



Indiana
Department
of
Health



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

Program Income Webinar

June 22, 2021



Helpful Hints

- Press "esc" to exit full screen
- Hover over the top to change "view" options
- Place yourself on "mute" until you're ready to pose a question or make a comment
- Use the "chat" room to pose questions and make comments
- Meeting will be recorded and available for sharing after the meeting

- Please enter the agency name and list all participants in the "chat" room



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Presenters

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Ryan White HIV/AIDS Program Income Overview

Portia Duff

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MARION COUNTY PUBLIC HEALTH DEPARTMENT
RYAN WHITE
HIV SERVICES PROGRAM

Objectives

- Understanding Program Income
- HRSA/HAB resources for Program Income
- Compliance with requirements
- Do's and Don'ts for Program Income
- Allowable Costs
- Differences between the Ryan White Parts

Program Income

RWHAP recipients and subrecipients may generate higher levels of program income from 340B pharmaceutical rebates, third-party reimbursements, Medicaid expansion, etc.

Resources available:

- Policy Clarification Notice (PCN) 15-03
- Frequently Asked Questions (FAQ)
- Monitoring and Technical Assistance (TA) about tracking, spending, and reporting program income generated by RWHAP grants and cooperative agreements

HIV/AIDS Bureau Vision and Mission

VISION

Optimal HIV/AIDS care and treatment for all

MISSION

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Indiana Department of Health Mission and Vision

MISSION

To promote, protect, and improve the health and safety of all Hoosiers.

VISION

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Marion County Public Health Department Vision and Mission

VISION

Healthy People and Families Living
in Healthy Neighborhoods

MISSION

To Promote Physical, Mental, and
Environmental Health, and Prevent
Disease, Injury, and Disability



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.

Program Income Definition

In accordance with 45 CFR § 75.2

Program Income:

Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided on 45 CFR § 75.307(f).

What is Program Income?

- Gross income earned by the non-Federal entity directly generated by a supported activity
- Earned as a result of the Federal award during period of performance.
- Funds received as a result of back billing from Medicaid.
- “Additive” alternative for the use of program income.
- Program Income must be used for the purposes and services and detailed in the Federal award.

Examples of Program Income

- The difference between the third-party reimbursement and the 340B drug purchase price.
- Funds received by billing public or private health insurance for services provided to eligible RWHAP clients.
- Fees, payments, or reimbursements received under Medicare, Medicaid, or Children's Health Insurance Program.
- Charges imposed on clients for services, as required by RWHAP legislation, Parts A, B, and C.
- Tuition or participant fees for training programs developed and/or presented under the award.

340B and Program Income

- All 340B generated revenue is considered program income.
- If RWHAP grant is sole Federal award that makes an organization eligible as a 340 B Drug Pricing Program covered entity (e.g., Part C) and all purchases for pharmaceuticals via 340B pricing, all the program income should be attributed to the RWHAP grant.
- When an entity is 340B eligible and purchases pharmaceuticals via 340B pricing under multiple awards, the recipient must use a reasonable allocation method for the attribution of costs and program income, and be able to document the methodology used.

Purpose of Rebates

- Rebates may ONLY be used for the purposes and under the conditions of the RWHAP Part B Program.
- These statutorily-permitted purposes include:
 - ADAPs
 - Core Medical Services
 - Support Services
 - CQM
 - Administrative expenses, including planning and evaluation

Allowable Uses of Rebates

- State match requirement
- State MOE requirement
- Costs for allowable services that exceed the RWHAP Part B implementation work plan

What is Not Program Income

- Other Federal (including RWHAP) grant awards or subawards.
- Interests earned on advances of Federal funds.
- Refunds for overpayments for goods and services, or the return of a product. (To the extent that refunds relate to allowable costs, they must be credited to the RWHAP award either as a cost reduction or cash refund, as appropriate.)
- The reduced 340B price a covered entity received on the purchase of a medication (it is, instead, a discount).

How can Program Income be used?

For Parts A, B, and C, program income must be used for:

- Core medical and support services
- Clinical quality management (CQM)
- Administrative expenses (including planning and evaluation) as part of a comprehensive system of care for low-income individuals living with HIV

Use of Program Income

Program Income can be utilized for the following:

- Support activities in excess of a cap that is imposed directly by the RWHAP, as such costs that are otherwise allowable.
- Pay for any medically necessary services which Medicaid does not cover or only partially covers, as well as premiums, co-pays, and any required deductibles otherwise allowable under the RWHAP award.
 - Program income (RWHAP funds) may be used to cover eligible services (defined in PCN 16-02, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds) if those services are not covered or are only partially covered under Medicaid, even when those services are provided at the same visit as Medicaid-covered service.

Disallowed Uses of Program Income

Program Income can not be used for the following:

- Supplementing staff salaries in excess of the salary rate limitation.
 - Regulations limit the salary rate that may be awarded and charged to HHS grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. (This salary rate limitation also applies to RWHAP subrecipients.)

Proportional Program Income

- If Ryan White funding is being used to support a billable service, then Ryan White would be eligible for the same proportional share of program income earned as a result of that service.
- **Example:** an agency is receiving Ryan White funding to cover 25% of a Nurse Practitioner's salary to provide OAHS. Any third-party funds (insurance) received as a result of that staff is considered program income. Therefore, 25% of those funds must be set aside for the Ryan White Part that funded the program.

Proportional Program Income

- **OR:** an agency can determine the total amount of third-party (insurance) collected by their entire OAHS program and then allocate PI based on the percentage of funding from each source. For example, if an agency's entire OAHS third-party reimbursement is \$100,000 and the percentage of the OAHS program funded by one of the Ryan White Parts is 25%, then \$25,000 of that PI would be allocated to the Part that funded the OAHS Program.
- While either method is acceptable, the agency must have a policy that outlines and explains the methodology used to determine PI, how it is tracked and how the PI funds are allocated.
- This would eliminate the need to track individual providers within the OAHS.

Proportional Program Income

Considerations for Part A or C:

- An agency is billing based on a fee-for-services method for OAHS by Part A and/or C based on their calculated cost to provide a unit of service (including staffing, fringe, administration, etc.). It is assumed that the cost is based on actual costs and/or reconciliation. Then the agency providing the service must determine what percentage of the entire OAHS program is being funded by Part A and/or C and allocate any PI received by the program based on that percentage.
- If it is determined at the end-of-year reconciliation that the per unit costs that were billed to Part A and/or C exceeded the actual cost of providing the service, then the overage would be considered program income. The agency would need to provide information on how those overages were spent. This is to ensure that an agency is not making a profit from the utilization of Federal funds.

Sources of Program Income

- Charges imposed on clients for services as required by Ryan White HIV/AIDS Program Parts A, B and C legislation
- The difference between the third-party reimbursement and the 340B drug purchase price.

Refunds vs. Credit

- According to 45 CFR § 75.406, refunds are one of many types of applicable credits.
- A credit offsets or reduces expense items charged to a Federal award.
- Credits include purchase discounts, rebates, or allowances, recoveries or indemnities on losses, insurance refunds or rebates, and adjustments of overpayments or erroneous charges.

Imposition of Charges

It's Not Just an Imposition,
It's the Law!

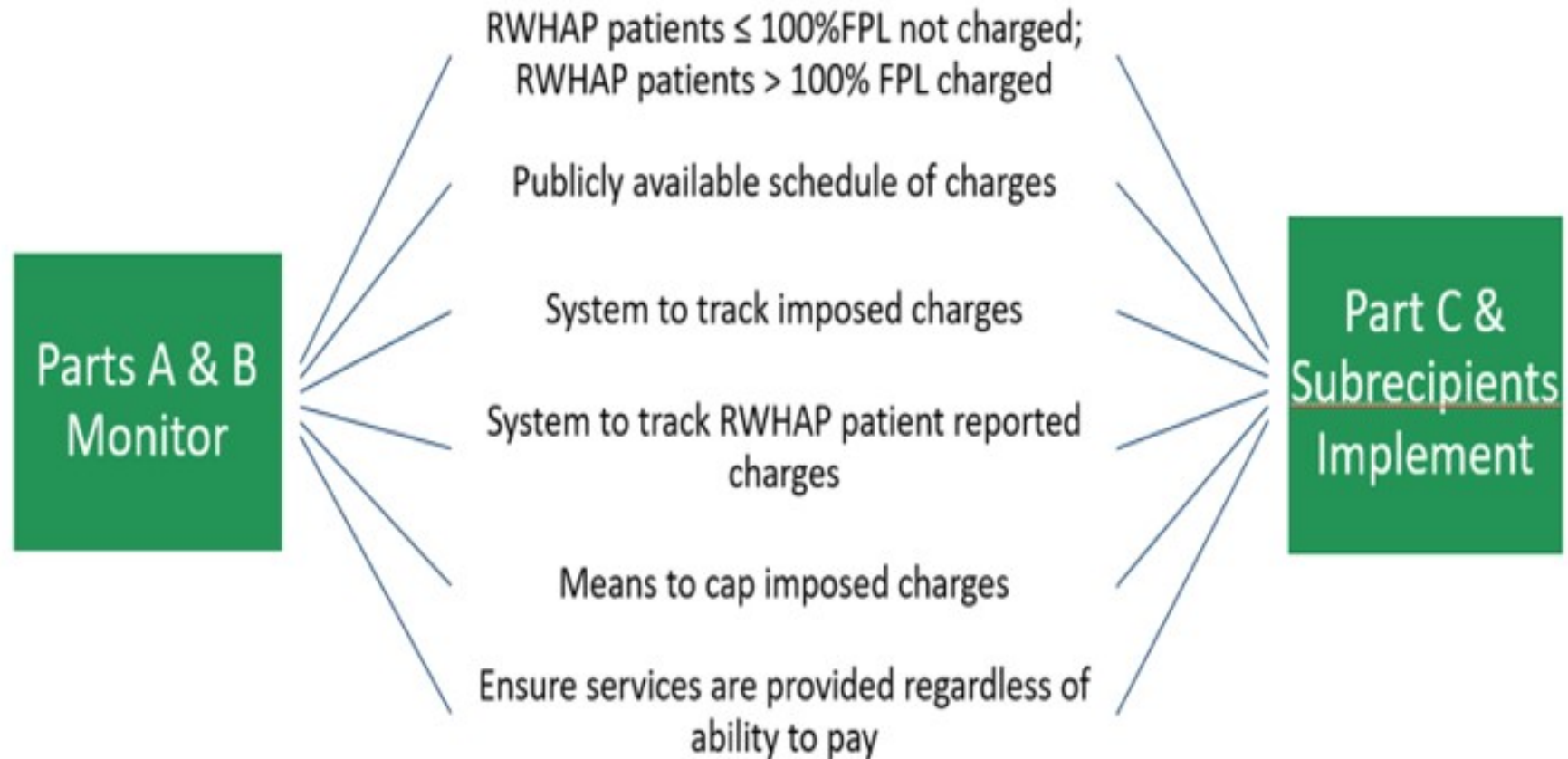
What is Imposition of Charges and Why is it Important?

- “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 Sec. 2605(e), 2617(c), and 2664(e)(1)(B)(ii)
 - Based on individual (not family income)
 - Prohibits charges on RWHAP patients with incomes below FPL
 - Requires charges on RWHAP patients with incomes above FPL
 - Established annual caps on charges
- No RWHAP patient shall be denied service due to inability to pay
- HRSA RWHAP statute does not require that patients who fail to pay be turned over to debt collection agencies

Applicability and Implementation

- Legislative language pertaining to services and applicability:
 - Part A: services with assistance provided under the grant
 - Part B: services with assistance provided under the grant
 - Part C: early intervention services under the grant
- Imposition of Charges applies to those services for which a distinct fee is typically billed within the local health care market
- This is practical, implementable, and in alignment with other Federal programs
- Applies to all HRSA RWHAP Parts A, B, and C; it does not apply to Part D or ADAP

Role of HRSA RWHAP Parts in Imposition of Charges



Waiver for Imposition of Charges

- There will be no waivers granted as there are no clinics operating as free clinics
- All subrecipients should be charging RWHAP patients over 100% FPL for services rendered, even if it is only \$1.00

Important Terminology

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, and is a requirement of BPHC grant recipients.

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 flat rate or a varying rate (e.g., sliding fee scale).

Nominal Charge: fee greater than zero.

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.

Important Terminology

Waiver: recipients operating a free clinics (e.g., healthcare for the homeless clinics) have the option to waive the imposition of charges on RWHAP patients.

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.

Federal Poverty Level (FPL)

- IDOH Part B and MCPHD Part A and C
 - 300% FPL
- FPL is updated each year to reflect new guidelines
- New FPL guidelines are issued each year by HHS here: <https://aspe.hhs.gov/poverty-guidelines>
- 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 the calendar year

2021 FPL and Imposition of Charges

Persons in Family/Household	Poverty Guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
9	\$49,200
10	\$53,740

- 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 \$12,140
- HRSA RWHAP eligibility can be based on individual income or household income.

Converting Percentage of FPL to Income

FAMILY SIZE	Monthly Income		% FEDERAL POVERTY LEVEL	2021 HHS Poverty Guidelines 48		CAP ON CHARGES
1	0.00	- 1,073.82	0 - 100%		\$0	No Charge
1	1,073.83	- 1,611.24	101 - 150%	\$12,880.00	\$1	Not to exceed 5% annual gross income
1	1,611.25	- 2,147.66	151 - 200%		\$2	Not to exceed 5% annual gross income
1	2,147.67	- 2,685.07	201 - 250%		\$3	Not to exceed 7% annual gross income
1	2,685.08	- 3,221.49	251 - 300%		\$4	Not to exceed 7% annual gross income
1	3,221.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
2	0.00	- 1,452.49	0 - 100%	\$17,420.00	\$0	No Charge
2	1,452.50	- 2,179.24	101 - 150%		\$1	Not to exceed 5% annual gross income
2	2,179.25	- 2,904.99	151 - 200%		\$2	Not to exceed 5% annual gross income
2	2,905.00	- 3,631.74	201 - 250%		\$3	Not to exceed 7% annual gross income
2	3,631.75	- 4,357.49	251 - 300%		\$4	Not to exceed 7% annual gross income
2	4,357.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
3	0.00	- 1,830.16	0 - 100%	\$21,960.00	\$0	No Charge
3	1,830.17	- 2,745.24	101 - 150%		\$1	Not to exceed 5% annual gross income
3	2,745.25	- 3,660.32	151 - 200%		\$2	Not to exceed 5% annual gross income
3	3,660.33	- 4,575.41	201 - 250%		\$3	Not to exceed 7% annual gross income
3	4,575.42	- 5,490.49	251 - 300%		\$4	Not to exceed 7% annual gross income
3	5,490.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
4	0.00	- 2,208.83	0 - 100%	\$26,500.00	\$0	No Charge
4	2,208.83	- 3,313.24	101 - 150%		\$1	Not to exceed 5% annual gross income
4	3,313.25	- 4,417.66	151 - 200%		\$2	Not to exceed 5% annual gross income
4	4,417.67	- 5,522.07	201 - 250%		\$3	Not to exceed 7% annual gross income
4	5,522.08	- 6,626.49	251 - 300%		\$4	Not to exceed 7% annual gross income
4	6,626.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
5	0.00	- 2,587.49	0 - 100%	\$31,040.00	\$0	No Charge
5	2,587.50	- 3,881.24	101 - 150%		\$1	Not to exceed 5% annual gross income
5	3,881.25	- 5,174.99	151 - 200%		\$2	Not to exceed 5% annual gross income
5	5,175.00	- 6,468.74	201 - 250%		\$3	Not to exceed 7% annual gross income
5	6,468.75	- 7,762.49	251 - 300%		\$4	Not to exceed 7% annual gross income
5	7,762.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
6	0.00	- 2,965.16	0 - 100%	\$35,580.00	\$0	No Charge
6	2,965.17	- 4,448.24	101 - 150%		\$1	Not to exceed 5% annual gross income
6	4,448.25	- 5,930.32	151 - 200%		\$2	Not to exceed 5% annual gross income
6	5,930.33	- 7,413.41	201 - 250%		\$3	Not to exceed 7% annual gross income
6	7,413.42	- 8,895.49	251 - 300%		\$4	Not to exceed 7% annual gross income
6	8,895.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
7	0.00	- 3,343.82	0 - 100%	\$40,120.00	\$0	No Charge
7	3,343.83	- 5,016.24	101 - 150%		\$1	Not to exceed 5% annual gross income
7	5,016.25	- 6,687.66	151 - 200%		\$2	Not to exceed 5% annual gross income
7	6,687.67	- 8,360.07	201 - 250%		\$3	Not to exceed 7% annual gross income
7	8,360.08	- 10,031.49	251 - 300%		\$4	Not to exceed 7% annual gross income
7	10,031.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
8	0.00	- 3,722.49	0 - 100%	\$44,660.00	\$0	No Charge
8	3,722.50	- 5,584.24	101 - 150%		\$1	Not to exceed 5% annual gross income
8	5,584.25	- 7,444.99	151 - 200%		\$2	Not to exceed 5% annual gross income
8	7,445.00	- 9,306.74	201 - 250%		\$3	Not to exceed 7% annual gross income
8	9,306.75	- 11,167.49	251 - 300%		\$4	Not to exceed 7% annual gross income
8	11,167.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
9	0.00	- 4,101.16	0 - 100%	\$49,200.00	\$0	No Charge
9	4,101.17	- 6,152.24	101 - 150%		\$1	Not to exceed 5% annual gross income
9	6,152.25	- 8,202.32	151 - 200%		\$2	Not to exceed 5% annual gross income
9	8,202.33	- 10,253.41	201 - 250%		\$3	Not to exceed 7% annual gross income
9	10,253.42	- 12,303.49	251 - 300%		\$4	Not to exceed 7% annual gross income
9	12,303.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income
10	0.00	- 4,479.83	0 - 100%	\$53,740.00	\$0	No Charge
10	4,479.83	- 6,720.24	101 - 150%		\$1	Not to exceed 5% annual gross income
10	6,720.25	- 8,959.66	151 - 200%		\$2	Not to exceed 5% annual gross income
10	8,959.67	- 11,200.07	201 - 250%		\$3	Not to exceed 7% annual gross income
10	11,200.08	- 13,439.49	251 - 300%		\$4	Not to exceed 7% annual gross income
10	13,439.50	> 300%	>300%		FULL CHARGE	Not to exceed 10% annual gross income

Schedule of Charges – Layman's Terms

- **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 $\leq 100\%$ **FPL**
 - Required fees be imposed on individuals with income $> 100\%$ **FPL**
- **Nominal Charge:** fee greater than zero.

Schedule of Charges – Requirements

- 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.

Cap on Charges – Layman's Terms

- **Cap on Charges:** limitation on aggregate charges imposed during the calendar year based on RWHAP patient's annual gross income.
- Cap on charges is based on income as a percentage of FPL:
 - 101-200% FPL – 5% cap
 - 201-300% FPL – 7% cap
 - >300% FPL – 10% cap

Calculating Cap on Charges

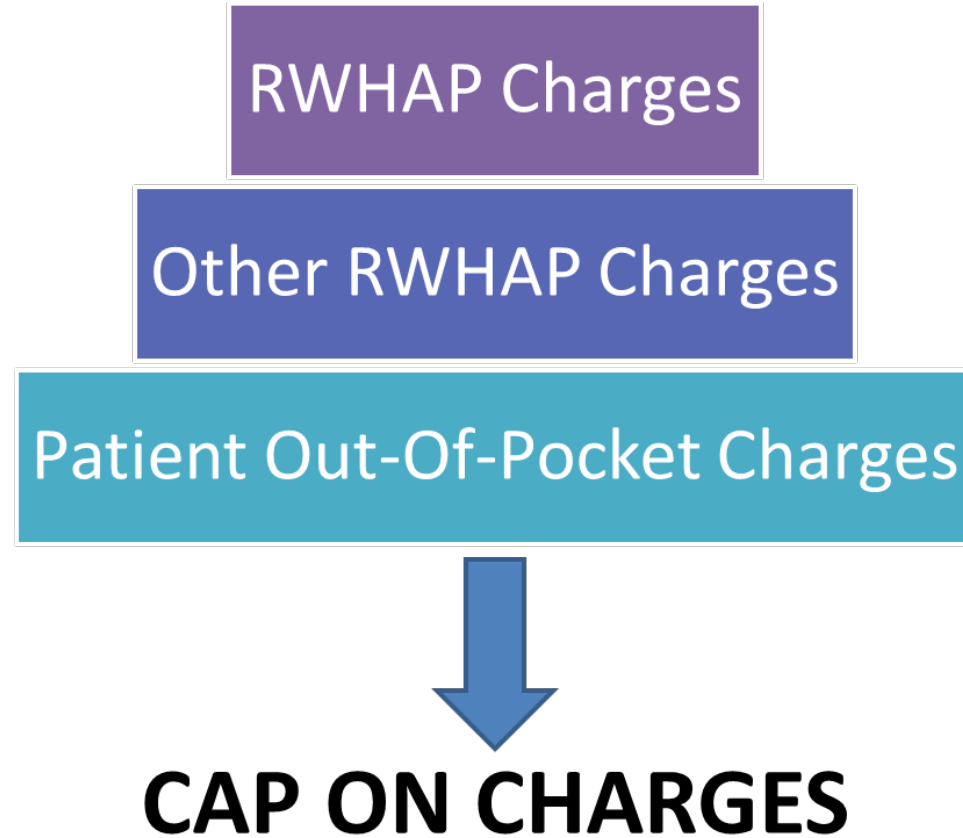
Example: Patient with annual income of \$18,000

$$\begin{array}{r}
 \$18,000 \\
 \times \quad .05 \\
 \hline
 \$900
 \end{array}$$

HRSA RWHAP FPL Categories	HRSA RWHAP Cap on Charges (Percent of Income)
≤100% FPL	0%
101-200% FPL	5%
201-300% FPL	7%
>300% FPL	10%

2021 Income Equivalent
≤\$12,880
\$12,881-\$25,760
\$25,761-\$38,640
>\$38,640 FULL CHARGE

Aggregate Applicable Charges



Cap on Charges – Requirements

- Calculate each RWHAP patient's annual cap based on their individual annual gross income
- Inform the patient of their cap and their responsibility to track all charges
- Aggregate/add up or track all applicable charges
- Stop imposing charges on RWHAP patient when cap is met

Cap on Charges – Other Considerations

- The calculated cap on charges will change if there is a change in an individual's annual gross income or the FPL Guidelines
- Since cap on 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
- Cap on charges applies to all HRSA RWHAP patients, regardless of income or healthcare coverage
- Based on charges imposed on the RWHAP patient, not the actual fee for service
- Applies when services are rendered – not upfront
- Based on the calendar year

Imposition of Charges Policy

- 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.)

RWHAP Patient Engagement Strategies

- Provide RWHAP patients with information and/or tools to help them do their part
- Identify routine opportunities to ask RWHAP patients about income and other imposed charges
 - In some instances, a change in a RWHAP patient's income can change their placement on the schedule of charges
 - A change in RWHAP patient's income can change their cap on charges
 - Ask RWHAP patient for other HRSA RWHAP charges that have been imposed

Resources

Imposition of charges glossary of terms:

- [https://targethiv.org/sites/default/files/supporting-files/Glossary of Imposition of Charges Terms v4.pdf](https://targethiv.org/sites/default/files/supporting-files/Glossary%20of%20Imposition%20of%20Charges%20Terms%20v4.pdf)

HRSA Program Income Overview slide presentation:

- [https://targethiv.org/sites/default/files/supporting-files/RW2016 Program Income %26 45 CFR 75 1-12-17.pdf](https://targethiv.org/sites/default/files/supporting-files/RW2016%20Program%20Income%20%26%2045%20CFR%2075%201-12-17.pdf)

Imposition of Charges slide presentation:

- [https://targethiv.org/sites/default/files/supporting-files/Glossary of Imposition of Charges Terms v4.pdf](https://targethiv.org/sites/default/files/supporting-files/Glossary%20of%20Imposition%20of%20Charges%20Terms%20v4.pdf)



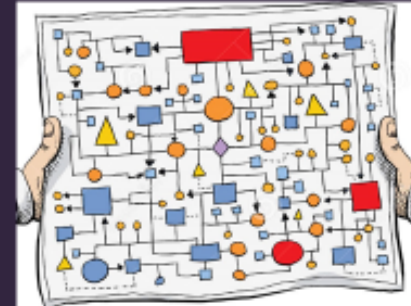
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Program Income
Ryan White HIV/AIDS Program

It's Complicated!



Bookkeeping Plus can assist your agency in identifying current and potential sources of program income.



I encourage you to ask questions today and to call Bookkeeping Plus with your questions as you go along.

Examples of Program Income

- Every agency will differ in how they produce program income
- Do you know what are your current sources of program income?
- We can help you determine what constitutes your sources—and even talk about new potential sources for you
- Let's look at five common examples of program income

340B Pharmacy Net Proceeds

- Earnings from the pharmacy formulary less the cost of the medication and other expenses associated with the 340B program.
- Let's say you receive \$15,000 in pharmacy income in a month and the cost is \$11,000.
- The \$4,000 net proceeds is program income.



Sale of Furnishings, Equipment, and Supplies

- Proceeds received from the sale of furnishings, equipment, and other grant supplies valued at less than \$5,000, originally purchased with federal grant funds.
- Example: if an agency purchases freezers, exam tables, or furniture and later sells them, the money earned from the sale is program income.
- Purchases of assets over \$5,000 with federal grant funds are not to be sold without permission of the granting agency, and are typically given to a like-kind agency when no longer used.

Fees from Ineligible Patient

If the agency treats a patient who is assumed to be Ryan White eligible, collects a fee, and later finds out the patient is not eligible for Ryan White, the fee and/or billing collected is program income.





Third Party Reimbursements

- Reimbursements for services provided by a third party such as private health insurance, Medicaid, Medicare, etc.
- For example, if the Ryan White grant is charged \$100 for a provided service and insurance later reimburses for \$75, the \$75 is program income.

Net Proceeds on a Service

- The net proceeds from a fee for a service is program income.
- For example, if the fee for a procedure is \$100 and the costs (staff pay and benefits, supplies, indirect expenses, etc.) total \$85, then \$15 is program income.



TIMING: When to use Program Income

- Program income must be used in the same grant term (fiscal year) in which it is received, except for the 4th quarter. Program income from the 4th quarter can be used in the next quarter.
- Program income must be used BEFORE grant funds are used.
- Best practice would be to track program income on a quarterly basis and spend it in the next fiscal quarter.

Tracking Program Income in Excel

- Program Income Received
- Uses of Program Income
- Summary: Net Program Income Remaining

PROGRAM INCOME RECEIVED

- The workbook contains a tab called Program Income Received. This spreadsheet is for tracking how much program income is generated from each of the agency's different sources.
- Enter each Program Income transaction on a separate row. The template will automatically calculate total income at the bottom.

Program Income Received						
Service Category	Patient Name/ID if applicable	Source/Description	Date	Amount (Income)	Grant Billing Impacted? Y/N	Comments/Explanation
PSYSSOC	Patient ID 402959	Insurance reimbursement	5/15/2021	50.00	Y	March 2021 billing
NMCMGT0	Various (Avita)	340b net proceeds	5/31/2021	1,452.16	N	per monthly report
MENTALH		Insurance reimbursement	6/12/2021	75.00	y	April 2021 billing
EFAFOOD	Asset tag 1529	Sale of refrigerator	6/15/2021	400.00	Y	originally purchased February 2019
Total Program Income Received:				\$ 1,977.16		

Program Income Received

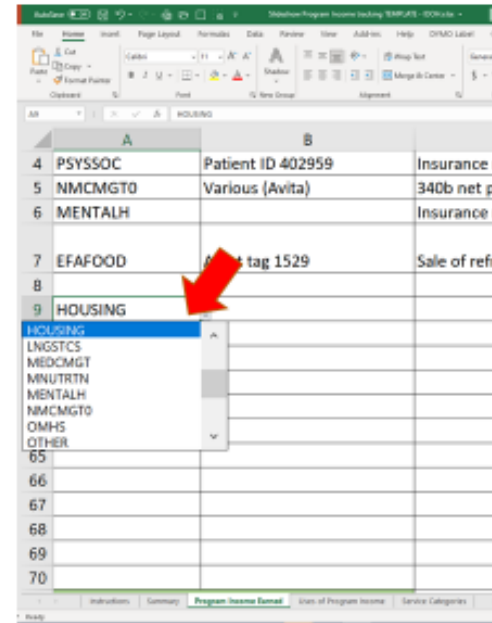
Note: Some blank rows on this slide have been hidden for presentation purposes

Fields in *Program Income Received* Spreadsheet

- In the **Service Category** field, use the drop-down box to select a service category. You must select a service category for each line of data entry.
- Enter information in the **Patient Name/ID** field as applicable. This field may not be used in all cases; patient names might not be entered due to privacy restrictions.
- In the **Source/Description** field, enter the source of the program income. Examples: Insurance reimbursements, 340B net proceeds, asset sales, and differences between fees charged and the cost of providing a service.
- Enter the date of the transaction in the **Date** field.
- In the **Amount (Income)** column enter the dollar value of the transaction. Make sure you have documents to support the amount entered (receipts, insurance statements, 340B reports, etc.)
- Enter Yes or No in the **Grant Billing Impacted** column. Program income is to be used before grants are billed. In the case of insurance reimbursements, for example, you may bill a grant for services provided and receive the reimbursement 90 days later.
- In the **Comments/Explanation** field, enter any additional information that will assist in tracking program income. If the grant billing is impacted, it would be helpful to identify the month the grant was originally billed for the charges. For asset sales, the original date of purchase should be included.
- Totals are calculated at the bottom of this tab that feed to the SUMMARY tab to assist in identifying program income totals by service category for grant billing purposes.

Using the Service Category Drop-Down List

- The worksheets for Program Income Received and Uses of Program Income have a pre-programmed list of the Service Categories that you can choose when making a new entry.
- Click on the new cell in the Service Category column and then click on the drop-down arrow that appears to the right of the cell.
- Scroll down until you see the category you want, and click to select it.



Service Categories

- The last tab in the workbook contains the list of Service Categories that appear on the drop-down list in the Service Category column of the Program Income Received and Uses of Program Income tabs.
- Call Bookkeeping Plus if you need help in editing or adding a category to this table on the Service Categories tab. Changes you make will automatically appear on the drop-down lists of the Program Income Received and Uses of Program Income tabs.
- After making changes to the Service Categories table, you must contact Bookkeeping Plus for assistance in updating the Summary tab for new service categories.

Column1
ADMIN
EFAFOOD
EFAHOUS
EFAUTIL
EIS
FOODBANK
HOUSING
LNGSTCS
MEDCMGT
MNUTRTN
MENTALH
NMCMGTO
OMHS
OTHER
OUTRRCH
OTPTAMB
PSYSSOC
REFFRL
SATXOPT
SATXRES
TRNSPT

USES OF PROGRAM INCOME

- The next spreadsheet in the workbook is the Uses of Program Income tab.
- The purpose of this tab is to enter and track how program income is used by the agency.
- Enter each expenditure of program income on a new row. The sheet will automatically total it at the bottom.
- Once you have used all the program income received by the agency, you can bill grants directly for allowable expenses.

Uses of Program Income						
Service Category	Vendor Name	Item Name/Description	Date	Cost	Grant Billing Impacted? Y/N	Comments/Explanation
FOODBANK	Kroger	food pantry purchase	5/1/2021	367.15	Y	reduced May 21 billing
PSYSSOC	Counseling Inc	counseling services	5/12/2021	45.00	Y	reduced May 21 billing
OUTRRCH	Faith Church	venue rental	6/1/2021	150.00	Y	Community engagement event; reduced June 21 billing
	Speedway	gas gift cards	6/2/2021	50.00	Y	
Total Uses of Program Income:				\$ 612.15		

Uses of
Program Income

Note: Some blank rows on this slide have been hidden for presentation purposes



Fields in *Uses of Program Income* Spreadsheet

- In the **Service Category** field, use the drop-down box to select a service category. You must select a service category for each line of data entry.
- In the **Vendor Name** field, enter the appropriate information for each expense.
- In the **Item Name/Description** field, enter details about the expense. Keep in mind that program income must be used for expenses that are normally allowed under the terms of the original grant contract; you may not use program income for otherwise unallowable expenses or for new construction.
- Enter the date of the transaction in the **Date** field.
- In the **Cost** column, enter the dollar value of the transaction. Make sure you have documents to support the amount entered (original vendor receipts or invoices).
- Enter Yes or No in the **Grant Billing Impacted** column. Program income is to be used before grants are billed.
- In the **Comments/Explanation** field, enter any additional information that will assist in tracking how program income is used. If the grant billing is impacted, you should identify the month the grant billing is adjusted and include a copy of this template with the grant billing.

SUMMARY (of net program income received and used)

- The Summary tab is populated automatically from the data you entered on the Program Income Received and Used Income tabs.
- The purpose of this tab is to provide a summary of all program income received and used during the period. Totals are calculated at the bottom of the Summary tab.
- The totals are compared to the totals from the Program Income Received and Used tabs. If there is a difference highlighted in yellow, you need to check the other tabs to make sure that you selected a service category for each line.

Agency Name: [REDACTED]			
Program Income Summary			
Grant Period: [REDACTED]			
Service Category	Program Income Received	Program Income Used	Net Proceeds
ADMIN	-	-	-
EFAFOOD	400.00	-	400.00
EFAHOUS	-	-	-
EFAUTIL	-	-	-
EIS	-	-	-
FOODBANK	-	367.15	(367.15)
HOUSING	-	-	-
LNGSTCS	-	-	-
MEDCMGT	-	-	-
MNUTRTN	-	-	-
MENTALH	75.00	-	75.00
NMCMGTO	1,452.16	-	1,452.16
OMHS	-	-	-
OTHER	-	-	-
OUTRRCH	-	150.00	(150.00)
OTPTAMB	-	-	-
PSYSSOC	50.00	45.00	5.00
REFFRL	-	-	-
SATXOPT	-	-	-
SATXRES	-	-	-
TRANSPT	-	-	-
Totals	1,977.16	562.15	1,415.01
Total per Detail	1,977.16	612.15	
Difference	-	(50.00)	

Summary Tab

For ease in tracking program income received and the usage of program income, agencies should use this Summary template no less often than quarterly, and spend the program income in the next fiscal quarter.

Fields in *Summary* Spreadsheet

- Enter the **Agency Name** in the green highlighted cell (B-1)
- Enter the fiscal **Grant Period** in cell B-3 highlighted in green. For example, for Ryan White Part A, this cell should read "3/1/21 - 2/28/22". For Ryan White Part B, the grant term should be 9/30/21 - 9/29/22.
- The remainder of this template is locked; if your agency adds a new service category, please contact Bookkeeping Plus so that we can assist you in adding the service category to the Summary tab.

Timing is Everything

- Remember: program income must be used in the same grant fiscal year it is received— except for the 4th quarter, which may be carried over to the 1st quarter of the next grant fiscal year. You will still use this template for program income used for the 4th quarter.
- For example, you will create this template for your current Ryan White Part B grant that runs from 9/30/21 to 9/29/22. Program income received will be recorded for this time period. Program income received in July, August and September must be used by December 2022, which is during the next Ryan White grant period (9/30/22 to 9/29/23). In October 2022, you will create this template for the Ryan White grant period ending 9/29/23 and begin recording program income received. Program income used during October, November and December, however, will be recorded on the template for the period ending 9/29/22. Bookkeeping Plus can provide assistance with using these templates as you cross grant periods.

Tracking Program Income Funds

- Your agency can track both program income and usage of program income funds in your accounting system.
- The best way to do this is by setting up a separate class for each source of program income (340B, insurance reimbursements, etc.) on the accounting system.
- Ultimately, your goal is to make the most of your program income resources, and to make sure you fully and effectively use all the program income you receive.



Tracking Ryan White Part B Program Income in CAREWare

Traci Johnson

Associate Director of HIV Services

Division of HIV/STD Viral Hepatitis

Indiana Department of Health



Indiana
Department
of
Health

Division of
**HIV/STD &
Viral Hepatitis**

Jill Carr

Data Manager

RW HIV Services Program

Marion County Health Department



MARION COUNTY PUBLIC HEALTH DEPARTMENT
RYAN WHITE
HIV SERVICES PROGRAM

Program Income and CAREWare

- MCPHD and IDOH are working to add Program Income specific contracts within agency domains in CAREWare
- Contracts will contain service categories reported by agencies as being funded through Program Income
- All services funded by Program Income must be provided to eligible/enrolled Ryan White clients
- Once CW contracts are in the system, all PI funded data will be expected to be entered into the system by January 2022 data deadline for the RSR

Tracker/Data Entry Timeline

- Program Income Trackers will be due on a quarterly basis by the 20th of the month following the end of the quarter. (ex., October 20th for Q3)
- Starting July 1, 2021 – agencies will be expected to start tracking PI and reporting timely
- Agencies will need to catch up with PI reporting back to January 1, 2021.
 - 1st quarter (Jan. – Mar.) and it's due August 15, 2021
 - 2nd quarter (Apr. – Jun.) would be due by September 30, 2021



How to Track Program Income in Marion County for Ryan White Parts A and C

Portia Duff

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MARION COUNTY PUBLIC HEALTH DEPARTMENT
RYAN WHITE
HIV SERVICES PROGRAM

Summary and Next Steps

- Identify your agency's sources of program income.
- Begin recording program income received and used on the BPI template discussed today.
- Remember to use program income before billing a grant.
- The state and county are available to assist you with questions on program income.
- All agencies are encourage to call or email Bookkeeping Plus with questions. We can set up a Zoom call to assist you.

SUMMARY

Program income is a complex concept, but must be tracked to remain in compliance with Ryan White grant guidelines.

Questions?

