



Broward County Ryan White Part A
Health Insurance Continuation Program (HICP)
Client Acknowledgment Form

Program Description

Health Insurance Continuation Program (HICP), administered by Broward Regional Health Planning Council (BRHPC), assists clients enrolled in Affordable Care Act (ACA) insurance plans. HICP may assist with Ryan White Part A-approved co-payments, coinsurance, and/or deductibles for program eligible office visits, diagnostic and laboratory services, outpatient procedures, and medications not on the ADAP Formulary.

Funding assistance is limited and not guaranteed.

Client Eligibility (on Date of Service)

To qualify for assistance, clients must meet **all** the following requirements:

- **Ryan White Part A Eligibility** (through CIED: 954-566-1417)
 - Notify CIED of new insurance enrollment
 - Verify Part A Notation of Eligibility (NOE) includes **Insurance Support Services (ISS) =YES**

Medical & Pharmacy Service Eligibility

- **Services/medications must be:**
 - Covered by the client's insurance plan and billed through insurance
 - Provided by in-network providers or pharmacies
 - Listed on [HICP Eligible CPT Codes](#) list
- **Services Not Covered:**
 - For surgical procedures (CPT 10004–69990) see the [HICP Surgical CPT Quick Reference Guide](#)
 - *Certain minor outpatient diagnostic or therapeutic procedures may be eligible, if directly linked to program- related care*
 - *Performed in an **outpatient/ambulatory** setting (Place of Service 11, 19, or 22)*
 - *Elective or Cosmetic remain ineligible*
 - Inpatient hospital services (CPT 99221–99239)
 - Emergency department services (CPT 99281–99288)
 - Ambulance services
- **Medications:** Must not be on the ADAP Formulary (contact BRHPC-HICP for the approved pharmacy list)
- **Dates of Service:** Must fall within the Part A contract year (**March 1 – February 28/29**)

Billing Documentation Requirements

- **Acceptable forms:**
 - Itemized Medical Billing Statement
 - CMS-1500 with Explanation of Benefits (EOB)
- **Billing forms must include:**
 - Client's legal name and date of birth
 - Date of service and insurance payment details
 - Patient responsibility and payment type (copay, coinsurance, deductible)
 - Diagnosis and CPT codes
 - Service location (provider billing address for payment)

Billing documentation may be submitted by the client, or by the provider using BRHPC as a secondary payer (*See [HICP Summary & Requirements Form](#) for details*)

- **Submission Methods:**
 - Email: HICPSubmit@BRHPC.org
 - Fax: (954) 563-3502
 - Mail/Drop-off: BRHPC Main Office (Attn: HICP)
200 Oakwood Lane, Suite 100
Hollywood, FL 33020



Client Responsibilities

- **Before Medical Appointments:**
 - Schedule appointments early (**before January**), as payments cannot roll over into the next contract year
 - Share HICP details with providers at least **30 calendar days before** scheduled appointments
 - Confirm provider accepts HICP, if not:
 - Choose another provider that accepts HICP, **or**
 - Accept full financial responsibility (HICP will not cover the bill)
 - Confirm that services are eligible under the HICP CPT Code list before receiving care
 - Confirm insurance coverage with your provider
- **After Medical Appointments:**
 - Submit payment requests within **60 calendar days** of the date of service, and no later than **February 28/29**
 - Understand HICP does **not reimburse clients directly**; payments are made only to providers
 - Monitor your insurance portal regularly for claim and payment updates
 - Follow up with providers after HICP payment is issued (posting times vary by provider)
- Consent to HICP contacting providers for payment purposes
- Follow the grievance process: issues must first be addressed with HICP before escalating to the Ryan White Part A Broward County Office

Client Rights Regarding HICP (HICP will):

- Confirm insurance plan effectiveness and in-network provider status on the date of service
- Educate providers about HICP upon request by client or provider (the client must provide direct provider staff contact information to HICP)
- Maintain a list of providers and pharmacies that accept HICP payments
- **Within 15 calendar days** of receiving a payment request (billing documents submitted):
 - Process eligible billing documents and issue payment to the provider
 - Notify the client or provider (whoever submitted the documents) if the request is denied
 - Notify the client or provider (who submitted the documents) if the documentation is incomplete, and what is required to proceed with processing the payment
- Maintain records of all eligible payment requests processed

Limitations

HICP does not assist with:

- Ryan White Part A benefits assessment certifications
- Part B/ADAP verifications

Program Caps

HICP is subject to funding availability and annual program limits:

- HICP has an overall annual cap of \$3,000 per client per contract year for the entire Insurance Support Services category.
- Premium Assistance is limited to a maximum of \$2,700 per year, not to exceed \$225 per month.
- Premium Assistance payments count toward and are included within the overall \$3,000 annual cap.

Client Acknowledgment

By signing below, I confirm that I have reviewed, understood, and agree to comply with the HICP Client Policies and Procedures. I understand that my signature is required before receiving HICP services.

Client Name: _____

Client Signature: _____

Date: _____