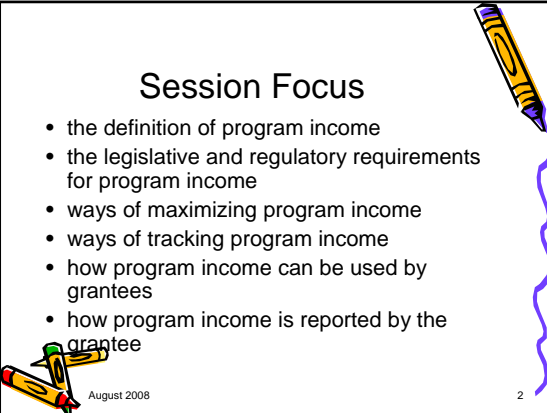


Show me the Program Income

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August 2008 1



Session Focus

- the definition of program income
- the legislative and regulatory requirements for program income
- ways of maximizing program income
- ways of tracking program income
- how program income can be used by grantees
- how program income is reported by the grantee

August 2008 2



Special Attention


- program income in complex healthcare settings
 - university hospitals
 - subcontractors
 - 330 health centers



August 2008 3

Outcome


- understand the Part A, B, C D legislative and regulatory requirements for program income
- understand how to bill for program income effectively
- billing options for new starts and small organization
- understand how program income must be tracked
- understand how program income can be used
- understand how program income must be reported
- understand sliding fee and caps on charges



August 2008 4

Policy Positions on Income


- Third Party Reimbursement FAQs
- Program Guidance (Part A, B, C, D)
- Part C EIS Program Income Fact Sheet



August 2008 5

Guidance

- Programs are required to maximize the service reimbursement available from private insurance, Medicaid, Medicare, and other third-party sources (ie. Managed Care).
- Programs are required to track and report all sources of service reimbursement as program income on the annual Financial Status Report and in annual data reports.
- All program income earned must be used to further your HIV program objectives



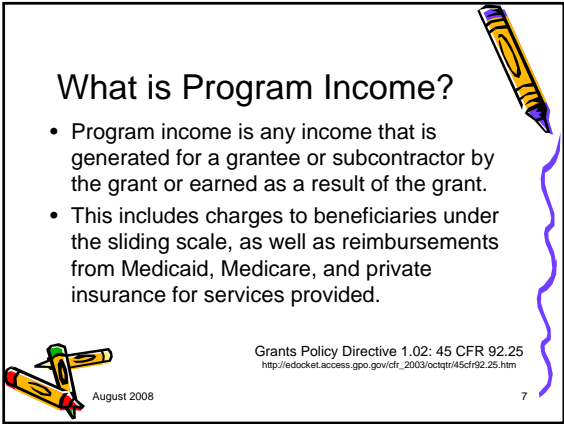
August 2008 6

What is Program Income?

- Program income is any income that is generated for a grantee or subcontractor by the grant or earned as a result of the grant.
- This includes charges to beneficiaries under the sliding scale, as well as reimbursements from Medicaid, Medicare, and private insurance for services provided.

Grants Policy Directive 1.02: 45 CFR 92.25
<http://edocket.access.gpo.gov/cfr/2003/oct/qtr/45cfr92.25.htm>

August 2008 7

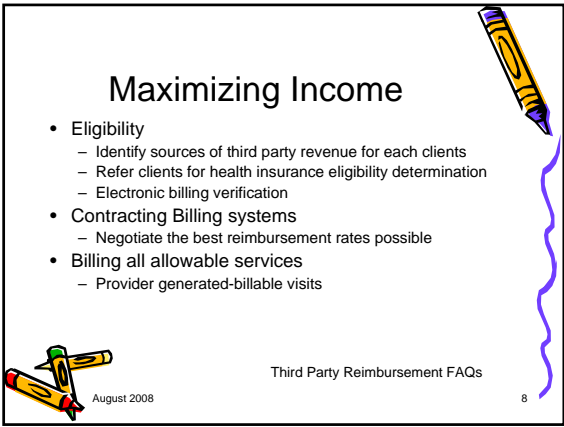


Maximizing Income

- Eligibility
 - Identify sources of third party revenue for each clients
 - Refer clients for health insurance eligibility determination
 - Electronic billing verification
- Contracting Billing systems
 - Negotiate the best reimbursement rates possible
- Billing all allowable services
 - Provider generated-billable visits

Third Party Reimbursement FAQs

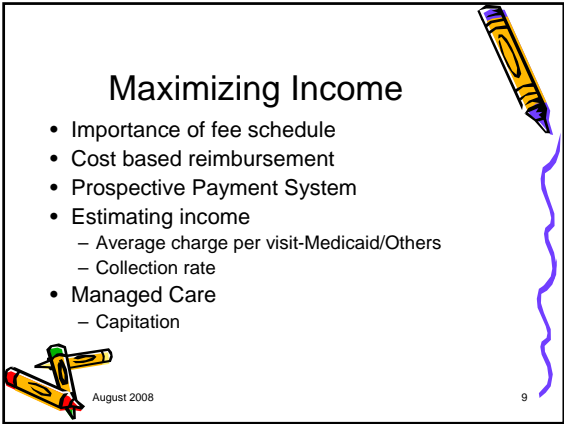
August 2008 8



Maximizing Income

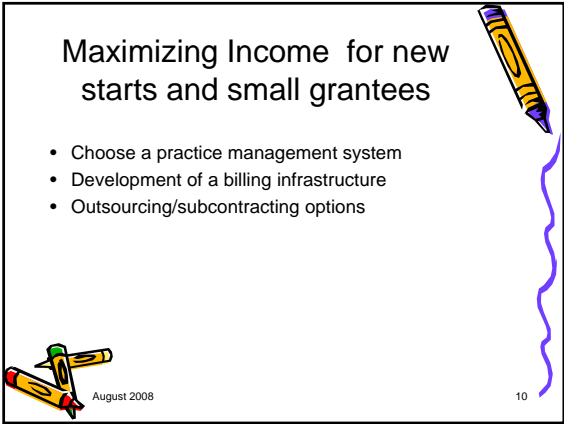
- Importance of fee schedule
- Cost based reimbursement
- Prospective Payment System
- Estimating income
 - Average charge per visit-Medicaid/Others
 - Collection rate
- Managed Care
 - Capitation

August 2008 9



Maximizing Income for new starts and small grantees

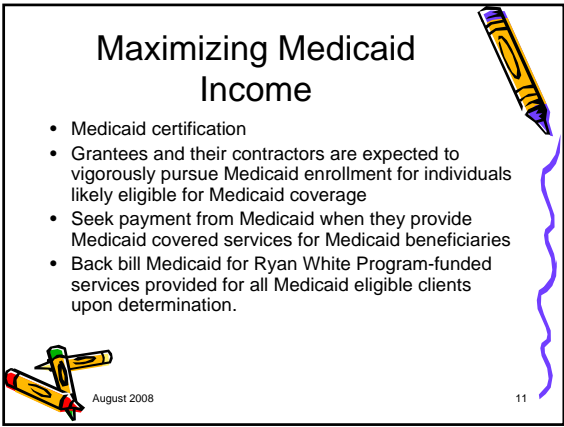
- Choose a practice management system
- Development of a billing infrastructure
- Outsourcing/subcontracting options



August 2008 10

Maximizing Medicaid Income

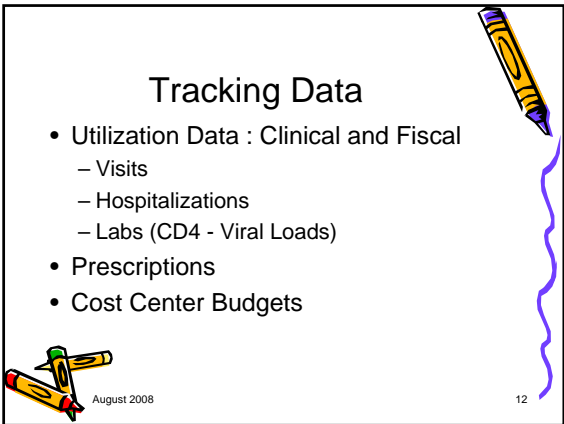
- Medicaid certification
- Grantees and their contractors are expected to vigorously pursue Medicaid enrollment for individuals likely eligible for Medicaid coverage
- Seek payment from Medicaid when they provide Medicaid covered services for Medicaid beneficiaries
- Back bill Medicaid for Ryan White Program-funded services provided for all Medicaid eligible clients upon determination.



August 2008 11

Tracking Data

- Utilization Data : Clinical and Fiscal
 - Visits
 - Hospitalizations
 - Labs (CD4 - Viral Loads)
- Prescriptions
- Cost Center Budgets



August 2008 12

Payer of Last Resort

- Ryan White Program grant funds cannot be used to make payments for any item or service if payment has been made, or can reasonably be expected to be made with respect to that item or service under any State compensation program, under any insurance policy, or under any Federal or State health benefits program; or by an entity that provides prepaid health care.

<http://hab.hrsa.gov/law/compile.htm>
Section 2617

August 2008

13

Screening & Reports

- New Patient Intake - captures patient income
- Group Patients by Poverty Level
- Generate monthly reports of patient charges
- Monitor YTD charges
- Flag patients who are near cap
- Stop charges when appropriate

August 2008

14

Self-Pay & Sliding Fee Scales

- Patient Registration
- Accounts Payables
- Collections
- Caps – Part A & C
- No denial of service

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15

U.S. Poverty Guidelines

- Published Annually in the Federal Register
- Health and Human Services Posts them on the Web

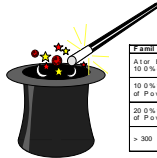
<http://aspe.hhs.gov/poverty/index.shtml#latest>

August 2008

16

Sliding Fees & Caps

Family Size	48 States & D.C.	Alaska	Hawaii
1	10,450	13,000	11,960
2	14,000	17,500	16,100
3	17,600	22,000	20,240
4	21,200	26,500	24,380
5	24,800	31,000	28,520
6	28,400	35,500	32,660
7	32,000	40,000	36,800
8	35,600	44,500	40,940
Add for each additional person	3,600	4,500	4,140



Family Income	Max Charge
At or below 100% of Poverty	0
100% to 200% of Poverty	Not more than 5% of gross annual income
200% to 300% of Poverty	Not more than 7% of gross annual income
> 300%	Not more than 10% of gross annual income

August 2008

17

Sliding Fee Scale Sign

Notice to Patients:

This health center serves all patients regardless of ability to pay. Discounts for essential services are offered depending on family size and income. You may apply for a discount at the front desk.

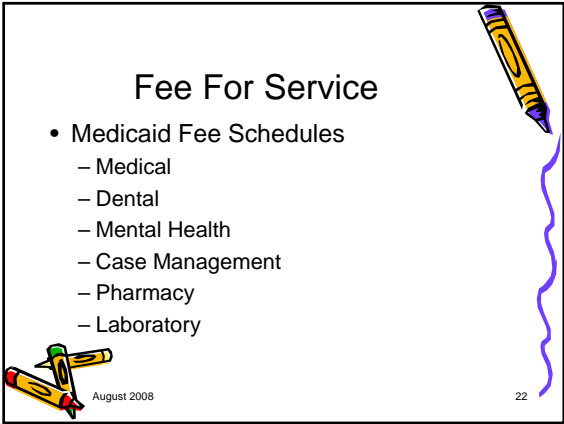
Source: National Health Service Corp
<http://nhsc.bhpr.hrsa.gov/applications/feesched.asp>

August 2008

18

Fee For Service

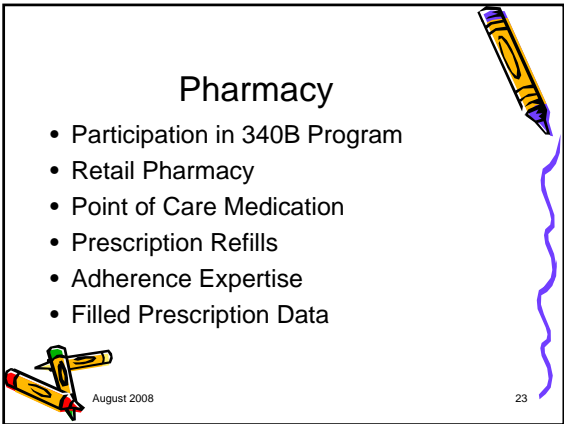
- Medicaid Fee Schedules
 - Medical
 - Dental
 - Mental Health
 - Case Management
 - Pharmacy
 - Laboratory



August 2008 22

Pharmacy

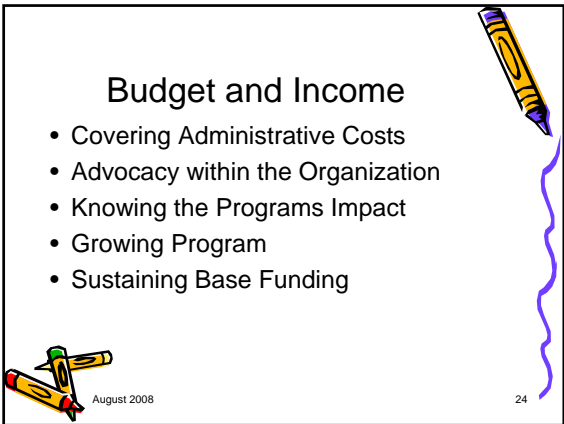
- Participation in 340B Program
- Retail Pharmacy
- Point of Care Medication
- Prescription Refills
- Adherence Expertise
- Filled Prescription Data



August 2008 23

Budget and Income

- Covering Administrative Costs
- Advocacy within the Organization
- Knowing the Programs Impact
- Growing Program
- Sustaining Base Funding



August 2008 24

No Fear of Income

- HRSA discourages grantees from reducing grant funding for sub-grantees or contractors that collect third party reimbursement revenues.
- Grantees are required to work closely with and encourage and assist sub-grantees and contractors to effectively utilize their Ryan White Program funds and collect third party reimbursement, by maintaining the same level of Ryan White Program funding and using the funding to expand and/or enhance HIV/AIDS services to current eligible clients and/or identifying and enrolling into care new eligible clients in the sub-grantee or contractor service area(s).

August 2008

25

TACT: Technical Assistance Cost Tool

- for use by clinics and individual providers who want to identify the costs of delivering health care services to patients living with HIV and AIDS.
- TACT reports provide cost analyses for internal clinic financial management for third-party reimbursement.
- will assist providers in contract negotiations with managed care organizations that offer the opportunity to participate in their provider network.
- providers will know the cost of the care they provide and can therefore determine the financial adequacy of payment rates in both a fee-for-service and managed-care context.

<http://www.hrsa.gov/tact/>

August 2008

26

TACT: Unit of Service: Total Cost of Service:

Institutional Care	Ambulatory Care	Other	Other
ICU/CCU	Routine Visit	Nutritional Counseling	Nutritional Counseling
Medical/Surgical	Comprehensive	Physical Therapy	Physical Therapy
OB	Obstetric / Pre-Natal	Occupational Therapy	Occupational Therapy
Newborn	GYN / Family Planning	Respiratory Therapy	Respiratory Therapy
Other Hospital Care	Other Primary Care	Speech Therapy	Speech Therapy
Mental Health	After Hours - Urgent	TB Direct Observed Therapy	TB Direct Observed Therapy
Substance Abuse	Weekend - Urgent/Routine	Massage Therapy	Massage Therapy
Other Behavioral Health	Other Urgent Care	Acupuncture	Acupuncture
Laboratory	Dental	Other Therapy	Other Therapy
Radiology	Gastrointestinal	Nursing Case Management	Nursing Case Management
Anesthesia	Dermatology	Other Case Management	Other Case Management
Other Hospital Ancillary	Diabetes / Endocrinology	Home Infusion	Home Infusion
Emergency Room	Hematology (Dialysis)	Other Home Health Care	Other Home Health Care
Outpatient Surgical	Oncology		
Outpatient Specialty Care	Cardiology	Ancillary Clinical	
Other Hospital Specialty	Ophthalmology	Laboratory	
SNF/Close Down	Podiatry	Radiology X-ray/MRI	
Nursing Home	Urology	Other Ancillary Clinical	
Day Care Centers	Neurology		
Hospice	Other Specialty		
Other	Infectious Disease		

August 2008

27

TACT: Summary Report

Ace Hospital Clinic Hospital Support Clinic 1000 HIV Patients						
Service Category	Sub Category	Unit Name	2008 Actuals Number of Members	2008 Cost per Service	2008 Total Cost	2008 Total Gross Cost
Institutional Care						
Hospital Care	Hospital Care	Days	5,000.0	\$ 3,200.00	\$ 1,250,000	
	Behavioral Health	Days	440.0	\$ 2,000.00	\$ 770,000	
	Hospital Outpatient	Visits	200.0	\$ 1,000.00	\$ 190,000	
Other Institutional	Respite	Days	600.0	\$ 500.00	\$ 250,000	
TOTAL Institutional Care						\$ 1,360,000
Outpatient Care						
Primary Care	Respite Visit	Visits	2,200.0	\$ 75.00	\$ 140,000	
	Comprehensive	Visits	500.0	\$ 100.00	\$ 41,700	
Specialty Care	Wound - Urgent/Respite	Visits	100.0	\$ 100.00	\$ 9,800	
	Specialty Care	Visits	600.0	\$ 100.00	\$ 53,300	
Infectious Disease	Infectious Disease	Visits	500.0	\$ 100.00	\$ 41,700	
Other Professional	Nutritional Counseling	Visits	500.0	\$ 35.00	\$ 14,800	
Care Management	Care Management	Hours	2,700.0	\$ 50.00	\$ 111,300	
Behavioral Health	Substance Abuse	Visits	1,200.0	\$ 50.00	\$ 53,000	
TOTAL Outpatient Care						\$ 443,700
Additional Services						
	Dumach	Visits	200.0	\$ 50.00	\$ 9,800	
	Counseling & Testing	Hours	200.0	\$ 50.00	\$ 9,800	
	Health Education - Pneumonia	Visits	200.0	\$ 30.00	\$ 6,000	
	Transportation Services	Services	200.0	\$ 20.00	\$ 4,000	
	Transition Services	Hours	20.0	\$ 100.00	\$ 2,000	
TOTAL Additional Services						\$ 25,600
TOTAL						\$ 1,413,300
GROSS MEDICAL COSTS						\$ 1,413,300

August 2008

28

Reporting Income

- Ryan White HIV Data Report
 - Whole Program Costs
- Financial Status Report
 - Ryan White Program grantees are required to submit within 90 days of the close of grant period.
 - Required to Qualify for Supplemental Funding when available

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29

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30