HRSA
Health Resources & Services Administration

Imposition of Charges in Ryan White Part C Programs

2022 National Ryan White Conference on HIV Care and Treatment

August 23, 2022

Gail Glasser, MSWCP
Senior Project Officer, Division of HIV/AIDS Programs
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA Ryan White HIV/AIDS Program

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.

HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- **Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.**
- **Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.**
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- **Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.**
- **89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 65.5%[i].**

HRSA Ryan White HIV/AIDS Program

i. Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative (early release): National HIV Surveillance System data reported through December 2020; and pre-exposure prophylaxis (PrEP) data reported through September 2020. HIV Surveillance Data Tables [Table 5a] 2021;2(No. 2). http://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-2-no-2/index.html. Published March 2021.

Session Overview

- Describe the Ryan White HIV/AIDs Program (RWHAP) legislative requirements and program expectations as it relates to enrollment and eligibility, sliding fee scale, and cap on out of pocket charges
- Review the distinctions between schedule of charges, nominal fee, flat rate, and sliding fee scale

What is it, and Why is it Important?

- "Imposition of Charges" is a term used to describe all activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation
- It's the law!
  - Public Health Service Act Sections 2605(e), 2617(c), and 2664(e)(1)(B)(ii)
  - Based on individual (not family income)
  - Prohibits charges imposed on RWHAP patients with incomes below FPL
  - Requires charges imposed on RWHAP patients with incomes above FPL
  - Established annual caps on charges
- No RWHAP patient shall be denied service due to an individual's inability to pay
- HRSA RWHAP statute does not require that patients that fail to pay be turned over to debt collection agencies

The Basics

- Terminology
- Federal Poverty Level
- Statutory Requirement
  - Schedule of Charges
  - Cap on Charges
  - Imposition of Charges

Important Definitions

- **Fee Schedule: complete listing of billable services and their associated fees based on locally prevailing rates or charges. *A fee schedule is not a schedule of charges.* A fee schedule is not required by the RWHAP legislation, but having one in place is considered a best practice.**
- **Schedule of charges: fees imposed on the patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale).**
- **Nominal Charge: fee greater than zero.**

Important Definitions

- Federal Poverty Level (FPL): an economic measure used to determine eligibility for certain programs.
- Annual Gross Income
  - Gross Income: total amount of income earned from all sources during the calendar year before taxes.
  - Adjusted Gross Income: gross income less deductions.
  - Modified Adjusted Gross Income (MAGI): adjusted Gross Income plus certain deductions

Important Definitions

- 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.
- Waiver: recipients operating as free clinics (e.g. healthcare for the homeless clinics) have the option to waive the imposition of charges on RWHAP patients.
  - Because we do not fund any free clinics at this time under Part C , all recipients should be charging RWHAP patients over 100% FPL for services rendered, even if it is only $1.

Federal Poverty Level (FPL) Guidelines

- Federal Poverty Level (FPL) Guidelines are a measure of income
- Varies according to family size and their geographical location
- Commonly used to determine eligibility for certain programs and benefits
- HRSA RWHAP legislation refers to the FPL guidelines to define
  - Who should not have a charge imposed
  - Who should have a charge imposed
  - The cap on charges imposed on an individual during a calendar year
- Issued by HHS: https://aspe.hhs.gov/poverty-guidelines
- Providers are expected to update their systems each year to reflect the new guidelines

2022 FPL and Imposition of Charges

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$13,590
2	$18,310
3	$23,030
4	$27,750
5	$32,470
6	$37,190
7	$41,910
8	$46,630

- FPL is based on household size
- Imposition of charges is based on individual income as it relates to FPL
- Poverty level for an individual is $13,590
- HRSA RWHAP eligibility can be based on individual income or household income

Important FPL Point!

In the case of individuals with an income less than or equal to 100 percent of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant

FPL and CAP on Charges

- Who should not have a charge imposed
- Who should have a charge imposed
- FPL categories related to cap on charges imposed on an individual during a calendar year

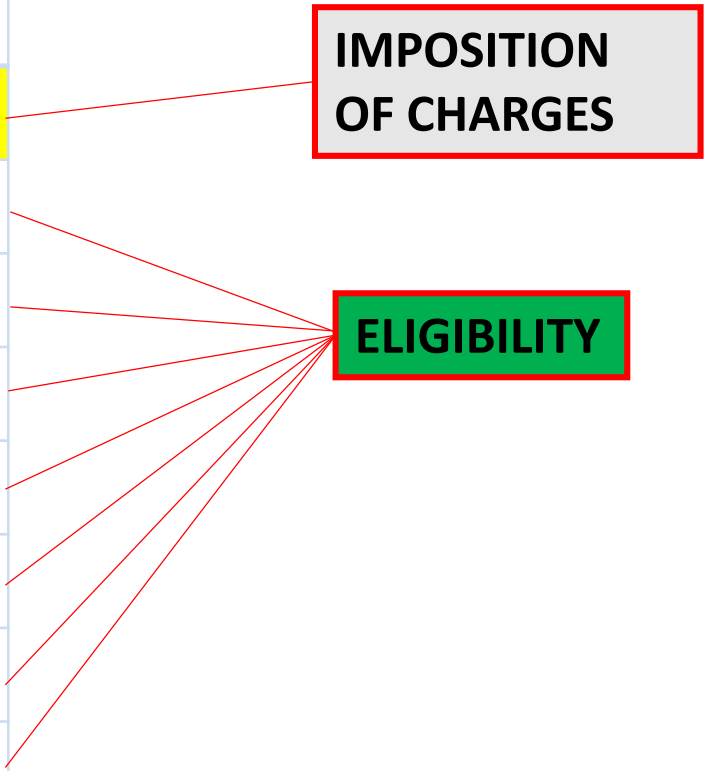
- Individuals with income ≤ 100% FPL
- Individuals with income >100% FPL or $13,590
- Individuals with income 101%-200% FPL $13,591-$14,949
- Individuals with income 201% FPL-300% FPL $14,950- $16,740
- Individuals with income >300%

$16,741- $18,135

HRSA Ryan White HIV/AIDS Program

2022 FPL: Eligibility vs. Imposition of Charges

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	$13,590
2	$18,310
3	$23,030
4	$27,750
5	$32,470
6	$37,190
7	$41,910
8	$46,630



Schedule of Charges- Statutory Language

in the case of individuals with an income greater than 100 percent of the official poverty line, the provider— (i) will impose a charge on each such individual for the provision of such services; and (ii) will impose the charge according to a schedule of charges that is made available to the public

Part C: See § 2664(e)(1) of the PHS Act

ASSESSMENT OF CHARGE.—With respect to compliance with the assurance made under paragraph (1), a grantee or entity receiving assistance under this subpart may, in the case of individuals subject to a charge for purposes of such paragraph—assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules and regarding limitations on the maximum amount of charges

Part C: See § 2664(e)(3) of the PHS Act

Schedule of Charges

- **Schedule of charges: Fees imposed on the patient for services based on the patient's annual gross income.**
  - **Prohibits fees imposed on individuals with income ≤ 100% FPL**
  - **Required fees be imposed on Individuals with income > 100% FPL**
- **Nominal Charge: fee greater than zero.**

Schedule of Charges, con't

- May not assess a charge on RWHAP patients with incomes at or below 100% FPL
- Must assess a charge on RWHAP patients with incomes above 100% FPL
- The schedule of charges must be publicly available
- Placement on the schedule of charges is based on individual annual gross income

Schedule of Charges – Other Considerations

- Applies to uninsured RWHAP patients only - insured RWHAP patients are not charged using schedule of charges, as the insurance company is billed the full price
- Since schedule of charges is based on individual annual gross income, each RWHAP patient's income must be documented, even if household income is used to determine HRSA RWHAP eligibility
- A RWHAP patient's placement on the schedule of charges will change if there is a change in an individual's annual gross income or the FPL Guidelines
- Examples of ways recipients/subrecipients may establish a schedule of charges for patients with incomes over 100% FPL:
  - Flat Rate – a single fee, regardless of service type
  - Varying Rate - fee or percentage discount based on income (sliding fee scale)

Schedule of Charges - Examples

FPL Category	Clinic A: Flat Rate Nominal Fee	Clinic B: Varying Rate (e.g. Sliding Fee Scale) Nominal Fee	Clinic C: Varying Rate (e.g. Sliding Fee Scale) Percent of Fee Schedule
<=100% FPL	$0	$0	0%
101-200% FPL	$5	$5	10%
201-300% FPL	$5	$10	20%
>300% FPL	$5	$25	100%

Cap on Charges – Statutory Language

in the case of individuals with an income greater than 100 percent of the official poverty line and not exceeding 200 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

in the case of individuals with an income greater than 200 percent of the official poverty line and not exceeding 300 percent of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 7 percent of the annual gross income of the individual involved; and

in the case of individuals with an income greater than 300 percent of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 10 percent of the annual gross income of the individual involved.

Part C: See § 2664(e)(2) of the PHS Act

CAP on Charges- What's Included

- *The aggregate of charges imposed for such services [during the calendar year] without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, copayments, coinsurance, or other charges*
- **Any charge for services provided with "assistance under the grant" for which a distinct fee is typically billed in the local health care market imposed by:**
  - **'You' the RWHAP provider**
  - **Other RWHAP providers**
- **Any charge for HIV-related care to the extent the charge is in the context of (or as a result of) a HRSA RWHAP service, or**
- **Payments made for items related to the RWHAP patient's HIV disease that have been recommended and documented by the provider**

Cap on Charges – Responsibilities

HRSA RWHAP Recipients

- Impose charges on RWHAP patients based on their schedule of charges
- Inform RWHAP patients of their cap and their responsibility to submit other HRSA RWHAP imposed charges and other related out-of-pocket payments
- Track other HRSA RWHAP imposed charges and other related out-of-pocket payments submitted by RWHAP patients
- Aggregate all charges
- Once the RWHAP patient's cap is met, it is the provider's responsibility to waive any additional charges for the remainder of the calendar year

HRSA RWHAP Patients

- Collect or track other HRSA RWHAP imposed charges and other approved out-of-pocket payments
- Submit other HRSA RWHAP imposed charges and other related out-of-pocket payments to HRSA RWHAP providers

Imposition of Charges Policy

- Schedule of charges that:
  - does not impose a charge to RWHAP patients with income at or below 100% FPL
  - imposes a charge to all RWHAP patients with income over 100% FPL
  - limits aggregate charges during the calendar year for all RWHAP patients (cap on charges)
- Process to capture documentation of RWHAP patient'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 patients and charges received from RWHAP patients through an accounting system
- Process to alert the billing system that a RWHAP patient's cap has been reached and should not be further charged for the remainder of the calendar year

Imposition of Charges Policy, Cont.

- Providers should make materials available to RWHAP patients, explaining their role in the imposition of charges
- Imposition of charges policy may be part of a larger organizational policy
- Providers should ensure staff are aware of and consistently following the established policies and procedures
- Recipients/subrecipients should include these requirements in their provider agreements (i.e. Memorandums of Understanding, contracts, etc.)

Determining Client Eligibility & Ensuring Payor of Last Resort in the RWHAP PCN-21-02

- Promote continuity of care
- Eliminate the six-month recertification requirement
- Streamline and differentiate RWHAP eligibility from payor of last resort requirements
- Affirmatively state that immigration status is irrelevant for the purposes of eligibility for RWHAP services

Contact Information

Gail Glasser, MSWCP

Senior Project Officer, Division of HIV/AIDS Program

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: GGlasser@hrsa.gov

Phone: 301 443 1214

Web: hab.hrsa.gov

Connect with the Ryan White HIV/AIDS Program

Learn more about our program at our new website:

www.ryanwhite.hrsa.gov

Sign up for the Ryan White HIV/AIDS Program Listserv:
https://public.govdelivery.com/accounts/USHHSHRSA/signup/29907

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

 Sign up for the HRSA eNews

FOLLOW US:

Strategies for Implementation

Deborah McMahon, MD; UPMC, Pittsburgh, PA

Maja Sarac, MHA; UPMC , Pittsburgh, PA

2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

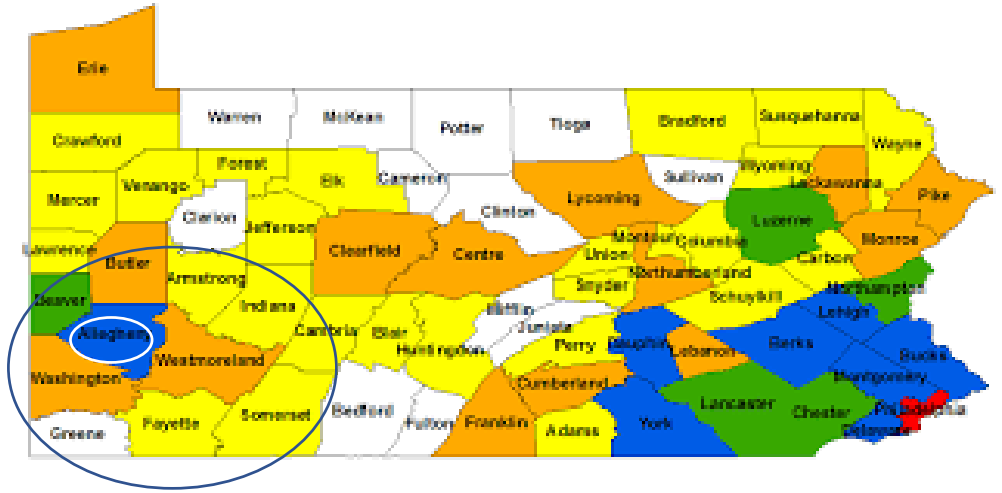
UPMC: Who We Are

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 patient's financial responsibility for services provided at UPMC for their HIV care
- Implement annual CAPs on the maximum financial responsibility that a patient with HIV would be responsible for in a 12-month calendar year.
- Once CAP is reached during the calendar year, patient will not be charged for further related services, but will still be eligible for care
- No patient shall be denied service due to their inability to pay

PACT's Model

Inputs	Activities	Outputs
Business Analysts	Complete enrollment and update EMR registration Receive and apply payment/adjustments to client bills Provide client education	Enrollment Form
Medical Case Managers	Determine RW eligibility Document client individual income	Schedule of Charges/Sliding Fee Scale
Database Manager	Create and maintain database to track eligible annual charges	Access database to track annual CAP
Administrative Director	Approve grant assistance payments Provide oversight of program	--
IT Department Revenue Cycle	Creating new processes within physician and hospital billing systems	EMR insurance build
Treasury	Post journal entry payments to client accounts	Grant assistance
Patient Participation	Provide proof of income and complete enrollment Track charges imposed across other programs	Patient award letter Patient tracking form

Outcomes:

- Compliance with RWHAP legislation requirements re: imposition of charges
- 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) funded by 340B savings
- 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

Schedule of Charges and CAP on Charges

- **Patients with an individual income less than or equal to 100% FPL are not charged for medical services**
- **Patients with an individual income over 100% FPL are assessed a yearly CAP and discount level**
- **Table used to determine the annual CAP, 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

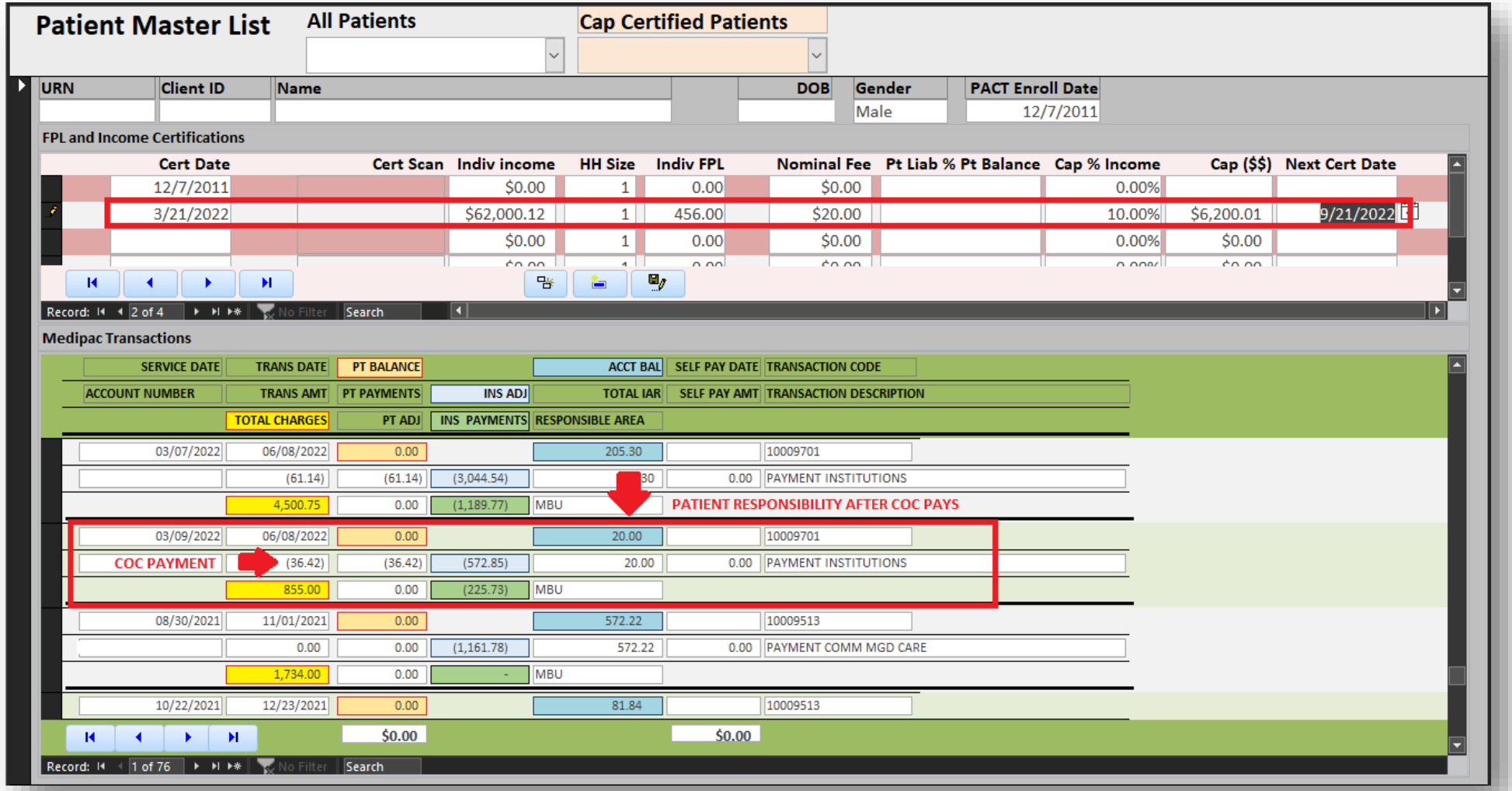
Annual CAP on Charges

- 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, patient is not charged for further related services
- UPMC Revenue Cycle continues to bill insurance for those services, but patient 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

Meeting the CAP

- Access Database was created for storing and tracking information of cumulative payments on patient accounts to determine when the patient meets yearly CAP
- Inputting patient's certification date and individual income, automatically populates patient'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
- Patients are responsible for tracking and reporting charges imposed across other programs

Meeting the CAP (continued)



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	

Record: 2 of 4 | No Filter | Search

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	

Record: 1 of 76 | No Filter | Search

Ryan White Client Eligibility Certification and Enrollment

- **Eligibility Criteria**
  - **HIV diagnosis upon initial determination**
  - **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 HAB 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**

Workflow

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 patient education materials during enrollment/recertification

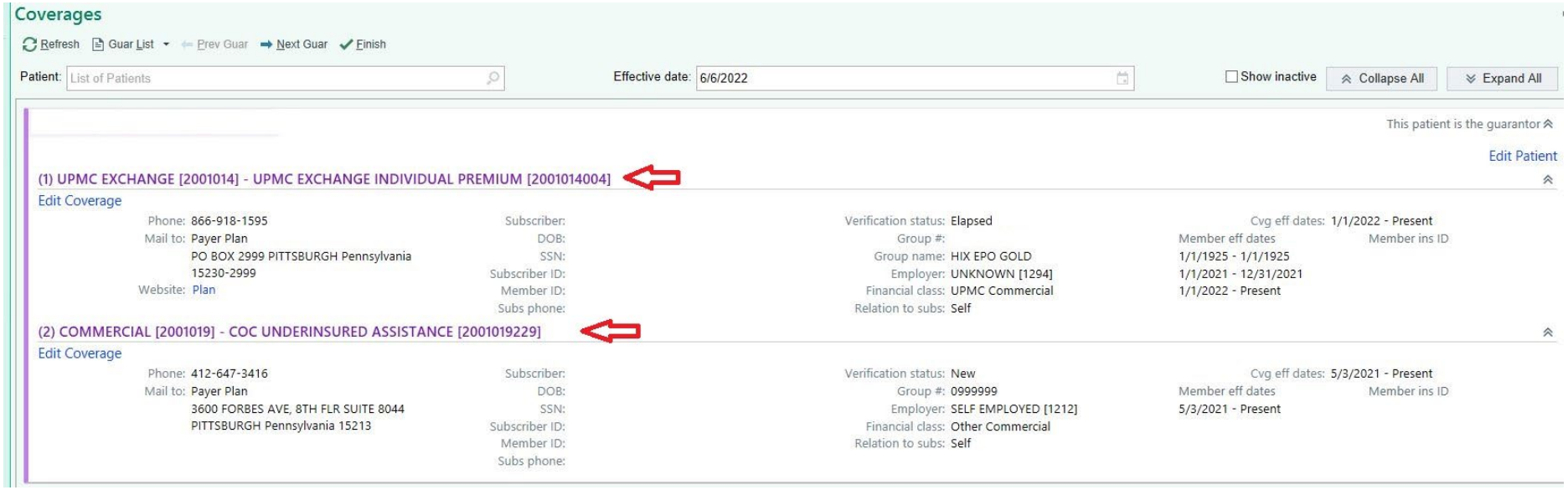
Business Analyst (BA) documents patient individual income and determines patient liability

- BA meets with patients to review patient’s CAP and discount level
- Patients are provided copy of their enrollment form, an award letter listing their assessed nominal fee and annual CAP, and tracking sheet

Workflow (continued)

Patient Insurance Coverage is updated in EMR

- BA attaches program insurance build to patient'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



Workflow (continued)

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

1.Patient responsibility is applied to patient CAP on out-of-pocket charges

- BA updates the Access database

Case Study 1

- **Person with HIV**
- **Individual Annual Income = $13,900**
- **FPL = 101-200%**

Percent of Federal Poverty Level (FPL)	Out-of-Pocket Fee per Office Visit at PACT	Annual CAP on Out-of-Pocket Charges
≤ 100%	$0	$0
101% - 200%	$10	5% of Annual Gross Income
201% - 300%	$15	7% of Annual Gross Income
301% ≤ 500%	$20	10% of Annual Gross Income

- **Annual CAP on Charges: $13,900 x 5% = $680**
- **Nominal Fee = $10**
- **Patient responsibility for HIV medical visit after UPMC Medicare Advantage Plan = $52.76**
- **Program pays the $42.76 difference between**
- **Billing department sends invoice to client for remaining $10.00**
- **$10 applied to annual CAP**

Case Study 2

- **Person with HIV**
- **Individual Annual Income = $0**
- **FPL < 100 %**

Percent of Federal Poverty Level (FPL)	Out-of-Pocket Fee per Office Visit at PACT	Annual CAP on Out-of-Pocket Charges
≤ 100%	$0	$0
101% - 200%	$10	5% of Annual Gross Income
201% - 300%	$15	7% of Annual Gross Income
301% ≤ 500%	$20	10% of Annual Gross Income

- **Annual CAP on Charges = $0**
- **Nominal Fee = $0**
- **Patient has commercial insurance as a student, which requires $27.78 co-insurance for HIV-related medical visits**
- **Program assists with 100% of out-of-pocket patient responsibility since the patient's income is less than 100% FPL, leaving no patient responsibility**

Case Study 3

- Person with HIV
- Patient is assessed for insurance and does not currently have insurance options
- Individual Annual Income = $25,944
- FPL = 201 – 300%

Percent of Federal Poverty Level (FPL)	Out-of-Pocket Fee per Office Visit at PACT	Annual CAP on Out-of-Pocket Charges
≤ 100%	$0	$0
101% - 200%	$10	5% of Annual Gross Income
201% - 300%	$15	7% of Annual Gross Income
301% ≤ 500%	$20	10% of Annual Gross Income

- Annual CAP on Charges = $25,944 x 7% = $1,816
- Nominal Fee = $15
- Patient completes lab work; full charge is $311.50
- Grant pays $296.50
- Patient is charged $15, and amount applied to CAP

Barriers and Lessons Learned

Barriers

- Lack of blueprint to follow for program of our size
- Initial interpretation of HRSA definitions and requirements led to confusion in program development
- Social Worker-centered model
  - Limited resource: PACT has 3 SWs
- 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.
- Patient participation
  - Program is not easily understood by some patients

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 patient participation
- Consider ongoing quality improvement

Resource List

- **Your HRSA HAB Project Officer**!
- **BPHC's requirements:** https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html#titletop
- **Federal Poverty Level:** https://aspe.hhs.gov/poverty-guidelines
- **Percentage of FPL Table:** http://www.needymeds.org/poverty-guidelines-percents
- **FPL Calculator:** https://www.needymeds.org/FPL_Calculator
- **CMS Fee Schedule:** https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html
- **TARGET Center:** https://targethiv.org/
- **HRSA HAB Website:** https://hab.hrsa.gov
- **Statutory References:**
  - RWHAP: Sections 2605(e), 2617(c), and 2664(e) of the PHS Act
  - BPHC: Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

UPMC Contact Information

- Project Director (D. McMahon): mcmahond@pitt.edu; 412-383-1675
- Project Coordinator (M. Sarac): saracm@upmc.edu; 412-864-5583