

**Health Planning Council of Southwest Florida, Ryan White Part B  
Health Insurance Policy**

**Effective: 04/01/08**

The Ryan White CARE Act defines the Health Insurance budget line items as follows:

**Health Insurance:** A program of financial assistance for eligible individuals living with HIV to maintain a continuity for health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

- May include payment of public or private health insurance co-payments and deductibles for **low-income individuals only**. Low-income is to be locally defined. (97-02.20).
- May include payment premium for a family health insurance policy to ensure continuity of insurance coverage for a low-income HIV+ family member, even when some members of the covered family are not HIV+. (97-01).

**Limitations:**

- No direct case payments may be paid out using Ryan White funds (97-02).

In Florida, low-income individuals eligible for services are those determined to be at or below 300% of the Federal Poverty Level. Residents of Florida have the AIDS Insurance Continuation Program (AICP) available to them through their local consortia. AICP will pay up to \$750 per month for premiums, \$1,200 per year for co-payment assistance, and \$2,500 a year for services under deductibles. The Southwest Florida Regional HIV/AIDS Consortia (RHAC) has included Health Insurance in the local budget in addition to the state AICP program. **A request for AICP Exception must be submitted before Ryan White Part B can be used to supplement payment, if this will be an ongoing request.** The following scenarios that will be covered under this line item:

**1. HPCSWF will pay for PREMIUMS**

- Up to \$750 a month for persons on the AICP waiting list until they are accepted into the AICP program;
- Up to \$750 a month for one month for persons who have applied for AICP while they await a decision to approve or deny their application;
- Up to \$200 a month over the \$750 paid by AICP for persons on AICP, **after an exception denial;**
- Up to \$200 a month for persons denied by AICP (insufficient policy).
- HPCSWF will not pay Medicare, Medicaid or other federal or state funded insurance premiums.

**2. HPCSWF will pay for CO-PAYMENTS**

- Medical Visit and/or Prescription Drug Co-Payments for AICP participants who have exhausted their \$1,200 annual limit: Up to \$100 per month for BOTH Medical and HPC Formulary Pharmaceuticals (not EACH) not to exceed 6 months in a 12 month period;
- Medical Visit and/or Prescription Drug Co-Payments for persons who have submitted the Special Services application for AICP and are waiting a decision.**
- Medical Visit and/or Prescription Drug Co-Payments for persons on the AICP wait list of who are on AICP without co-payment assistance: Up to \$100 per month for BOTH Medical and HPC Formulary Pharmaceuticals (not EACH);
- Any (medical and/or pharmacy) Co-Payments for persons ineligible for AICP: Up to \$100 per month for BOTH Medical and HPC Formulary Pharmaceuticals (not EACH);
- HPCSWF will not pay Medicare, Medicaid or other federal or state funded visit or prescription co-payments.

**Documentation:** Premium requests will only be paid using an original invoice. Co-payments will be paid using an original physician or pharmacy invoice and an accompanying Explanation of Benefits (EOB).

**Exceptions** can be made by a supervisor on a case-by-case basis as an interim solution to an immediate problem. Clients and case managers will be required to find long term solutions.

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I, (print client name) \_\_\_\_\_, **have read and understand the above policy. I understand my responsibilities to seek other sources of reimbursement or coverage, and seek reimbursement back to the RW Part B program where applicable. I understand I must be compliant with the requirements for assistance outlined above or I risk being ineligible for further assistance.**

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Case Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_