

Agencies That Provide Billable Services

- Must have policy and procedures for Imposition of Charges, Sliding Fee Scale, and Cap on Services (out of pocket expenses?)
- Applies to billable services for which there is a payer source
- Applies to those services for which a distinct fee is typically billed within the local healthcare market
- If an agency charges health insurers (including Medicaid) for a service and will impose the same charge and provide a discount to uninsured clients using the service
- Income is being documented, even if household income is used to determine HRSA RWHAP eligibility
- Must be available to the public
- Based on established fees that are reasonable and necessary
- Sliding fee scale/schedule of charges shall not permit charges to clients with an income $\leq 100\%$ FPL and permits nominal fees for clients with income $>101\%$ FPL
- Nominal fee over \$1.00 is acceptable
- Based on individual income
- Must have a system to track imposed charges, means to cap imposed charges

IMPOSITION OF CHARGES

Agencies That Do Not Provide Billable Services

- Must have a policy that explains:
 - Imposition of Charges, stating they do not bill charges
 - Will not deny service based on inability to pay
 - Will not be referred to a collection agency
- Not required to monitor or implement a sliding fee scale

Sliding Fee Scale EXAMPLE

Client FPL	Fee
<100%	No Fee
101-200%	5% of fee
201-300%	10% of fee
301-400%	15% of fee
401-500%	25% of fee
>500%	100% of fee

Annual limitation on the amounts of charges (i.e., caps on charges) for Ryan White services is based on the percent of the clients annual income, as follows:

Client FPL	Cap on Out-of-Pocket Expenses
<100%	N/A (No Out-of-Pocket Expenses)
101-200%	Actual gross income multiplied by 5%
201-300%	Actual gross income multiplied by 7%
>300%	Actual gross income multiplied by 10%