

North Carolina Department of Health and Human Services
Division of Public Health, Communicable Disease Branch
Ryan White Part B/HMAP Policy Statement

HRSA/HAB Requirement to Vigorously Pursue other Sources of Health Coverage

According to Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act, Ryan White (RW) funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source. RW grantees and subgrantees must make reasonable efforts to secure non-RW funds whenever possible for services to individual clients. As implementation of the Affordable Care Act continues and states address Medicaid expansion, HRSA/HAB has clarified several policies related to the RW program as a “Payer of Last Resort” and the need for RW grantees and subgrantees to vigorously pursue other sources of health coverage to ensure that RW funds are used in accordance with HRSA/HAB regulations and to extend finite RW grant resources to new clients and/or needed services.

As outlined in HRSA/HAB Policy Clarification Notices 1301 to 1401, HRSA/HAB expects RW grantees and subgrantees to:

- Vigorously pursue Medicaid enrollment for individuals who are likely to be eligible for Medicaid.
- Seek payment from Medicaid when they provide a Medicaid covered service for Medicaid beneficiaries.
- Back-bill Medicaid for RW funded services provided for all Medicaid eligible clients upon determination of Medicaid eligibility.
- Vigorously pursue enrollment into health care coverage for individuals who may be eligible for Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance.
- Ensure eligible uninsured RW clients expeditiously enroll in private health insurance plans whenever possible, and inform clients about any consequences for not enrolling (specifically related to penalties).
- If a client misses the open enrollment period and does not qualify for a special enrollment period, make every reasonable effort to ensure the client enrolls into a private health plan upon the next open enrollment period.
- If a client misses the open enrollment period and qualifies for a special enrollment period, make every effort to ensure the client enrolls in a private health plan before the special enrollment period closes.
- Recertify client eligibility at least every six months, including verification of other health coverage (e.g., Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.).
- Collect and maintain documentation verifying client eligibility for other health coverage or a certificate of exemption from the Marketplace, IRS or other applicable entity.

- If a grantee or subgrantee is using RW funds to assist with insurance premiums, reconcile advance premium tax credits with the client and/or the IRS after they file their taxes for the year they received insurance premium assistance.

Not all RW clients will be eligible for other sources of health coverage. RW clients who obtain a certificate of exemption may continue to receive RW services. When a RW client is insured, RW funds may only be used to pay for RW services not covered or partially covered by a RW client's private health plan. RW will continue to be the payer of last resort and will continue to provide those RW services not covered, or partially covered, by public or private health insurance.

HRS/HAB requires grantees to:

- Maintain policies regarding the required process for the pursuit of enrollment for all clients.
- Document the steps during their pursuit of enrollment for all clients.
- Establish stronger monitoring and enforcement of subgrantee processes to ensure that clients are enrolled in coverage options for which they qualify.
- If after extensive documented efforts on the part of the grantee, the client remains unenrolled in health coverage, the client may continue to receive services through RW.

Subgrantees that use RW funds to purchase insurance must determine how to operationalize the health insurance premium and/or cost-sharing assistance program, including the methodology used to: (1) assure they are buying health insurance that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services; and (2) assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate primary care services.

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Documentation that a subgrantee has vigorously pursued other health coverage includes copies of or notes in the client's chart about:

- Screening for coverage eligibility for other health coverage.
- Proof that the client is not eligible to obtain other health coverage (including but not limited to proof of an exemption).
- Detailed efforts to educate the client about other health coverage options (including Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)
- Informational letters, brochures or other materials provided to the client to educate about other health coverage options.
- Client's acknowledgement of education and their decision about enrollment.
- Detailed efforts to enroll/apply or referral for assistance with enrollment/applications for other health coverage options (including Medicaid,

Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)

- Details and calculations that document the client cannot afford other health coverage available, which may include affordability of co-payments or deductibles.

Clients should be regularly screened (during the semi-annual eligibility recertification process) for eligibility for other types of health coverage (or any other alternative payment source). All clients must be counseled about all possible health coverage available and the consequences (including possible penalties and financial impact) for not applying/pursuing health coverage. These penalties may also include possible future denial of access to RW funded services should HRSA/HAB institute such requirements.

RW coordination with other coverage sources could be a significant improvement for clients and their families, as it could provide for more covered services than the RW program currently provides. In addition, moving individuals onto other health coverage sources may enable RW providers to serve HIV-positive individuals that they otherwise would not have the resources to assist.

This Policy Statement will be updated as additional information and requirements are made available by HRSA/HAB.