Ryan White Information for People Living With HIV/ AIDS in Tennessee

Background and Eligibility Requirements

Ryan White was a hemophiliac diagnosed with AIDS in 1984 at age 13. He and his mother courageously fought AIDS-related discrimination and helped educate the nation about his disease. Ryan White died on April 8, 1990, at the age of 18, just months before Congress passed the AIDS bill that bears his name - the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The legislation has been reauthorized four times since and is now called the Ryan White HIV/AIDS Program. The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services.

The Ryan White HIV/AIDS Program is administered by the HIV/AIDS Bureau (HAB), which is part of the Health Resources and Services Administration (HRSA) under the U.S. Department of Health and Human Services (HHS). It is a federal program administered to the states and is estimated to reach more than half a million people with HIV each year. Tennessee reported that there were 3,244 clients in the program as of March 30, 2015.

Though there are several components to the Ryan White program, the two largest pieces are Part A and Part B. Ryan White Part A provides emergency assistance to Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA) that are most severely affected by the HIV/AIDS epidemic. Presently there are two TGAs in the state of Tennessee- Nashville and Memphis.

Ryan White Part B provides drug and medical services to eligible Tennessee residents with HIV/AIDS who do not have any form of health insurance. To be eligible for the Insurance Assistance Program (IAP) and the HIV Drug Assistance Program (HDAP) a person must meet the following criteria:

1. **Be a resident as evidenced by one of the following:**
   - Valid driver’s license or state identification card;
   - Mortgage or rental lease in recipient's name;
   - Tennessee utility bill(s) in recipient's name;
   - Letter of identification and verification of residency from a verifiable homeless shelter or community center serving homeless individuals;
   - Mail postmarked within the last 30 days and delivered to recipient's address.

2. **Meet the income guidelines established by the programs:**
   - Maximum gross monthly income less than or equal to 300% of the federal poverty level;
   - Household resources value less than or equal to $8,000. (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, etc.).

3. **Have a medical diagnosis of HIV as demonstrated by:**
   - A positive screening test for HIV antibody. The HIV serostatus must be confirmed by a more specific confirmatory test (either the Western blot assay or Indirect immunofluorescence assay [IFA] before being considered definitive for confirming HIV infection);
   - Detectable HIV RNA by PCR (Viral Load) test results.
Medical Services

A Medical Case Manager will assess each client’s eligibility for services when they apply for the program. The program primarily covers procedures directly or indirectly associated with HIV/AIDS and related illnesses, and does not cover emergency room charges or inpatient costs. The payment of any uncovered services is the responsibility of the patient. A client recertification is required every 6 months, and an updated application must be submitted within 30 days of recertification or the client will be terminated from the Ryan White program. Once terminated, a client may not receive services including medical, dental, HIV Drug Assistance Program (HDAP), or Insurance Assistance Program (IAP). Clients can, however, re-enroll in the program by contacting their case manager and seeing if they are still eligible.

Tennessee HIV Drug Assistance Program (HDAP)

The Drug Assistance Program is funded through Ryan White Part B. The program is designed to assist with the purchase of specific drugs for eligible, low-income individuals with HIV who have no other source of health coverage. HIV medications prevent AIDS-related deaths, doubling the life expectancy of an individual living with HIV/AIDS, and keeping them healthy and productive. Treatment prevents new HIV infections by lowering the risk of transmission by more than 90%. The HDAP program only covers medications specifically for HIV/AIDS that are listed on the HDAP Formulary. HDAP does not cover any related medications for any other conditions.

Tennessee Insurance Assistance Program

The Ryan White Part B Insurance Assistance Program (IAP) began in 2000. This program assists Ryan White-eligible HIV/AIDS clients in Tennessee with health insurance premiums, co-pays and deductibles. Benefits of the Ryan White Part B Insurance Assistance Program are subject to periodic adjustment based on available funds and program expenditures allocated by Congress.

- Medical Case Managers assist clients with applying for the program, administered by Nashville CARES via the State of Tennessee.
- Funds from the program may be used to pay for the "out of pocket" health insurance premium (for a policy already in effect) as well as deductibles and/or co-pays.
- Eligibility for IAP is the same criteria used by Medical Case Managers to qualify a patient for the Medical Services Program and HIV Drug Assistance Program (HDAP).
- If you think you might be eligible, please contact a Medical Case Manager in your area. If you are unsure whom you should call, you may contact the Nashville CARES HEARTLine at: 1-800-845-4266.

The program is under the jurisdiction of the State of Tennessee; however, Nashville CARES receives grant funding to administer statewide.

Requirements for IAP:

The Medical Case Manager will determine eligibility. The client:

- Must fall under 300% of the federal poverty level
- Must be HIV positive
- Must be a resident of Tennessee

HDAP in Tennessee, TAAN 2012
Nashville CARES and Tennessee Department of Health, May 2015
- Must have insurance that meets the following requirements:
  - Must provide pharmaceutical coverage
  - Must have no less than a $50,000 lifetime cap
  - Any pre-existing condition clause (should be rare due to ACA) must have been met

**What Does IAP Pay?**

Monthly premiums for insurance including:
- Qualified Health Plans, including plans sought by those under 100% of the federal poverty level (only on Silver plans sold through the [Health Insurance Marketplace](#))
- Private insurance policy
- Family policy- IAP can pay premiums for family members, but no other costs such as deductibles, co-pays, etc.
- Insurance through employer (if the employer agrees to accept 3rd party payment), including COBRA
- Medicare D premiums (new program rolled out spring 2015)
- Guarantee Issue Policy (though many can now enroll in more affordable plans through the ACA)

**Copay/Deductible Assistance**
- All claims will be processed and paid up to $1,500/month (including premium payment) with an annual cap of $18,000.
- Coverage is not retroactive and is effective the date a client applies with the Medical Case Manager.
- Claims must be filed within 180 days of service date.
- If any service or medication is not covered by the client’s primary insurance, IAP cannot cover.
- Per state guidelines, IAP cannot reimburse a client for any reason.

**Pharmacy**
- Participating pharmacies must have a signed agreement that they will accept payment directly from IAP.
- Clients must choose a specific pharmacy with their Medical Case Manager.
  - For example, even though a client may use Walgreens for their medications, each individual store chooses whether or not to sign an agreement to accept payment from IAP. Therefore, clients need to stay with one particular pharmacy for their medications, or contact their Medical Case Manager if they need to switch.
- IAP pays co-pay/deductibles on all medications that are covered by the primary insurance, not just HIV medications.

**Office Visits**
- IAP pays co-pay/deductibles on all office visits that are covered by the primary insurance, not just HIV office visits.
- IAP does not cover inpatient services or emergency room visits, only outpatient services.