

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: RW-100.05 Imposition of Charges

EFFECTIVE DATE: June 6, 2023

SECTION: Ryan White

REFERENCE POLICY: RW-100 Ryan White Program

RESPONSIBLE CHIEF OF STAFF: Chief Medical Officer

RESPONSIBLE COMMITTEE: Medical CIT

REVIEWED:

I. PURPOSE

The purpose of this procedure is to outline the procedure by which Carolina Family Health Centers, Inc. (CFHC, Inc.) imposes and assesses charges for services provided through the Ryan White (RW) Program as outlined in Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii) of the Public Health Service Act.

II. PROCEDURE

People living with HIV (PLWH) served by CFHC, Inc. meet with a Case Manager I/II – Ryan White to be evaluated for RW Program eligibility as per the *RW-100.04 Ryan White Eligibility, Enrollment and Recertification* procedure. In situations where the patient also needs assistance accessing medications through the HIV/AIDS Medication Assistance Program (HMAP), the RW Program eligibility application may be completed by the Pharmacy Eligibility Specialist or Pharmacy Technician – Eligibility. Additionally, these staff members assess RW eligible patients with determinations related to imposition of charges.

CFHC, Inc. follows *FIN-116 Sliding Fee Discount Program* policy and procedure for the imposition and assessment of charges for services provided to PLWH including patients deemed eligible for the RW Program with some exceptions specified by RW grant funding.

For RW eligible patients, imposition of charges is based on an individual patient's annual gross income (AGI) as it relates to Federal Poverty Level (FPL).

For patients with incomes at or below 100% FPL, no charges are imposed; however, for patients with incomes above 100% FPL, charges are imposed. Aggregate charges are capped annually (per calendar year) as follows:

- For individuals with incomes greater than 100% and not exceeding 200% FPL, charges are capped at 5% of the individual's AGI.
- For individuals with incomes greater than 200% and not exceeding 300% FPL, charges are capped at 7% of the individual's AGI.
- For individuals with incomes greater than 300%, charges are capped at 10% of the individual's AGI.

The cap on charges applies without regard to whether charges are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or similar charges.

CFHC, Inc. takes into consideration the individual's collective medical expenses in assessing charges.

The process for documenting the cap on charges for each patient is as follows:

- The Case Manager I/II – Ryan White or Pharmacy Eligibility Specialist completes the Modified Adjusted Gross Income worksheet (MAGI) accessed through the HMAP page of <https://www.ncdhhs.gov/> and the *Ryan White Cap Worksheet* form
- The Case Manager I/II – Ryan White or Pharmacy Eligibility Specialist activates the “*SA205 Ryan White*” FYI flag in the electronic health record and adds a flag notation for the amount of the patient's annual cap on charges along with the effective date and expiration. For example:
 - “1/16/20XX – CAP IS \$4,000.00 FOR MEDICAL AND DENTAL CHARGES. EXPIRES 12/31/20XX”
 - “1/16/20XX – CAP IS \$0.00 FOR MEDICAL AND DENTAL CHARGES. EXPIRES 12/31/20XX”
- CFHC, Inc. billing staff utilize the specified FYI flag to generate reports from the electronic health record system, and they evaluate the patient's progress toward the annual charge cap and complete any necessary adjustments on the patient's account.
- Front Office Associates also review the FYI flag and notes during check-in and check-out before collecting any payments from the patient.
- Patients may bring documentation of additional medical expenses incurred to be considered toward their annual cap. Some expenses may be one-time occurrences (e.g., charge for a hospitalization) while others may be recurring (e.g., insurance premiums).
- Documentation of additional medical expense charges may be presented to the Case Manager I/II – Ryan White or Pharmacy Eligibility Specialist, who in turn submits the information to the Ryan White Program Manager or designee for tracking. Upon receipt of documentation of additional patient medical expenses, the Ryan White Program Manager updates the *Ryan White CAP Worksheet* form and subsequently updates the patient's FYI flag effective date, amount, and notation.
- All completed forms and supporting information are routed to the Medical Records department for upload into the patient's EHR. Refer to *HIM-114P Medical Records Operating Procedures*
- A copy of the *Ryan White Cap Worksheet* is given to the patient.

III. ATTACHMENTS

- *Ryan White CAP Worksheet*