



RYAN WHITE PART B SERVICES
ANDREW JOHNSON TOWER, 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Ryan White Part B Services
Eligibility Policy # 1 - 12
Supersedes policy dated June 29, 2009

Purpose

The purpose of this policy is to establish eligibility guidelines and procedures to be utilized when registering and recertifying clients for Tennessee Ryan White Part B assistance programs.

I. Requirements

- A. To be deemed eligible for coverage by Ryan White Part B Services programs a recipient must meet the following criteria:
1. The recipient must have been diagnosed with HIV/AIDS.
 2. The recipient must be a resident of Tennessee.
 3. The recipient must meet the income guidelines established by the program: maximum gross monthly income for the legal household unit is less than or equal to 300% of current Federal Poverty Level*.
 4. Household resource values less than or equal to \$8,000, as reported by the client. (Resources include cash on hand, money in checking and/or savings accounts, or resources that can be quickly converted into cash, such as stocks, bonds, or certificates of deposit.)
- B. Eligibility is further based upon the applicant's willingness to work with his/her Medical Case Manager (MCM) to apply for all other possibilities of third party coverage (i.e., TennCare, group coverage through an employer, Veterans Administration (V.A.), etc.). Clients must keep MCM informed of a current address and phone number, if available. Persistent failure to cooperate in applying for alternate programs, keeping contact information current, or failure to take medications as prescribed for two consecutive months, is grounds for termination / suspension from all Ryan White Part B Services Programs.
- C. Applicants who have Health Insurance (including TennCare) that provides HIV medications, may not receive pharmacy services from HDAP or medical services through the Medical Services Program, while eligible for those services under their policy. Premiums, co-pays and deductible payments may be made under the Insurance Assistance Program, for private health insurance clients and TennCare clients, for policies that have uninterrupted coverage. Note: State regulations prohibit payment of premiums with government funds for AccessTN policies.

D. Record Keeping Requirements - A separate case file must be maintained on each client, containing the following:

1. PH- 3716, Ryan White Program Application
2. Documentation of HIV status, viral loads and CD4
3. Proof of current Tennessee residency
4. Proof of current income
5. Photo identification of client
6. Household Addendum Form, if applicable
7. PH-3718, Insurance Assistance Plan Application, if applicable
8. Oral Health/Dental Assistance Program Application, if applicable

Note: Proof of U.S. citizenship is NOT required for assistance through Ryan White Part B programs. In cases where an MCM is certifying an undocumented applicant for assistance with no photo identification, 2 forms of proof of residency is required. Also, the Medical Case Manager must call the AIDS Drug Assistance Program Coordinator and obtain an assigned coded number to serve in the place of a Social Security Number for tracking / billing purposes. Once a coded number has been assigned, it will be used for that client for all Ryan White Part B Services. Residency requirements is attachment 5 should also be met.

II. Application Procedure

- A. All clients must be evaluated for eligibility by a Medical Case Manager when the initial application is submitted to the Ryan White Part B Program.
- B. All clients must be recertified semi-annually (per HRSA policy).
- C. A recertification application must be sent to Tennessee Department of Health, Ryan White Part B Program via the Ryan White Eligibility System.
- D. Recertification should occur on, or close to, the client's original application date, and approximately six (6) months later.
- E. A list of clients due recertification will be appear in the Ryan White Eligibility System under Notifications.
- F. Recertification may occur forty-five (45) days prior to the due date up to forty-five (45) days after due date. The next recertification will be due in six (6) months.
- G. If a recertification form is not received within forty-five (45) days following the due date, the client will be disenrolled, and the pharmacy will be notified that the client is no longer on the program.

III. Appeal Process

If a client believes that the Medical Case Manager has made an error in determining that he/she does not meet eligibility criteria, he/she may appeal the decision. The client must submit a written appeal request to the Medical Case Manager's supervisor, explaining why he/she believes he/she meets the eligibility requirements listed in this policy. The eligibility requirements are not appealable, only the accuracy of the eligibility determination. The final level of appeal will be to the Ryan White Part B Services Director.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HIV/STD PROGRAM
RYAN WHITE PART B SERVICES
ANDREW JOHNSON TOWER, 4TH FLOOR
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

Ryan White HDAP & IAP Policy # 2.3 - 09

Revised

April 23, 2013

Purpose

The purpose of this policy is to establish policies and guidelines for operating Tennessee Part B AIDS Drug Assistance Program (ADAP) funded Programs, e.g., the HIV Drug Assistance Program (HDAP) and the Tennessee Part B Insurance Assistance Program.

I. Requirements

To be eligible for coverage by the Tennessee Part B HDAP or IAP, a recipient must meet the criteria found in Ryan White Policy # 1– 09, Ryan White Services Eligibility Policy.

All clients shall be evaluated for coverage or eligibility for coverage by any private or public health insurance that provides HIV medications, prior to applying for Ryan White services. Applicants who have access to medications through insurance provided by an employer, spouse's policy, or a publicly provided insurance program should access care through that policy. Individuals may not choose to refuse other available programs in order to access Part B HDAP Services , but are eligible for wrap-around services that are not provided by their insurance ie. transportation, nutritional supplements, and dental services. Temporary services may be provided while client is awaiting approval by another program.

Medications shall be provided for those without access to HIV meds through health insurance, via the HIV Drug Assistance Program, which directly purchases medications from a State contracted wholesale Drug distributor and contracts with a mail-order Pharmacy (currently Nashville Pharmacy Services, LLC) to dispense meds to Ryan White clients statewide.

Eligible clients with private health insurance or TennCare should be enrolled in the Tennessee Ryan White

Insurance Assistance Program for assistance in paying premiums, co-pays, and deductibles up to the current Monthly Maximum of \$1,500 per client, per month, which amounts to an \$18,000 per year cap. With prior approval from the Ryan White Program, up to two months of delinquent premiums may be paid for new clients, in addition to their monthly limit, in order to maintain their coverage. If delinquent premiums are paid, they shall be subtracted from the client's annual maximum, and their Monthly Maximum will be re-calculated. Note: Different clients may now have different Monthly Maximums, but the program will continue to set a baseline Monthly Maximum. The Program will attempt to keep the Monthly Maximum payment amount as stable as possible, but it may be adjusted as necessary to maintain program solvency. Adjustments will be made at the beginning of a month. Since ADAP dollars are used to fund the IAP, any premiums, co-pays and/or deductibles may only be paid on a policy that provides comparable or more comprehensive pharmaceutical coverage to the Tennessee HDAP Formulary, and if there is a lifetime cap on benefits, it must be at least \$50,000. Policies that contain Preexisting Condition clauses that exclude payment for HIV medications during a set period of time, are not eligible for IAP assistance until the Preexisting Condition period is met. Clients who have policies that have caps on annual coverage, and the client has reached that cap, are not eligible for IAP payments until coverage resumes. Premiums may be paid on family coverage policies but co-pays and deductibles may only be paid on HIV positive clients. Policies that include a dental benefit may be covered within monthly expenditure limits; however, separate dental insurance shall not be covered, because it does not provide HIV Medications. Since multiple Health Insurance policies qualify for IAP funding, a standardized formulary for this program is not practical. The IAP Drug Formulary shall consist of all drugs covered by each eligible client's Health Insurance Policy's Formulary. See Section I below for Health Insurance policy and formulary eligibility requirements.

Appendix I

SECTION I

1. Introduction

The purpose of this guidance is to provide policy clarification and direction for Tennessee Ryan White Services' Insurance Assistance Program and to clearly outline the responsibilities of the Medical Case Managers (MCM), the State IAP Benefits Management Contractor (IBMC), community based organizations and consumers related to the Ryan White Services Insurance Assistance Program (IAP). The Insurance Assistance Program (IAP) will be administered utilizing Ryan White Part B funds.

The IAP is not an entitlement. Program benefits are adjustable based on available funding and the number of eligible clients requesting services. The IAP is a program that will cover out of pocket expenses related to qualifying health insurance coverage (Premiums, Deductibles, and Co-pays) for eligible HIV/AIDS clients in Tennessee.

2. Background

The IAP began as a pilot project funded through Regional Consortia with the 2000-2001 grant year. The pilot project demonstrated the need for continued services through the IAP throughout the first year of operation. Beginning with the 2001-2002 grant year, the IAP became one of the services offered through the Ryan White Services Program. Rather than a Regional Consortia Program, in 2007 the IAP became a State Program administered by a Fiscal Agent in each region. The program is structured according to guidelines provided in HRSA HIV/AIDS Bureau Policy Notice 99-01; utilization of ADAP funds will be used to purchase health insurance.

3. HRSA Policy Regarding IAP

Ryan White Services has utilized AIDS Drug Assistance Program (ADAP) for the purpose of funding the IAP. Following is an excerpt from the HRSA HIV/AIDS Bureau Policy Notice, 99-01, dated January 6, 1999 regarding the use of Part B, AIDS Drug Assistance Program (ADAP) funds to purchase Health Insurance.

“Funds designated to carry out the provisions of Section 2616 of the Public Health Service Act may be used to purchase health insurance that includes the full range of HIV treatments and access to comprehensive primary care services subject to the following conditions:

- A. Funds must continue to be managed as part of the established ADAP program.
- B. ADAP programs must be able to account for and report funds used to purchase and maintain insurance policies for eligible clients including covering any costs associated with these policies.
- C. Funds may only be used to purchase premiums from health insurance plans that Provide, at a minimum, prescription coverage equivalent to the Tennessee Part B, HDAP

formulary.

- D. The total annual amount spent on insurance premiums cannot be greater than the annual cost of maintaining that same population on the existing HDAP program.
- E. Funds may be used to cover any costs associated with the health insurance policy, including co-payments, deductibles, or premiums to purchase or maintain insurance policies.
- F. Current client eligibility guidelines set under Section 2616 (b) of the public Health Service Act, must be followed. *
- G. The States must maintain their contributions to their AIDS Care Programs as required under Section 2617 (b) (4) (E).*
- H. Ryan White Program funds must be the payers of last resort for pharmaceuticals.
- I. The State must assure that HDAP funds will not be used to purchase health insurance deemed inadequate by the State in its provision of comprehensive care services.

4. Goals and Objectives of the IAP

The Ryan White Services Insurance Assistance Program (IAP) will assist eligible HIV/AIDS clients with their out of pocket expenses (premiums, deductibles, and /or co-pays) for qualifying health insurance plans that cover their treatment and medications. The IAP may also pay the premium for policies that include dependent coverage for families of infected individuals but co-pays may only be made for the client (see Attachment 2 Definition of Family).

- A. Primary Goal:
 - To maintain private and public insurance for eligible HIV/AIDS clients in order to maintain existing health care coverage and not shift the cost of care to the Ryan White Part B Medical Services and HIV Drug Assistance Programs.
- B. Secondary Goal:
 - To collect data and evaluate the program, including cost savings, in order to make informed decisions regarding the continuation of the IAP.
- C. Objectives:
 - 1) To pay insurance premiums to private insurance companies:
 - To prevent loss of private insurance coverage for eligible HIV/AIDS clients in Tennessee
 - To prevent the shift of cost for care and treatment from private insurance to the Ryan White Program.
 - 2) To pay insurance premiums to public and private insurance entities:
 - To maintain continuity with medical providers under the clients' current policy rather than disrupt care with new coverage,

- To make the best fiscal use of Ryan White, Part B funds, and
 - To prevent disruption of services.
- 3) To pay the deductibles and co-pays to providers of medical goods and/or services:
- To increase access to care and treatment,
 - To decrease non-adherence with medical follow-up and treatment, and
 - To allow low-income patients the financial ability to more adequately budget personal resources.

Note: Ryan White Part B will only pay for goods deemed payable by the primary insurance carrier.

SECTION II

1. Procedures

Information about the IAP shall be disseminated by agencies that serve people living with HIV/AIDS in the state of Tennessee. Two primary co-facilitators will provide the direct services to the clients: Medical Case Managers and the IBMC. The Medical Case Managers are already responsible for casework related to health coverage for persons living with HIV/AIDS to maximize care and treatment within the existing social system. Medical Case Managers duties currently include certification for other Ryan White Program funded and contracted services. These services include medical and allied health services, HDAP and social services, as well as referrals to community agencies and resources, such as the accessing of social services and income maintenance programs (SSI, SSDI, private disability, food stamps, WIC, HOPWA) and public health insurance (Medicare and TennCare).

Note: It is the intent of this guidance that if the IBMC acts in good faith based on the information provided by the MCM and client, the IBMC will not be liable for recoupment of co-pay or deductible assistance made on behalf of clients.

2. Roles and Responsibilities

A. Responsibilities of the Medical Case Managers

- 1) Assess applicant's eligibility for the Insurance Assistance Program.
 - a. The potential applicant must be:
 - Medically diagnosed HIV positive (See Eligibility Guidelines for Ryan White Services Attachment 3).
 - A resident of Tennessee.
 - Have a household income of less than or equal to 300% of the currently established Federal Poverty Level Guidelines (See Attachment 4), and
 - b. The health coverage policy must meet the following criteria to be considered adequate for assistance by the IAP.
 - Include outpatient physician/office visit coverage,

- Include outpatient laboratory coverage;
- Include outpatient radiology coverage, and
- Include outpatient oral pharmaceutical coverage.

Note: *Individual cases in which the maximum out-of-pocket does not apply to all allowable covered services, or the policy does not have an established annual out-of-pocket, the maximum amount of assistance will be capped at the **State** maximum allowable amount which is subject to periodic adjustment, as necessary.*

- 2) When determined to be eligible, fully complete the Insurance Assistance Program application, and submit with required signatures. (See Attachment 5)
- 3) Obtain the required supporting documentation (written verification of HIV positive status, residency, income, and insurance) that must accompany the application when submitted to the IBMC.
- 4) Provide the client with a copy of the “IAP Client Rights and Responsibilities” statement and ensure the client has read or had read to them the statement.
- 5) Fax the fully completed application along with the required supporting documentation to the IBMC (and the PH3716 must be sent to the **State**)
- 6) The Medical Case Manager will keep the original application packet in the client’s file.
- 7) Contact each client participating in the IAP and recertify eligibility at a minimum of every 6 months. Any updated information received during this contact (eligibility, residency, insurance status, etc.) must be forwarded to the IBMC. All contact with clients regarding the IAP must be documented (and the PH3716 must be sent to the **State**)
- 8) Participate in the evaluation of the IAP throughout the year as requested by Ryan White Services.

B. Responsibilities of the IAP Client

- 1) IAP clients agree to provide both their Medical Case Manager and the IBMC any information essential to the function of the IAP, in order to maintain and utilize their individual insurance coverage.
- 2) IAP clients must provide informed written consent to allow the Medical Care Managers and the IBMC to communicate through correspondence, telephone, and face-to-face interviews with the clients’ individual provider of insurance about any invoice submitted for payment.
- 3) The client must provide all documentation required by the Medical Care Manager for the purpose of determining eligibility and continuation for the IAP.
- 4) Failure to cooperate with the policies and procedures of the IAP will result in the

client termination from the IAP.

- 5) The client will be required to sign a release of information form after receiving an "IAP Client Rights and Responsibilities" fact sheet.

C. Responsibilities of the State IAP Benefits Management Contractor

- 1) Upon receipt of faxed IAP application packet along with all required supporting documentation, assess the IAP funding allocations to ensure funding availability for the remainder of the Ryan White, Part B grant year for the certified client at the current premium rate for the clients' particular insurance coverage.
- 2) Within five (5) business days of the receipt of the completed application packet from the Medical Case Manager with authorization to make payments, a letter explaining the IAP's agreement to pay the premium, the rate of payment, and verification of funding availability must be sent to both the client and the referring Medical Care Manager. The letter must indicate the date that the first premium payment will be made.
- 3) Within ten (10) business days of the receipt of the application packet, the IBMC will issue two separate checks (each check will cover a one month premium) to the approved client's insurance company for two monthly insurance premium payments. Following the initial payment, the insurance premium payment will be made on a monthly basis for the remainder of the Ryan White, Part B grant period.
- 4) The IBMC must maintain the clients confidentiality related to HIV status. No reference to HIV/AIDS may appear on the check or on the envelope in which the check is mailed.
- 5) Each month when the premium is paid, the client will be notified that the payment has been mailed.
- 6) The IBMC will monitor closely the outlay of allocated funds for premiums, Deductibles, and co-pays as projected throughout the annual funding cycle.
- 7) The IBMC must alert the Medical Case Managers and Ryan White Services Director (or designee) of projected funding "shortfalls" due to increased premiums, deductibles, and co-payments of already established IAP clients.
- 8) Each time the premium amount increases for already established clients, the IBMC must re-calculate the remaining available balance.
- 9) The IBMC must inform the Medical Case Manager of any pertinent information discovered regarding the client's eligibility for coverage, residency, or circumstances that may jeopardize continued participation in the IAP.

- 10) The IBMC must provide monthly data to the Ryan White Services Section / IAP Coordinator (or designee) as required for evaluation of the IAP.
- 11) Participate in the evaluation of the IAP throughout the year as requested By Ryan White Services.
- 12) If the program is closed due to funding limits, the IBMC will maintain a waiting list of clients names who have been submitted by the Medical Care Managers as potentially eligible for the IAP.
(Attachment 6 outlines IBMC procedures)

3. Limit on Annual Expenditure per eligible IAP Client

According to the HRSA Policy, the total annual amount spent on insurance premiums cannot be greater than the annual cost of maintaining that same population on the existing HDAP Program.

Note: Estimated expenditure per client for HDAP is based on current drug usage and averaged over all clients.

4. Client Termination

A. Termination for Non-compliance: Failure of the client to cooperate with either the Medical Case Manager or State IAP Benefits Management Contractor will result in termination from the IAP. The Medical Case Manager and IBMC will case - conference prior to termination of a client. When the decision to terminate is made, a warning letter will be sent to the client by the Medical Case Manager 30 days prior to termination. The letter will list the reason for possible termination (i.e. failure to provide specific documentation, failure to keep required appointments with MCM for continued certification). If the client has not complied within the 30 day time period, an official letter of termination must be mailed to the client by certified mail with receipt requested. A copy of the termination must be mailed to the IBMC. Following termination from the IAP, the client is not eligible for reinstatement until the next Ryan White, Part B grant year (April 1). The client will be informed prior to certification, that if terminated, there is no appeal process. This statement will be included in the "Client Rights and Responsibilities" fact sheet referenced in the consent form signed by the client and maintained in the client's chart.

B. Termination for reasons other than non-compliance: A client may be terminated from IAP for reasons which may include, but are not limited to:

- Income increases to where they are no longer eligible
- Death
- Moved out of the state
- Change to insurance carrier who will not work with the IBMC
- Client is incarcerated for more than 90 days

Section III

1. Administrative Oversight and Evaluation of IAP

- A. IAP is administered through Tennessee Department of Health, Ryan White Services. The State enters into contractual agreement with the State IAP Benefits Management Contractor (IBMC) for the provision of state sponsored insurance assistance. HIV Drug Assistance Program funds will be utilized to fund IAP. The allocation of funds is determined based on the number of HIV/AIDS cases in the state and historical utilization of the plans. Funding for IAP is allocated along with all other Part B funds.
- B. Ryan White Services will conduct quality assurance monitoring of the IAP through the use of an addendum to the existing Quality Assurance Monitoring Tool.
(See Attachment)
- 1) The Quality Outcome Measures for the IAP are:
 - Outcome Measure #1: Improved Continuity of Medical Care
 - Outcome Measure #2: Reduction in level of client stress
 - Outcome Measure #3: Reduction in number of clients who don't use TennCare benefits due to inability to pay co-pays.
 - 2) The Cost Effectiveness Outcomes for the IAP are:
 - Outcome Measure #1: Reduction in utilization of Ryan White funded Programs
 - Outcome Measure #2: Increase in utilization of TennCare
 - Outcome Measure #3: Increase in number of eligible individuals who can utilize their COBRA option.

SECTION IV

1. Rebate Program:

- A. Background:** Drug companies have provided monetary rebates and / or a reduction in costs for drugs purchased with “Public Dollars” for many years. Because of this reduced cost, the Ryan White HIV Drug Assistance Program (HDAP) has realized a substantial savings (30%). Provisions have recently been put into place which allows states to recoup similar savings (rebates) when drugs are purchased through the IAP. This applies to all drugs purchased from retail pharmacies, to which, a co-payment or deductible has been paid with IAP dollars. With costs constantly increasing and resources decreasing, it is imperative that the Ryan White IAP take advantage of this opportunity to save money. Therefore the IBMC must develop internal procedures in order to fulfill the requirements listed in Para. 1-B.
- B. Requirements:** The IBMC will provide claims level detail for each prescription purchased through the IAP, to which, a co-payment or deductible payment has been paid with IAP dollars. This detailed information will be submitted on a monthly

basis to the State IAP Rebate Coordinator or other designated individual. The data elements listed below will be submitted on an Excel Spreadsheet no later than the 30th day of the month. The following is required for each individual prescription purchased:

- 1) National Drug Code (NDC)
- 2) Product Ingredient
- 3) Brand Name
- 4) Drug Strength (50MG / 100MG / ETC)
- 5) Drug Form (Tablet / Capsule / ETC)
- 6) Dispense Date
- 7) Units Purchased (Quantity)
- 8) Invoice Date (Date of Co-Payment or Deductible Payment)
- 9) Claim Number
- 10) Amount paid by Insurance company
- 11) Payer Source (Name of Insurance Carrier)
- 12) Amount Paid By IAP (Co-Payment or Deductible Payment)

C. Disposition: The State IAP Coordinator or other designated individual will sort the data by pharmaceutical company, prepare invoices for each pharmaceutical company and submit a rebate request / invoice to each pharmaceutical company.