

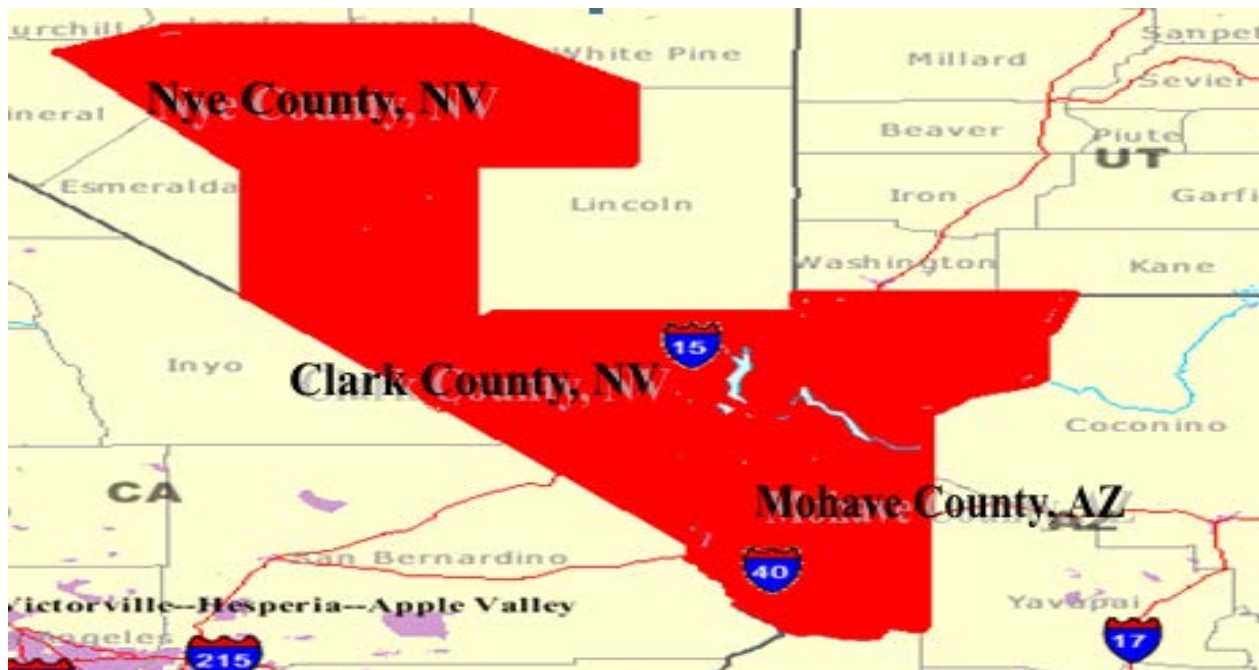
Ryan White Part A Program

Program Updates and
Imposition of Charges

Learning Objectives

- Summarize Part A awarding process
- Identify program updates for the 2019-2020 grant year
- Summarize statutory and programmatic requirements related to imposition of charges
- Review the distinctions between schedule of charges, nominal fee, flat rate and sliding fee scale
- Apply statutory and programmatic requirements to implement imposition of charges requirements

Las Vegas TGA



RWPA Program Updates

- 2019-2020 Grant Year Funding ONE AWARD!
- RWISE and CAREWare
- Sub-Recipient Award Process
 - Send initial award proposal
 - Set up meeting to discuss proposed award amount
 - Once both parties are in agreement, issue final award amount via letter
 - Sub-recipient submit a budget based on award amount
- Program Income

Proposed Funding Example Part 1

2018-2019 Ryan White Part A Proposed Funding Award

Grant Year	Agency	Mental Health	Medical Case Management	Food Bank/Home Delivered Meals	Psychosocial Supp	Total
2018-2019 Award #1	AAA	\$ 14,124.41	\$ 15,000.00	\$ 8,000.00	\$ 15,135.27	\$ 52,259.68
2018-2019 Award #2	AAA	\$ 20,875.59	\$ 20,000.00	\$ 12,000.00	\$ 16,277.94	\$ 69,153.53
2018-2019 Award #3	AAA	\$ 22,000.00	\$ 31,500.00	\$ 14,500.00	\$ 70,586.79	\$ 138,586.79
Total		\$ 57,000.00	\$ 66,500.00	\$ 34,500.00	\$ 102,000.00	\$ 260,000.00
2017-2018 Award #1	AAA	\$ 45,000.00	\$ 40,000.00	\$ 35,640.08	\$ 10,000.00	\$ 130,640.08
2017-2018 Award #2	AAA	\$ 69,000.00	\$ 26,120.53	\$ 10,296.69	\$ 31,079.69	\$ 136,496.91
Total		\$ 114,000.00	\$ 66,120.53	\$ 45,936.77	\$ 41,079.69	\$ 267,136.99

***2017-2018 Award Amounts include any reallocations and carryover funding**

Proposed Funding Example Part 2

2015-2016 Data			2016-2017 Data			2017-2018 Data		
Alisha's Amazing Agency	Unique Clients	Service Units	Alisha's Amazing Agency	Unique Clients	Service Units	Alisha's Amazing Agency	Unique Clients	Service Units
Medical Case Management	308	1,348	Medical Case Management	315	1,463	Medical Case Management	288	1,571
Mental Health Services	179	1,671	Mental Health Services	171	1,642	Mental Health Services	115	802
Food Bank/Home Delivered Meals	74	150	Food Bank/Home Delivered Meals	59	115	Food Bank/Home Delivered Meals	38	75
Psychosocial Support	72	100	Psychosocial Support	126	267	Psychosocial Support	108	712

Funding Letter Example



Department of Social Service Michael Pawlak, Director

1600 Pinto Lane • Las Vegas NV 89106 • (702) 455-4270 • Fax (702) 455-5950

March 9, 2018

RE: RFO NUMBER 604274-16: CONTRACT FOR MEDICAL, CORE AND SUPPORT SERVICES FOR HIV/AIDS INFECTED AND AFFECTED CLIENTS IN THE LAS VEGAS, RYAN WHITE, TRANSITIONAL GRANT AREA

Dear :

On March 21, 2017, the Board of County Commissioners approved the above-referenced agreement. The following are the award amounts per service category(s) for March 1, 2018 through February 28, 2019:

Service Category	Award #1	Total Award
Mental Health	\$18,600.00	\$18,600.00
Medical Nutrition Therapy	\$15,000.00	\$15,000.00
Medical Case Management	\$54,000.00	\$54,000.00
Emergency Financial Assistance	\$0.00	\$0.00
Food Bank/Home Delivered Meals	\$0.00	\$0.00
Health Education/ Risk Reduction	\$3,000.00	\$3,000.00
Housing Assistance	\$0.00	\$0.00
Medical Transportation	\$6,000.00	\$6,000.00
Early Intervention Services	\$0.00	\$0.00
Total	\$96,600.00	\$96,600.00

This may be a partial allocation. Should additional funding be awarded during this award period, by the Health Resources and Services Administration of the U.S. Department of Health and Human Services (HRSA), a supplemental award letter will be provided for the additional funding allocation(s). As this possible future funding will supplement the award, it will not be considered a modification of the contract, and no amendment will be issued.

Sincerely,

Alisha Barrett
Alisha Barrett
Assistant Manager
Ryan White Part A Program
Las Vegas TGA

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Budget Template

- One service category one spreadsheet
 - Each service category includes the following budget categories:
 - Personnel
 - Fringe Benefits
 - Travel
 - Equipment
 - Supplies
 - Contractual
 - Other
 - Administrative Budget on separate spreadsheet

Program Income Definition

Per 45 CFR §75.2:

- Program Income: *Program income means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award* during the period of performance except as provided on 45 CFR §75.307(f).
- Program income includes but is not limited to income from fees for services performed, the use or rental of [sic.] real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds.
- Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulation, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.

Program Income Sources

- Fees, payments, or reimbursements received by billing public (Medicare, Medicaid, or Children's Health Insurance Program) or private health insurance.
- Reimbursements as a result of charges imposed on clients for services, as required by RWHAP Parts A, B, and C legislation. Sliding fee/Cap on charges.

Program Income - Budget

- Sub-recipients receiving program income will be required to submit a program income budget for the 2019-2020 grant year.
- Program Income budget must be submitted at the same time as the Part A budget.

Program Income Tracking & Reporting

Per 45 CFR § 75.302(b), source and use of program income must be tracked and reported separately

- Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the Federal awarding agency, and name of the pass-through entity, if any
- Records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation

Program Income Tracking & Reporting

- **Documentation:** Sub-recipients should maintain the same documentation they would for other income and expenditures under the award (e.g., invoices, receipts, time and effort reports, reimbursement statements, etc.)
- **Retention Period:** Records related to program income earned after the project period must be retained for 3 years after the last day of the recipient's fiscal year (March – February)

Program Income – Take Away

1. Program income is income earned as a result of the grant (not a grant supported activity);
2. HAB uses the “additive” method to account for program income;
3. Not subject to the administration, quality or core/support caps; may be utilized under any RW allowable service.
4. Maximizing program income is not a federal requirement.

Program Income – Take Away

Sub – Recipient Responsibilities:

1. Track program income in accordance with the additive method;
2. Use for any Ryan White core, support and administrative services;
Refer to PCN 15-03 and 16-02
3. Have a separate budget for program income;
4. Have policies and procedures for handling Program income;
5. Be prepared to provide documentation at compliance monitoring visit showing how program income is tracked and used for allowable services.
6. Report on monthly Request for Reimbursement the amount of program income received in that month.

Imposition of Charges

- What is it?

“Imposition of Charges” is a term used to describe all activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation

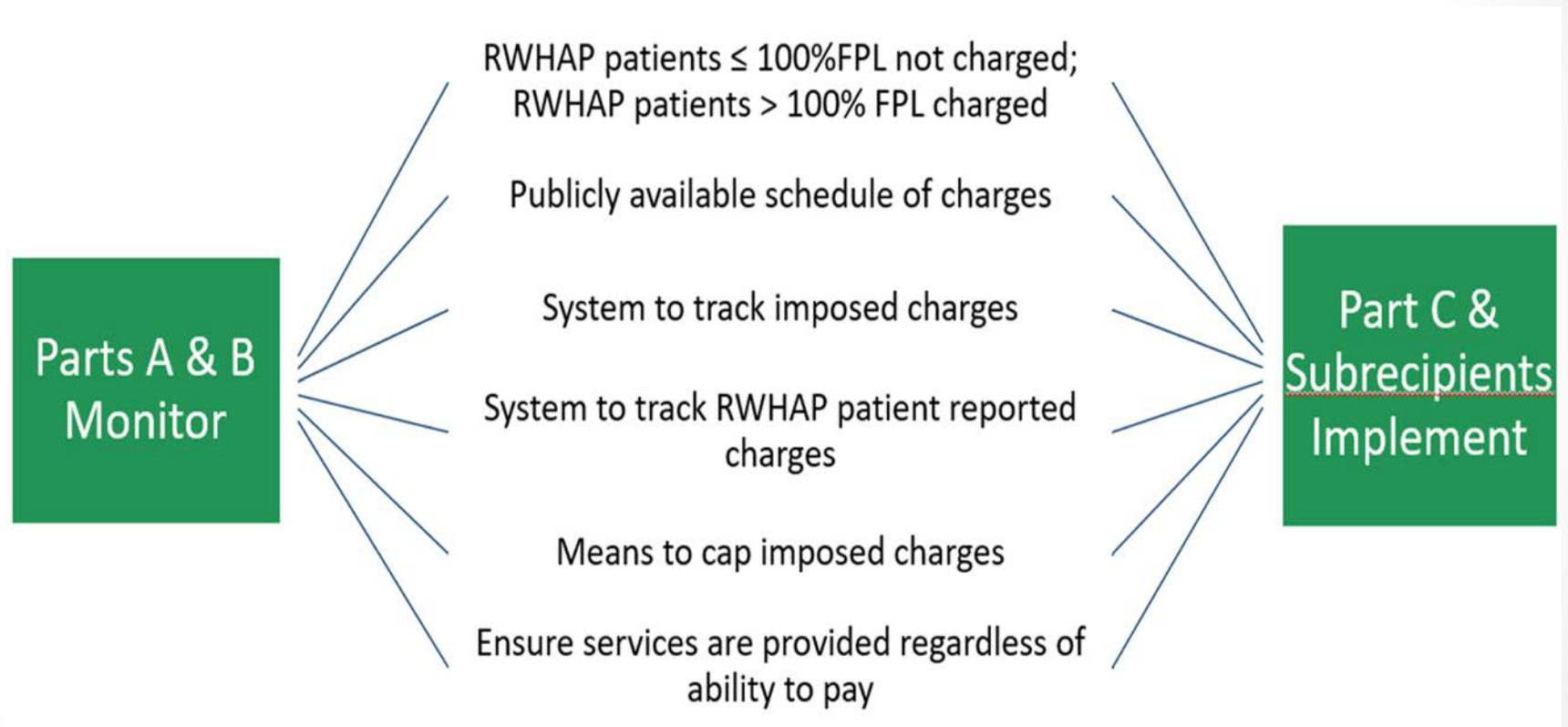
- Why is it important...It's the law!

- ✓ Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii)
- ✓ **Based on individual (not household) income**
- ✓ **Prohibits** charges imposed on RWHAP patients with incomes below FPL
- ✓ **Requires** charges imposed on RWHAP patients with incomes above FPL
- ✓ Established annual caps on charges

Imposition of Charges - Compliance

- No RWHAP patient shall be denied service due to an individual's inability to pay
- HRSA RWHAP statute does not require that patients that fail to pay be turned over to debt collection agencies
- Imposition of Charges applies to those services for which a distinct fee is typically billed within the local health care market (billable services)

Role of RWHAP Recipients & Sub-Recipients



Imposition of Charges Components



Imposition of Charges Terminology

- **Schedule of charges:** fees imposed on the patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale).
- **Fee Schedule:** complete listing of billable services and their associated fees based on locally prevailing rates or charges. *A fee schedule is **not** a schedule of charges.* A fee schedule is not required by the RWHAP legislation, but having one in place is considered a best practice
- **Nominal Charge:** fee greater than zero.

Imposition of Charges Terminology

- **Cap on charges:** limitation on aggregate charges imposed during the calendar year based on RWHAP patient's annual gross income. All fees are waived once the limit on annual aggregate charges is reached for that calendar year.
- **Annual Gross Income**
 - ✓ **Gross Income:** total amount of income earned from all sources during the calendar year before taxes.
 - ✓ **Adjusted Gross Income:** gross income less deductions.
 - ✓ **Modified Adjusted Gross Income (MAGI):** adjusted Gross Income plus certain deductions.
- **Federal Poverty Level (FPL):** an economic measure used to determine eligibility for certain programs.

Schedule of Charges



Schedule of Charges – Statutory Language

- *In the case of individuals with an income **less than or equal to 100 percent** of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant; PHS Act: Part A: See § 2605(e)(1); Part B: See § 2617(c)(1); Part C: See § 2664(e)(1)*
- *In the case of individuals with an income **greater than 100 percent** of the official poverty line, the provider— (i) will impose a charge on each such individual for the provision of such services; and (ii) will impose the charge according to a schedule of charges that is made available to the public; PHS Act: Part A See § 2605(e)(1) ; Part B See § 2617 (c)(1); Part C See § (e)(1)*

Schedule of Charges – Layman's Terms

Fees imposed on the patient for services based on the patient's annual gross income.

- Prohibits fees imposed on individuals with income \leq **100% FPL**
- Requires fees be imposed on Individuals with income $>$ **100% FPL**

Nominal Charge – Definition

Statutory Language: ASSESSMENT OF CHARGE.—With respect to compliance with the assurance made under paragraph (1), a grantee or entity receiving assistance under this subpart may, in the case of individuals subject to a charge for purposes of such paragraph—assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules and regarding limitations on the maximum amount of charges.

PHS Act: Part A 2605(e)(2) ; Part B 2617(c)(2); Part C 2664(e)(3)

Layman's Terms: Nominal Charge is a fee greater than zero

Federal Poverty Level (FPL)

- HRSA RWHAP legislation refers to the FPL guidelines to define:
 - ✓ Who should not have a charge imposed
 - ✓ Who should have a charge imposed
 - ✓ The cap on charges imposed on an individual during a calendar year
- Issued by HHS: <https://aspe.hhs.gov/poverty-guidelines>
- Providers are expected to update their systems each year to reflect the new guidelines

FPL and Imposition of Charges

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

- FPL is based on household size
- Imposition of charges is based on individual income as it relates to FPL
- Poverty level for an individual is \$12,140
- Universal eligibility for the Ryan White program is based on household income

Converting % of FPL to Income

Who should NOT have a charge imposed

- *Individuals with an income \leq 100% of the official poverty line...*
- Individuals with income \leq **\$12,140**

Who SHOULD have a charge imposed

- *Individuals with income $>$ 100% of the official poverty line...*
- Individuals with income $>$ **\$12,140**

What the annual cap on charges for an individual should be

- *Individuals with an income of 101-200% of the official poverty line...*
- *Individuals with an income of 201-300% of the official poverty line...*
- *Individuals with an income $>$ 300% ...*
- Individuals with an income of **\$12,141 - \$24,280**
- Individuals with an income of **\$24,281 - \$36,420**
- Individuals with an income **$>$ \$36,420**

Schedule of Charges: 3 Examples

FPL Category	Clinic A: Flat Rate Nominal Fee	Clinic B: Varying Rate Nominal Fee	Clinic C: Varying Rate Sliding Fee Scale
<=100% FPL	\$0	\$0	0%
101-200% FPL	\$5	\$5	5%
201-300% FPL	\$5	\$10	10%
>300% FPL	\$5	\$15	15%

Flat Rate: Same rate for all regardless of FPL percentage

Nominal Fee: Amount greater than zero

Varying Rate: Amount is dependent on FPL percentage

Sliding Fee Scale: Percentage rate dependent on FPL percentage

Schedule of Charges – Sub-Recipient Requirements

1. May not assess a charge on RWHAP patients with incomes at or below 100% FPL
2. Must assess a charge on RWHAP patients with incomes above 100% FPL
3. Schedule of charges must be publicly available
4. Placement on schedule of charges is based on individual annual gross income

Schedule of Charges – Sub-Recipient Policy Development

1. Applies to uninsured RWHAP patients only
2. Process to determine each individual's eligibility – based on individual annual gross income. (Separate from RW program eligibility)
3. Eligibility must be determined at least yearly.
4. Establish a schedule of charges for patients with incomes over 100% FPL
 - Flat Rate – a single fee, regardless of service type
 - Varying Rate - fee or % discount based on income

Schedule of Charges Roles & Responsibilities

- Sub-Recipient
 - Develop a schedule of charges policy and procedure
 - Make schedule of charges publicly available
 - Inform staff and clients
- Patient
 - Provide individual income information/documentation
- Recipient
 - Compliance monitor sub-recipient's schedule of charges policy & procedure

Cap on Charges



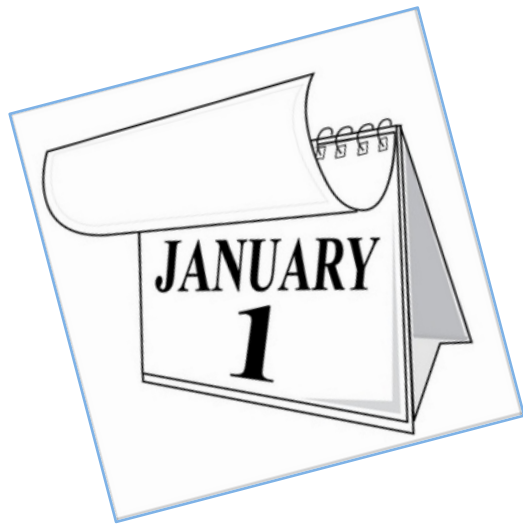
Cap on Charges – Statutory Language

- *In the case of individuals with **an income greater than 100 percent** of the official poverty line and not exceeding 200 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding **5 percent** of the annual gross income of the individual involved;*
- *In the case of individuals with **an income greater than 200 percent** of the official poverty line and not exceeding 300 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding **7 percent** of the annual gross income of the individual involved; and*
- *In the case of individuals with **an income greater than 300 percent** of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding **10 percent** of the annual gross income of the individual involved.*

PHS Act: Part A 2605(e)(1); Part B 2617(c)(1); Part C 2664(e)(2)

Cap on Charges – Layman's Terms

Cap on Charges: limitation on aggregate charges imposed during the calendar year based on RWHAP patient's annual gross income. Applies to insured and uninsured patients.



FPL Percentage	Cap Percentage
0 – 100%	0%
101 – 200%	5%
201 – 300%	7%
>300%	10%

Converting % of FPL to Income

Who should NOT have a charge imposed

- *Individuals with an income \leq 100% of the official poverty line...*
- Individuals with income \leq **\$12,140**

Who SHOULD have a charge imposed

- *Individuals with income $>$ 100% of the official poverty line...*
- Individuals with income $>$ **\$12,140**


What the annual cap on charges for an individual should be

- *Individuals with an income of 101-200% of the official poverty line...*
- *Individuals with an income of 201-300% of the official poverty line...*
- *Individuals with an income $>$ 300% ...*
- Individuals with an income of **\$12,141 - \$24,280**
- Individuals with an income of **\$24,281 - \$36,420**
- Individuals with an income **$>$ \$36,420**

Cap on Charges Example: Patient with annual income of \$18,000.00

FPL Categories	Cap on Charges (Percent of Income)	2018 Income Equivalent
≤100% FPL	0%	≤ \$12,140
101-200% FPL	5%	\$12,141 - \$24,280
201-300% FPL	7%	\$24,281 - \$36,420
>300% FPL	10%	> \$36,420

Patient's cap on charges is \$900.00 for the calendar year


$$\begin{array}{r} \$18,000 \\ \times \quad .05 \\ \hline \$900 \end{array}$$

Cap on Charges – Allowable Charges

Statutory Language: *...the annual aggregate of charges imposed for such services [during the calendar year] without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or other charges. Reference: PHS Act Part A: 2605(e)(3); Part B 2617(c)(3); Part C 2664(e)(4)*

Layman's Terms: Any charge for services provided with "assistance under the grant" for which a distinct fee is typically billed in the local health care market imposed by a Ryan White sub-recipient. Any charge for HIV-related care to the extent the charge is in the context of (or as a result of) a Ryan White program service. Including insurance premiums, copayments, deductible and coinsurance.

Cap on Charges – Policy Development

- ✓ Cap on Charges placement is based on individual annual gross income
- ✓ The calculated cap on charges will change if there is a change in an individual's annual gross income or the FPL guidelines
- ✓ Cap on charges applies to all HRSA RWHAP patients, regardless of income or healthcare coverage
- ✓ Based on charges imposed, not the actual fee for service or amount paid
- ✓ Applies when services are rendered – not upfront
- ✓ Based on calendar year
- ✓ Applicable charges include amounts assessed at your agency and any other Ryan White funded sub-recipient providing billable services
- ✓ Once cap is met, patient is not charged a fee based on the schedule of charges for the remainder of the calendar year at any Ryan White funded sub-recipient providing billable services

Cap on Charges – Roles & Responsibilities

- Sub-Recipient

- ✓ Calculate each RWHAP patient's annual cap based on their individual annual gross income
- ✓ Inform the patient of their cap and their responsibility to track all charges and submit other RWHAP provider charges and out-of-pocket payments
- ✓ Review documentation of HIV related charges or payments provided by the RWHAP patient to determine if they are allowable
- ✓ Track the charges imposed by you as the sub-recipient **AND** have a process in place that tracks other allowable HIV-related charges as submitted by the patient
- ✓ Stop imposing charges on RWHAP patient when cap is met. Have a process in place that will alert you as the sub-recipient that the RWHAP patient has reached the cap and should not be further charged for the remainder of the calendar year

Cap on Charges – Roles & Responsibilities

- Client

- ✓ Track and add up all allowable HIV-related charges
- ✓ Maintain documentation
- ✓ Submit to sub-recipient
- ✓ Alert the sub-recipient if there is a change in your income

Imposition of Charges



Imposition of Charges Overall Policy Development

- Schedule of charges that:
 - ✓ does not impose a charge to RWHAP patients with income at or below 100% FPL
 - ✓ imposes a charge to all RWHAP patients with income over 100% FPL
 - ✓ limits aggregate charges during the calendar year for all RWHAP patients (cap on charges)
- Process to capture documentation of RWHAP patient's individual annual gross income needed to determine placement on the schedule of charges and annual cap on charges
- Process to assess, document, and track the charges the agency imposed on RWHAP patients and charges received from RWHAP patients through an accounting system
- Process to alert the billing system that a RWHAP patient's cap has been reached and should not be further charged for the remainder of the calendar year

Imposition of Charges - Resources

- Federal Poverty Level: <https://aspe.hhs.gov/poverty-guidelines>
- Percentage of FPL Table: <http://www.needymeds.org/poverty-guidelines-percents>
- FPL Calculator: https://www.needymeds.org/FPL_Calculator
- CMS Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html>
- TARGET Center: <https://targethiv.org/>
 - Sample Policy Examples: <https://targethiv.org/library/sliding-fee-scales-and-caps-charges-tips>
 - Other webinars:
- HRSA HAB Website: <https://hab.hrsa.gov>

Imposition of Charges - Patient Education Tools

- After-Enrollment Letter to identify the patient's:
 - Placement on the schedule of charges (varying rate or flat rate)
 - Cap on charges amount
 - Type of Bills/Charges that apply to the cap on charges
- Charges Tracking Sheet

Patient Name: _____ **MRN:** _____

Sliding Fee Scale: _____ **Cap on Out of Pocket Charges:** _____

This Cap on Charges is effective for one year for the following dates:
_____ to _____

Eligible charges for the Cap on Out Of Pocket Charges include: insurance premiums, co-payments, and deductibles; charges as a result of an ER visit or hospitalization; outpatient medical care charges - laboratory, radiology, diagnostic testing, and physician charges; as well as pharmacy and medication charges and copays.

Cap on Charges Tracking Sheet

[illegible]

Imposition of Charges – Next Steps

- Coordination between recipients/sub-recipients
- Work group to establish a process to share information or documentation between recipients/sub-recipients
- CAREWare 6



Questions

Contact Information:

Alisha Barrett, MPA

akc@clarkcountynv.gov

702-455-1071