



Program Income & Imposition of Charges

 GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

PROGRAM INCOME

WHAT IS IT?

Program Income is any income that is generated for a sub-recipient by a Ryan White grant or earned as a result of the grant.

- Reimbursement/payments for services provided include: self-pay, Sliding Fee Scale, Medicaid, Medicare, private insurance, Alliance, and other third party sources (e.g Managed Care)

PROGRAM INCOME

WHY ARE WE ASKING YOU ABOUT IT?

- Legislative Mandate
- (2664)(a)(1)c
- Source Citation
- 45 CFR 74.24 and 92.25.
- Part A Program Guidance

The secretary may not make a grant under this part unless the applicant submits to the secretary – the extent to which the costs of HIV-related health care for such individuals are paid by third-party payors.

PROGRAM INCOME

PROGRAM INCOME REQUIREMENTS

- ☐ Typically, program income is generated by sub-recipients that charge for services and receive reimbursement for third-party billing.
- ☐ Sub-recipients generating program income must maintain records documenting the amount and disposition of income received and the source of funds.
- ☐ All program income generated by Ryan White funding shall be returned to benefit the HIV program!

PROGRAM INCOME

USE OF PROGRAM INCOME

- ☐ Program Income can: be used to cover costs of the program, fund expansion of services, support other eligible programs
- ☐ Program income funds are not subject to federal limitations on administration (10%), quality management (5%)
- ☐ HAHSTA's monitoring staff will review monthly program income reports & review sub-recipient tracking system on site to ensure appropriate use of funds.

DC | **HEALTH**

PROGRAM INCOME TEMPLATE

- Documentation of Income generated Monthly
- Quarterly Submission of Program Income to HAHSTA.

DC | **HEALTH**

SAMPLE OF COMPLETED PROGRAM INCOME TEMPLATE

Provider Name:																		
Grant Number:																		
Core Service Area	Medicare			Medicare MCO		Medicaid		Medicaid MCO		Public Insurance - Local or State		Insurance MCO Local or State Public		Self-pay / Sliding Fee Scale		YTD TOTALS		
	Month	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	
Ambulatory Outpatient Medical Care	MAR	\$3,753.00	\$1,422.68	\$ -	\$ -	\$11,469.01	\$ -	\$6,303.00	\$2,464.05	\$2,998.00	\$1,262.54	\$ -	\$ -	\$ -	\$ -	\$24,523.01	\$5,149.27	
	APR	\$8,574.00	\$3,397.09	\$ -	\$ -	\$14,271.00	\$1,830.91	\$7,392.00	\$2,604.75	\$3,769.00	\$1,345.05	\$ -	\$ -	\$ -	\$ -	\$34,006.00	\$9,177.80	
	MAY	\$2,538.00	\$1,317.80	\$ -	\$ -	\$13,355.00	\$2,444.00	\$9,804.00	\$3,977.26	\$3,543.00	\$1,379.59	\$ -	\$ -	\$ -	\$ -	\$29,240.00	\$9,218.65	
	JUN	\$3,508.00	\$1,386.26	\$ -	\$ -	\$7,042.00	\$1,406.35	\$5,975.00	\$2,185.93	\$3,518.00	\$1,638.33	\$ -	\$ -	\$ -	\$ -	\$20,043.00	\$6,616.87	
	JUL	\$3,693.00	\$1,321.48	\$ -	\$ -	\$8,392.00	\$2,001.43	\$7,415.00	\$2,538.74	\$4,950.00	\$1,809.42	\$ -	\$ -	\$ -	\$ -	\$24,450.00	\$7,671.07	
	AUG												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	SEP												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	OCT												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	NOV												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	DEC												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	JAN												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	FEB												\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		22066	8845.31	0	0	54529.01	7782.69	36889	13770.73	18,778.00	7434.93	0	0	0	0	132,262.01	37,833.66	

Instructions:

Provide information on the amount of funding "Claimed" and "Collected" from Medicare, Medicaid, and other Public Insurance by each sub-grantee or sub-recipient funded by CARE Act Part A funds. To the extent feasible, the amounts reported should be for individuals with HIV/AIDS. All service categories supported by Medicare or Medicaid should be included. The report of amounts for Managed Care Organizations (MCO) supported by either Medicare or Medicaid may be an allocation of amounts.

DC **HEALTH**

PROGRAM INCOME TEMPLATE

Provider Name:																			
Grant Number:																			
Number/HCA Service:																			
Ryan White Services/ Rebate	Month	Medicare		Medicare MCO		Medicaid		Medicaid MCO		Public Insurance - Local or State		Insurance MCO - Local or State Public		Self-pay / Sliding Fee Scale		340 B Program Rebate Revenue		YTD TOTALS	
		Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected
Outpatient Ambulatory Health Services (OAHS)	MAR																		
	APR																		
	MAY																		
	QRT 1																		
	JUN																		
	JUL																		
	AUG																		
	QTR 2																		
	SEPT																		
	OCT																		
	NOV																		
	QRT 3																		
	DEC																		
	JAN																		
	FEB																		
	QTR 4																		

DC **HEALTH**

QUARTERLY REPORTS

QUARTERLY REPORTS

Provider Name:	Grant Number/MCA	Medicare	Medicare MCO	Medicaid	Medicaid MCO	Public Insurance - Insurance MCO	Self-pay / Sliding	340B Program	YTD TOTALS
Outpatient Ambulatory Health Services (OAH)	Month	Claimed	Collected	Claimed	Collected	Claimed	Collected	Claimed	Collected
	MAR								
	APR								
	MAY								
	QTR 1								
	JUN								
	JUL								
	AUG								
	QTR 2								
	SEPT								
	OCT								
	NOV								
QTR 3									
DEC									
JAN									
FEB									
QTR 4									

DC HEALTH

IMPOSITION OF CHARGES

DC HEALTH

IMPOSITION OF CHARGES

DEFINITION

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

- Imposition of Charges applies to those services for which a distinct fee is typically billed within the local health care market

IMPOSITION OF CHARGES

SUB-RECIPIENT REQUIREMENTS

- No RW 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

It's the Law:

Public Health Service Act
Sections 2605(e),
2617(c), and
2664(e)(1)(B)(ii)

IMPOSITION OF CHARGES

- ✓RW Patients $\leq 100\%$ FPL **Not** charged any fee
- ✓RW Patients above $\geq 100\%$ FPL **Charged**
- ✓Establish system to **track imposed** charges
- ✓Track **Patients reported** Charges
- ✓Establish **Cap** on imposed charges
- ✓Ensure provision of service regardless of ability to pay

DC | **HEALTH**

IMPOSITION OF CHARGES CONT'D

- **Fee Schedule:** complete listing of billable services and their associated fees based on locally prevailing rates or charges (Not required by Ryan White Legislation but considered best practice
- **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).
- **Nominal Charge:** fee greater than zero.

DC | **HEALTH**

IMPOSITION OF CHARGES CONT'D

- **Cap on charges:** limitation on aggregate charges imposed during the calendar year based on RW patient's annual gross income. All fees are waived once the limit on annual aggregate charges is reached for that calendar year.
- **Waiver:** recipients operating as free clinics (e.g. healthcare for the homeless clinics) have the option to waive the imposition of charges on RW patients.

DC | **HEALTH**

IMPOSITION OF CHARGES



DC | **HEALTH**

SCHEDULE OF CHARGES

Schedule of charges: applies to uninsured RW patients.

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

SCHEDULE OF CHARGES

- Schedule of charges is based on individual annual gross income, not household income.
- A RW patient's placement on the schedule of charges will change if there is a change in an individual's annual gross income or the FPL Guidelines.

SCHEDULE OF CHARGES

	FPL Category	Clinic A	Clinic B	Clinic C
1. Clinic A: Flat Rate Nominal fee	<=100% FPL	\$0	\$0	0%
2. Clinic B: Varying Rate Nominal fee	101-200% FPL	\$5	\$5	10%
	201-300% FPL	\$5	\$10	20%
3. Clinic C: Varying Rate Sliding fee scale	>300% FPL	\$5	\$25	100%

DC | **HEALTH**

SCHEDULE OF CHARGES

WHAT DO YOU HAVE TO DO?

- ✓ Develop a schedule of charges
- ✓ Post the schedule of charges
- ✓ Use patient income to determine charges
- ✓ Inform patient of placement on schedule of charges

DC | **HEALTH**

CAP ON CHARGES

Cap on charges is based on income as a percentage of FPL:

- ✓ 101-200% FPL – 5% cap
- ✓ 201-300% FPL – 7% cap
- ✓ >300% FPL – 10% cap

CAP ON CHARGES

WHAT DO YOU HAVE TO DO?

- ✓ Calculate each RWHAP patient's annual cap based on their individual annual gross income
- ✓ Inform the patient of the cap and their responsibility to track all charges
- ✓ Aggregate/add up or track all applicable charges
- ✓ Stop imposing charges on RWHAP patient when cap is met

Applicable Charges counts towards Cap

- ❑ *The Law States*
- ❑ *...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*

Imposition of Charges Summary

	Imposition of Charges
Applicability	Any service or set of services for which a distinct fee is typically billed for within the local health care market
Denial of service	No RWHAP patient shall be denied service due to an individual's inability to pay
Fee Schedule	Recommended
Basis by which to charge patients	Schedule of Charges (flat or varying rate)
Patients eligible for reduced rates/discounts	All Ryan White eligible patients may receive a reduced rate.
Assessment of charges	All patients above 100% FPL must be charged. Patients at or below 100% FPL MUST NOT be charged.
Cap on charges	Annual limit based on RW patient's income level

2021 Federal Poverty Levels and DC RW EMA

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA		
PERSONS IN FAMILY/HOUSEHOLD For families/households with more than 8 persons, add \$4,540 for each additional person.	POVERTY GUIDELINE For families/households with more than 8 persons, in DC add \$22,700 for each additional person	DC EMA 500% FPL, RW PART A, B, AND ADAP
1	\$12,880	\$ 64,400
2	\$17,420	\$ 87,100
3	\$21,960	\$109,800
4	\$26,500	\$132,500
5	\$31,040	\$155,200
6	\$35,580	\$177,900
7	\$40,120	\$200,600
8	\$44,660	\$223,300

500% is the poverty level multiplied by five. Income limits change slightly each year with changes in the FPL

Thank You

- Questions?