Broward County Ryan White Part A

HICP Summary & Requirements Form

Medical and Pharmacy Cost-Sharing Assistance

Services: March 1, 2026 - February 28, 2027 | Submit within 60 calendar days of service and by February 28, 2027

Keep and share this guide with your provider. Do not sign this guide.

HICP is not insurance. Assistance is limited and subject to review; payment is not guaranteed.

STEP 1 - Eligibility

- Active ACA insurance plan and Ryan White Part A eligibility on the date of service.
- Insurance Support Services (ISS) = YES on your Part A eligibility record.
- Income at or below **400% of the Federal Poverty Level (FPL)** (effective 11/01/2026).

STEP 2 - Service rules

- Claim must be processed and paid by the primary insurance company.
- Services and pharmacies must be in-network.
- Medication must not be on the ADAP Formulary.
- Check the **HICP Eligible CPT Code List**. See procedure guidance below.

STEP 3 - Submit documents

- Sign the **updated Combined HICP Client Acknowledgment Form** first.
- Submit an **itemized medical billing statement OR a CMS-1500 with an Explanation of Benefits (EOB)**.
- Ensure complete, timely documents even when your provider submits.

Insurance updates - email first: Send new or changed insurance documents to **CIED@BRHPC.org**. Need help finding or submitting them? Call **954-566-1417** with your insurance company and plan name, if known. **Calling does not replace the documents.**

Clients - before care: tell your provider first

- **First tell your provider or billing office about HICP at least 30 calendar days before care.** Share this guide; confirm insurance coverage, service eligibility, and acceptance of HICP payment.
- After you notify your provider, **HICP will educate staff at your or their request.** Give HICP the staff member's name and direct phone number or email address.

Providers and billing staff

- Bill the primary insurance company first, then BRHPC as a secondary payer. HICP is not insurance.

Payer name: Broward Regional Health Planning Council, Inc.
Payer ID: BRHPC | **Member ID:** client ID

Submission checklist

- ☐ Client's full legal name and date of birth.
- ☐ Date of service and service location.
- ☐ Amount billed; ICD-10 diagnosis and CPT codes.
- ☐ EOB or proof of insurance payment details showing the claim was processed and paid.
- ☐ Patient responsibility amount and type: copayment, coinsurance, or deductible.
- ☐ Provider's payment mailing address.
- ☐ Account or bill number when required by the provider.

Not covered

- Out-of-network services.
- Services denied by the insurance company.
- Inpatient hospital services (CPT 99221-99239).
- Emergency department services (CPT 99281-99288).
- Ambulance services.
- Elective or cosmetic procedures.

Procedure review (CPT 10004-69990): See the HICP Surgical CPT Quick Reference Guide. Listing a code does not guarantee payment.

HICP review and payment follow-up

Within **15 calendar days** of receiving a payment request, HICP issues an eligible payment, explains a denial, or identifies missing documents. **Payment requires complete documents and confirmed eligibility.**

Checks are mailed to providers; HICP does not reimburse clients. Receipt, approval, payment issuance, and posting are separate stages. Providers must apply payments to client accounts; posting times vary.

Where to submit documents and ask questions

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.

Suggested email subject: Medical Service Payment Request. **Questions:** (954) 561-9681 ext. 1275. Allow up to **3 business days** for a response to messages.

Payment limits: $3,000 per client per contract year, combined for eligible cost-sharing and Premium Assistance payments. See the updated Combined HICP Client Acknowledgment Form.
Current forms: www.brhpc.org/health-insurance-continuation-program
Need help accessing the webpage? Ask HICP for a copy.