



# RWHAP TA Webinar

Indiana State Department of Health

*February 20, 2018*

*11:00 am – 12:00 pm*



Indiana State  
Department of Health



# zoom

## Helpful Hints

- Press esc to exit full screen
- Hover over the top to change “view” options
- Place yourselves on “mute” until you’re ready to pose a question or make a comment
- Use the “chat” room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting

- Please enter the agency name and list all participants in the “chat” room



# Agenda

- Introductions
- Invoicing
- Eligibility
- TA needs
- Q & A
- Next call



**Monthly Detail**

Vendor Name: Kaur Inc. (SCM 24777)

Dates of Service:	1/1/2018 to 1/31/2018
Date of Invoice:	
Prepared By:	
Submitted By:	
Invoice #:	JAN24777HIVSTD

	Change Request	Available Funding	Expenses Claimed	Balance
ADMIN00		6,575.00	0.00	6,575.00
QUALMGT		5,307.00	0.00	5,307.00
MEDCMGT		105,089.00	0.00	105,089.00
MENTALH		32,175.00	0.00	32,175.00
FOODBNK		28,500.00	0.00	28,500.00
OUTRCH0		17,794.00	0.00	17,794.00
<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ 195,440.00</b>	<b>\$ -</b>	<b>\$ 195,440.00</b>
<b>TOTAL - Invoice</b>			<b>\$ -</b>	

ADMIN00	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>

QUALMGT	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>

MEDCMGT	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>

MENTALH	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>

FOODBNK	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>

OUTRCH0	Expenses Claimed
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>





1	<b>Monthly Detail</b>			
2	Vendor Name	Kaur Inc. (SCM 24777)		
3				
4	Dates of Service:	1/1/2018 to 1/31/2018		
5	Date of Invoice:			
6	Prepared By:			
7	Submitted By:			
8	Invoice #:	JAN24777HIVSTD		
9				
10				
..		Budget Change	Available	Expenses

Do's:

- Fill out yellow colored cells
- Make sure auto-populated correctly.

Don't's:

- Do not attempt to alter blue cells

	Budget Change Request	Available Funding	Expenses Claimed	Balance
L1				
L2	ADMIN00	6,575.00	0.00	6,575.00
L4	QUALMGT	5,307.00	0.00	5,307.00
L5	MEDCMGT	105,089.00	5,400.00	99,689.00
L7	MENTALH	32,175.00	0.00	32,175.00
L8	FOODBNK	28,500.00	0.00	28,500.00
25	OUTRCHO	17,794.00	0.00	17,794.00
32	<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ 5,400.00</b>	<b>\$ 190,040.00</b>
33	<b>TOTAL - Invoice</b>		<b>\$ 5,400.00</b>	

	Expenses Claimed
36	ADMIN00
37	Personnel
38	Benefits
39	Consultants
40	Contractual
41	Supplies
42	Equipment
43	Travel
44	Other
45	<b>SUBTOTAL</b>

	Expenses Claimed
36	QUALMGT
37	Personnel
38	Benefits
39	Consultants
40	Contractual
41	Supplies
42	Equipment
43	Travel
44	Other
45	<b>SUBTOTAL</b>

	Expenses Claimed
36	MEDCMGT
37	Personnel
38	Benefits
39	Consultants
40	Contractual
41	Supplies
42	Equipment
43	Travel
44	Other
45	<b>SUBTOTAL</b>



	Budget Change Request	Available Funding	Expenses Claimed	Balance
11				
12	ADMIN00	6,575.00	6,579.00	(4.00)
14	QUALMGT	5,307.00	0.00	5,307.00
15	MEDCMGT	105,089.00	5,400.00	99,689.00
17	MENTALH	32,175.00	0.00	32,175.00
18	FOODBK	28,500.00	0.00	28,500.00
25	OUTRCHO	17,794.00	0.00	17,794.00
32	<b>SUBTOTAL</b>	<b>\$ -</b>	<b>\$ 195,440.00</b>	<b>\$ 11,979.00</b>
33	<b>TOTAL - Invoice</b>		<b>\$ 11,979.00</b>	



*If you overspend figures in the Balance column will turn red.*

	Expenses Claimed
36	ADMIN00
37	Personnel 6,579.00
38	Benefits
39	Consultants
40	Contractual
41	Supplies
42	Equipment
43	Travel
44	Other
45	<b>SUBTOTAL \$ 6,579.00</b>

	Expenses Claimed
QUALMGT	
Personnel	
Benefits	
Consultants	
Contractual	
Supplies	
Equipment	
Travel	
Other	
<b>SUBTOTAL</b>	<b>\$ -</b>



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# FY2018- Invoice

HIV/STD/Viral Hepatitis  
Kaur Inc. (SCM 24777)

Name of Organization:	Kaur Inc. (SCM 24777)				
Remit-To Address:	79 Preet Rd.				
City:	Indianapolis	State:	IN	Zip:	46204
Purchase Order #	18577777				
Budget Period:	1/1/2018 to 9/29/2018	Fiscal Year:	2018		
Dates of Service	1/1/2018 to 1/31/2018	Vendor Number:	77754		
Date of Invoice	3/15/2018	CFDA Number:	93.917		
Name of Enterer	Manpreet Kaur				
Name of Submitter	Manpreet Kaur				
Invoice #	JAN24777HIVSTD				

Invoice Amounts	
	Fund 61910
	40093917RWSUP18
<b>Administrative Costs:</b>	
ADMIN00 (Line 1)	\$ 6,579.00
QUALMGT (Line 2)	\$ -
MEDCMGT (Line 3)	\$ 5,400.00
MENTALH (Line 6)	\$ -
FOODBNK (Line 4)	\$ -
OUTRCHO (Line 5)	\$ -
	\$ 11,979.00

**Total Invoice \$ 11,979.00**

Confirm  
accuracy

Submission  
requirements

[HIVIMMinvoices@isdh.in.gov](mailto:HIVIMMinvoices@isdh.in.gov)



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**HIV/STD/Viral Hepatitis**  
**Kaur Inc. (SCM 24777)**

	Budget		Expenses			Current Budget	Total Expenses	Amount Remaining	% Remaining
	Original Budget	RBC 1	Jan-18	Feb-18	Mar-18				
ADMIN00	\$ 6,575.00		\$ 6,579.00	\$ -	\$ -	\$ 6,575.00	\$ 6,579.00	(4.00)	-0.06%
QUALMGT	\$ 5,307.00		\$ -	\$ -	\$ -	\$ 5,307.00	\$ -	5,307.00	100.00%
MEDCMGT	\$ 105,089.00		\$ 5,400.00	\$ -	\$ -	\$ 105,089.00	\$ 5,400.00	99,689.00	94.86%
MENTALH	\$ 32,175.00		\$ -	\$ -	\$ -	\$ 32,175.00	\$ -	32,175.00	100.00%
FOODBK	\$ 28,500.00		\$ -	\$ -	\$ -	\$ 28,500.00	\$ -	28,500.00	100.00%
OUTRCHO	\$ 17,794.00		\$ -	\$ -	\$ -	\$ 17,794.00	\$ -	17,794.00	100.00%
<b>Subtotal</b>	<b>\$ 195,440.00</b>	<b>\$ -</b>	<b>\$ 11,979.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 195,440.00</b>	<b>\$ 11,979.00</b>	<b>\$ 183,461.00</b>	<b>93.87%</b>
<b>Grand Total</b>	<b>\$ 195,440.00</b>	<b>\$ -</b>	<b>\$ 11,979.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 195,440.00</b>	<b>\$ 11,979.00</b>	<b>\$ 183,461.00</b>	<b>93.87%</b>



# Budget Change Request

	Budget Change Request	Available Funding	Expenses Claimed	Balance
11				
12	ADMIN00	6,575.00	0.00	6,575.00
14	QUALMGT	4,000.00	9,307.00	0.00
15	MEDCMGT	(5,000.00)	100,089.00	0.00
17	MENTALH		32,175.00	0.00
18	FOOBNK	1,000.00	29,500.00	0.00
25	OUTRCHO		17,794.00	0.00
32	SUBTOTAL	\$ -	\$ 195,440.00	\$ -
33		TOTAL - Invoice		\$ -



	Budget Change Request	Available Funding	Expenses Claimed	Balance
11				
12	ADMIN00	6,575.00	0.00	6,575.00
14	QUALMGT	4,000.00	9,307.00	0.00
15	MEDCMGT	(5,000.00)	100,089.00	0.00
17	MENTALH		32,175.00	0.00
18	FOOBNK	6,000.00	34,500.00	0.00
25	OUTRCHO		17,794.00	0.00
32	SUBTOTAL	\$ 5,000.00	\$ 200,440.00	\$ -
33		TOTAL - Invoice		\$ -



# DANGER ZONES



**How can you avoid reimbursement delay?**



**1. DATE INVOICE CORRECTLY**

**2. Send to [HIVIMMinvoices@isdh.in.gov](mailto:HIVIMMinvoices@isdh.in.gov)**

**3. DO NOT OVERSPEND**



1.



**INVOICE NOT DATED CORRECTLY!**

2.



Sending your invoice to the wrong person/mailbox!

*Always Use:*

[HIVIMinvoices@isdh.in.gov](mailto:HIVIMinvoices@isdh.in.gov)

3.



**OVERSPENDING!**

**Grant Summary Tab (tab to the far right) keeps your total spending in view. It calculates for you what your balance is on each individual line as well as your total budgeted balance. Please become familiar with this part of the tool!**



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# Supporting Documentation

- \* Clear documentation for your monthly claims.
- Keep those in a [clearly identified](#) folder with your monthly invoice
- **\* In the near future, we will be having you store these in a different manner. More to follow.**

Current Budget	Total Expenses	<b>Amount Remaining</b>	% Remaining
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# ???? Questions or Comments ?????

- What questions do you have for us today?
  - Please enter your questions in the “Chat” box
  - Remember to unmute your phone or computer when we address your question
- Who should I contact with questions?

**Manpreet Kaur**

**(317) 233-1908**

**[mkaur@isdhn.in.gov](mailto:mkaur@isdhn.in.gov)**



# Ryan White Part B Eligibility - Reminder

- Clients must be:
  - HIV positive
  - Low income (At or below 300% of the FPL)
  - Residents of Indiana
  - Screened for all other payors including Medicaid
- Eligibility must be recertified every 6 months
- Care Coordinators initiate and recertify eligibility, ISDH makes final determination
- Obtain Client Eligibility Confirmation Letter from Care Coordinators
  - This is your documentation (For Now)



# Next Steps of Eligibility Determination Process

- ISDH Information Technology (IT) systems are being updated
  - HIVE
- Policies on Eligibility, “Payor of Last Resort” and ensuring that other coverage options have been explored are being finalized
- Eligibility Determination Procedure is being finalized for help Care Coordinators and ISDH staff
- Future plans include coordinating all eligibility determination across the state with other Ryan White Parts





# Questions and Challenges

- How many clients do you have accessing these newly funded services?
- What questions do you have about the eligibility process?
- Are clients understanding the eligibility process?
- What challenges are you having with the eligibility process?
  - Please enter your questions in the “Chat” box
  - Remember to unmute your phone or computer when we address your question



# Training, Technical Assistance & Tools



# Other TA Resources

- General e-mail to pose questions
  - [HSPprogram@isdh.IN.gov](mailto:HSPprogram@isdh.IN.gov)
- Other ISDH consultants
  - Tom Bartenbach
  - Mike Wallace
  - Paula French





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# Next TA Call

- March 20, 2018
- 11 am – 12 pm ET



zoom



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