Client Acknowledgment Form

HICP, administered by Broward Regional Health Planning Council (BRHPC), may help eligible clients with Affordable Care Act (ACA) insurance plans through **Medical and Pharmacy Cost-Sharing Assistance** (copayments, coinsurance, and deductibles) and **Premium Assistance** (monthly premiums). HICP is not insurance.

Each service has separate requirements. **Read all sections and sign once in Section 4.**

1. Medical and Pharmacy Cost-Sharing Assistance

Eligibility and covered services

On the date of service, you must have current Ryan White Part A eligibility, active ACA insurance, and ISS = YES on your Part A Notice of Eligibility (NOE). HICP income eligibility is up to 400% FPL effective November 1, 2026. Services must fall within the March 1 - February 28/29 contract year.

- **Medical services:** Office visits, diagnostic and laboratory services, and outpatient procedures must be program-eligible, in-network, and covered by your insurance plan. See the HICP Eligible CPT Code List.
- **Medications:** Must be covered by your insurance plan, filled in-network, and not on the AIDS Drug Assistance Program (ADAP) Formulary. See the HICP Pharmacy Provider Direct-Billing List on the HICP webpage.
- **Procedure review (CPT 10004-69990):** Only certain minor outpatient diagnostic or therapeutic procedures linked to program-related care in Place of Service 11, 19, or 22 may be eligible. See the HICP Surgical CPT Quick Reference Guide on the HICP webpage.
- **Not covered:** Out-of-network or insurance-denied services; elective or cosmetic procedures; inpatient hospital services (CPT 99221-99239); emergency department services (CPT 99281-99288); ambulance services.

Before care: tell your provider first

- **You must first tell your provider or billing office about HICP**, at least 30 calendar days before your appointment. Share the HICP webpage or HICP Summary & Requirements Form.
- **After you notify your provider, HICP will educate provider staff** when you or your provider requests it. You must give HICP the staff member's name and direct phone number or email address.
- **Confirm acceptance:** Check insurance coverage, service eligibility, and provider acceptance of HICP payment. If the provider does not accept HICP, choose another or accept financial responsibility; HICP will not pay.

Plan appointments early, before January. Payments cannot carry over into the next contract year.

After care: submit complete billing documents

Your primary insurance company must process and pay the claim first. Submit **an itemized medical billing statement OR a CMS-1500 with an Explanation of Benefits (EOB).** Include:

- Your legal name and date of birth.
- Date of service and service location.
- ICD-10 diagnosis and CPT codes.
- Provider's payment mailing address.
- Amount billed and insurance payment details.
- Patient responsibility amount and type: copayment, coinsurance, or deductible.
- Account or bill number, when the provider needs it to apply payment.

Submit within 60 calendar days of the date of service and no later than February 28/29.

You or your provider may submit; providers may bill BRHPC as a secondary payer. You are responsible for complete, timely documents. See submission methods on page 3.

HICP review and payment follow-up

HICP confirms coverage and in-network status on the date of service. **Within 15 calendar days of receiving a payment request**, HICP issues an eligible payment, explains why the request cannot be paid, or identifies missing documents. Payment requires complete documents and confirmed eligibility.

Check your insurance company's online account for claim updates. After HICP issues payment, follow up with your provider; posting times vary. **Document receipt is not payment approval or issuance.**

2. Premium Assistance

Premium Assistance eligibility

- Be enrolled in an ACA Marketplace plan, receive APTC, and apply the full available credit to your monthly premium.
- Have a remaining monthly premium of $250 or less after the full available APTC is applied.
- Sign and submit the updated combined HICP Client Acknowledgment Form.
- Have and maintain current Ryan White Part A eligibility and meet applicable HICP program requirements.

Requesting Premium Assistance

Enroll in an ACA Marketplace plan. For help, contact a case manager, navigator, or American Exchange at 1-844-441-4422. HICP does not enroll clients.

Email your insurance enrollment information and updated signed combined HICP Acknowledgment Form to

Email: CIED@BRHPC.org **Copy:** HICPSubmit@BRHPC.org
Subject: HICP Premium Assistance

Submit: Signed updated combined form and Marketplace or insurer documents showing plan, available and applied APTC, and premium due. One or more documents may be used; HICP may request missing information.

An insurance card is not required to begin review. When received, send front and back to CIED.

First-month premium (binder payment) documents

- Insurer invoice, binder notice, payment request, billing statement, welcome letter, or official online account statement.
- Marketplace Eligibility Determination Notice or account confirmation/screenshot, together with insurer payment details when needed.

Together, documents must show your name, insurer and plan, coverage month, full premium, available APTC, applied APTC, amount due, due date, and payment instructions.

Ongoing Premium Assistance: submit an invoice every month

> **Due by the 15th of each month:** After the first-month payment, submit the current monthly insurer invoice to HICPSubmit@BRHPC.org, even if the plan and premium are unchanged.

- **Auto-Pay:** Turn off automatic premium payments before HICP begins paying and keep Auto-Pay disabled while receiving HICP Premium Assistance.
- **Missing or late documents:** Incomplete or missing documents prevent completion of payment review. Late submissions may delay or prevent payment. A prior premium payment does not guarantee a later payment.
- **Problems or changes:** Contact your insurance company for a missing invoice and notify HICP before the deadline. Promptly report insurance plan, income, APTC, premium, or eligibility changes; submit past-due or cancellation notices immediately.
- **Coverage and reinstatement:** Contact your insurer immediately about late or terminated coverage. BRHPC is not liable and cannot complete reinstatement or assume responsibility for fees or coverage termination from client noncompliance or independent insurer decisions, including non-payment.

Tax filing, APTC reconciliation, and repayment to BRHPC (See HRSA PCN #14-01)

Tax filing: Clients receiving APTC must file a federal income tax return by the IRS deadline and reconcile APTC using Marketplace Form 1095-A to complete IRS Form 8962 alongside Form 1040. Failure to reconcile may affect future eligibility for Marketplace APTC and, therefore, HICP Premium Assistance.

BRHPC repayment: If HICP paid your health insurance premiums and you receive an additional premium tax credit when filing your taxes, you must repay BRHPC the portion of that credit related to premiums HICP paid, up to the amount HICP paid for the same coverage period. This applies whether the additional tax credit increases your tax refund or reduces the taxes you owe. BRHPC will determine any repayment amount using your tax and premium payment records. Report income changes promptly to HealthCare.gov and CIED to help reduce differences when your premium tax credits are reconciled.

Failure to provide required tax documents or repay amounts determined due to BRHPC may affect HICP eligibility.

3. Requirements for All HICP Clients

Funding and payment limits

Assistance is limited, subject to available funding, and not guaranteed. **Signing this form or submitting documents does not guarantee approval or payment.**

COMBINED HICP PAYMENT LIMIT	PREMIUM ASSISTANCE LIMITS
$3,000 per client per contract year	**$250** per month
For HICP cost-sharing and premium payments.	Included in $3,000 limit; not an additional benefit.

No payments or reimbursements go directly to clients. Approved cost-sharing payments are mailed by check to providers; approved premium payments are made to your insurance company.

Documents received, payment approved, payment issued, and payment posted are different stages. After HICP issues payment, your provider or insurance company must post/apply it to your account. Processing times vary.

Program responsibilities, consent, and concerns

- **Eligibility updates - email first:** Send documents for new or changed insurance to **CIED@BRHPC.org** and keep Ryan White Part A eligibility current.
  Need help with documents? Call CIED at 954-566-1417 for help locating or submitting insurance records. Calling alone does not replace the required documents. Do not wait for your insurance card to start review. When received, preferably within the first month, send front/back to CIED; missing verification information may delay payment. If your income changed, update CIED and HealthCare.gov so both reflect current information.
- **HICP responsibilities:** HICP maintains eligible payment records and a provider/pharmacy list. HICP does not perform Part A eligibility assessments or Part B/ADAP verifications.
- **Consent and concerns:** By signing this form, you consent to HICP contacting providers for payment purposes. Please address concerns with HICP before escalating them to the Ryan White Part A Broward County Office.

Where to submit documents and ask questions

Signed acknowledgment and cost-sharing documents: Use one method; do not submit duplicates.

Email: HICPSubmit@BRHPC.org **Fax:** (954) 563-3502

Mail or drop-off: BRHPC, Attn: HICP, 200 Oakwood Lane, Suite 100, Hollywood, FL 33020.

Premium Assistance: Follow the request and monthly premium invoice instructions in Section 2.

HICP webpage: supporting forms and guides

Keep the **HICP Summary & Requirements Form** for reference and share it with your provider; it does not need a signature. Sign and submit this acknowledgment instead.

Find the HICP Eligible CPT Code List, HICP Surgical CPT Quick Reference Guide, ADAP Formulary, and HICP Pharmacy Provider Direct-Billing List on the HICP webpage.

www.brhpc.org/health-insurance-continuation-program

Need help accessing the webpage? Ask HICP for a copy.

4. Client Acknowledgment - One Signature

Assistance requested (select one): ☐ Cost-sharing ☐ Premium Assistance ☐ Both ☐ Need help deciding

By signing, I confirm I have read and understand this form, had an opportunity to ask questions, and agree to the requirements for the assistance requested. One signature covers both services, but eligibility and documents are reviewed separately. Qualifying for one does not guarantee the other.

My signature is required before receiving either type of HICP assistance.

Client Name (Print) **Client Signature** **Date**