

INSURANCE SERVICES
(Year 20 Service Priority #7)

There are three types of assistance under this service category: **AIDS Insurance Continuation Program (AICP), Insurance Deductibles, and Prescription Drug Co-Payments.**

I. AIDS Insurance Continuation Program

This program provides assistance to clients who already have private health insurance but are not financially able to pay the premiums. This program does not provide new health insurance policies to eligible clients; it allows them to continue with their current insurance carrier. This program does not include coverage of disability or life insurance payments. The maximum amount of assistance a client may receive each month is \$750.00 (seven hundred fifty dollars) towards their monthly insurance premium. The Ryan White Program will be able to assist the client in making back payments of premiums as long as the insurance policy has not been terminated. Assistance may also be provided to facilitate conversion of group coverage (i.e., COBRA) to an individual insurance policy.

The Ryan White Part A Program supplements the State of Florida's AICP when the primary funding sources (Part B and Florida General Revenue) exhaust their funds. Ryan White Part A Program support depends on the amount allocated to this service. This service description covers only those services paid for by Ryan White Part A funds.

- A. Program Operation Requirements:** Providers may not reimburse clients directly for their premium expense.

Providers are required to inform clients of their rights regarding insurance coverage and to ensure they use their private health insurance to obtain medical care, prescription drugs, and other treatment. Clients will not be eligible for Ryan White Part A-funded services if such services are available under their existing health insurance, private or public.

- B. Rules for Reimbursement:** Providers will be reimbursed for dollars expended per insurance premium plus a dispensing rate of \$15 per month per premium.
- C. Additional Rules for Reporting:** Monthly activity reporting for this service must be in dollars *expended per insurance premium per client.*

- D. Special Client Eligibility Criteria:** Clients receiving Part A assistance for this service must also: 1) have active health insurance under a group, individual, or COBRA policy; and 2) be willing to sign all required forms and provide all requested eligibility information. A complete financial assessment and disclosure are required.

II. Insurance Deductibles

- A. Program Operation Requirements:** The goal of this program is to maintain a client's private health insurance coverage, thereby minimizing the client's reliance on the Part A Program for services. Under no circumstances shall payment be made directly to recipients of this service. The maximum amount of assistance a client may receive annually is \$2,500. A complete financial assessment and disclosure are required.
- B. Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per deductible plus a dispensing rate*.
- C. Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars expended *per deductible per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.

III. Prescription Drug Co-Payments and Co-Insurance

- A. Program Operation Requirements:** This type of assistance is available to privately insured clients who are required to pay a co-payment for their medications. The pharmaceutical provider will bill the insurance carrier for a portion of the cost of the prescription plus the dispensing fee and Part A will cover the remaining portion of the cost for clients who meet Part A eligibility criteria. Assistance for both co-insurance and co-payments is restricted to those medications on the currently approved Ryan White Program Prescription Drug Formulary. A complete financial assessment and disclosure are required. A Physician's prescription is also required.
- B. Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per co-payment plus a flat fee dispensing rate*.
- C. Additional Rules for Reporting:** Monthly activity reporting for this service must be in dollars *per co-payment per client*.

Please Note: Medical case managers and insurance enrollment specialists must work with clients to diligently and in a timely manner explore all insurance options and evaluate the client's best option to ensure that deductibles and co-payments are reasonable. For Medicare Part D recipients, any client whose gross household income falls below 135% of the 2010 Federal Poverty Level (FPL) must be enrolled in the Low Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 136% and 150% of the FPL must be enrolled in the ADAP Wrap Around Pilot Project (AWAPP). For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who fall into the "donut hole," must be referred to the ADAP Program in order to apply for an insurance waiver.