

Ryan White HIV/AIDS Treatment Extension Act Part A
Boston Eligible Metropolitan Area (EMA)

e2Boston: Data Sharing and Eligibility

Provider Guidance and Expectations

April 7, 2021

**BOSTON
PUBLIC
HEALTH
COMMISSION**



Ryan White Services Division
Infectious Disease Bureau
Boston Public Health Commission

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Introduction

Background

In 2019, the Ryan White Services Division (RWSD) received funding from the Health Resources and Services Administration (HRSA) to develop and implement a Data Sharing and Eligibility module as part of the Boston Eligible Metropolitan Area (EMA)'s e2Boston system. e2Boston is a data-sharing system that allows Boston EMA providers to input new client information, client data, provider services and subservices, client outcomes, and complete annual Ryan White Services reporting requirements. This funding allowed RWSD and RDE (the developer for e2Boston) to build a data sharing and eligibility module as an additional e2Boston provider feature. The goal of the data sharing and eligibility module is to centralize access and control of client eligibility data, with client consent, to allow Boston EMA providers to assess client eligibility for Ryan White Part A services across multiple providers based on client eligibility information already inputted in the e2Boston system by other Boston EMA providers.

The data sharing and eligibility module will benefit Boston EMA providers in the following ways:

- ✓ Reduce administrative burden for Boston EMA providers and clients
- ✓ Significantly improve the quality and accuracy of RWSD client data
- ✓ Reduce the risk of client duplication
- ✓ Reduce the burden of duplicative data entry
- ✓ Improve collaboration between RWSD funded agencies

***Important Note: HRSA's Ryan White Part A eligibility requirements have not changed from FY20.** A summary of eligibility verification/documentation requirements is in Appendix 2 and further guidance is in the Service Standards and Provider Manual. Please contact your contract manager with questions.

Data Sharing

The ONLY client information that will be shared as part of the Data Sharing and Eligibility module is the following:

- Client's demographic data
- Social Security Number
- Contact information
- Financial/employment/socioeconomic data
- Insurance information
- Assigned client identification code
- Record(s) of HIV/AIDS diagnosis and/or status

***Important Note:** No other information (including sensitive medical information, services provided, and/or outcomes data) will be shared when using the Data Sharing and Eligibility module.

Provider Expectations

To make full use of this new system functionality and reduce the administrative burden of eligibility verification on clients and providers, agencies are expected to follow the guidance below.

When Making a Referral to Another Part A Agency

When agencies refer a client to another Part A agency in the Boston EMA, they must:

1. Ensure eligibility status is current and that eligibility documentation is uploaded into e2Boston (either full documentation or self-attestation, whichever is most recent);
2. Upload completed client **Consent to Receive Services Form**, which is agency specific and collected at intake; and
3. Complete and upload the **Consent and Authorization to Share Information Form** developed for the Data Sharing and Eligibility Module (*see Appendix 1*). Please note that if the client declines to authorize sharing, the information cannot be shared, and each agency will have to verify eligibility through a separate process.

***Important Note:** The purpose of this **Consent and Authorization to Share Information Form** is to allow the sharing of individual data when seeking services at two or more agencies; or to revoke sharing of data if the client no longer wishes to share eligibility data with those agencies. **This consent will remain valid for one year or until revoked by the client.** If the client wishes to revoke their consent form, they must do so in writing and must resubmit the consent form indicating their revocation to an agency within the system.

Identified Information

Identifiable information that may be shared between agencies based on consent, includes client's demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status.

De-identified Information

In order to monitor agency contracts, the above identifiable information may also be de-identified to become accessible to the RWSD as the Ryan White Part A Recipient, their program and administrative staff or consultants, and RDE Systems, the organization providing the software and technical support for the e2Boston system.

Revoking Consent

As part of the Data Sharing and Eligibility Module, Ryan White Part A clients will be able to revoke the authorization to share information with the agencies identified for which they previously allowed to use and disclose identifying information to determine their eligibility to receive services.

E2Boston Eligibility Tracking and Upload Requirements

1. Eligibility Tracking and Uploading for Already Existing Clients

- Agencies must enter eligibility status and upload all required eligibility documentation for existing active clients the next time eligibility status is checked or within one year of client activity/services (***sooner if refer clients to another Part A agency-see #1***)

***Important Note:** RWSD understands that it might take time to update all existing clients, so we are not limiting the data entry based on eligibility tracking, but we expect to have all required documentation uploaded during the next eligibility check or within one year of client activity/services. For the clients who are not receiving the services during this time the Eligibility status would stay “Inactive” and should be changed shortly after clients start to receive services again.

2. Eligibility Tracking and Uploading for New Clients

- The RWSD expects providers to enter the eligibility status information and upload the required documents (*including Consent for Services form and Eligibility documentation*) for all new clients into e2Boston, starting on April 7, 2021. The e2Boston upload engine processes several formats and the documents could be scanned and/or photographed to be uploaded. Accepted document formats include pdf, doc, docx, jpg, jpeg, tif, tiff, and png.

***Important Note:** RWSD understands that sometimes providers may need to provide services before all eligibility documentation has been collected. If this is the case, and a provider serves a client before all eligibility documentation is collected, providers must enter eligibility status and documentation into e2Boston as soon as it is collected. E2Boston will still allow client information and data to be entered even if eligibility status/documentation is not yet complete.

3. Extension of Deadlines for Documentation Uploads

- For agencies that are doing automatic data uploading/data importing into e2Boston, the process will continue to be the same. The main change is the new MS Access RSR Plus template in the Conversion tab. This template has a new table where agencies can enter both the eligibility document type and the signature/effective date. The special table for clients’ residency information could be found there as well.
- E2Boston does not have the capacity to import scanned documents, agencies that provide data through the data import module should complete the information about documentation type and signature/effective dates. This information will be enough for the system to change clients’ eligibility if that is the case. If a client whose information has been uploaded through the data import module needs to be referred to another agency, the form uploads are required and need to be done manually.
- The RWSD understands that agencies who are doing E2Boston data delivery using the importing module have to make some updates to their own system and/or re-format the data. Given these circumstances, we are extending the due date for the data upload by a month. In other words, the April 15th deadline is now postponed to May 15th.

Security Features

Following stakeholder feedback, the RWSD will continue to keep client data for each agency data separate. Each agency will have access to their own clients only. Information for clients who have been referred to another agency, will only be available to subrecipient agencies who have been selected on the Consent and Authorization to Share Information Form. No other agencies will have access to this information. As mentioned above, only some information for referred clients will be shared. This includes all eligibility required information and some demographic information. No services, medical, and/or outcomes data will be shared.

Support and Technical Assistance

For any questions or technical assistance, please contact (please cc your contract manager in every email):

- RWSD Data Manager, Irina Neshcheretnaya ineshcheretnaya@bphc.org
- E2Boston support group support@e2boston.net

Appendices

Appendix 1

Ryan White HIV/AIDS Program, Part A Boston Public Health Commission Ryan White Services Division Consent and Authorization to Share Information

I. Introduction

_____ (AGENCY) is part of a health network of care that provides one or more HIV services (Ryan White Part A and the Minority AIDS Initiative) within counties of Massachusetts (Middlesex, Essex, Suffolk, Worcester, Norfolk, Plymouth, and Bristol) and New Hampshire (Stratford, Rockingham, and Hillsborough) as part of the Eligible Metropolitan Area funded by the Boston Public Health Commission (later referenced as the Network). The healthcare agencies participating in the Network are listed below in sections III and IV.

Agencies within the Network frequently work together to provide referrals to each other for services that they may not provide in-house. For this reason, there may be a need to share your health information between two or more agencies. The purpose of this document is to consent to this sharing of data if you wish to seek services at two or more agencies; or to revoke this sharing of data if you no longer wish to seek services at those agencies.

II. Data Sharing

The management of your health information is made possible through a program called eCOMPAS (or e2Boston), which stands for Electronic Comprehensive Outcomes Measurement Program for Accountability & Success. In the course of providing your care, the Agency will collect and retain certain information about you, your health, and the services or treatment that are provided. This information is necessary to coordinate care appropriately, document and evaluate services rendered, and assess your health outcomes, which is required by the Health Resources and Services Administration, which funds the Ryan White Part A federal grant program.

Identified Information

Identifiable information that may be shared between agencies includes your demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status.

De-identified Information

In order to monitor agency contracts as members of the Network, the above identifiable information may be de-identified and accessible to the Funding Source, the Boston Public Health Commission as the Ryan White Recipient, their program and administrative staff or consultants, and RDE System, who provide the software and technical support for the e2Boston system.

III. Consenting to the Sharing of Data

I do hereby consent to and authorize _____ (AGENCY) to select Ryan White Providers below for which I am a client of, or will be, to input and/or access the following electronic information: demographic data, Social Security Number, contact information, financial/employment/socioeconomic data, insurance information, assigned client identification code, and record(s) of HIV/AIDS diagnosis and/or status. I acknowledge by signing this form that these selected agencies, which are Ryan White contracted providers, will need my exact name and date of birth, or my exact social security number to access my information. I allow access to the electronic information described in the previous statement, to the following:

Choose *one or more* of the following agencies by State:

Massachusetts

- | | |
|---|--|
| <input type="checkbox"/> AIDS Project Worcester | <input type="checkbox"/> MGH Chelsea |
| <input type="checkbox"/> Beth Israel Deaconess Hospital | <input type="checkbox"/> Multicultural AIDS Coalition |
| <input type="checkbox"/> Boston Children's Hospital | <input type="checkbox"/> Ryan White Dental Program |
| <input type="checkbox"/> Boston Health Care for the Homeless | <input type="checkbox"/> Upham's Community Health Center |
| <input type="checkbox"/> Boston Medical Center Corporation | <input type="checkbox"/> Victory Programs, Inc. |
| <input type="checkbox"/> Cambridge Health Alliance | <input type="checkbox"/> Whittier Street Health Center |
| <input type="checkbox"/> Casa Esperanza | |
| <input type="checkbox"/> Catholic Charities of Boston | |
| <input type="checkbox"/> Codman Square Health Center | |
| <input type="checkbox"/> Community Research Initiative | |
| <input type="checkbox"/> Community Servings | |
| <input type="checkbox"/> Dimock Community Health Center | |
| <input type="checkbox"/> East Boston Neighborhood Health Center | |
| <input type="checkbox"/> Edward M. Kennedy | |
| <input type="checkbox"/> Father Bill's & MainSpring | |
| <input type="checkbox"/> Fenway Community Health Center | |
| <input type="checkbox"/> Greater Lawrence Family Health Center | |
| <input type="checkbox"/> Harbor Health Services | |
| <input type="checkbox"/> Justice Resource Institute | |
| <input type="checkbox"/> Lynn Community Health Center | |
| <input type="checkbox"/> Making Opportunity Count | |
| <input type="checkbox"/> Mass. Alliance of Portuguese Speakers | |
| <input type="checkbox"/> MGH Boston | |

New Hampshire

- AIDS Response Seacoast
- New Hampshire Department of Health and Human Services
- Merrimack Valley Assistance Program
- Southern New Hampshire HIV/AIDS Task Force

You may choose not to have your medical information shared with any other agency within the Network:

- I do not give permission for Agency to share my health information.

IV. Revoking the Sharing of Data

I hereby permit _____ (AGENCY) to revoke the authorization to share information with the following agencies in the Network and related services for which I previously allowed to use and disclose identifying information to determine my eligibility to receive services. **I understand that a revocation is not effective to the extent that any Ryan White Part A provider has already acted in reliance on my previous authorization. I understand that information used or disclosed pursuant to this authorization may be disclosed by the subrecipient or recipient and may no longer be protected by federal or state law.** I revoke the authorization to share information from the following:

Choose *one or more* of the following agencies by State:

Massachusetts

- | | |
|---|--|
| <input type="checkbox"/> AIDS Project Worcester | <input type="checkbox"/> Mass. Alliance of Portuguese Speakers |
| <input type="checkbox"/> Beth Israel Deaconess Hospital | <input type="checkbox"/> MGH Boston |
| <input type="checkbox"/> Boston Children's Hospital | <input type="checkbox"/> MGH Chelsea |
| <input type="checkbox"/> Boston Health Care for the Homeless | <input type="checkbox"/> Multicultural AIDS Coalition |
| <input type="checkbox"/> Boston Medical Center Corporation | <input type="checkbox"/> Ryan White Dental Program |
| <input type="checkbox"/> Cambridge Health Alliance | <input type="checkbox"/> Upham's Community Health Center |
| <input type="checkbox"/> Casa Esperanza | <input type="checkbox"/> Victory Programs, Inc. |
| <input type="checkbox"/> Catholic Charities of Boston | <input type="checkbox"/> Whittier Street Health Center |
| <input type="checkbox"/> Codman Square Health Center | |
| <input type="checkbox"/> Community Research Initiative | |
| <input type="checkbox"/> Community Servings | |
| <input type="checkbox"/> Dimock Community Health Center | |
| <input type="checkbox"/> East Boston Neighborhood Health Center | |
| <input type="checkbox"/> Edward M. Kennedy | |
| <input type="checkbox"/> Father Bill's & MainSpring | |
| <input type="checkbox"/> Fenway Community Health Center | |
| <input type="checkbox"/> Greater Lawrence Family Health Center | |
| <input type="checkbox"/> Harbor Health Services | |
| <input type="checkbox"/> Justice Resource Institute | |
| <input type="checkbox"/> Lynn Community Health Center | |
| <input type="checkbox"/> Making Opportunity Count | |

New Hampshire

- AIDS Response Seacoast
- New Hampshire Department of Health and Human Services
- Merrimack Valley Assistance Program
- Southern New Hampshire HIV/AIDS Task Force

V. Terms of the Consent Form

This consent will remain valid for one year or until revoked by me. If I revoke this consent form, I understand that I must do so in writing and that I must resubmit this authorization form indicating my revocation to an agency within the Network. I understand that the revocation will not apply to Health Information that has been released before the revocation. A written revocation will be effective five (5) days after the Ryan White Program Manager receives it. Services rendered after the date of revocation will not be paid for by the Ryan White Part A program.

I hereby hold the Boston Public Health Commission harmless for the disclosure and/or release of my private Health Information (pursuant to Federal Health Insurance Portability and Accountability Act "HIPAA" regulations) to any Ryan White contracted provider or the Health Resources and Services Administration (Funding Source) in connection with the Ryan White Program. I understand that my name, address, and other controlled identifiers are placed into the system.

I have a right to request relevant health information that is tracked in the system.

If the signer is a guardian, legal documentation of the representative's identity and authority to act on the individual's behalf must be attached. For a minor, the parent must attach a copy of the birth certificate to this form.

I further expressly consent to give the Boston Public Health Commission, and the Funding Source access to any records stored in the system and any other records held by any Ryan White Part A contracted agency for monitoring, reporting, operating, payment and administration. A list of service providers will be updated annually (if any new agency is contracted as a Ryan White Part A provider). I stipulate reproductions of this written consent are authentic as the original.

Client/Representative signature

Self or Representative's Relation to Client

Witness

Date

Appendix 2

As with previous years, it is expected that Boston EMA providers comply with the Financial Eligibility Policy for Ryan White Services which requires funded subrecipients to screen HIV+ clients for income eligibility, based on a threshold of 500% of the Federal Poverty Level (FPL) as determined by the U.S. Department of Health and Human Services (HHS).

Providers must document client eligibility annually and recertify every six months to assess changes to client eligibility. See Error! Reference source not found. and [Policy Clarification Notice 13-02](#). You can also refer to the Boston EMA's Service Standards for more detail. Below is a summary of Boston EMA Ryan White Part A eligibility and documentation requirements. **This information is also available in Standards of Service and the Provider Manual.**

Eligibility	Measure
<p><u>1.1 Eligibility</u> Agencies must establish eligibility of the client and routinely recertify clients for eligibilities every 6 months. Activities include:</p> <ul style="list-style-type: none"> • Completing an intake • Screening patients for eligibility • Maintaining Documentation 	<p>Record of eligibility in the client file, including:</p> <ul style="list-style-type: none"> • Client name, home address and mailing address • Documentation of HIV Status • Proof of Boston EMA Residency • Verification of financial eligibility • Documentation related to third-party payers.
<p><u>1.1A HIV Status</u> Documentation is required for the initial eligibility determination. Documentation includes:</p> <ul style="list-style-type: none"> • Diagnosis letter signed by a licensed physician on MD Stationary • Labs Test Results • Positive test result from ELISA and/or Western Blot HIV test (not anonymous) 	<p>Record of lab or test results evident in client's file</p> <p>Providers only need to collect this documentation one time at the initial determination of eligibility. Not required to be updated after initial submission.</p>
<p><u>1.1B Income</u> Must have an income under 500% of the most current FPL. Documentation includes:</p> <ul style="list-style-type: none"> • State/Federal Tax Return • Current pay stub • Bank statement indicating direct deposited income • Disability award letter • Self-employment affidavit • Support affidavit • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification) • HDAP approval letter 	<p>Client files must include:</p> <p>1) Updated documentation to verify income eligibility once a year</p> <p>And</p> <p>2) Self-attestation of no change in income, signed by client, for 6-month recertification of eligibility</p>

Eligibility	Measure
<p><u>1.1C Boston EMA Residency</u> The client must reside within the 10 counties of the Boston EMA. Documentation includes:</p> <ul style="list-style-type: none"> • Utility Bill • Lease/Mortgage Statement • Support affidavit • Letter from Shelter • MassHealth Verification (i.e. screen shot of HER face sheet or Virtual Gateway verification) 	<p>Client files must include:</p> <ol style="list-style-type: none"> 1) Updated documentation to verify Boston EMA residency for eligibility once a year <p>And</p> <ol style="list-style-type: none"> 2) Self-attestation of no change in Boston EMA residency, signed by client, for 6-month recertification of eligibility
<p><u>1.1D Health Insurance</u> The client must be enrolled, or in the process of enrolling into health insurance. Documentation includes:</p> <ul style="list-style-type: none"> • Insurance Verification Print Out • Recent Explanation of Benefits • Recent Explanation of Payment • Recent Premium Bill • MassHealth Letter • NH CARE Program enrollment screenshot • HDAP approval letter 	<p>Client files must include:</p> <ol style="list-style-type: none"> 1) Updated documentation to verify insurance coverage for eligibility once a year <p>And</p> <ol style="list-style-type: none"> 2) Self-attestation of no change in insurance coverage, signed by client, for 6-month recertification of eligibility
<p><u>1.1E Recertification</u> Staff must recertify Ryan White Part A eligibility every 6 months. The collection of all eligibility documents is only required once a year.</p> <p>A self-attestation of no change in EMA Residency, Insurance, and income, signed by the client, can be submitted at the 6-month mark. If the attestation is provided verbally by the client, the provider must document this but require the client to sign next time they are in. A client may also fax or email a self-attestation which does not need to be signed by the client.</p>	<p>Record of Boston EMA Residency, Income and Insurance (Masshealth eligibility is acceptable for both income and insurance), at least once a year, evident in the client record.</p> <p>Self-attestation documents, signed by client, for Boston EMA Residency, Insurance, and income completed six months from the collection of all eligibility documents and insurance. A fax or email from a client can also serve as a self-attestation and is not required to be signed.</p> <p>NOTE: All eligibility documentation must be collected at least once annually. A self-attestation, signed by the client, document can only be used for the 6-month recertification.</p>