

Broward County Ryan White Part A

HICP Summary & Requirements for Out-of-Pocket Cost Assistance

Services: Mar 1, 2026 - Feb 28, 2027 | Submit: within 60 days of DOS and no later than Feb 28, 2027

Funding assistance is limited and not guaranteed. Submission of documents does not guarantee payment.

Use this one-page guide to explain HICP to your provider - it includes what is eligible, what to submit, and where to send it.

STEP 1 — Eligibility

- Enrolled in an ACA health insurance plan
- Notify CIED (954-566-1417) of insurance coverage
- FPL for HICP: ≤300% (effective 4/15/2026; previously ≤400%)
- Insurance Support Services (ISS) = YES in Provide Enterprise (PE)
- **Program enrollment:** Must sign the applicable HICP Client Acknowledgment Form before receiving services

STEP 2 — Service rules

- Claim must be processed and paid by insurance
- In-network provider/pharmacy required
- Pharmacy: medication must NOT be on the ADAP Formulary
- Verify eligibility using the HICP Eligible CPT Code List (see Surgical CPT Quick Reference Guide)

STEP 3 — Submit packet

- Itemized bill OR CMS-1500 + EOB
- Must show claim processed/paid + patient responsibility
- Submit within 60 days of DOS (no later than 2/28/2027)
- Provider may submit on your behalf, but the client is responsible to ensure a complete packet is submitted
- Check payment is mailed to provider/remit address only

Clients

- Give this one-page guide to your provider/billing office.
- Tell your provider at least 30 days before the visit that BRHPC may cover eligible out-of-pocket costs.
- HICP pays the provider only (no reimbursement to clients).
- Complete packets are processed within 15 calendar days; provider posting times vary.

Providers / Billing

- Providers may submit directly (recommended) using ONE method: fax, email, or mail/drop-off (see below).
- Bill BRHPC as secondary payer:
- Payer Name: Broward Regional Health Planning Council, Inc.
- Payer ID: BRHPC | Member ID: (Client ID)

Submission checklist (packet MUST include)

- Client info: full legal name + DOB
- Date(s) of service (DOS)
- Patient responsibility type + amount (copay/coinsurance/deductible)
- Amount billed + ICD-10 diagnosis + CPT/procedure codes
- EOB / proof insurance processed and paid the claim
- Provider remit address (for mailing payment)

Common missing items: EOB showing claim paid, CPT/ICD-10 codes, remit address.

Not covered / not allowable

- Inpatient (99221–99239) | ER (99281–99288) | Ambulance
- Out-of-network providers
- Services denied by insurance
- Elective/cosmetic procedures
- Surgical procedures (10004–69990): see Surgical CPT Quick Reference Guide

For All

- **Submit ONE way:** Fax 954-563-3502 | Email: HICPsubmit@BRHPC.org | Mail/Drop-off: BRHPC (Attn: HICP), 200 Oakwood Ln, Ste 100, Hollywood, FL 33020 (do not submit duplicates).
- **Email subject:** Medical Service Payment Request (Recommended).
- **Questions?** Email HICPsubmit@BRHPC.org or call 954-561-9681 ext. 1275. Allow for messages to be returned within 3 business days.
- **Program caps:** Program caps apply. Refer to the applicable HICP Client Acknowledgment Form for current limits.

Scan this QR code to access the most current HICP forms, program requirements, billing instructions, provider guidance, and submission information. Please use this webpage as the current source for HICP information instead of relying on previously emailed forms, which may become outdated.

