

DC | HEALTH

Human Care Agreement Cost Reconciliation

Grant Year 29 and Grant Year 30

 GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

INTRODUCTION / BACKGROUND

- HAHSTA has an obligation to ensure that Ryan White Program Funds are used in a manner that is consistent with the legislation and program requirements.
- This requirement extends to the Human Care Agreements (HCAs), which were established to reimburse contracted providers for service delivery, including administration.
- Additionally, this information will be used in the development of base rate setting associated with the Ryan White Model Redesign.
- As such, HAHSTA is requesting all providers to submit a reconciliation for the use of HCA funds earned in Grant Year 29 and 30.

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BACKGROUND (CONTINUED)

- The HCA reconciliation templates must be completed and returned with appropriate supporting documentation by Friday, June 4th COB to Mark Hill, Contract Administrator, and the organization's assigned Program Officer.
- Please be advised that HCA reconciliations will be used exclusively for Ryan White program informational purposes and the provision of technical assistance.
- HAHSTA will not request reimbursement from any programs with demonstrated reimbursements that exceed program costs.

RECONCILIATION TEMPLATE

- This reconciliation template is being provided as a base model, similar to the categorical budget used in projecting grant costs at the beginning of the year.
- The key difference is that instead of projecting costs, you will insert the actual program costs incurred to provide services under each HCA.
- The reconciliation template consists of three tabs:
 - Reimbursement
 - Program Cost Allocation
 - Reconciliation Summary

REIMBURSEMENT TAB

- The Reimbursement tab is the actual reimbursement your organization received during the grant year. It includes the number of units and the rate of reimbursement received.



REIMBURSEMENT TAB EXAMPLE

Grant Year 29 (March 2019 - Feb 2020)			
Provider Name			
Outpatient Ambulatory Health Services			
Total - HCA Reimbursement	\$ 179,648.78		
Service Line Item	Rate	Units	Dollars
CLIN0001 - New patient, office visit, 99201	\$ 250.00	-	\$ -
CLIN0002 - New patient, office visit, 99202	\$ 375.00	-	\$ -
CLIN0003 - New patient, office visit, 99203	\$ 500.00	-	\$ -
CLIN0004 - New patient, office visit, 99204	\$ 625.00	27.00	\$ 16,875.00
CLIN0005 - New patient, office visit, 99205	\$ 750.00	37.00	\$ 27,750.00
CLIN0006 - Established patient, office visit, 99211	\$ 190.00	188.00	\$ 35,720.00
CLIN0007 - Established patient, office visit, 99212	\$ 285.00	20.00	\$ 5,700.00
CLIN0008 - Established patient, office visit, 99213	\$ 380.00	33.00	\$ 12,540.00
CLIN0009 - Established patient, office visit, 99214	\$ 475.00	104.00	\$ 49,400.00
CLIN0010 - Established patient, office visit, 99215	\$ 570.00	5.00	\$ 2,850.00
CLIN0011 - Lab Tests (total monthly cost)	\$ 1.00	25,268.78	\$ 25,268.78
CLIN0012 - Pap Smear	\$ 75.00	9.00	\$ 675.00
CLIN0013 - Immunizations	\$ 30.00	79.00	\$ 2,370.00
CLIN0014 - Expedited Appointment Fee	\$ 100.00	5.00	\$ 500.00
CLIN0015 - Non-Traditional Setting Fee	\$ 250.00	-	\$ -
CLIN0016 - Electronic Follow Up/Communication	\$ 25.00	-	\$ -
TOTAL - HCA REIMBURSEMENT			\$ 179,648.78



PROGRAM COST ALLOCATION TAB

- The Program Cost Allocation is where your organization will list all program costs incurred during the grant year.
- Detailed instructions related to allocable costs are below.
- Please provide backup documentation i.e. general ledger, profit loss statement, receipts, payments, etc. where possible.



PROGRAM COST ALLOCATION TAB EXAMPLE (PAGE 1/3)

Grant Year 29 (March 2019 - Feb 2020)
 Provider Name
 Outpatient Ambulatory Health Services

Program Costs Allocation \$ 193,828.78

Salaries & Wages Subtotal	62,000.00
Fringe Benefits Subtotal	20,460.00
Consultants & Experts Subtotal	24,000.00
Occupancy Subtotal	36,000.00
Travel & Transportation Subtotal	-
Supplies & Minor Equipment Subtotal	18,000.00
Capital Equipment Subtotal	-
Client Costs Subtotal	-
Communications Subtotal	900.00
Other Direct Costs Subtotal	-
At Cost Reimbursement Subtotal	25,268.78
Administrative Cost Subtotal	7,200.00
TOTAL	193,828.78



PROGRAM COST ALLOCATION TAB EXAMPLE (PAGE 2 OF 3)

Personnel Schedule

Position Title & Name	Site	Option No. 1		Option No. 2		Hours per Month	Monthly Salary or Wage	No. of Mo.	Salary Allocated Amount	Benefits Ratio %	Benefits Amount	TOTAL Personnel Allocated
		Annual Salary	FTE	Hourly Wage								
Physician 1		175,000.00	10%					12	17,500.00	33%	5,775.00	23,275.00
Physician Asst		90,000.00	10%					12	9,000.00	33%	2,970.00	11,970.00
Nurse Practitioner		110,000.00	10%					12	11,000.00	33%	3,630.00	14,630.00
Medical Asst		50,000.00	40%					12	20,000.00	33%	6,600.00	26,600.00
Program Director		90,000.00	5%					12	4,500.00	33%	1,485.00	5,985.00
TOTAL		\$15,000.00							62,000.00		20,460.00	82,460.00

Consultant/Contractual

Item	Site	Unit Cost	Number	Allocated
Cleaning Crew		2,000.00	12	24,000.00
TOTAL				24,000.00

Occupancy Schedule

Facility	Site	Unit Cost	Number	Allocated
Rent		2,000.00	12	24,000.00
Utilities (Gas/Electric/Water)		1,000.00	12	12,000.00
TOTAL				36,000.00

Travel / Transportation Schedule

Item	Site	Unit Cost	Number	Allocated
Mileage		0.50		-
Parking				-
TOTAL				-

Supplies

Item	Site	Unit Cost	Number	Allocated
Misc Office Supplies		1,000.00	12	12,000.00
Medical Equipment		500.00	12	6,000.00
TOTAL				18,000.00



PROGRAM COST ALLOCATION TAB EXAMPLE (PAGE 3 OF 3)

Capital Equipment Schedule

Item	Site	Unit Cost	Number	Allocated
TOTAL				0.00

Client Cost Schedule

Item	Site	Unit Cost	Number	Allocated
TOTAL				-

Communications Schedule

Item	Site	Unit Cost	Number	Allocated
Telephone & Internet		75.00	12	900.00
TOTAL				900.00

Other Direct Costs Schedule

Item	Site	Unit Cost	Number	Allocated
TOTAL				0.00

At Cost Reimbursement

Item	Site	Unit Cost	Number	Allocated
Alta		1.00	25288.78	25,288.78
TOTAL				25,288.78

Indirect Costs

Item	Site	Unit Cost	Number	Allocated
Passed 10% NICRA				
Base DC Salary - 200,000 Annually 1%		2,000.00	1	2,000.00
Accountant - 100,000 Annually 5%		5,000.00	1	5,000.00
TOTAL				7,200.00



RECONCILIATION SUMMARY TAB

The Reconciliation Summary tab will tally the total Program Costs Allocation in comparison to the HCA Reimbursement.

- A negative value demonstrates the allocated program costs were greater than the HCA reimbursement.
- A positive value demonstrates the reimbursement was greater than the allocated program costs.

In addition, the reconciliation summary sheet requests the following information:

# of HIV patients served by your HCA program	
# of eligible scope HIV patients served by your program	
# of HIV patients served by the HCA (as taken from CAREWare)	(Provided)

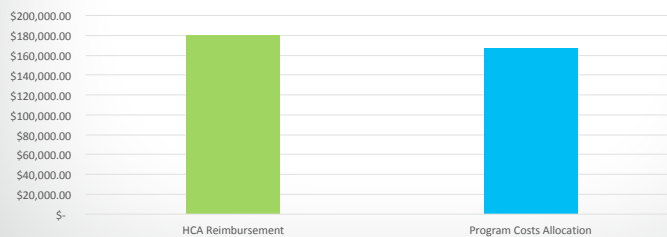


RECONCILIATION SUMMARY TAB EXAMPLE

HCA Reimbursement Vs Program Cost Allocation

# of HIV patients served by your OAHs program	
# of eligible scope HIV patients served by your OAHs program	
# of HIV patients served by OAHs HCA (from CAREWare)	65

HCA Reimbursement	Program Costs Allocation	Variance*
\$ 179,648.78	\$ 193,828.78	(\$14,180.00)



Negative Variance: Allocation of program costs are greater than HCA reimbursement

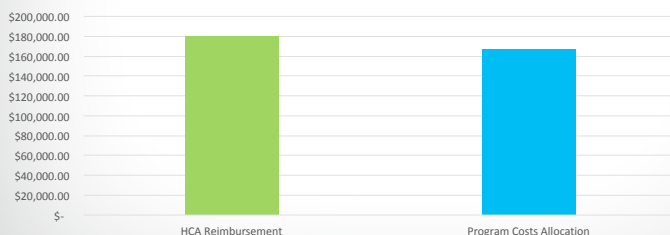


RECONCILIATION SUMMARY TAB EXAMPLE

HCA Reimbursement Vs Program Cost Allocation

# of HIV patients served by your OAHHS program	
# of eligible scope HIV patients served by your OAHHS program	
# of HIV patients served by OAHHS HCA (from CAREWare)	65

HCA Reimbursement	Program Costs Allocation	Variance*
\$ 179,648.78	\$ 167,228.78	\$12,420.00



Positive Variance: HCA Reimbursement is greater than allocation of program costs



KEY POINTS

- Detailed instructions are included with the templates
- **At-Cost Reimbursements:**
 - Labs, Dental Supplies and Restorative Services were reimbursed at the cost incurred.
 - This section has already been completed and the value of at cost reimbursement items has been deducted from the program allocation costs.
- **Indirect Costs:**
 - Federally Negotiated Indirect Cost Agreement, HAHSTA will accept that document in lieu of providing detail of costs associated with this line.
 - You may charge indirect at a rate not to exceed 10% of total HCA reimbursement.
 - If your Organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs were allocated in your indirect cost line.



KEY POINTS

- Templates for each Human Care Agreement, GY29 and GY30 will be distributed to Financial contacts by COB May 4
- HCA Reconciliations are due no later than COB June 4, 2021
- Contact Mark Hill, Contract Administrator at mark.hill@dc.gov for questions or technical assistance