

**HEALTH INSURANCE PREMIUM AND COST SHARING
ASSISTANCE FOR LOW-INCOME INDIVIDUALS
(HEALTH INSURANCE ASSISTANCE)**

(Year 36 Service Priority: #6 for Part A only)

Health Insurance Premium and Cost Sharing Assistance for Low-income Individuals (Health Insurance Assistance) is a core medical service category. This service category includes the provision of financial assistance paid on behalf of eligible clients with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under a health care coverage program (health insurance policy). As funded by the local Ryan White Part A Program, this service is available to assist low income, program-eligible clients with cost sharing out-of-pocket health insurance expenses (i.e., copayments and deductibles), where program-allowable and as defined herein. In all cases, a complete financial assessment and disclosure from the client are required. No payments or reimbursements can be made directly to a client.

For clients to obtain Ryan White AIDS Drug Assistance Program (ADAP)-funded health insurance premium assistance, the local Ryan White Part A Program must ensure that clients are selecting health coverage that, at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each, drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services (DHHS) Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services. The local Ryan White Part A Program must also assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV Outpatient/Ambulatory Health Services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to this service category only when determined to be cost effective.

In Miami-Dade County, Health Insurance Assistance is divided into two (2) major categories: 1) limited assistance with private health insurance, employer-sponsored health insurance, or ADAP Premium Plus wraparound assistance for clients with COBRA coverage, which is identified in program components I, III, and IV directly below; and 2) assistance with the Federal Health Insurance Exchange [i.e., Affordable Care Act (ACA) Marketplace], which is identified in program component II (II.A. through II.C.) directly below. Federal funding under this service category may not be used to supplant existing federal, state, or local funding for health insurance premium and cost-sharing assistance.

Locally, stand-alone dental insurance assistance is not covered under this service category.

Health Insurance Assistance under this service category is available to program-eligible people with HIV (clients) only. If a Family Plan is selected, the Ryan White Program will only provide assistance, where applicable, for the program-eligible person with HIV (client) . No HIV negative persons in a Family Plan will receive this assistance.

Additionally, all costs in a Family Plan must be separated out, so that the costs specific to the person(s) with HIV [client(s)] are clearly indicated.

A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service and must be updated prior to the end of the client's health insurance policy year. The client's insurance policy information including benefits, policy number, and billing ID number is required in order to process the request for Health Insurance Assistance.

For Medicare Part D recipients, any client whose gross household income falls below 150% of the 2025 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 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. 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 falls into the "donut hole," must be referred to the ADAP Program.

The following information below is inactive and included for reference only at this time.

I. – III. ADAP PREMIUM PLUS (INCLUDING COBRA), EMPLOYER-SPONSORED INSURANCE, PRIVATE HEALTH INSURANCE

I. ADAP Premium Plus Program

The ADAP Premium Plus program is a Florida Department of Health (FDOH) AIDS Drug Assistance Program (ADAP) service for eligible clients who need help paying their health insurance premiums, as well as medication copayments and deductibles for medications on the Florida ADAP Formulary at <https://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-formulary.html>

This assistance is available through ADAP to clients who meet ADAP eligibility requirements, are subsequently enrolled in ADAP, and continue to re-certify their eligibility in ADAP every twelve (12) months; and is subject to Florida ADAP rules, requirements, and limitations. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.)

Florida ADAP's Premium Plus program offers the following two (2) types of services:

- Assistance with Medication Copayments and Deductibles (ADAP Formulary medications only):
 - Available to eligible individuals enrolled in ADAP with the following

insurance types only:

- Medicare Part D
- Medicare Advantage
- Employer-sponsored insurance (group health insurance)
- Affordable Care Act (ACA) Marketplace health insurance policies where the premiums are paid by ADAP

• Full Benefit Assistance:

- Assistance with premium payments and ADAP formulary drug copayments and/or deductible costs. ADAP offers full benefit assistance for individuals with the following insurance types only:
 - Employer-sponsored insurance (group health insurance)
 - COBRA (Consolidated Omnibus Budget Reconciliation Act)*
 - ADAP-approved ACA Marketplace health insurance plans*

***IMPORTANT NOTES:**

- The local Ryan White Part A Program does not provide premium or deductible assistance to clients in the ADAP Premium Plus program.
- Limited Part A copayment assistance is available only to ADAP Premium Plus clients with a COBRA or ADAP/Part A-approved ACA Marketplace health insurance plan. See Section II.A. through II.C. below.
 - This limited copayment assistance includes program-allowable doctor office visit copayments, lab and diagnostic copayments, and non-ADAP formulary prescription drug copayments (as long as the medication is on the local Ryan White Part A Prescription Drug Formulary); and within Part A Program limitations.
 - Clients with COBRA coverage (whether or not the COBRA plan is an ACA plan) or an ADAP/Part A-approved ACA Marketplace health insurance plan who need Part A assistance with these copayments may do so following the guidelines in Section II.B. ADAP/PART A ACA Wraparound Copayments, directly below. A Ryan White Program In Network Referral from a Ryan White Program Medical Case Manager, or an Out of Network Referral (with supporting documentation), is required to obtain this assistance. With such referral, a GAP Card reflecting “Premium Plus” wraparound coverage will be provided to eligible clients to facilitate the process.
 - The following billing codes must be used for ADAP Premium Plus

clients where Part A is paying the following program-allowable copayments or deductibles:

- ADAP Premium Plus – Non-ADAP drugs, use billing code **APPDRG**
- ADAP Premium Plus – Doctor Office Visit, use billing code **APPOV**
- ADAP Premium Plus – Lab & Diagnostics, use billing code **APPLAB**

II. Local Implementation of the Affordable Care Act (Federal Health Insurance Exchange)

According to the Affordable Care Act (ACA), the current Federal healthcare law (which is subject to change), individuals must have healthcare coverage that meets Minimum Essential Coverage. Minimum Essential Coverage (MEC) is defined as the type of coverage an individual must have to meet the individual responsibility requirement under the ACA. More information regarding the MEC's "10 essential health benefits" can be found at the following web page: <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>.

Ryan White Part A/MAI Program Medical Case Managers will continue to facilitate the process of identifying clients who are eligible to enroll in an ACA Marketplace health insurance plan. Once an ACA-eligible client is identified, wherever applicable and in order to ensure the Ryan White Program is the payer of last resort, the Medical Case Manager will inform the client that they are eligible to enroll in an appropriate, cost-effective health insurance plan during the open enrollment period, or at other allowable times due to a qualifying event (see www.healthcare.gov for details). The Medical Case Manager will also explain the benefits of enrolling in a health insurance plan and inform the client of any assistance for which they may qualify. The Florida AIDS Drug Assistance Program (ADAP) will be paying the ACA Marketplace health insurance premiums for the calendar year. In order to obtain this assistance, clients will need to enroll in ADAP, re-certify their eligibility in ADAP every 366 days, and remain adherent to their ARV treatment plan. (The Medical Case Manager will assist with the local Part A Program-approved enrollment process and will make appropriate referrals for Wraparound assistance to the contracted Ryan White Part A Health Insurance Assistance subrecipient (currently Miami Beach Community Health Center, Inc.) who will complete the process and make appropriate copayment and deductible payments on behalf of ACA-eligible/enrolled clients.

Medical Case Managers are expected to discuss and complete all of the necessary Ryan White Part A Program paperwork with the ACA-eligible client and assist with the enrollment following the local Part A Program-approved enrollment process.

Medical Case Managers of ACA-eligible clients will assist their clients in clearly communicating the client's health care needs (e.g., HIV status, specialty care needs, licensed medical provider preferences, prescribed medications, etc.), using the local ACA Assessment form. Once completed, this form will be submitted to the designated Centralized Enrollment Specialist (currently American Exchange LLC) for assistance with evaluating the health care plan options that meet the client's individual needs and are cost effective; then, identifying the best option(s) for the client.

Until further notice, it is important to note that the Ryan White Program's Federal funding source, the Health Resources and Service Administration (HRSA), requires Ryan White Programs to "vigorously pursue" enrolling eligible clients in an ACA Marketplace health insurance plan. Furthermore, HRSA requires Ryan White Programs to "vigorously pursue" reconciliation of any Advanced Premium Tax Credits in relation to any Ryan White Program financial assistance provided to maintain access to such health insurance benefits. For this reason, clients receiving this assistance are required to file Federal income tax returns, where applicable, and submit copies of these returns and reconciliation reports to their Medical Case Manager for possible repayment to the Ryan White Program (Part A or ADAP). Clients who are not required to file an annual federal income tax return must submit to their Medical Case Manager at the time of ACA enrollment proof that they are not required to file taxes. For purposes of compliance with Federal mandates related to the Affordable Care Act, "vigorously pursue" includes the following:

- Identify clients who are eligible to enroll in the ACA Marketplace, or identify clients who qualify for an ACA exemption;
 - Note: Per local requirements, clients eligible to participate in the ACA Marketplace will need to enroll with the Florida AIDS Drug Assistance Program (ADAP for assistance with health insurance premium payments for 2025 and 2026 plan policies.)
- Inform ACA-eligible clients of the requirements to have Minimum Essential Coverage;
- Discuss the benefits of having health insurance with the ACA-eligible clients;
- Assist ACA-eligible clients with enrollment in the ACA Marketplace [accomplished locally through the designated Centralized Enrollment Specialist (i.e., currently, through American Exchange LLC)];
- Document ACA enrollments and non-enrollments; and
- Reconcile Advanced Premium Tax Credits with any related tax refunds.

If a client is found to be ACA-eligible but chooses not to enroll in a health insurance plan, the Medical Case Manager must document the client's reason for not enrolling, based on the client's completion of the local ACA Decline form in the client's own words. This communication with the client must be documented by

the Medical Case Manager in the individual progress notes in the client's chart and in the Provide® Enterprise Miami data management system.

Clients must also be informed that the Ryan White Part A Program is not allowed to assist the clients with paying any fees/penalties from prior years that are associated with the client not having health insurance.

Clients are strongly encouraged not to enroll in an ACA Marketplace health insurance plan on their own and not to allow the ACA Marketplace to automatically reenroll them. Clients who enroll on their own or allow the ACA Marketplace to automatically re-enroll them may inadvertently choose a plan that is not cost effective, does not sufficiently cover their needs, or does not meet the ADAP program guidelines or limitations for assistance. Furthermore, ADAP clients who enroll on their own in the ACA Marketplace may lose all access to ADAP assistance with ADAP prescription drugs, ACA premiums, and ACA drug copayments; and may lose access to Wraparound assistance with allowable copayments and deductibles from the Ryan White Part A Program.

The following documents provide additional guidance related to local implementation of and assistance with the ACA (See Section IX, Local Implementation of the Affordable Care Act Requirements, of this FY 2025 Ryan White Part A Program Service Delivery Manual):

- ACA Matrix
- ACA Assessment tool
- ACA Acknowledgment form
- ACA Decline form, when applicable (i.e., when a client chooses not to enroll in the ACA, use this form ONLY AFTER the benefits of obtaining health insurance have been fully explained to the client)
- ACA GAP Card
- Policy on Reconciliation of Advanced Premium Tax Credits
- Policy on Refunds

Referrals to Ryan White Part A Program Health Insurance Assistance (each component) will expire annually on the date the policy period ends. The client's assigned Medical Case Manager will receive a reminder prior to expiration of the referral.

Local Ryan White Part A Program assistance for ACA Marketplace health insurance plans is limited to Wraparound, program-allowable copayment and deductible assistance. No exceptions.

IMPORTANT NOTE: It is critical that all Ryan White Program Medical Case Managers: 1) follow proper and consistent directions from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan

White Program) when screening clients for ACA participation, and 2) share a clear and appropriate message with clients regarding the local health insurance program’s rules and limitations.

II.A. ADAP/Part A ACA Wraparound Project General Limitations and ADAP-approved ACA Plans

- Eligibility for this component extends to ADAP clients with incomes between 50% and 400% of the Federal Poverty Level (FPL) for plan year 2025; for HIV-related, co-morbidity related and complications of HIV treatment related conditions only.
- Part A does **not** assist with these ACA premium payments, as these premiums are paid by the Florida ADAP.
- For Plan Year 2025, Part A has limited ADAP/Part A ACA Wraparound assistance to the following sixty-two (62) ADAP/Part A-approved plans only:
 - These 62 ACA health plans identified by the Florida Department of Health will be available for selection in Miami-Dade County, **but** final plan selection is limited to a plan from this list that best meets the needs of individual clients, based on each individual’s responses included in the local ACA Assessment Tool, and are cost effective:

Issuer Name	Plan Marketing Name
Ambetter from Sunshine Health	Complete Gold
Ambetter from Sunshine Health	Complete VALUE Gold
Ambetter from Sunshine Health	Complete VALUE Silver
Ambetter from Sunshine Health	Elite Bronze
Ambetter from Sunshine Health	Elite VALUE Bronze
Ambetter from Sunshine Health	Enhanced Diabetes Care Silver with \$0 Drug Options
Ambetter from Sunshine Health	Everyday Gold
Ambetter from Sunshine Health	Focused Silver

Issuer Name	Plan Marketing Name
Ambetter from Sunshine Health	Focused VALUE Silver
Ambetter from Sunshine Health	Standard Expanded Bronze
Ambetter from Sunshine Health	Standard Expanded Bronze VALUE
Ambetter from Sunshine Health	Standard Gold
Ambetter from Sunshine Health	Standard Gold VALUE
Ambetter from Sunshine Health	Standard Silver
Ambetter from Sunshine Health	Standard Silver VALUE
Florida Blue (BlueCross BlueShield FL)	BlueOptions Bronze 24J01-17
Florida Blue (BlueCross BlueShield FL)	BlueOptions Bronze 24J01-18s
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 24J01-09
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 24J01-12
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 24J01-20S
Florida Blue (BlueCross BlueShield FL)	BlueOptions Plantinum 24J01-05
Florida Blue (BlueCross BlueShield FL)	BlueOptions Plantinum 24J01-08*
Florida Blue (BlueCross BlueShield FL)	BlueOptions Plantinum 24J01-21S
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 24J01-03
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 24J01-07
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 24J01-19S
Florida Blue (BlueCross BlueShield FL)	BlueSelect Bronze 2139
Florida Blue (BlueCross BlueShield FL)	BlueSelect Bronze 2342S
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1535
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1835
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 2344S
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1451
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1457
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 2345S
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1443
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1456
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 2343S

** BlueOptions Platinum 24J-01-08 is only available for clients who were enrolled with this plan prior to 2025 due to cost effectiveness concerns. These clients should be asked to review their options and select a different plan this year. Clients on this plan should also be informed that the plan may not be supported in 2026.

Issuer Name	Plan Marketing Name
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Bronze 24K02-23
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Bronze 24K02-26S
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Gold 24K02-20

Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Gold 24K02-28S
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Platinum 24K02-15
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Platinum 24K02-29S
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Silver 24K02-21
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Bronze 2129
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Bronze 2312S
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Bronze 2329
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Connect Care Silver 24M03-70
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Gold 2314S
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Gold 24M05-74
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Platinum 24M05-00S
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Platinum 24M05-75
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2237
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2313S
Molina Healthcare	Bronze 4
Molina Healthcare	Bronze 8
Molina Healthcare	Gold 1
Molina Healthcare	Gold 8
Molina Healthcare	Silver 1
Molina Healthcare	Silver 12 with First 4 Primary Care Visits Free
Molina Healthcare	Silver 8
Molina Healthcare	Silver 9

NOTE: These plans change annually. FDOH will only provide premium and ARV copayment assistance for ADAP-approved plans, by county.

II.B. ADAP/PART A ACA Wraparound Copayments

This health insurance component covers limited copayment assistance for eligible clients who are enrolled in ADAP and Part A AND have an active ACA Marketplace health insurance policy where the premium is paid by ADAP, where applicable and within program limitations as detailed below.

A. Program Operation Requirements:

- ADAP covers the prescription drug copayments for all medications on the most current Florida ADAP Formulary, for eligible ADAP/clients who have an active ACA Marketplace health insurance policy under ADAP/Part A-approved health insurance plans indicated above. The following web page includes a list of the most current Florida ADAP Formulary medications:
<https://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-formulary.html>
- Through the Ryan White Part A Program’s “ADAP/Part A ACA Wraparound Project” component, eligible ADAP/Part A clients who have an active ACA Marketplace health insurance policy or a policy through COBRA (Consolidated Omnibus Budget Reconciliation Act), where ADAP pays the premiums for one of the ADAP- approved plans indicated above or pays the premium for a COBRA policy, may receive assistance with the following copayments, if the medical services are IN-NETWORK, OUTPATIENT/AMBULATORY, AND related to the client’s HIV care and treatment needs, related co-morbidity, or complication of HIV treatment:
 - Licensed medical provider or medical practitioner office visit copayments
 - Laboratory/Diagnostic copayments
 - Prescription drug copayments
 - Part A assistance is limited to medications found on the most current, local Ryan White Part A Program Prescription Drug Formulary. See the following web page, at the Prescription Drug Services section:
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715
 - This Part A assistance does **not** include medications found on the most current Florida ADAP Formulary.
 - Medications not available through the client’s health insurance policy that are found on the most current, local Ryan White Part A Program Prescription Drug Formulary can be covered by the Part A Program. In such cases, the client’s Medical Case Manager or external case manager must issue a Ryan White Program In Network Referral or

Out of Network (OON) Referral (with appropriate back-up documentation), respectively, for the Part A Program health insurance assistance copayment component.

- **Prescription drug copayment assistance is not provided for clients with prescription drug discount cards.**
- **Part A ACA copayment assistance is limited to program-allowable services rendered within the geographic boundaries of Miami-Dade County, with the exception of mail order for prescription drug copayments, where applicable.**
- **Providers and services that are Out-of-Network for the insurance plan are not covered.**
- **See Section IX of this Service Delivery Manual for information regarding the use of the GAP Card to facilitate access to ACA Wraparound copayment assistance. Note the deadline for submitting claims to the Part A Program.**

B. Rules for Reimbursement: Providers will be reimbursed for dollars expended *per ACA copayment per client, plus a dispensing rate.* Furthermore:

- Billing code **ACADRG** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable prescription drug copayments (i.e., non-Florida ADAP Formulary medications).

Billing code **ACALAB** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable laboratory and diagnostic copayments.

- Billing code **ACAOV** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable doctor/medical practitioner office visit copayments.

C. Additional Rules for Reporting: Monthly activity reporting for this service must be in dollars *per ADAP/Part A ACA Wraparound copayment per client.* Providers must also report the number of unduplicated clients served each month.

D. Additional Rules for Documentation: Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

II.C. ADAP/Part A Wraparound Deductible Assistance

This health insurance component is available to help maintain a client's ACA Marketplace health insurance coverage by paying the annual deductible, thereby minimizing the client's reliance on the Ryan White Part A Program for related core medical services.

A. Program Operation Requirements: The Ryan White Part A Program may assist with ACA Marketplace health insurance deductible payments for an eligible client. The Ryan White Program will cover deductibles under Part A as payer of last resort if and where ADAP is unable to cover the deductible expense. Note that ADAP only pays deductibles related to medications on its prescription drug formulary.

B. Rules for Reimbursement: Providers will be reimbursed for dollars expended *per ACA deductible per client plus a dispensing rate*. Billing code **ACADED** must be used for Ryan White Part A Program clients who have an ACA Marketplace health insurance plan AND ARE ADAP clients enrolled under the ADAP/Part A ACA Wraparound Project (i.e., where ADAP is paying the premiums).

C. Additional Rules for Reporting: Monthly activity reporting for this service must be in dollars *per ACA deductible per client*. Providers must also report the number of unduplicated clients served each month.

D. Additional Rules for Documentation: Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

III. Health Insurance Deductibles

This health insurance component is available to help maintain a client's existing (non-ACA) private or employer-sponsored health insurance coverage by paying the annual deductible, thereby minimizing the client's reliance on the Ryan White Part A Program for related core medical services (e.g., Outpatient/Ambulatory Health Services, Mental Health Services, and Substance Abuse Services).

- A. **Program Operation Requirements:** Under no circumstances shall payment be made directly to clients who receive this assistance. A complete financial assessment and disclosure are required.
- B. **Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per deductible per client, plus a dispensing rate*. Billing code **DED** must be used for this non-ACA health insurance component, when applicable.
- C. **Additional Rules for Reporting:** Monthly activity reporting for this non-ACA service must be in dollars expended *per deductible per client*. The service provider must also report the number of unduplicated clients served each month.
- D. **Additional Rules for Documentation:** Providers must maintain proof that the health insurance policy provides comprehensive primary care and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

IV. **Prescription Drug Copayments and Co-Insurance**

This health insurance component is available to eligible clients with (non-ACA) private or employer-sponsored health insurance who are required to pay a copayment or co-insurance for their medications but are financially unable to pay such expense.

- A. **Program Operation Requirements:** Assistance for both (non-ACA) prescription drug copayments and co-insurance is restricted to those medications on the most current, local Ryan White Part A Program Prescription Drug Formulary, even if the medication is also on the ADAP Formulary. **Prescription drug copayment assistance is not provided for clients with prescription drug discount cards.**
- B. **Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per prescription drug copayment/co-insurance per client, plus a dispensing rate*. Billing code **COP** must be used for this non-ACA health insurance component, when applicable.
- C. **Additional Rules for Reporting:** Monthly activity reporting for this non-ACA service must be in dollars *per prescription drug copayment/co-insurance per client*. The service provider must also report the number of unduplicated clients served each month.

- D. Additional Rules for Documentation:** Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.