

# HIV Care Services Subrecipient Guidelines 2016

*What's New for GY 2016-2017?*



A VDH Ryan White Part B direct contractor is now referred to as a.....

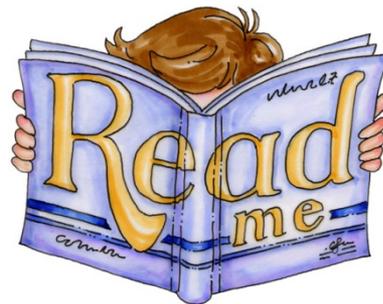
Subrecipient



# Summary of Table of Document Deliverables to VDH

*-documents, frequency and due dates for submission to VDH*

## Summary Table of Document Deliverables to VDH



# Monthly Progress Report Form

New report form - 'one size fits all'

[HIV Care Services – Disease Prevention](#)

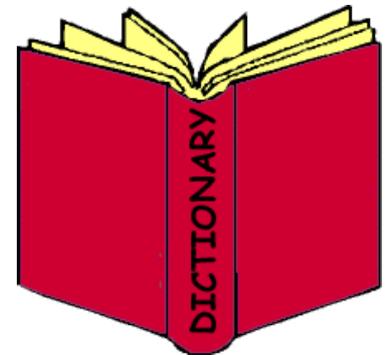


# Allowable HRSA Service Categories & VDH Service Unit Definitions

## 2016-2017 VDH Service Unit Definitions

### **Change effective 8/8/2016**

- Outreach
  - One 15-minute outreach encounter = 1 unit
- Health Education/Risk Reduction
  - One 15-minute encounter = 1 unit



# VDH Fee for Service Policy

- Outpatient ambulatory HIV medical care office visit reimbursement
- Reimbursement rates based on Virginia non-facility 2016 Medicare rates
- Allowable fee for service rate is associated with a code that has an established definition

Subrecipients must submit the following information for reimbursement:

- ✓ Provider information including provider name, address, phone number, and federal tax identification number
- ✓ Patient information including complete name, address, date of birth, and telephone number
- ✓ Patient Ryan White I.D. Number
- ✓ Date of Service
- ✓ Virginia Ryan White Fee-for-Service Code (CPT Code)
- ✓ Virginia Ryan White Fee-for-Service Reimbursement Rate requested

Subrecipient may submit a completed standard claim for CMS-1500 including the information above or in a format approved by VDH.

# Budget Reallocation Request

## When to submit a Budget Reallocation Request?

- Unanticipated increase in cost for a service
- Identified gap(s) in service
- Over-estimated need for service
- No later than 30 days prior to the end of the contract period

**A revised reallocation table must be submitted with each budget reallocation request.**

# Questions?

