

# Ryan White Part B GY33 Sub-Recipient Meeting

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# Other Program Requirements

- Insurance coverage requirements
  - All sub-recipients must have the following insurance coverages and maintain them annually
    - SAM coverage requirement is \$1 million per occurrence and \$2 million in aggregate
    - Cyber Liability coverage requirement is \$1 million per occurrence and \$2 million in aggregate
    - Certificate of insurance must have a waiver of subrogation and the Government of the District of Columbia must be listed as the certificate holder and additional insured.
    - Auto Liability coverage requirement is combined single limit of \$1 million
    - Professional/ Medical Professional Liability coverage requirement is \$1 million per occurrence and \$2 million aggregate
    - Sexual Abuse & Molestation coverage requirement is \$1 million per occurrence and \$2 million aggregate.
    - Umbrella coverage requirement is \$5 million per occurrence and \$5 million Aggregate
  - We will not do individual insurance checks for sub-recipients but there will be random checks throughout the grant year conducted by our Office of Grants Management

# Other Program Requirements

- 340B Requirement

- Annual recertification - Subgrantees/subrecipients shall disclose all 340B contract pharmacy arrangements and statuses with the Office of Pharmacy Affairs within 15 business days of receipt of the grant award and any changes in status/arrangements within 15 business days to their Program Officer.
- Sub-recipients must submit a letter on letterhead that includes the following:
  - OPAIS database 340B ID
  - The name of their primary contact in the database
  - Contract pharmacy participation
  - Period for participation (start and end date if applicable)
  - Ryan white Part B grant number
  - Signature of authorizing official

# Ryan White Program Monitoring Practices

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# Monitoring Practices

- Monthly check-in calls
  - Attendees must include at a minimum the following staff: Program Officer, Grants management specialist and sub-recipient program manager and other key staff
  - Basic agenda will include a discussion of program success, challenges, technical assistance needs, spending, staffing and collaborations
- Site Visits
  - Take place annually in 2nd or 3rd quarter, can be virtual, in person or both, chart reviews will take place and may occur over multiple days depending on the size of the organization
  - Note that we now have the capacity to check customer eligibility from our desk views in CAREWare
- Report Cards
  - The quarterly report cards will continue. We appreciate the engagement. A survey to garner your satisfaction with report cards will be distributed soon
- Remediation plan (RP) and Corrective action plan (CAP)
  - The RP is the first level notification of a deficiency, the CAP is the second and final level

# Program Income, Cap on Charges and Imposition of Charges

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# Program Income (PI)

## Uses

- Program income supports activities in excess of a cap that is imposed directly by the RWHAP, as such costs that are otherwise allowable.
- Program income pays for any medically necessary services which Medicaid does not cover or only partially covers, as well as premiums, co-pays, and any required deductibles otherwise allowable under the RWHAP award.
- Program income (RWHAP funds) may be used to cover eligible services (defined in PCN 16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds) if those services are not covered or are only partially covered under Medicaid, even when those services are provided at the same visit as Medicaid-covered service.

# Program Income (PI)

## Tracking

- Sub-recipients will identify Ryan White eligible services being funded by program income.
- All services funded by PI must be provided to eligible/enrolled Ryan White customers/patients.
- Sub-recipient must develop a customer/patient level PI Tracking system.
- Sub-recipient must document customer level services in CareWare.
- Sub-recipients are expected to run RSR data on services provided through PI.



# 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’

- Cap on charges: a 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: sub-recipients operating as free clinics (e.g., healthcare for the homeless clinics) have the option to waive the imposition of charges on RW patients.

# Imposition of Charges Cont'd.

## How are charges applied

- RW Patients  $\leq$  100% FPL **Not** charged any fee
- RW Patients above  $\geq$  100% FPL **Charged**
- Sub-recipients establishes a system to **track imposed** charges
- Sub-recipients track **Patients reported** charges
- Sub-recipients **Cap** on imposed charges
- Sub-recipients ensure the provision of service regardless of ability to pay

# Cap on Charges

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

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

**THANK YOU!!**

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