



VIRTUAL
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Implementing a Cap on Charges Program

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Section One: Learning Objectives

Learning Objectives



1. Identify the complexities, challenges and needed resources to successfully execute a COC Program.
2. Identify barriers and challenges in educating the clients and revenue cycle billing regarding the COC Program.
3. Examine strategies to increase client participation in the COC Program.



Section Two: Cap on Charges (COC) Overview

Pittsburgh Area Center for Treatment (PACT Clinic)

- Provides care to over 1,700 persons 18+ years of age living with HIV
- Multidisciplinary outpatient clinic: HIV primary care, HIV specialty care, medical case management, mental health care, nutritional consults, pharmacy services, gynecologic care, anal healthcare, Hepatitis C care, pain management, participation in clinical trial, client support groups, free and confidential partner testing, and treatment for alcohol/opioid abuse
- Viral Load Suppression 91.7% (2019)
- Ryan White Part C: H76HA25775 (1994)
- Ryan White Part D: H12HA26266 (2001)

UPMC Health System Hospital Division

- PACT is a hospital based clinic (HBC) at UPMC flagship hospital UPMC Presbyterian Shadyside
- 40 Hospitals
- 8,400 licensed beds
- 700 doctors' offices and outpatient sites
- 382,000 inpatient admissions
- 5.6 million outpatient visits
- 1.1 million emergency visits
- 256,000 surgeries

Cap on Charges Overview (Part Two)



- The Ryan White HIV/AIDS Program legislation requires clients to be charged for services - based on ability to pay - to reduce the economic burden of utilizing health services.
- The COC Program at the UPMC Pittsburgh Area Center for Treatment (PACT) was launched in July 2017.

- Program objectives:
 - Establish and implement a schedule of charges/sliding fee scale based on the annual Federal Poverty Level (FPL).
 - Assess a client's financial responsibility for services provided at UPMC for their HIV care.
 - Implement annual caps on the maximum financial responsibility that an HIV client would be responsible for in a 12-month calendar year.
 - Eligible medical expenses include insurance deductibles, co-pays for clinic visits, co-insurance.
 - Once cap is reached during the calendar year, client will not be charged for further related services, but will still be eligible for care.

Cap on Charges Overview (Part Four)



PACT COC Roles and Responsibilities

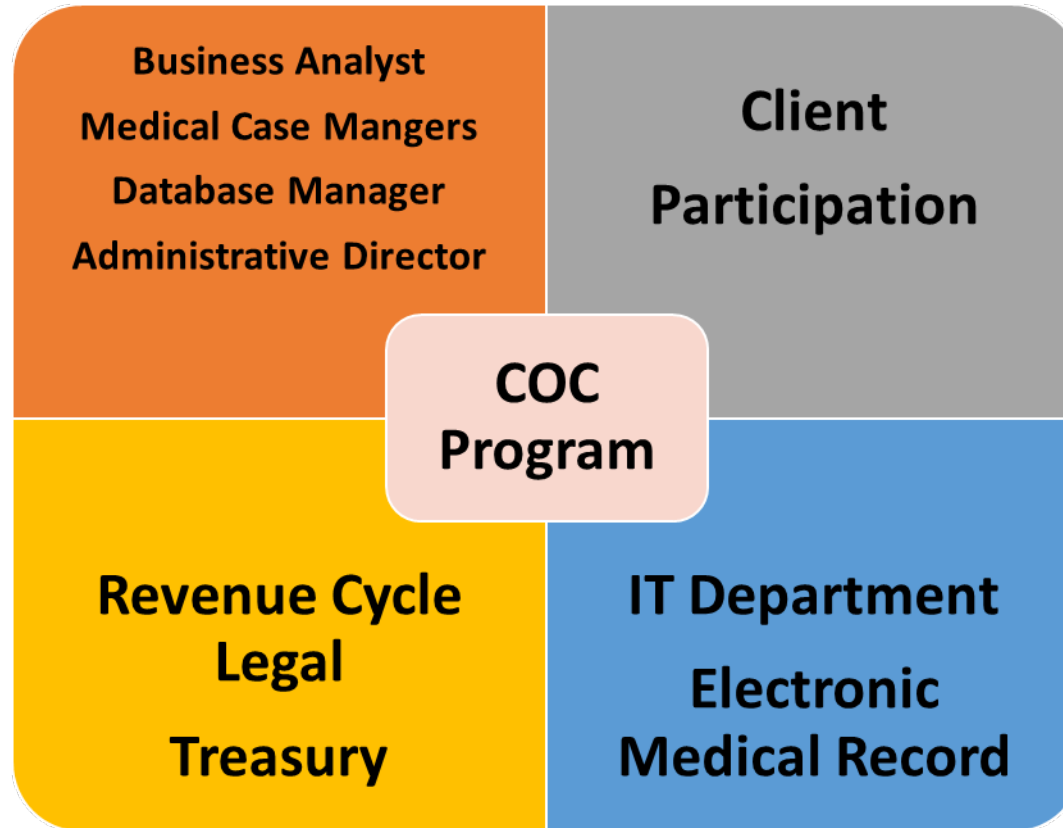
Business Analyst	Medical Case Managers	Database Managers	Administrative Director
<ul style="list-style-type: none">• Program coordinator• Enrolls clients into COC Program• Client education• Receives and applies payment/adjustments to client bills• Keeps track of client payments• Maintains appropriate documentation on file for per HRSA guidelines	<ul style="list-style-type: none">• Provide basic information regarding the program• Screen clients for eligibility• Perform RW client eligibility certification• Direct clients to the Business Analyst for enrollment into program	<ul style="list-style-type: none">• Creates and maintains (with assistance from Business Analyst) inhouse database for storing and tracking information of accumulative payments on client accounts to determine when the client meets yearly cap	<ul style="list-style-type: none">• Approves RW grant payments for COC related services• Monitors the implementation of the COC program• Provides oversight of all program issues• Assures that all RW guidelines are met

- PACT Client Health Care Coverage (2019)
 - 28% Commercial insurance
 - 30% Medicare
 - 26% Medicaid/other public
 - 15-16% Uninsured
- Due to HRSA guidelines, about half of PACT clients with commercial and/or Medicare potentially qualify for COC.
- This is reduced further when applying the requirement of client income needing to be 500% or below Federal Poverty Level.



Section Three: Executing the Cap on Charges Program

Executing the Cap on Charges Program (Part One)



Executing the Cap on Charges Program (Part Two)



- Additional staffing was required to help implement the COC Program.
 - Business Analyst position (1.0 FTE)
- UPMC Revenue Cycle and IT departments were involved in creating new processes within our physician and hospital billing systems for handling COC claims.
 - EMR insurance build
- A separate database was created to track accumulative client payments and billing history to determine when a client has reached their yearly 'Cap'.
- New COC specific documents were created including applications, schedule of benefits, education materials, tracking sheets, and advertisements as mandated by HRSA.

Executing the Caps on Charges Program (Part Three)



- COC Process:
 - Medical Case Managers are designated as “gate keepers” to determine eligibility for various grant services, including COC
 - If the client provides required documentation and consents to apply for the program, they are given an award letter, and the COC Program is listed as a secondary/tertiary coverage in the billing system(s).
 - When the client receives HIV-related care, the claims are submitted to the client’s commercial/Medicare insurance(s).

Executing the Caps on Charges Program (Part Four)



- COC Process (continued):
 - After the client's insurance(s) is/are billed and there is a client responsibility left, COC is billed by Revenue Cycle as payer of last resort, and claims are received and processed by the Program Coordinator (Business Analyst).
 - A journal entry is sent to the Treasury department to post grant payments to the client's billing account(s).
 - **If the client is 100% or below the Federal Poverty Level, the client does not receive a bill per HRSA guidelines.** Otherwise, the Revenue Cycle department will send a bill for the client's nominal fee per service based on the client's income.



Section Four: Barriers and Challenges

Barriers and Challenges



- Due to the large size of UPMC, our parent organization, numerous parties and departments are involved in setting up the program within the PACT clinic.
- UPMC Revenue Cycle department is centralized, so communication and contacting the appropriate parties regarding implementation, updates, and billing is difficult.
- The COC program is not easily understood by a considerable amount of our clients, and some express reluctance in signing up for ‘free money’.



Section Five: Increasing Client Participation

Increasing Client Participation



- Client participation remain low. As of December 2019, there were only 25 clients that signed up for the COC Program.
- To increase participation:
 - Starting in October 2019 during PACT sponsored monthly men’s and women’s luncheons, information regarding COC and other services were shared during client education for health insurance and billing.
 - Social work and client outreach coordinators insert flyers regarding PACT services, including COC, in hygiene supply bags for clients accessing our Hygiene Closet.
 - COC advertisements are placed in clinic areas frequented by PACT clients.



Section Six: Program Indicators

Program Indicators (Part One)



- Number of clients participating in the program
- Number of claims billed to COC appropriately
- Percentage of ineligible claims charged to COC

Program Indicators (Part Two)



- Total Number of Claims Billed: 134
- Total Billed Amount of Claims: \$175,436.75 Average: \$1,309.23
- Total Insurance Payment: \$22,779.81 Average: \$170.00
- **Total Sum of Insurance Client Responsibility: \$14,530.78 Average: \$108.44**
- Total COC Payment: \$12,876.48 Average: \$96.09
- **Total Sum of Client COC Responsibility: \$1,652.77 Average: \$12.33**
- **Clients Saved: \$12,878.01 Average: \$96.11 OR 88.6% on HIV Related Care**

*10 Claims Billed to Caps on Charges that were not Caps on Charges related (information pertaining to these claims were not included in the above data.)

UPMC Caps on Charges Claim Data Jan 2018- Dec 2019 Facility Claim Totals



- Number of Facility Claims: 75
- Total Billed Amount for Facility: \$162,457.75 Average \$2,166.10
- Total Insurance Payment for Facility: \$19,557.92 Average: \$260.77
- **Total Facility Insurance Client Responsibility: \$12,019.31 Average: \$160.26**
- Total Facility COC Payment: \$11,106.64 Average: \$148.09
- **Total Facility COC Responsibility: \$912.67 Average: \$12.17**
- **Clients Saved: \$11,106.64 Average: \$148.09 OR 92.4% on HIV Related Care for Facility Claims**

UPMC Caps on Charges Claim Data Jan 2018- Dec 2019 Physician Claim Totals



- Number of Physician Claims: 59
- Total Billed Amount for Physician: \$12,979.00 Average \$219.98
- Total Insurance Payment for Physician: \$3,221.89 Average: \$54.61
- **Total Physician Insurance Client Responsibility: \$2,511.47 Average: \$42.57**
- Total Physician COC Payment: \$1769.84 Average: \$30.00
- **Total Physician COC Responsibility: \$740.10 Average: \$12.54**
- **Clients Saved: \$1,771.37 Average: \$30.03 OR 29.4% on HIV Related Care for Physician Claims**



Section Seven: Summary

Summary



- The COC program, when thoughtfully implemented, is demonstrated to be effective in reducing financial hardship on average of up to 89% for clients seeking healthcare.
- Executing COC within a large healthcare system can add additional challenges due to the multiple parties/departments involved.
- Giving clients proper education and raising awareness of the program via various channels will hopefully increase client participation in the future.



Section Eight: References/Contact Information

References/Contact Information



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