

**MEDICAL CASE MANAGEMENT,
INCLUDING TREATMENT ADHERENCE SERVICES**

(Year ~~356~~ Service Priorities: #2 for Part A and #1 for MAI)

Medical Case Management, including Treatment Adherence Services (hereinafter referred to as Medical Case Management) are core medical services. The local Ryan White Program Medical Case Management service category has two (2) distinct components: **Medical Case Management and the Peer Education and Support Network (PESN)**. Subrecipient providers (“providers”) are required to offer both components of this service category. Medical Case Management services help clients improve health outcomes. As such, Medical Case Management providers should be able to analyze the care that a client receives to ensure that the client is obtaining the services necessary to improve his, her or their health outcomes.

The Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB) defines Medical Case Management as a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all methods of encounters (e.g., face-to-face meetings, phone contact, and any other documented forms of communication). Key activities include: 1) initial assessment of service needs (including review of medical, financial, social, and other needs, upon intake); 2) development of a comprehensive, individualized service plan (including coordination of services required to implement the plan); 3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; 4) continuous client monitoring to assess the efficacy of the care plan; 5) re-evaluation of the care plan at least every six months with adaptations as necessary or more often as needed; 6) ongoing assessment of the client’s and other key family members’ needs and personal support systems; 7) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and 8) client-specific advocacy and/or review of utilization of services. In addition to providing the medically oriented services above, Medical Case Managers may also provide benefits/entitlement counseling and referral activities (to core medical and support services) by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, Medicare Part D, State AIDS Drug Assistance Program, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the ACA Health Insurance Marketplaces/Exchanges).

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code indicated below); whereas,

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code).

The purpose and objectives of Medical Case Management are: 1) to maintain the client in ongoing medical care and treatment to improve client health outcomes; 2) to coordinate services across funding streams; 3) to reduce service duplication across providers; 4) to assist the client with accessing needed services; 5) to use available funds and services in the most efficient and effective manner; 6) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 7) to empower clients to remain as independent as possible; and 8) to control costs while ensuring that client needs are properly addressed.

MEDICAL CASE MANAGEMENT COMPONENTS

- I. ***Medical Case Management:*** Medical Case Managers must be knowledgeable about the diversity of programs and be able to develop service plans from various funding streams. They are responsible for helping clients access needed services, not just Ryan White Program-funded services. Medical Case Managers will continue to have a training emphasis on addressing client housing issues (e.g., instability, homelessness, etc.) and identifying available housing assistance programs in Miami-Dade County, among other training topics.

Locally, in addition to the key activities indicated above, Medical Case Managers are responsible for performing the following functions: 1) conducting the initial intake; 2) managing and coordinating referrals, assisting with initial appointments, and coordinating services identified in the care plan, etc.; 3) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 4) evaluating services provided to the client by all funding sources to determine consistency with the established care plan; 5) conducting secondary prevention; and 6) closing client cases when warranted and documenting the reason for case closure. Medical Case Managers should regularly use special client-related views and reports in the Provide® Enterprise Miami data management system to identify any clients who may be at risk for falling out of care, and follow-up as appropriate (including a referral to Outreach Services if allowable) to locate the client and bring them back into care.

Medical Case Managers are expected to review, understand, and comply with the related case management activities indicated throughout the service definition as stated above in the Health Insurance Assistance section of this Service Delivery Manual.

II. Peer Education and Support Network (PESN): At the option of the client, the Medical Case Management agency will assign a Peer (variously designated as PESN, Peer Educator, Peer Navigator, or Case Aide) who is a person with HIV to provide "peer support," including client orientation and education about health and social service delivery systems. These Peers may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process of accessing core and support services, encouraging treatment adherence, as well as accompanying clients to initial appointments for medical care and other services. These Peers may also make phone calls or send mail, including electronic mail, (where authorized by the client) to clients for the purpose of reminding them of medical appointments, in order to improve the client's attendance and reduce no- shows. These Peers are restricted from completing Ryan White Program In-Network Referrals, Plans of Care, and Health Assessments, as these are functions of a Medical Case Manager. These Peers may also provide basic stress management guidance to their clients. For a description of PESN Essential Functions, see Section VII of this Service Delivery Manual.

Support group meetings and related activities are not an allowable function of the local PESN services.

The Peer will have basic knowledge of HIV/AIDS services and receive the necessary training on HIV funding streams from the Peer's Medical Case Management agency and other resources.

As incentives for productivity, PESN subrecipient providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits.

If the client decides not to access the PESN services, then the Medical Case Manager will also be responsible for providing the following services: 1) presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Medical Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

A. Program Operation Requirements: Subrecipient providers must ensure that Medical Case Management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire system of health and support services, and facilitation and coordination of services from one service provider to another. Subrecipient providers of Medical Case Management services are expected to educate clients on the importance of complying with their medication regimens.

Medical Case Managers and Peers operate as part of the clinical care team and must maintain frequent contact with other providers (the client's Licensed Medical Provider, other medical practitioner, Nutritionist, Pharmacist, Mental Health or Substance Abuse Counselors, HOPWA Housing Specialist, etc.) and with the client in order to assure the client adheres to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence, attendance at medical care appointments, picking up prescriptions and re-fills, and assistance in overcoming barriers to meeting treatment objectives.

Medical Case Management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available for clients who miss their prescription refills, licensed medical provider visits, and/or who experience difficulties with adherence. Medical Case Management providers must ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors or barriers affecting treatment adherence; and understands his/her/their treatment regimen to the best of the client's ability.

1. Medical Case Manager Qualifications:

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Program System-wide Standards of Care* and the *Ryan White Program Medical Case Management Standards of Service* (see Section III of this FY 2025 Service Delivery Manual), as may be amended.

2. Provider Requirements:

- a) Providers will be expected to report to Miami-Dade County the following, in the contract scope of services and/or upon request:
- An explanation of the training – including RWP Basic Training, cultural sensitivity training, and other trainings as may be required by the RWP Recipient – that has been and will be offered to Medical Case Managers, MCM Supervisors, and Peers. CQM trainings are not billable under MCM or PESN.
 - An explanation of how a client's adherence to treatment will be monitored and how adherence problems will be identified and resolved.

An explanation of how the provider will serve clients who speak English, Spanish, and Haitian Creole or who have limited language proficiency. **Medical Case Management providers**

must budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, foreign language interpreter, Braille, and other materials to accommodate clients with disabilities, limited English language proficiency, and/or low literacy levels.

- A description of linkage agreements in place with other HIV/AIDS service providers.
 - As the Ryan White Program is the payer of last resort, clients who have Medicaid Managed Medical Assistance (MMA) or Long-Term Care (LTC) plans are not eligible to receive case management or referral services from the local Ryan White Part A/MAI Program. The MMA and LTC plans are contractually required to provide their clients with case management/care coordination.
- b) **Required Forms.** Medical Case Management staff will utilize Ryan White Program standardized forms, as approved by the Miami-Dade HIV/AIDS Partnership and the County, for all Medical Case Management functions.
- c) **Referrals.** All referrals made by Part A or MAI-funded Medical Case Managers to Ryan White Program services must be made utilizing the Ryan White Program In Network Referral process, which is available through the Provide® Enterprise Miami data management system. Referrals **cannot** be made for services not documented in the client’s Action Plan (formally referred to as the Plan of Care; billing code to use remains POC – see below). However, in the case of emergency, an Action Plan may be amended within two (2) business days to allow for the referral. Referrals for non-Part A or non-MAI services made by Part A/MAI Medical Case Managers will use the general certified referral form in the Provide® Enterprise Miami data management system. Referrals made to Part A/MAI services by non-Part A or non-MAI funded case managers will use the Out of Network (OON) referral form available from the County’s Office of Management and Budget-Grants Coordination – Ryan White Program. The OON Referral must be accompanied by appropriate supporting documentation and signed consents.

All referrals from Medical Case Management services to Ryan White Part A Program Oral Health Care services should include the client’s licensed medical provider (MD, DO, APRN, PAs) contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

- d) **Caseload.** Medical Case Managers should have an active caseload of no more than 70 clients.
- e) **Peer schedules.** Providers are reminded that some Peers may be eligible for disability income and/or other supplemental income. Consequently, a part-time work schedule should be well- planned to meet the needs and benefits of the Peer employee.
- f) **Health Assessments.** Medical Case Managers are expected to complete a Health Assessment annually for each client as may be amended via formal written notification from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program). Updates to the Health Assessment should be conducted as needed during the year.
- g) **Progress Notes.** Services must be documented in progress notes in a timely manner, preferably within 24 hours of service, but no later than 48 hours (i.e., 2 business days) after occurrence, unless the timeframe is suspended by the Miami-Dade County Office of Management and Budget during declared emergencies at the state or local level (e.g., during public health emergencies, hurricanes, etc.) or at the discretion of the County. Any Medical Case Management or Peer Education and Support Network encounter not properly recorded in the Provide® Enterprise Miami data management system within 48 hours (i.e., 2 business days) will be rejected in the system, unless the timeframe is suspended as noted above. When needed, requests for an override related to this type of rejection may be submitted to Miami-Dade County-Office of Management and Budget/Ryan White Program for review through the Provide® Enterprise Miami data management system. A reasonable justification for the delay in recording an encounter must be included for review of related override requests. Depending on the agency’s reason for the delay, the County may opt to disallow the encounter.

A reasonable justification for the delay in entering a timely progress note would include the following, if such reason caused the Medical Case Manager, Peer, or the Medical Case Management Supervisor to miss the 48-hour time limit for entering progress notes:

- An event beyond the Medical Case Manager, Peer, or Medical Case Management Supervisor’s control, such as an illness, proven data system (e.g., Provide® Enterprise Miami

data management system or provider's electronic medical record data system) access issues, public health emergencies, or extreme weather events directly affecting program operations.

- A documented and previously approved event such as the aforementioned staff persons' vacation or attendance at a Ryan White Program meeting or training.

h) Staff Training. Medical Case Management staff (Medical Case Managers, Peers, and Medical Case Management Supervisors) must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, **effective April 7, 2017xx,x,2026**, any new Medical Case Managers, Peers, and Medical Case Management Supervisor hires under the Ryan White Part A or MAI Programs must complete all ~~13-9~~ of the Southeast AIDS Education and Training Center's (SE- AETC) IMPART Learning Management System (<https://www.seaetc.com/find-impart-courses/medical-case-managmenet=mcm-curriculum/>) ~~web-based—Medical—Case Management and Cultural Competency curricula~~ as required and as may be amended by the local Recipient **prior to** being approved for Provide® Enterprise Miami User Access. ~~These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist, and the modules can be accessed at the following website: <https://www.seaetc.com/modules/>.~~ Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

B. Additional Service Delivery Standards: Providers of this service will adhere to the *Ryan White Program Medical Case Management Standards of Service*. (Please refer to Section III of this FY 202~~65~~ Service Delivery Manual for details, as may be amended.)

C. Rules for Reimbursement: The units of service used for Medical Case Management and PESN reimbursements are as follows. (**IMPORTANT NOTE:** *except for MCM and PESN (when referring to staff or service category), OMB, HIV/AIDS, and HIPAA, all acronyms used in this section are billing codes.*)

1. *Medical Case Management (MCM) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed \$1.15 per unit/minute. See table below.
2. *Peer Education and Support Network (PESN) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed \$0.65 per unit/minute. See table below.

3. Providers are required to document each unit of service performed (including the type of encounter and length of time spent) as face-to-face encounters, tele-medical case management, plan of care, adherence counseling, or other activities conducted with or on behalf of a client. These units [i.e., service code(s) and time spent] shall be entered in the Provide® Enterprise Miami data management system when documenting each client's progress log and for billing purposes. Units of service must be documented and reported separately for PESN and Medical Case Management services.
4. Client eligibility screening for voucherable services (e.g., Medical Transportation vouchers) is billable as a unit of service depending on the amount of time spent with the client. Costs related to the **actual distribution of voucher services** should be covered under the dispensing charge allowed for handling of vouchers under the Medical Transportation service category (i.e., discounted transportation EASY Tickets or limited ride-share).

Medical case management staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber or Lyft) trips for a client with the ride-share transportation company. This activity is part of the dispensing fee allowable under the Medical Transportation service category if line items other than purchasing ride-share trips are included in the Medical Transportation budget.

Adherence and care coordination efforts to secure the medical or social service (e.g., appointment with a provider) a client uses ride-share services to attend may be billed by Medical Case Management staff using the appropriate code (e.g., ADH, POC, COL, etc.) from the table directly below. In such cases, medical case management staff should take this opportunity to ask if the client was satisfied with the medical or social service appointment, if the client understood what was covered during the appointment, and if other care coordination or referral is needed as a result of the appointment.

5. No two Peers can bill for the same time and for the same client when specifically using the Face-to-Face (FFE) and Adherence (ADH) services codes.
6. The following table reflects MCM and PESN encounter/activity billing codes (in alphabetical order **by code**) that are active in FY 2025:

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Affordable Care Act (ACA) Health Insurance Marketplace	ACA	<p>This code includes any and all activities with or on behalf of the client, such as researching health insurance plans, discussing plan options, assisting with the application process, communicating with American Exchange LLC on behalf of the client, and documenting all efforts, related to the client's enrollment in private insurance through the Affordable Care Act Health Insurance Marketplace. This code also includes time spent explaining the health insurance plan to client, how it works, what documents the client is required to present, as well as what benefits and restrictions the client has under the plan.</p> <p>Do NOT use this ACA code to record time spent actually enrolling a client on-line in an ACA Marketplace health insurance plan overseen by American Exchange or other third-party ACA enrollment agents. Time spent navigating or enrolling clients online at www.healthcare.gov are not billable to the local Ryan White Program.</p>
Adherence Counseling	ADH	<p>This code includes adherence activities with the client such as medication counseling, risks and benefits of treatment, compliance with treatment regimen, education on medication resistance, compliance with medical and other core service appointments, and review of HIV case management portal information.</p> <p>Do NOT use this ADH code to record time spent by a licensed medical provider) providing adherence counseling, as this would be billed under the Outpatient/Ambulatory Health Services category.</p> <p>UPDATE (12/8/2023): ALL medical case management interactions with clients should have an adherence counseling component (i.e., use of the ADH billing code with related progress log note). Case management without adherence counseling is not Ryan White Program Medical Case Management.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Case Closure Activity	CCA	This code includes activities related to closing a client's case at the medical case management agency and in the Provide® Enterprise Miami data management system. The limit for this activity per client is 30 units (i.e., 30 minutes; see "Definition of a Unit" above).
Collateral Contacts	COL	<p>This code is to be used by Peers and Medical Case Management Assistants only to record communication with other care providers inside and outside of the Peer or Medical Case Management Assistant's own agency for all coordination of care activities conducted on behalf of the client. This includes telephone contacts or other electronic methods of communication (e.g., email or fax) with the outside or inside agency to obtain or provide additional information for the client's care.</p> <p>This code may also be used to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, or retention in care activities conducted by Peer Educators or Medical Case Management Assistants. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.</p> <p>This code cannot be used when pulling a chart to copy documents for a client's personal use or for filing documents. Instead, use the DOC billing code for pulling a chart or filing.</p> <p>Medical Case Managers and Medical Case Management Supervisors cannot use the COL code. Medical Case Managers and Medical Case Management Supervisors must use POC for all Plan of Care and coordination of care activities. See POC section below.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Consulting w/ Staff	CON	This code includes activities related to case consultation with internal staff. This code may only be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.
Documentation	DOC	<p>This code includes activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as preparing the progress note to detail a face-to-face encounter, telephone contact, etc. This service code also includes time spent organizing the client record or filing, looking up, or pulling documents to make copies that are unrelated to coordination of care for the client. This code also includes conducting peer reviews of client charts.</p> <p>Do <u>not</u> use this DOC code to record documentation of activities related to the client's care plan or preparing referrals. Instead use POC to record <u>any</u> Plan of Care activity conducted by the Medical Case Manager or Medical Case Management Supervisor.</p> <p>Supervisors should NOT use this DOC code when advised by Miami-Dade County's Ryan White Program staff as part of a billing or site visit review that a progress note needs to be reviewed, corrected and resubmitted.</p> <p>UPDATE (12/8/2023): When recording documentation activities:</p> <ul style="list-style-type: none"> • Any DOC encounter billed for 15 minutes or less does NOT require an explanation in the progress log of the activity. • Any DOC encounter billed for more than 15 minutes requires a progress log note that indicates exactly which DOC activity was conducted (e.g., organizing the client record, scanning / copying documents to upload in PE Miami, documenting an encounter, entering the progress note in PE

		Miami, or copying records for the client's personal use for purposes unrelated to coordination of care.)
Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Eligibility Specialist (with Bachelor's Degree)	EDE	This code is only for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at \$1.15 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.
Adherence Encounter by Eligibility Specialist (no degree)	ENA	This code is only for use by OMB-authorized Eligibility Specialists who do NOT have a Bachelor's degree (billable at \$0.65 per minute, similar to a peer or medical case management assistant). This code is to be used only by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.
Eligibility Specialist (no degree)	ENE	This code is only for use by OMB-authorized Eligibility Specialists who do NOT have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., no degree) (billable at \$0.65 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Face-to-Face Encounter	FFE	<p>This encounter is defined as any time the Medical Case Manager, Peer Educator, or Medical Case Management Supervisor has direct contact with the client in person. In consultations with a child and one or more adults, encounters are billed for one family member only who must be HIV+ and eligible for Ryan White Program-funded services. The FFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. FFE may also include referral activities if done face-to-face with the client.</p> <p>FFE may also be used to record travel time for the purpose of attending a medical appointment or social service appointment, only when traveling with the client. If travel is included in a FFE encounter, the appropriate reason and length of time must be documented in the client chart.</p> <p>A brief face-to-face encounter may be included with a POC activity to indicate that a client contact occurred on the same day as a POC activity. In such cases, a few minutes of the FFE code would be acceptable. This circumstance must be clearly explained in the progress notes.</p>
Insurance Coordination and Retention	ICR	<p>This code is only for use by OMB-authorized staff with special insurance coordinator roles (i.e., Users.IBM and Users.MCM.OpenNR) in the Provide® Enterprise Miami data management system. Approved activities include following up on health insurance policies to ensure clients are active or troubleshooting any issues where clients are dropped from an insurance policy, including where recoupment of funds may be needed (billable at \$1.15 per minute).</p>
Electronic Override Activity	OVR	<p>This code may only be used by authorized Medical Case Management Supervisors or Lead Medical Case Managers. The limit for this activity per client is 30 units (i.e., 30 minutes; see “Definition of a Unit” above).</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Plan of Care (i.e., Action Plan)	POC	<p>This code is only to be used by Medical Case Managers, Lead Medical Case Managers, and Medical Case Management Supervisors to record all Plan of Care activities (including initial development of the Plan of Care, ongoing updates, follow-up, communication with other providers within the Medical Case Manager, Lead Medical Case Manager, or Medical Case Management Supervisor's own agency or with an outside agency for coordination of care). This includes face-to-face encounters related to the Plan of Care, as well as phone conversations, emails, faxes, and related referrals.</p> <p>If a telephone conversation is specifically related to a Plan of Care activity, the POC code should be used. The TEL code should be used for general telephone contacts. Please see the FFE and TEL comments sections for additional POC-related guidance.</p> <p>Peer Educators and Medical Case Management Assistants are NOT authorized to create or update the Plan of Care; and, therefore, are restricted from using this POC code.</p> <p>NOTE: the Plan of Care is referred to as the Action Plan in the Provide® Enterprise Miami data management system.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Safety Backup (PESN only)	PSFT	As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, a Peer/Peer Educator/Peer Navigator (Peer) may accompany the Outreach Worker; and the Peer should document the activity in the client chart, making note that they went to a high-risk area with an Outreach Worker and clearly stating that they went along as a safety back-up. The Peer should use the PSFT safety back-up code to record the entire service. Both the Peer and the Outreach Worker may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. The Peer cannot use any other encounter code or billing code for this activity on the same day.
Chart Review	REV	This code includes activities related to reviewing client charts for quality management purposes, to ensure proper documentation and coding. This code may only be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.
Telephone Encounter	TEL	This code includes general telephone contacts with the client or the client's representative or leaving a voice message for the client. This activity does not include telephone contacts with other care providers. IMPORTANT NOTE: Telephone contacts with other care providers, for the purpose of coordinating care for clients, should be recorded as a collateral (COL) encounter if conducted by a Peer or Medical Case Management Assistant. Use the Plan of Care (POC) code if the telephone contact was done by a Medical Case Manager or the Medical Case Management Supervisor for the purpose of coordinating care. See COL and POC above for additional guidance. A brief general telephone encounter may be included with a POC activity to indicate that a client contact occurred on same day as a POC activity. In such cases, a few minutes of the TEL

		code would be acceptable. This circumstance must be clearly explained in the progress notes.
Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Tele-Medical Case Management (MCM)	THM	This code includes Tele-Medical Case Management services provided by Medical Case Manager, Medical Case Management Supervisor or Eligibility Specialist (with at least a Bachelor's degree). This is billable at \$1.15 per minute.
Tele-Medical Case Management (PESN)	THP	This code includes Tele-Medical Case Management services provided by Peer, Medical Case Management Assistant, or Eligibility Specialist (with no degree). This is billable at \$0.65 per minute.
RW-Approved Training	TRN	<p>This code includes time spent at local Ryan White Program-approved training for Medical Case Managers, Peers/Peer Educators/Peer Navigators, Medical Case Management Supervisors, and Outreach Workers (using OTRN), such as quarterly case management supervisor trainings, County-approved Provide® Enterprise Miami data system trainings, and Ryan White Program Provider Forums.</p> <p>The TRN code may NOT be used to bill for any training that is NOT a Ryan White Program-specific training. For example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site technical assistance provided by Behavioral Science Research Corporation (the Program's contracted clinical quality management provider), appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, SE-AETC on-line training modules, or other employer-required training.</p> <p>Travel time or lunch (if time on your own) is NOT included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may NOT use the TRN code.</p>

ADDITIONAL IMPORTANT NOTES:

- 1) There is no special billing code or activity code for ADAP-related services. ADAP-related services should be coded with the appropriate code from the table above.
- 2) MCM Supervisor direct service duties include activities related to, with, or on behalf of a client such as maintaining their own client case load, conducting case consultation with the Medical Case Manager for complex client issues or problems, and assisting the Medical Case Manager or client with the client's treatment adherence issues and/or other problems related to appropriate care.
- 3) MCM Supervisor administrative duties include staff scheduling, payroll, performance evaluations, general supervision, training unrelated to Ryan White Program activities, and other non-client related services. Do NOT use the billing codes above to record general administrative activities.

D. Rules for Reporting: Providers of PESN and Medical Case Management services must report, separately, their monthly activities according to one-minute "Face-to-Face" encounters and one-minute "Other" encounters. In addition, providers must report the number of unduplicated clients served. Providers must develop a method to track and report client wait time (e.g., the time it takes for a client to be scheduled to see a Medical Case Manager after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the Medical Case Manager and the wait time reaching a live person for assistance by telephone) and to make such reports available to OMB staff or authorized persons upon request.

E. Applicability to Local Ryan White Program Requirements: If a staff person of a Ryan White Program-funded service provider has a Ryan White Program Medical Case Management caseload, even if only one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, Medical Case Management Standards of Service, and Clinical Quality Management Program activities, whether or not they appear on the program's line item budget and regardless of the percentage of time and effort spent performing Ryan White Program Medical Case Management activities. Similarly, if any person on a provider's staff supervises any Ryan White Program Medical Case Management staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, Standards for Medical Case Management Supervisors, and Clinical Quality Management Program requirements.

F. Additional Rules for Documentation: Providers must also maintain documentation to support educational requirements in the personnel records for Medical Case Management staff and ensure that such documentation is available

for review by authorized persons.

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