BROWARD COUNTY
RYAN WHITE PART A PROGRAM

Health Insurance Continuation Program
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

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I. Service Definitions

HRSA Definition[1]

Health Insurance Premium and Cost Sharing Assistance (HICP) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

Local Definition

HICP includes the provision of financial assistance paid on behalf of eligible clients living with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under an Affordable Care Act health care coverage program. HICP is limited to healthcare coverage costs including copays, deductibles and Ryan White Part A-approved insurance premiums (when not covered under Florida Ryan White Part B).

II. Key Service Components & Activities

In addition to the HICP Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of HICP services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Payment Verification

Providers must examine documentation to ensure copayments and deductibles are valid based on insurance plan benefits package and policies. All copayments and deductibles must be verified before payments are made.

Coordination with 3rd Party Providers

Providers must educate clients on services available through HICP and provide technical guidance on HICP guidelines. Providers must encourage clients to use their insurance company's network of preferred providers.

[1] *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02*. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Increased access, retention, and adherence to primary medical care.	1.1. 85% of clients are retained in primary medical care.	1.1.1. Client appointment record in designated HIV MIS.

IV. Standards for Service Delivery

Table 2. HICP Standards for Service Delivery

Standard	Measure
1. Client insurance policies are active at the date of service.	1.1. Active insurance policy documented in designated HIV MIS.
2. Provider pays eligible health insurance costs, including copays, deductibles, and premiums, within 30 days of payment requests.	2.1. Documentation of copay, deductible, and/or premium in designated HIV MIS. 2.2. Proof of payment (receipt or invoice) documented in designated HIV MIS.
3. Provider reviews Explanation of Benefits (EOB) to ensure clients have attended a visit twice in the last 12 months.	3.1. Medical, lab or pharmacy visit documented in designated HIV MIS. 3.2. Explanation of Benefits (EOB) documentation in designated HIV MIS.
4. Provider will coordinate with 3rd party providers to ensure client access to services.	4.1. Referrals for 3rd party providers documented in designated HIV MIS. 4.2. Referral communication documented in client file.