

Cap on Charges: Lessons Learned and Efforts to Improve Efficiency

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NATIONAL
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ON HIV CARE & TREATMENT

Learning Objectives

- Describe the elements of a successfully implemented Cap on Charges process, including billing and insurance workflows
- Identify barriers and challenges in implementing a Cap on Charges process
- Identify strategies to improve rate of documentation of income used to determine annual cap on charges and sliding fee responsibility
- Discuss enhanced use of CAREWare to help manage documentation of income

Imposition of Charges: It's the Law

- “Imposition of Charges” is a term used to describe all activities, policies, and procedures related to assessing Ryan White HIV/AIDS Program (RWHAP) client charges as outlined in legislation
 - Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii)
- Prohibits imposing a first-party charge on individuals with incomes at or below 100% of the federal poverty level (FPL)
- Requires that charges for individuals with incomes above the FPL be based on a discounted fee schedule and sliding fee scale
- Caps on total annual charges for HIV services are to be based on a percentage of the client’s annual individual income
- Ryan White funds cannot be charged for payments for any items or service if payment has been or can be reasonably be expected to be made under any insurance policy or under any Federal or State health benefits program or by an entity that provides prepaid health care

RWHAP Recipient Responsibilities

- RWHAP legislation requires clients to be charged for services - based on ability to pay - to reduce the economic burden of utilizing health services
- Establish schedule of charges that:
 - Does not impose a charge to RWHAP clients with income at or below 100% FPL
 - Imposes a charge to all RWHAP clients with income over 100% FPL
 - Limits aggregate charges during the calendar year for all RWHAP clients
- Ensure staff are aware of and consistently following the established policies and procedures
- Provide education materials to RWHAP clients explaining their role in the imposition of charges

RWHAP Recipient Responsibilities (Continued)

- Programs are required to have consistent and equitable policies/procedures related to screening for eligibility for the RWHAP program including:
 - Process to capture documentation of RWHAP client's annual gross income needed to determine placement on the schedule of charges and annual cap on charges
 - Process to assess, document, and track the charges the agency imposed on RWHAP clients and charges received from RWHAP clients through an accounting system
 - Process to alert the billing system that a RWHAP client's cap has been reached and should not be further charged for the remainder of the calendar year

Strategies for Implementation

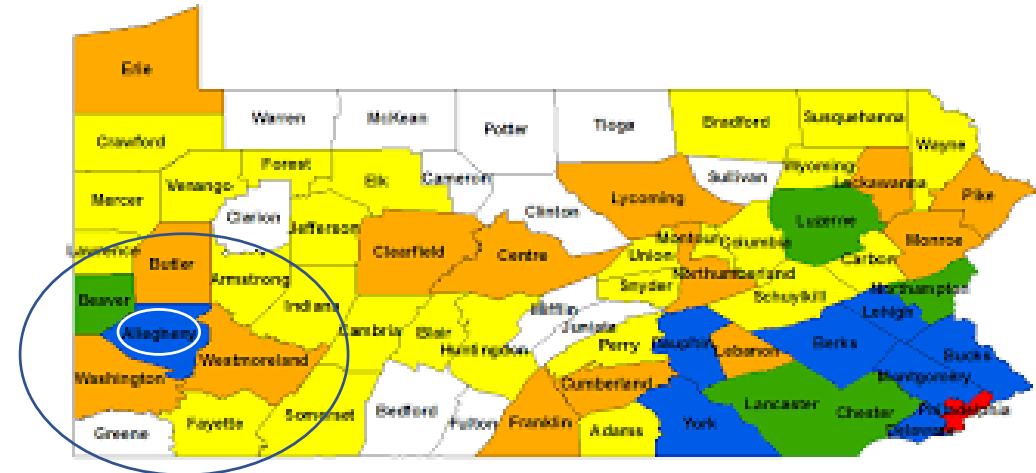
UPMC: Who We Are

Pittsburgh Area Center for Treatment (PACT)

- Mission: Excellence in HIV care, education, research, and prevention
- Service area: 11 county area of SW Pennsylvania
- Multidisciplinary outpatient clinic: HIV primary care, HIV specialty care, medical case management, mental health care, nutrition, pharmacy services, gynecologic care, anal dysplasia, hepatitis C care, access to on-site clinical trials, client support groups, free and confidential partner testing, and treatment for alcohol/opioid abuse
- Caseload: ~1600, VL suppression 91.3%, 99.3% on ART
- 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's flagship hospital UPMC Presbyterian Shadyside
- 40 hospitals; 800 doctors' offices, outpatient sites



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 a client with HIV would be responsible for in a 12-month calendar year
- Once cap is reached during the calendar year, client will not be charged for further related services, but will still be eligible for care
- No client shall be denied service due to their inability to pay

Ryan White Client Eligibility Certification and Enrollment

- Eligibility Criteria
 - HIV diagnosis upon initial determination
 - Low income: defined at PACT as annual income less than or equal to 500% Federal Poverty Level (FPL) for current calendar year
 - Documentation of income, residency, and insurance statuses
- Recertification timeframe needs to be timely per PCN 21-02
 - Completed annually
 - Self-Attestation of 'No Change' accepted once before proof of eligibility is required
- Individual income documentation is aligned with RW certification process

PACT's Model

Inputs	Activities	Outputs	Outcomes
Program Personnel: Business Analysts	Complete enrollment and update EMR registration Receive and apply payment/adjustments to client bills Provide client education	Enrollment Form	Compliance with RWHAP legislation requirements re: imposition of charges
Program Personnel: Medical Case Managers	Determine RW eligibility Document client individual income	Schedule of Charge/Sliding Fee Scale	Compliance with RWHAP legislation requirements re: imposition of charges
Program Personnel: Database Manager	Create and maintain database to track eligible annual charges	Access database to track annual cap	Compliance with RWHAP legislation requirements re: imposition of charges
Program Personnel: Administrative Director	Approve grant assistance payments Provider oversight of program	-	Reduced economic burden of utilizing health services
IT Department Revenue Cycle	Creating new processes within physician and hospital billing systems	EMR insurance build	Reduced economic burden of utilizing health services
Treasury	Post journal entry payments to client accounts	Grant assistance	Reduced economic burden of utilizing health services
Client Participation	Provide proof of income and complete enrollment Track charges imposed across other programs	Client award letter Client tracking form	Reduced economic burden of utilizing health services

New Resource Requirements

- Additional staffing was required to help implement the program
 - New position created: Business Analyst (1.0 FTE)
- UPMC Revenue Cycle and IT departments were involved in creating new processes within physician and hospital billing systems for handling 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 enrollment and client education documents were created including enrollment form, schedule of benefits, education materials, tracking sheets, and advertisements

PACT: Schedule of Charges

- Varying Rate (sliding fee scale) schedule of charges was established
- Placement on the schedule of charges is based on individual annual gross income
- Schedule of charges is publicly posted in the clinic and provided to clients when they are assessed their nominal fee and annual cap
- Table used to determine the annual cap and nominal fee responsibility:

Percent of Federal Poverty Level (FPL)	Out-of-Pocket Fee per PACT Office Visit	Annual Cap on Out-of-Pocket HIV Charges
≤ 100%	\$0	\$0
100.1% - 199%	\$10	5% of Annual Gross Income
200% - 299%	\$15	7% of Annual Gross Income
300% ≤ 500%	\$20	10% of Annual Gross Income

PACT: Cap on Charges

- Charges that count towards meeting the out-of-pocket cap include charges for all HIV-related services regardless of where those services were provided
- Once cap is reached during the calendar year, **client is not charged** for further related services
- UPMC Revenue Cycle continues to bill insurance for those services, but client will not be required to pay any out-of-pocket expense
- Clients track charges imposed across other programs
 - Out-of-pocket expenses tracking sheet
 - Provide proof of HIV-related expenses listed on the tracking sheet
 - Proof of payment is not required

Medical Case Managers (MCM) complete client intake/annual update

- MCMs are designated “gate keepers” to determine eligibility for various grant services
- Complete RW eligibility certification and collect proof of individual income
- Provide client education materials during enrollment/recertification

Business Analyst (BA) documents client’s individual income and determines client liability

- BA meets with clients to review client’s cap and discount level
- Clients are provided copy of their enrollment form, an award letter listing their assessed nominal fee and annual cap, and tracking sheet

Workflow (Continued part 2)

Client's Insurance Coverage is updated in EMR

- BA attaches program insurance build to client's EMR accounts
 - Payer of "EIG" (Early Intervention Grant) for uninsured clients
 - Payer of "COC (Caps on Charges) Underinsured" for insured clients in last payor position

Coverages

Refresh Guar List Prev Guar Next Guar Finish

Patient: List of Patients Effective date: 6/6/2022 Show inactive Collapse All Expand All

This patient is the guarantor Edit Patient

(1) UPMC EXCHANGE [2001014] - UPMC EXCHANGE INDIVIDUAL PREMIUM [2001014004]

Edit Coverage

Phone: 866-918-1595	Subscriber:	Verification status: Elapsed	Cvg eff dates: 1/1/2022 - Present
Mail to: Payer Plan	DOB:	Group #:	Member eff dates
PO BOX 2999 PITTSBURGH Pennsylvania	SSN:	Group name: HIX EPO GOLD	1/1/1925 - 1/1/1925
15230-2999	Subscriber ID:	Employer: UNKNOWN [1294]	1/1/2021 - 12/31/2021
Website: Plan	Member ID:	Financial class: UPMC Commercial	1/1/2022 - Present
	Subs phone:	Relation to subs: Self	

(2) COMMERCIAL [2001019] - COC UNDERINSURED ASSISTANCE [2001019229]

Edit Coverage

Phone: 412-647-3416	Subscriber:	Verification status: New	Cvg eff dates: 5/3/2021 - Present
Mail to: Payer Plan	DOB:	Group #: 0999999	Member eff dates
3600 FORBES AVE, 8TH FLR SUITE 8044	SSN:	Employer: SELF EMPLOYED [1212]	5/3/2021 - Present
PITTSBURGH Pennsylvania 15213	Subscriber ID:	Financial class: Other Commercial	
	Member ID:	Relation to subs: Self	
	Subs phone:		

Workflow (Continued part 3)

Charges are processed via billing system by UPMC Revenue Cycle

- All charges are billed to insurance initially (as applicable)
- Sliding fee scale is applied on amount owed by client after insurance has assisted (as applicable)
- Adjustments are completed manually by BA
- Client is billed for amount owed based on the sliding fee scale
- Grant assists with the difference between what the client's insurance charges them and their assessed nominal fee
- If insurance charges less than nominal fee, no payment is made

Client responsibility is applied to client cap on out-of-pocket charges

- BA updates the Access database

Meeting the Cap

- Access Database was created for storing and tracking information of cumulative payments on client accounts to determine when the client meets yearly cap
- Inputting client's certification date and individual income, automatically populates client's individual FPL, nominal fee amount (\$), yearly cap (%), yearly cap (\$), and next recertification date
- Clinic's weekly billing file is imported into the Access Database by Database Manager
- Clients are responsible for tracking and reporting charges imposed across other programs

Meeting the Cap (Continued)

- Inhouse database for stores and tracks information of accumulative payments on client accounts to determine when the client meets yearly cap
- If client's cap has been reached, Business Analysts make sure client is not further charged for the remainder of the calendar year

Patient Master List All Patients **Cap Certified Patients**

URN	Client ID	Name	DOB	Gender	PACT Enroll Date
				Male	12/7/2011

FPL and Income Certifications

Cert Date	Cert Scan	Indiv income	HH Size	Indiv FPL	Nominal Fee	Pt Liab %	Pt Balance	Cap % Income	Cap (\$\$)	Next Cert Date
12/7/2011		\$0.00	1	0.00	\$0.00			0.00%		
3/21/2022		\$62,000.12	1	456.00	\$20.00			10.00%	\$6,200.01	9/21/2022
		\$0.00	1	0.00	\$0.00			0.00%	\$0.00	

Medipac Transactions

SERVICE DATE	TRANS DATE	PT BALANCE	ACCT BAL	SELF PAY DATE	TRANSACTION CODE	
ACCOUNT NUMBER	TRANS AMT	PT PAYMENTS	INS ADJ	TOTAL IAR	SELF PAY AMT	TRANSACTION DESCRIPTION
TOTAL CHARGES	PT ADJ	INS PAYMENTS	RESPONSIBLE AREA			
03/07/2022	06/08/2022	0.00	205.30		10009701	
	(61.14)	(61.14)	(3,044.54)	30	0.00	PAYMENT INSTITUTIONS
	4,500.75	0.00	(1,189.77)	MBU		PATIENT RESPONSIBILITY AFTER COC PAYS
03/09/2022	06/08/2022	0.00	20.00		10009701	
	COC PAYMENT (36.42)	(36.42)	(572.85)	20.00	0.00	PAYMENT INSTITUTIONS
	855.00	0.00	(225.73)	MBU		
08/30/2021	11/01/2021	0.00	572.22		10009513	
	0.00	0.00	(1,161.78)	572.22	0.00	PAYMENT COMM MGD CARE
	1,734.00	0.00	-	MBU		
10/22/2021	12/23/2021	0.00	81.84		10009513	
			\$0.00		\$0.00	

Barriers and Challenges

Barriers and Challenges

- Lack of blueprint to follow for program of our size
- Initial interpretation of HRSA definitions and requirements led to confusion in program development
- Due to the large size of UPMC, our parent organization, numerous parties and departments are involved in setting up the program within PACT
 - Review by UPMC's Office of Ethics, Compliance, and Audit Services; Legal Services to ensure we meet their requirements
- UPMC Revenue Cycle department is centralized, so communication and contacting the appropriate parties regarding implementation, updates, and billing is difficult

Barriers and Challenges (Continued)

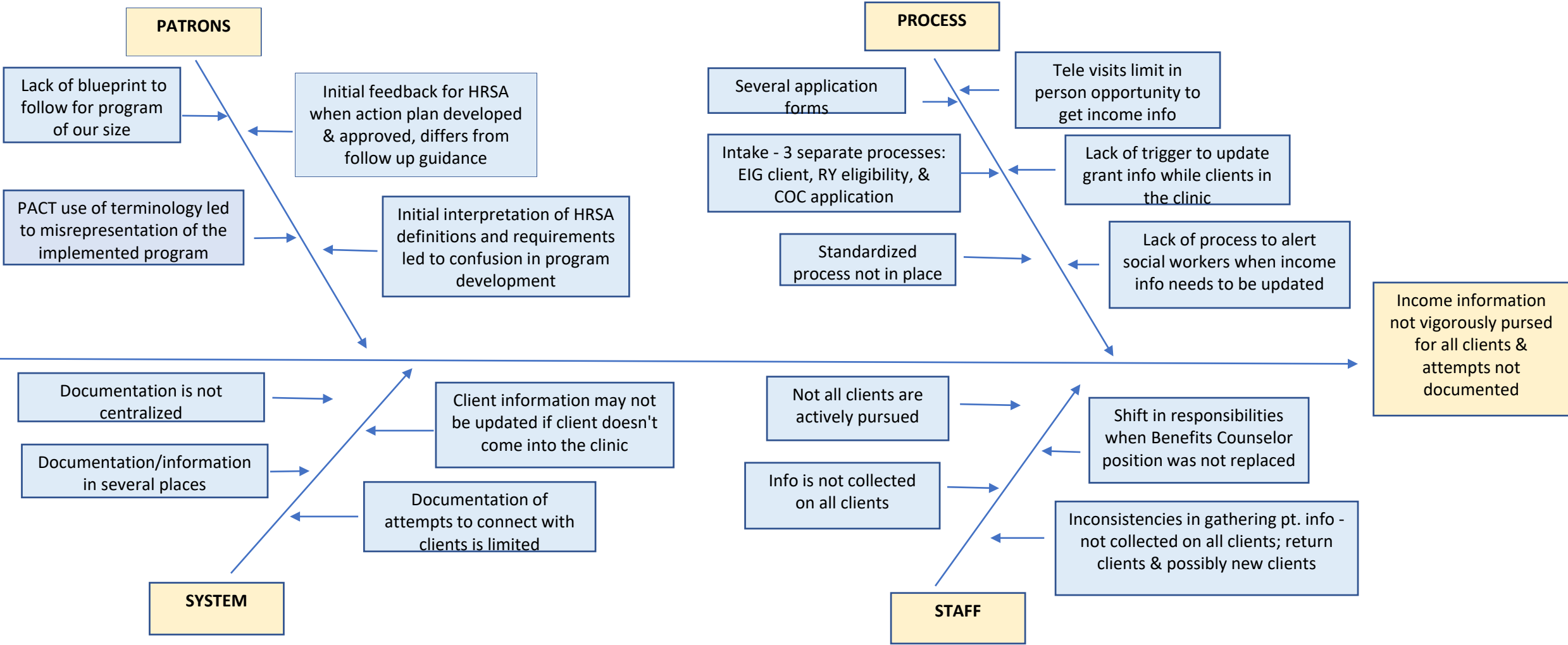
- Social Worker-centered model
 - Limited resource: PACT has 3 SWs
- Obtaining documentation of clients' income
- Client participation
 - Program is not easily understood by some clients
- Ongoing client education
- September 2020: HRSA PO requested review of guideline and processes

Improving Efficiency: “Vigorous Pursuit & Rigorous Documentation”

CQI Project Aim Statement and Overview

- Continuous quality improvement (CQI) initiative was launched in 2021 with aim to increase rate of income documentation required to determine annual cap on out-of-pocket charges and sliding fee responsibility
- **Problem:** Income information not vigorously pursued for all clients and attempts to obtain income information not well documented.
- **Aim Statement:** Increase rate of income documentation required to determine annual cap on out-of-pocket charges and sliding fee responsibility
- **Quality Indicator:** # of client w/documentation of income in CY / # of all active clients in CY
- CQI progress has been slow due to COVID-19 pandemic and critical staffing shortage

CQI Tool: Fishbone Diagram



CQI Action Steps 1

- Revision of guideline on Imposition of Charges and low-income client financial liability for medical visits
- Guideline is essential to ensure staff are aware of and consistently following the established policies and procedures
- Original guideline created and approved July 2018
- Two rounds of feedback from HRSA Project Officer and HAB Division of Policy and Data (DPD): February 2021 and July 2021
- Revision finalized in December 2021, and pending annual review
- Components: Clear objectives, definitions of key terms, detailed procedures and process workflow, and outlined roles and responsibilities

UPMC PRESBYTERIAN SHADYSIDE
 HIV/AIDS PROGRAM

GUIDELINE ID#: 30
 CATEGORY: Finance

GUIDELINE SUBJECT: **Imposition of Charges and Low-Income Patient Financial Liability for Medical Visits**

I. GUIDELINE PURPOSE

This guideline outlines the objectives, procedures, roles, and responsibilities related to assessing Ryan White HIV/AIDS patient charges.

II. OBJECTIVES

- Establish and implement a schedule of charges/sliding fee scale based on the annual Federal Poverty Level (FPL).
- Assess a patient's financial responsibility for services provided at UPMC for their HIV care. Fees imposed on the patient for services based on the patient's individual annual gross income.
- Implement annual caps on the maximum financial responsibility that an HIV patient would be responsible for a 12-month calendar year based on the patient's individual annual gross income.
- No patient shall be denied service due to an individual's inability to pay

III. DEFINITIONS

Imposition of Charges: all activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

Schedule of charges: fees imposed on the patient for services based on the patient's annual gross income.

Cap on charges: limitation on aggregate charges imposed during the calendar year based on RWHAP patient's annual gross income. All fees are waived once the limit on annual aggregate charges is reached for that calendar year.

Gross Income: total amount of income earned from all sources during the calendar year before taxes.

Federal Poverty Level (FPL): an economic measure used to determine eligibility.

Low-income patient: Patients with income at or below 500% of the FPL.

Uninsured patient: Patient ineligible for a local, state, or federal program to support the cost of medical care and/or patient does not have adequate financial resources to purchase a medical

CQI Action Step 2

- Commitment to an annual “RW check-in” requirement for **all clients**
- Old process: Necessary income documentation was being obtained on clients engaged with social work (new clients, uninsured clients, and clients needing case management services). Other clients were not actively pursued after elimination of Benefits Counselor position
- New process: All clients will be contacted by social work to complete an annual RW enrollment and provide documentation of individual income
- New streamlined RW enrollment form was developed
- Implementation timeframe has been extended due to critical staffing shortage: Pushed back from January 2022 to August 2022
 - 2/3 SW position vacant from December 2021 – June 2022

CQI Action Steps 3

- Efforts to streamline and centralize documentation are ongoing
- Old documentation process
 - Separate tracking sheets for uninsured and insured clients RW enrollment information – not accessible to social workers
 - Separate tracking sheet for RW eligibility certification – accessible to social workers
 - Track RW eligibility in CAREWare for reporting purposes only – not accessible to social workers
 - Secure shared drive used to store documents
 - **Attempts** to obtain RW enrollment or income documentation **were not documented**
- New documentation process
 - SW to document Annual RW Check-In in EHR (Epic)
 - Annual check-in will be entered as a service in CAREWare
 - Document attempts to complete RW enrollment
 - Use CAREWare to track documented information
 - Use CAREWare to store documents
 - Plan on hold pending centralization of CAREWare that is underway in Pennsylvania (anticipated completion December 2022)

CQI Action Steps 4

Name: _____

Date: _____



RYAN WHITE ANNUAL PAYMENT CAP and SLIDING FEE SCALE

No one who comes to PACT will be turned away because they are not able to pay for services

PACT receives funds specifically to support persons with HIV through the Ryan White Care Act. As a recipient of Ryan White funds, PACT will not charge you for services if your health care costs exceed an annual payment cap. This cap is a percentage of your annual income and limits the amount you can be charged by us for out-of-pocket medical expenses in a calendar year (January 1 – December 31). Also, persons with HIV are eligible for the Ryan White Sliding Fee Scale based on their annual gross income. Sliding Fee Scale limits the amount you can be charged by us for out-of-pocket expenses for each medical visit.

Table below is used to determine your **Ryan White Annual Cap and Sliding Fee** responsibility:

Discounted Fee Schedule and Patient Cap			
Annual Gross Individual Income	Percent of Federal Poverty Level (FPL)	Out-of-Pocket Fee per Office Visit at PACT	Annual Cap on Out-of-Pocket Charges
≤ \$12,880	≤ 100%	\$0	\$0
\$12,881 - \$25,760	101% - 200%	\$10	5% of Annual Gross Income
\$25,761 - \$38,640	201% - 300%	\$15	7% of Annual Gross Income
\$38,641 - \$64,400	301% ≤ 500%	\$20	10% of Annual Gross Income

Ryan White Annual Cap on Charges:
 Annual Gross Income \$ _____ X _____ % = \$ _____.

Ryan White Sliding Fee
 Your maximum out-of-pocket responsibility per billable visit is \$ _____.

Meeting the Ryan White Annual Cap
 Charges that count towards meeting the out-of-pocket cap include health insurance premiums, deductibles, co-payments, or similar cost-sharing charges. This includes charges for all HIV-related services regardless of where those services were provided. Please use the Tracking Sheet Form on the back of this page to track your out-of-pocket expenses.

When you reach your cap, PACT will not charge you for services for the remainder of the calendar year. If you have insurance, PACT will continue to bill your insurance for those services, but you will not be required to pay any out-of-pocket expense.

Patient Responsibility
 > Provide proof of income and complete Ryan White Eligibility documentation.
 > Provide proof of HIV-related expenses listed on the tracking sheet. Proof of payment is not required.

- Improve materials to educate clients on RW annual payment cap and sliding fee scale and client responsibility
- Client education tools updated to better complement direct client education provided by Social Work and Business Analyst
 - Revised imposition of charges flyer and schedule of charges posted in clinic
 - Created a RW Annual Payment Cap and Sliding Fee Scale client form
 - Includes tracking sheet to assist client in tracking charges imposed across other programs
- Proposed client education strategies
 - Utilize MyUPMC client portal to send information
 - Outreach to client by Project Analyst (new position pending)

Lessons Learned Overview

Lessons Learned

- Still learning...
- Guideline on Imposition of Charges that clearly details the process and responsibilities is essential
- Your Project Officer is a valuable resource
- Engaged and committed leadership essential for implementation
- Dedicated position to coordinate implementation and operation is vital
- Involving organization's billing and IT departments is important
- Being a part of a large healthcare system can add additional challenges due to the multiple parties/departments involved, each with their own processes and guidelines
- Multiple education strategies can increase client participation
- Consider ongoing quality improvement

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