



HIV Resources Administration Unit	
Title: Austin TGA Imposition of Charges for Services and Limitation (Cap) on Charges to Clients Policy	Policy Number: 0.3
Type: Administrative/Fiscal	
Approved: Unit/Program Manager: Gregory L. Bolds	Date Approved: 01/03/2014
Attachments: 1. Austin HIV Client Annual Charges Sample Tracking Spreadsheet	
Effective Date:	
Review Date: 01/03/2014	Reviewed By: HRAU Team
Review Date:	Reviewed By:
Review Date:	Reviewed By:

I. Purpose:

This policy establishes standardized guidelines to ensure efficiency, consistency, and compliance in the way clients are charged for funded Ryan White (RW) funded services, and in tracking their annual charges toward applicable Limitation on Charges.

II. Scope:

HIV Resources Administration Unit (HRAU), HIV related grants (Ryan White Part A/MAI, Part C, and City General Fund).

III. Policy:

- a. **If fees are charged to clients receiving services funded under an HIV Services Contract**, service providers must develop a Schedule of Charges (Sliding Fee Scale) including a system for discounting or adjusting charges based on an eligible client’s income. Additionally, a mechanism for billing and collecting fees from third party payers and making reasonable efforts to collect allowable fees from clients must be implemented. **The Schedule of Charges must be available to the public.**
- b. Individual annual aggregate charges to patients receiving services must conform to the limits in Table 1 below. “Aggregate Charges” applies to annual charges imposed for all services regardless of terminology (i.e. enrollment fees, premiums, deductibles, cost-sharing, co-payments coinsurance, etc.) and applies to all service providers from whom individuals receive services
- c. No client will be denied services due to the inability to pay.

Table 1

INDIVIDUAL ANNUAL GROSS INCOME	TOTAL ALLOWABLE ANNUAL CHARGES
Equal to or below the official FPL	No charges permitted
101 to 200% of the official FPL	5% or less of gross income
201 to 300% of the official FPL	7% or less of gross income
More than 300% of the official FPL	10% or less of gross income

A. Schedule of Charges Guidance

It is the responsibility of the Administrative Agency to ensure that all providers develop, submit for approval, and implement a Schedule of Charges based on Ryan White Legislation and HRSA Guidance. Service provider's policies and procedures must be revised to conform to the Federal Poverty Level guidelines (FPL) within 30 days of the annual update.

The Schedule of Charges must be determined utilizing the client's individual annual income. (Household income is only utilized to determine eligibility for RW Services). Service Providers may choose to utilize the Unit Cost Rate amount that they are reimbursed through their contract as the basis for setting the base rate for the fee and then charging the client a percentage (determined by their FPL) of the base rate.

Alternatively, providers may establish a discounted fee schedule with which to determine the basis for calculating client charges. The discounted fee schedule must be approved by HRAU Contract Managers prior to implementation.

HRAU Contract Managers (CM) will review agency policies and provide feedback on necessary changes and documentation of approval.

- 1. Determine FPL Level:** During intake, the service provider will perform an assessment of each client to determine their annual gross salary. Using the annual gross income and Table 1 below, the provider will identify where the client's income falls on the FPL. The client should provide documentation to ensure that the information is accurate. Providers will utilize the annually updated HHS Poverty Guidelines (FPL) distributed DHHS.
- 2. Determine Fee:**
Based on FPL, providers must develop a Schedule of Charges indicating who is to be charged and what services are to be charged.
- 3. Determine Clients to be charged:**

a. WHO is to be charged:

Clients having incomes greater than 100% of the FPL can be charged for services.

Clients with incomes at or below 100% of the FPL cannot be charged for services.

b. WHAT services to charge for:

Any service category where a provider is currently charging clients a fee.

B. Limitation on Charges Guidance:

Providers must have a written policy regarding how the Annual Limitation on Client Charges will be determined in their agency. Providers will develop their own policy and procedures related to limitation on charges and submit the policy to their CM for approval. Providers will be responsible for training their staff about the agency's policy and periodically monitor procedure to ensure that their process is consistently being administered and meets the federal legislative guidelines, this policy, and other applicable requirements.

1. Determine Client Annual Limitation on Charges (CAP)

Total annual (calendar year) charges to individual clients receiving HIV related grants (Ryan White Part A/MAI, Part C, and/or City General Fund) services must not exceed the limitations established in the Table 1 above. The term "aggregate charges" applies to the annual charges imposed for all HIV services without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. These requirements apply to all service providers from which an individual receives Ryan White Part A/MAI, Part C, and/or City General Fund services.

Example:

Suzie has an individual gross monthly income of \$1,500.

Gross annual income of \$18,000

On the FPL scale, Suzie would be between 101 to 200 percent.

Her Limitation on Charges for all HIV related services could be no more than 5% of \$18,000, which is a Limitation (CAP) of \$900 for the year.

Each agency must have written policies in place to determine accurately the client's annual Limitation on Charges based on their individual gross annual income.

2. Inform Client of Individual Client Limitation on Charges and Their Responsibilities

Upon eligibility determination, clients should be informed in writing of fees they may be subject to, their Annual CAP on charges, and their responsibilities and process of reporting their HIV-related charges to the agency.

Clients are responsible for maintaining documentation, i.e. receipts, invoices for charges related to their HIV disease. For non-service related charges clients must have a letter or prescription from their Physician for items they needed related to their HIV; (medications, over the counter personal items related to HIV care), the cost of the item or co-pay, etc. would go toward the client's Limitation on Charges, (i.e. special toothpaste for an HIV related oral health condition)

Clients will inform and provide agencies with documentation that their Limitation on Charges has been reached.

3. Collect and Document Client Charges

Each agency must have a written policy and procedure that outlines how they will collect client fees and document client charges. Agencies should have their Schedule of Charges (sliding fee scale) posted and have HIV related grant (Ryan White Part A/MAI, Part C, and City General Fund), clients sign documents indicating that they understand what their fees will be when services are rendered at the agency, that they were notified of their individual Annual Limitation on Charges, and their responsibilities including the process of reporting their HIV-related charges to the agency.

Agencies will document both charges to their clients and fees received by each client related to their specific agency rendered services funded by an HIV related grant (Ryan White Part A/MAI, Part C, and City General Fund).

Agencies will also review documentation of HIV related charges provided by the client, to determine if the client has in fact met their Limitation on Charges, whether charges are generated within the Austin TGA Network of providers, or a hospital system or provider external to the TGA.

Attached is a sample Excel sheet that agencies may utilize to capture these charges, (or agency may develop their own form).

At the end of each calendar year, the Agency will zero out the client charges and begin the process again.

4. Reporting of Client Payments as Program Income

Each agency must have a written policy and system in place to record and report all individual client payments for co-pays and other fees as program income, if it is paid to an agency for an HIV related grant (Ryan White Part A/MAI, Part C, and City General Fund) service or activity.

Aggregate client payments must be reported monthly as Program Income on the

agency's HIV Services Monthly Performance and Budget Status Report, and the use of these monies must adhere to the HRAU Program Income Policy.

Revision History

Revision	Date	Description of Changes	Completed By
0.1	01/03/2014	New Policy	GBolds