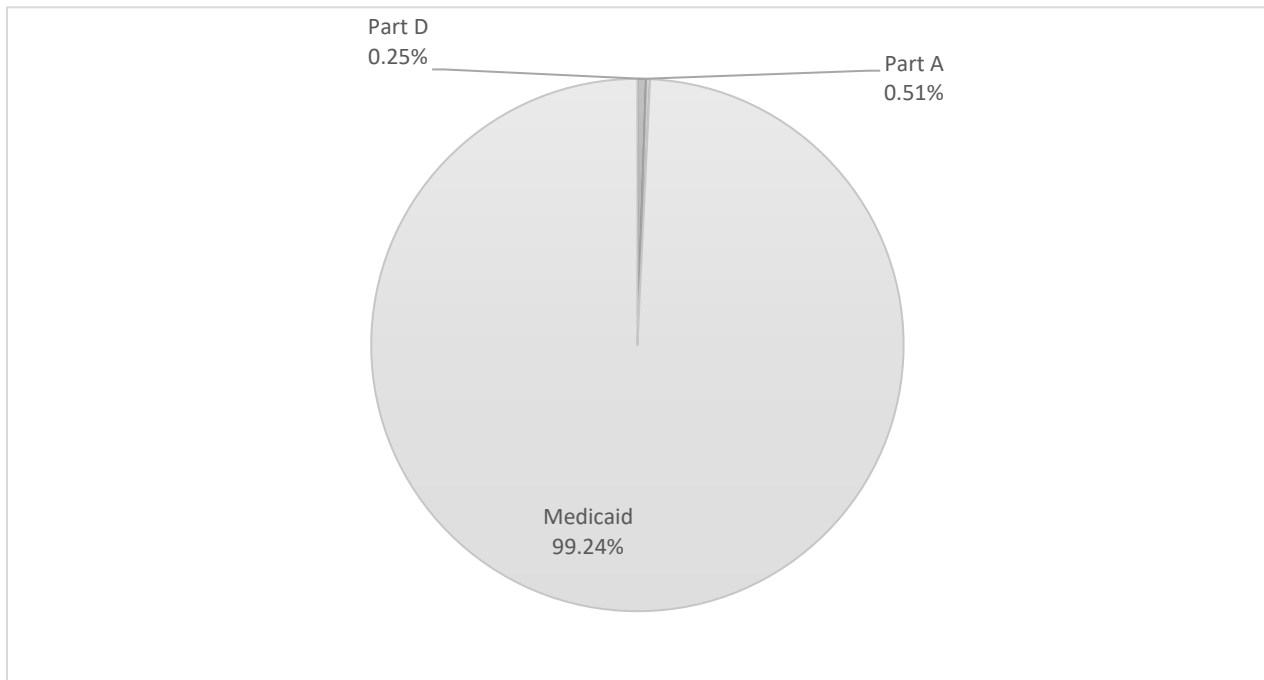
Service Description: Home health provides for the availability of the following services: skilled nursing, home health aides, personal care attendants, physical therapy, social worker services, supplies, and the purchase or rental of non-motorized durable medical equipment.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment	Client Need Rank #30	
SPECIFIC GAPS/EMERGING NEEDS	Needs Assessment Trends		
	2015	2017	2019
Need %	13%	25%	18%
Gap %	4%	6%	7%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	15 (.3%)	100%	93%
FY 2018	20 (0.4%)	100%	94%
FY 2017	23 (0.5%)	91%	74%
FY 2016	19 (0.3%)	60%	69%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Medical Case Management*

2020 Priority #1

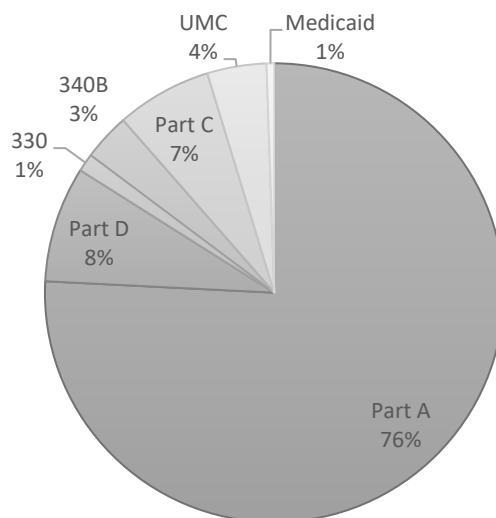
Service Description: Key activities include: (1) completion of comprehensive assessment of service needs, (2) development of a comprehensive, individualized service plan, (3) coordination of services required to implement the plan (service linkage), (4) client monitoring to assess the efficacy of the plan, and (5) periodic re-evaluation and adaptation of the plan as necessary over the duration of the client’s case (reassessment), (6) case closure or transfer as appropriate. Activities should also include multi-disciplinary care coordination and client-specific advocacy. Medical case managers are expected to review health status indicators, service utilization, and treatment adherence. Medical case managers will encounter clients in their environment, which may include a residence, a public facility, in the streets, or in the facilities of the medical case management service provider.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment		Client Need Rank #3	
SPECIFIC GAPS/EMERGING NEEDS	Needs Assessment Trends			
		2015	2017	2019
	Need %	63%	67%	75%
	Gap %	4%	5%	9%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	2,717 (61%)	75%	86%
FY 2018	2,102 (46%)	97%	85%
FY 2017	2,348 (54%)	76%	82%
FY 2016	2,441 (53%)	73%	81%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Medical Nutrition Therapy

2020 Priority #15

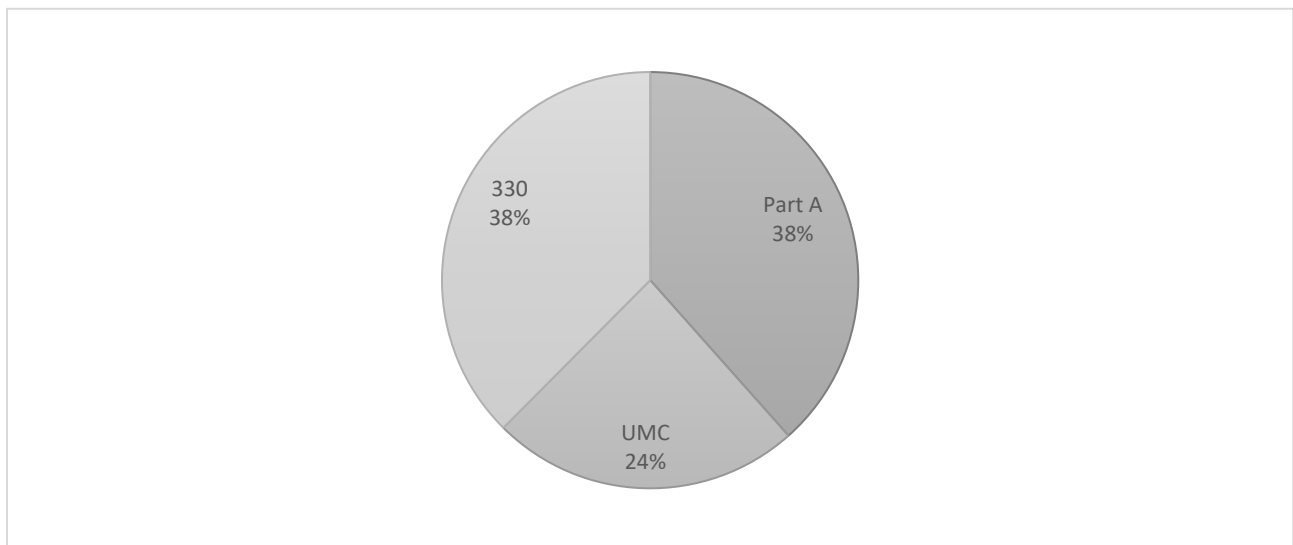
Service Description: Medical Nutrition Therapy (MNT) will include education/counseling for nutrition needs, development and provision of individual nutritional care plans and provide counseling in health promotion and care as it relates to nutrition. Other services may include referral for BMI (Body Mass Index), bioelectrical impedance analysis (BIA) or other appropriate measures of nutritional status, review of lab results to gauge nutritional status, nutritional supplement needs and medical nutritional therapy. Services may include the provision of nutritional supplements (only limited funding for supplements may be available).

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment	Client Need Rank #20	
SPECIFIC GAPS/EMERGING NEEDS	Needs Assessment Trends		
	2015	2017	2019
Need %	37%	44%	35%
Gap %	8%	13%	9%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	130 (3%)	100%	94%
FY 2018	161 (4%)	99%	92%
FY 2017	172 (4%)	94%	91%
FY 2016	230 (4%)	82%	89%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES



Mental Health Services*

2020 Priority #2

Service Description: Mental Health Services include intensive mental health therapy and counseling provided solely by state-qualified mental health professionals.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment		Client Need Rank #8	
	Needs Assessment Trends			
SPECIFIC GAPS/EMERGING NEEDS		2015	2017	2019
	Need %	40%	54%	51%
	Gap %	5%	12%	8%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	249 (6%)	100%	91%
FY 2018	98 (2%)	100%	87%
FY 2017	91 (2%)	92%	84%
FY 2016	69 (2%)	79%	82%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES

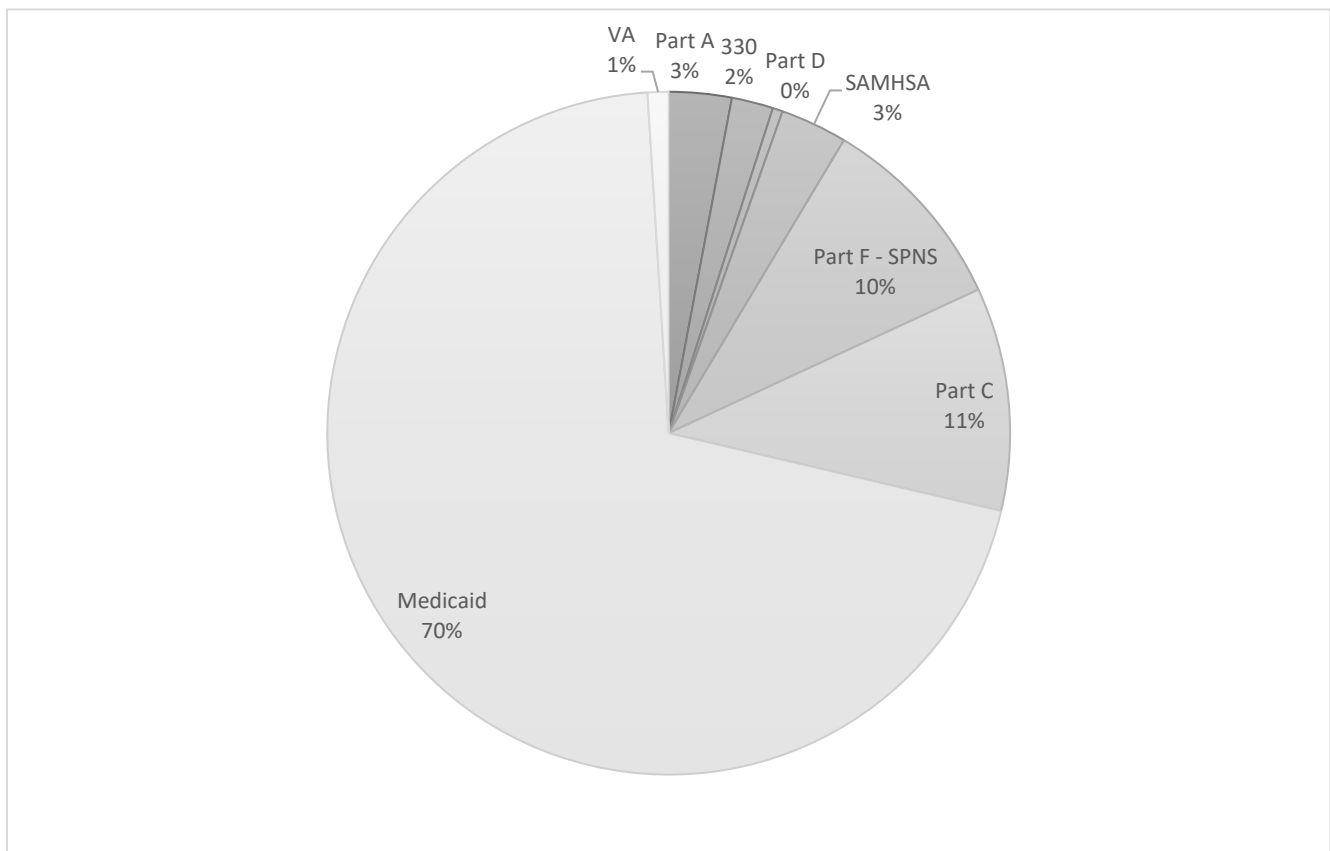


Figure C5. Mental Health Diagnoses

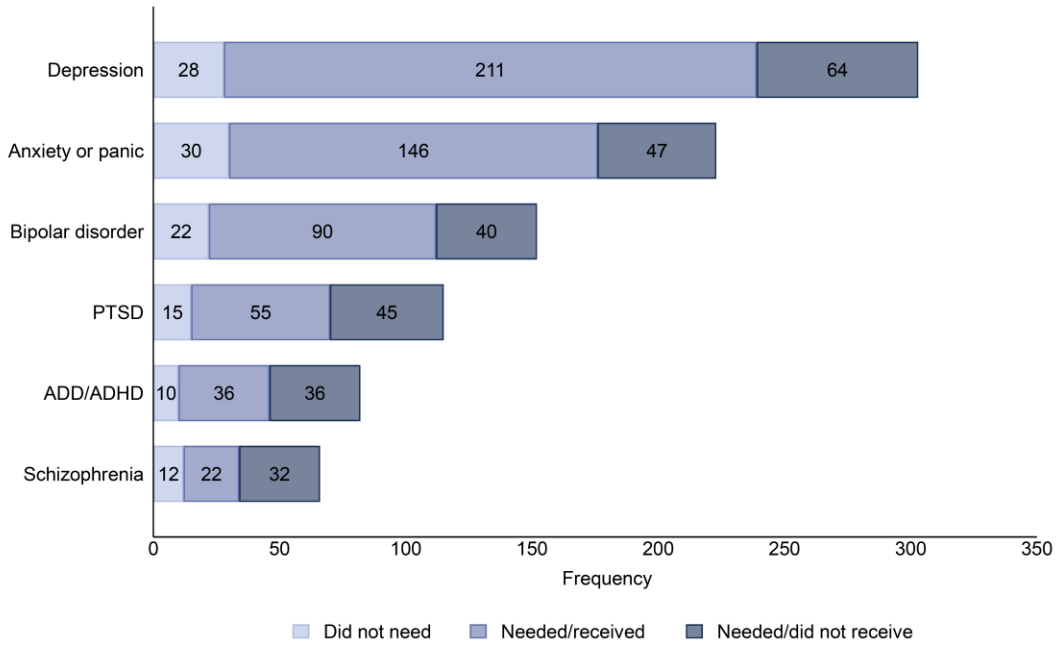
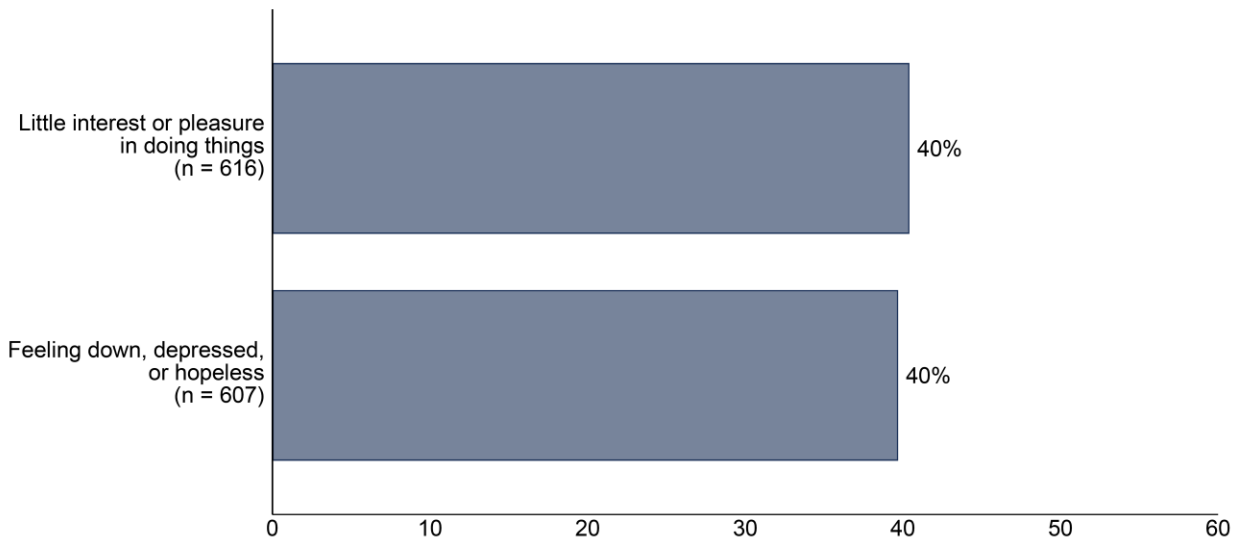


Figure C7. Self-Reported Depressive Symptoms Over the Last Two Weeks



Oral Health Care

2020 Priority #4

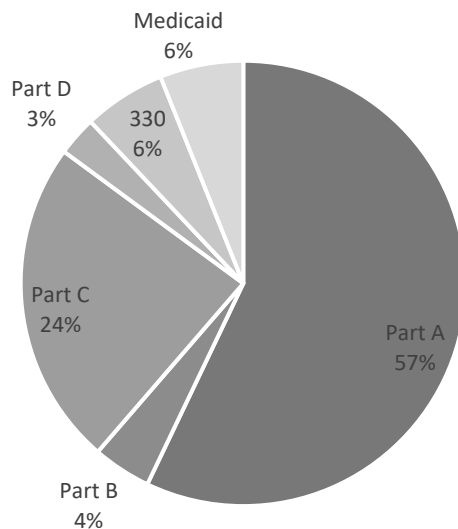
Service Description: Services available at the clinics will include routine dental examinations, prophylaxis, x-ray, fillings, replacements, and endodontics, treatment of gum disease and lesions, and oral surgery. Emergency procedures will be treated on a walk-in basis as availability and provisions allow at clinics.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment		Client Need Rank #2	
SPECIFIC GAPS/EMERGING NEEDS	Needs Assessment Trends			
		2015	2017	2019
	Need %	76%	81%	82%
	Gap %	21%	22%	21%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	806 (18%)	99%	94%
FY 2018	925 (20%)	99%	91%
FY 2017	1,055 (24%)	90%	89%
FY 2016	746 (16%)	79%	89%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES: For clients with dental insurance, premiums and copays have been accessed through Health Insurance Assistance. If ineligible for HIP, Part A (401-500% FPL) Health Insurance Assistance may cover dental insurance premiums, copayments and deductibles. Part B (138-400% FPL) HIP will only cover if part of an overall health insurance plan. As more PLWH get health insurance coverage, funds may be used less for this service and could be used more for other service needs to improve health outcomes.



UDC and Percentage of HIP Funds Spent on DENTAL Premiums		
Fiscal Year	UDC (NOEMA)	Total Cost
FY2015	1,486	\$449,136
FY2016	1,299	\$358,219
FY2017	734	\$279,449
FY2018	887	\$218,760
FY2019	1,221	\$88,856

Substance Use Outpatient Services*

2020 Priority #16

Service Description: Regular, ongoing substance abuse treatment and counseling offered on individual and/or group basis by a state-licensed provider.

CLIENT PRIORITY/DOCUMENTED NEED	2019 Needs Assessment	
	Client Need Rank #26	

SPECIFIC GAPS/EMERGING NEEDS	Needs Assessment Trends			
		2015	2017	2019
	Need %	18%	29%	22%
	Gap %	3%	12%	6%

ACCESS TO CARE & MAINTENANCE IN CARE

Service Utilization		Retention in Care	Viral Suppression
All Part A & MAI Clients		% of clients with 1 PMC Visit	% of clients with viral load <200 copies/mL
FY 2019	133 (3%)	99%	88%
FY 2018	166 (4%)	100%	83%
FY 2017	177 (4%)	99%	86%
FY 2016	137 (3%)	74%	87%

PAYER OF LAST RESORT & NON-PART A FUNDING SOURCES

NEEDS ASSESSMENT

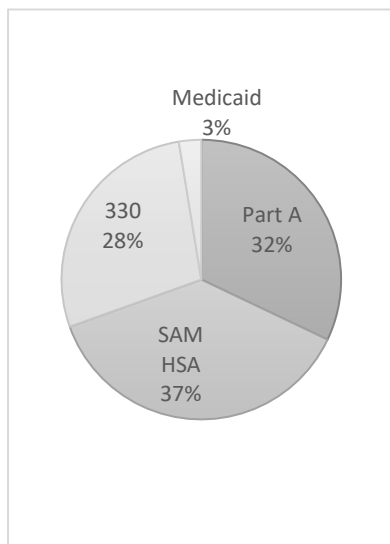
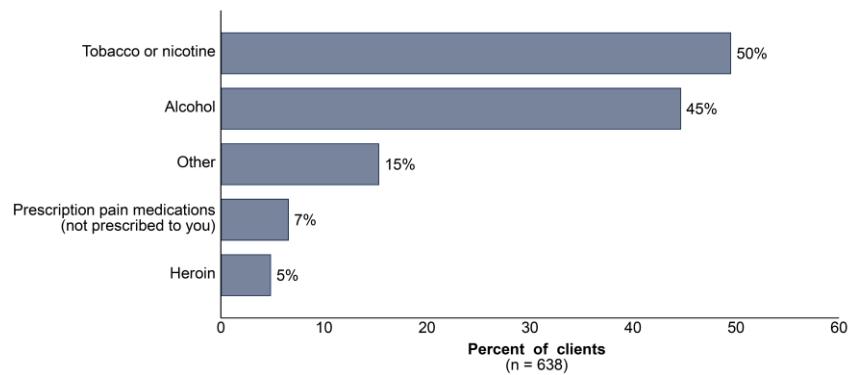


Figure C8. Self-Reported Substance Use in Past 12 Months



Other Fundable Services – These Services have Not Recently Been Prioritized or Funded

HOME AND COMMUNITY-BASED HEALTH SERVICES

Service Description: Includes skilled health services furnished in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy; routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.

HOSPICE SERVICES

Service Description: Room, board, nursing care, counseling, physician services, and palliative therapeutics provided in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital designated and staffed to provide hospice services for terminal clients.