

PAYER OF LAST RESORT ANALYSIS TOOL

Priority Setting & Resource Allocation
Committee

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David Klotz, MPA



Background

- RW funds should be coordinated with all public funding to ensure that RW funds are “Payer of Last Resort”: RW funds can not be used to pay for services that another funder pays for
- “Planning councils will establish priorities for the allocation of funds...consider(ing) the availability of other governmental and non-governmental resources” -RW HATMA

Background, contd.

- ❑ POLR is an important criterion in PSRA's priority setting tool: 15% weight (2008)
- ❑ In 2007, PSRA identified a need for better data to evaluate this criterion
- ❑ PC allocated reprogramming funds to pay for tool to better evaluate POLR criterion
- ❑ New York Academy of Medicine was contracted to compile information about alternative providers and payers for the service categories funded through Part A



Background, contd.

- Tool represents a structure and framework that can be updated and elaborated
- Tool has not yet been utilized by PSRA for planning purposes



Methods

- Review of EMA Service Categories to ensure the services provided under each category, the scope of those services, and the target populations were fully understood



Methods, contd.

- Literature review to identify existing analyses of public financing data as well as tools to assess public healthcare and supportive services financing
- Data Gathering:
 - review of all federal, state and local funding for EMA service priorities in the Planning Council's service categories
 - review of electronic data sources (City, State, Federal programs)



Data Analysis

- Mapped data to service categories, including information on:
 - provider or funder
 - specific program and the services offered
 - eligibility criteria (where available)
 - capacity limitations (where available)
 - HIV-specific provisions and/or limitations of each funding stream where known



Data Compiled

- ❑ Located more than 120 individual programs in 22 service categories
- ❑ More than 40 different funders/providers
- ❑ Hundreds of services



Health Services: Medicaid & Medicare

- comprehensive array of ambulatory and inpatient medical services
- medications
- care in a nursing home
- care through home health agencies and personal care
- treatment in psychiatric hospitals, mental health facilities
- family planning services
- medicine, supplies, medical equipment, and appliances
- clinic services
- comprehensive oral health care
- transportation to medical appointments
- emergency ambulance transportation to a hospital
- prenatal care
- some insurance and Medicare premiums
- other health services (income, disability eligibility)



Health Services: ADAP, ADAP Plus

- Medications
- Mental health treatment (24 visits/year max.)
- Comprehensive oral health care
- Ambulatory outpatient care
- Annual comprehensive medical evaluation
- Treatment of HIV and non-HIV related illness
- OB/GYN
- Pediatric
- Laboratory services
- Drug and immunotherapy administration
- Limit of 30 physician visits/year



Support Services

- Wide array of federal, state, city and private sources
- Capacity and eligibility concerns, esp. mental health, substance abuse and housing services



POLR Tool

- Data available in matrix format that delineates the funding streams, covered services, and eligibility requirements for each of the Part A service categories
- Available in an online database on PC website:
<http://nyhiv.org/ryan/categories.php>

Limitations

- Not all-inclusive: we need data on other payers not yet known to us
- “Comparing apples to oranges”: Possible mismatches between services found and PC service categories
- Conflicts between data sources
- Data are constantly changing
 - tool can be built upon and changed



Limitations, contd.

- Only one piece of the puzzle; need to define:
 - Capacity of other payers' services
 - Accessibility of other services
 - Quality of other services
 - Appropriateness of other services
 - Need for/Gaps in services



Next Steps

- Using the current tool for planning (FY 2009)
- Further research to refine the tool for future use



Next Steps, contd.

- Focus on large categories:
 - Outpatient Medical Care
 - Mental Health Services
 - Integrated Harm Reduction/RR/RP Services
 - Case Management
 - Early Intervention Services



Next Steps, contd.

- Resources for additional data:
 - HHS (HRSA, SAMHSA, etc.), VA, NYS & NYC govt.
 - Key Informant Interviews: NYAM list, (AIDS Institute, HHC, DOHMH, non-profits, etc.)

Additional Data (as of 6/4/08)

□ ADAP

- 22,000 people/ year
- Medicare Part D drug benefit has enabled the Program to support people with alternative health care coverage in more efficient ways

□ Early Intervention Services

- NYCDOHMH STD Clinics added services



Additional Data, contd.

□ **Housing Services**

- HASA contracts for over 5,000 units of supportive housing
- HASA anticipates the development of 1,000 units of additional housing

□ **Outpatient Medical Care**

- Change in Medicaid outpatient reimbursement methodology to APGs (Ambulatory Patients Groups) in December 2008.



Additional Data (as of 6/4/08)

□ **Mental Health**

- NYC DOHMH/Div. of Mental Hygiene:
- 13 contracts for HIV/AIDS MH outpatient clinic programs

□ **Harm Reduction/AOD Services**

- NYC DOHMH/Div. of Mental Hygiene:
- 12 contracts for HIV/AIDS outpatient alcoholism clinics services



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