

**CAROLINA FAMILY HEALTH CENTERS, INC.
POLICY & PROCEDURE**



MANUAL: Volume II

SUBJECT POLICY: Imposition & Assessment of Charges
for Ryan White Program
SUBJECT PROCEDURE:

NUMBER: FIN- 36

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EFFECTIVE DATE: May 2014

SECTION: Finance

REVIEWED: 01/15; 01/16; 07/16

REFERENCE POLICY:

REFERENCE PROCEDURE:

RESPONSIBILITY: Chief Financial Officer

APPROVAL:

CEO APPROVAL: **APPROVED**

BOARD APPROVAL:

DATE: 7-26-16

DATE: 7-26-16

APPROVED

I. PURPOSE

The purpose of this document is to outline the standards mandated by HRSA for the Ryan White program for the imposition and assessment of charges for people living with HIV/AIDS.

II. POLICY

Carolina Family Health Centers, Inc. (CFHC, Inc.) will follow the *FIN-21 Sliding Fee Discount Program* policy and procedure for the imposition and assessment of charges for the Ryan White program, with the following exceptions:

- Eligibility will be assessed twice a year which includes documentation of income for all household members.
- Medicaid, Medicare and privately insured clients will be required to show proof of income to be eligible for services through the Ryan White program that are not covered by their insurance.
- No charges will be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).
- The financial eligibility cap for services is set at 300% of poverty. Charges to clients with incomes greater than 100% of poverty are determined by the schedule of charges. Annual limitations (i.e. caps on charges) for Ryan White services are based on a percent of patient's annual income as follows:
 1. 5% for patients with incomes between 100% and 200% of FPL
 2. 7% for patients with incomes between 200% and 300% of FPL
 3. 10% for patients with incomes greater than 300% of FPL

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Once a patient has met his/her financial cap through documentation of charges incurred during the calendar year for health care expenses, including dental, he/she will not be charged for services provided by CFHC, Inc. offered through the Ryan White Program. The one exception to this will be dental labs fees. Additional information about the eligibility requirements can be located in the *Region 8 Network Operational Standards of Care/ Policy and Procedure Manual*.

Part B Exceptions: A client with an income greater than 300% of the FPL is not eligible for Ryan White Part B services unless grandfathered in per the North Carolina Department of Health and Human Services. Clients with an income between 301-500% currently enrolled in services may continue to receive services until he/she does not reauthorize (thus falling out of eligibility) during the semi-annual reauthorization period.

CFHC, Inc. will assess charges for Medical and Non-medical Case Management, Medical Transportation, Emergency Financial Assistance, Outpatient Ambulatory Care, Annual Premium Cost Sharing and Mental Health Services. CFHC, Inc. has determined that assessing a charge for most Part B services could result in patients not being retained in care since these services are intended to keep people in care (i.e. case management, medical transportation and mental health). People seeking assistance through emergency financial assistance or for annual premium cost sharing must demonstrate a financial hardship to be eligible for services. These services are capped annually per person

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RESPONSIBILITY: Chief Financial Officer

APPROVAL:

DATE: July 26, 2016

APPROVED

III. PROCEDURE

The Special Populations Eligibility Specialist or the client's Case Manager will meet with the patient twice a year to determine eligibility and assess the annual financial cap for services. Priority will be given to ADAP patients during January-March and July-September to coincide with ADAP reauthorization.

Staff will use the definitions of family size and income as outlined in the North Carolina Department of Health and Human Services, AIDS Care Program, Aids Drug Assistance Program (ADAP) Manual and the *Region 8 Network Operational Standards of Care/ Policy and Procedure Manual*.

The Case Manager or Special Populations Eligibility Specialist will access the patient's chart under Registration → Information → Custom Field tab, Ryan White Eligibility Expiration Date to document the expiration date of the reauthorization. Any other notes regarding progress towards meeting the financial cap or other notations will be documented on the Registration → Information → Notes tab. To document the encounter, the Special Populations Eligibility Specialist will also complete a note in the patient's electronic health record and all supporting documentation will be scanned into the patient's record.

Once the *Sliding Fee Discount Application* is completed, the form will be given to the Front Office Staff Supervisor to complete the "Insurance" tab in the patient's electronic health record to document insurance status and the Sliding Fee expiration date. Once completed, he/she will forward the documents to Medical Records for the documents to be scanned in the "Financial Folder" of the patient's electronic health record.

The Special Populations Eligibility Specialist will track the client's progress towards meeting his/her financial cap. When the client has achieved his/her financial cap for the calendar year, the Special Populations Eligibility Specialist will document it in the patient's electronic health record under Registration → Information → Sliding Fee Scale tab → Comment Section that the financial cap has been met and no charge is required. The expiration date will also be documented.

The front office staff is required to look at the notations made to the client's record. The **Ryan White Eligibility Due** flag will be activated in the patient's chart to notify staff if the patient's eligibility has expired. If the client's eligibility has expired, the Patient Service Representative should contact the

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Special Populations Eligibility Specialist or a Case Manager to determine eligibility prior to the patient receiving services. If the patient refuses to meet with staff or cannot show proof of eligibility on the day of services, he/she will be responsible for full payment based on *FIN-21 Sliding Fee Discount Program*.

Once the patient has provided proof of eligibility, the **Ryan White Eligibility Due** flag should be deactivated by the staff person collecting and documenting the eligibility paperwork.