

**Ryan White (RW) Part B/AIDS Drug Assistance Program (ADAP)
Health Insurance Continuation Program (HICP)
Limitations and Exclusions**

- RW Part B/ADAP/HICP cannot pay health insurance premiums for private or public policies, which do not include a pharmacy benefit. (E.g. stand-alone dental or vision insurance policies, etc.)
- Health insurance policies supported by RW Part B/ADAP/HICP must meet program requirements for cost effectiveness, meet ACA standards for minimum essential benefit coverage and provide adequate access to HIV medications.
- Clients who receive RW Part B/ADAP/HICP assistance with their health insurance premiums are required to use their HSI letter/card for all of their medication pick-ups at the pharmacy level.
- RW Part B/ADAP/HICP assistance is only available if the provider, employer, health insurance plan, etc. are willing to coordinate payment for the employee share of the premium, or co-payment with the Department of Health and Senior Services (DHSS) Benefits Administrator (HSI).
- RW Part B/ADAP/HICP clients are required to work within the health insurance plan's limitations, exclusions, and/or restrictions.
- If an individual reaches the maximum level of coverage for an item or service as described in a health insurance plan summary of benefits, RW Part B/ADAP/HICP will not cover additional costs associated with that item or service beyond the health insurance plan maximum.
- RW Part B/ADAP/HICP will not cover co-payments for services if the service is included on the current RW Part B/ADAP exclusion list.
- There is no guarantee that all services will be covered through RW Part B/ADAP/HICP funds, regardless of whether they appear on the Limitation or Exclusion List. Therefore, it is advised that a RW Part B/ADAP/HICP Exception Request for services and supplies, which may be considered questionable for coverage be reviewed by HSI or DHSS prior to accessing the service(s) or supplies.
- RW Part B/ADAP/HICP will not provide coverage for non-antiretroviral medication(s) (including insurance co-payment for medications) that are not included on the most current ADAP formulary.
- Exception requests for non-formulary antiretroviral (ARV) medications must be reviewed and approved by DHSS.
- There is no guarantee that the medication co-payment will be covered through RW Part B/ADAP/HICP funds.
- The RW Part B/ADAP/HICP Limitation or Exclusion List is non-exhaustive and may be modified by DHSS at any time based on current US Public Health Service (PHS) guidelines, Health Resource Service Administration (HRSA) requirements, funding availability, etc.

HICP Premium and Cost Sharing Limitations and Exclusions

Table 1

Client Insurance Status	Type of Coverage and Cost Sharing			
	Premiums	Deductibles	Co-pays	Co-Insurance
Employer Provided Health Insurance	Yes- if third party payment can be coordinated. The plan formulary must be in accordance with ADAP requirements for cost effectiveness, meet ACA standards for minimum essential benefit coverage and provide adequate access to HIV medications.	Yes- with some RW Part B exclusions.	Yes- with some RW Part B exclusions.	Yes- with some RW Part B exclusions.
Individual Health Insurance	Yes- if third party payment can be coordinated. The plan formulary must be in accordance with ADAP requirements for cost effectiveness, meet ACA standards for minimum essential benefit coverage and provide adequate access to HIV medications.	Yes- with some RW Part B exclusions.	Yes- with some RW Part B exclusions.	Yes- with some RW Part B exclusions.
Oral Health Plan/Riders- Premiums and coverage allowances are not generally considered to be cost effective to ADAP.	No	Yes	Yes	Yes

Table 1 (Continued)	Type of Coverage and Cost Sharing			
Client Insurance Status	Premiums	Deductibles	Co-pays	Co-Insurance
Medicare Part A *Per HRSA: ADAP cannot pay premiums or cost sharing on Medicare Part A policies.	No	No	No	No
Medicare Part B **Per HRSA: ADAP can only pay premiums or cost sharing when ADAP is also paying for Medicare Part D premiums or cost sharing.	Yes	Yes	Yes	Yes
Medicare Part C *** ADAP can only pay premiums or cost sharing when Medicare Part C plans include prescription drug coverage, or if ADAP is paying for Medicare Part D premiums and cost sharing for Part C plans that do not include prescription drug coverage.	Yes	Yes	Yes	Yes
Medicare Part D ****Per HRSA: The Medicare Part D plan formulary must be in accordance with ADAP requirements for cost effectiveness and adequate access to HIV medications.	Yes	Yes- co-pay, deductible, co-insurance as secondary payer prior to entering the coverage gap known as TrOOP or the donut hole.	Yes- co-pay, deductible, co-insurance as secondary payer prior to entering the coverage gap known as TrOOP or the donut hole.	Yes- co-pay, deductible, co-insurance as secondary payer prior to entering the coverage gap known as TrOOP or the donut hole.

Table 1
(Continued)

Client Insurance Status	Type of Coverage and Cost Sharing			
	Premiums	Deductibles	Co-pays	Co-Insurance
MO HealthNet (Medicaid) - People with Disabilities Program with a Spenddown	Yes- Coverage for Monthly Spenddown Amount*	No	No	No
MO HealthNet (Medicaid) - People with Disabilities Program with a Spenddown and the Ticket to Work Health Assurance Program (TTW)	Yes- Coverage for Monthly TTW Premium Amount*	No	No	No

Table 2

	Service Coverage	
	Outpatient Medical Care	Other Services
Employer Provided Health Insurance	Deductibles, co-pays, and co- insurance for services allowed by insurance policy except for RW Part B exclusions.	Deductibles, co-pays, and co- insurance for medication and services allowed by insurance policy except for RW Part B exclusions.
Individual Health Insurance	Deductibles, co-pays, and co- insurance for services allowed by insurance policy except for RW Part B exclusions.	Deductibles, co-pays, and co- insurance for medication and services allowed by insurance policy except for RW Part B exclusions.
Medicare Part B, C	Deductibles, co-pays, and co- insurance for services allowed by insurance policy except for RW Part B exclusions.	Deductibles, co-pays, and co- insurance for medication and services allowed by insurance policy except for RW Part B exclusions.
Medicare Part D	Not applicable	Not applicable
MO HealthNet (Medicaid)- People with Disabilities Program or other MHN health insurance programs	None	None

Note:

- RWHAP funds cannot be used to reimburse clients; therefore, ADAP will only provide assistance for Medicare associated costs, if third-party payment can be coordinated by the client. (HRSA PCN 18-01)
- RW Medicare clients who seek ADAP assistance are expected to pursue the Medicare Low Income Subsidy, if they will likely qualify.
- RW does not provide Medigap related assistance.
- Spenddown payments and TTW premiums must be cost effective to ADAP.
- RW does not support premium assistance for dental or vision insurance riders.
- RW clients who seek ADAP assistance are also expected to pursue MO HealthNet's, Adult Expanded Medicaid, People with Disabilities Program, or other MHN insurance programs if they would likely qualify.

ADAP and HICP Co-Payment and Cost Sharing Product and Service Exclusions

Table 3

The following categories of service are excluded from deductibles, co-pays and/or co-insurance assistance.

23 Hour Observation	No coverage
Acupuncture	No coverage
ADHD	No coverage
Alternative Medicine (includes complimentary therapies, and integrative medicine, etc.)	No coverage
Ambulance Service	No coverage
Assisted and Skilled Nursing Care Facility and Rehabilitation	No coverage
Assisted Fertilization	No coverage
Autism Spectrum Disorders	No coverage
Bariatric Procedures	No coverage
Biofeedback Therapy	No coverage
Chiropractic Services	No coverage
Cleft Palate/Cleft Lip Procedures	No coverage
Corrective Appliances and Durable Medical Equipment (DME) (E.g. eyeglass frames, hearing aids, diabetes monitors, CPAP machines, etc.) *Outstate Region only: Please check the Part B Outstate Service Manual for current vision policy and coverages.	No coverage
Cosmetic Procedures (including tattooing, lipodystrophy procedures, etc.)	No coverage
Court Ordered Care	No coverage
Custodial Care	No coverage
Dental Cosmetic Procedures	No coverage
Dermatology	No coverage
Dyslexia	No coverage
Emergency Room and Urgent Care	No coverage

Table 3
(Continued)

The following categories of service are excluded from deductibles, co-pays and/or co-insurance assistance.

Employment Related Care	No coverage
Experimental/Investigational Care	No coverage
Genetic Counseling Studies	No coverage
Growth Hormone	No coverage
Hairpiece/Hair Implants	No coverage
Hearing Aids	No coverage
Hemodialysis	No coverage
Home Health Care (including infusion therapy, etc.)	No coverage
Hospice Care	No coverage
Inpatient Care (including inpatient maternity and newborn care, etc.)	No coverage
Medication Pick-Up Medical Office Visit	No coverage
Mental Health Inpatient (Hospital)	No coverage
Physical Therapy	No coverage
Podiatry Services	No coverage
Reversal of Sterilization	No coverage
Sexual Transformation Services/Procedures	No coverage
Sleep Study	No coverage
Spiritual Healing	No coverage
Substance Abuse Inpatient (Hospital)	No coverage
Transplants	No coverage
Treatment Outside the United States	No coverage
Weight Reduction Treatment/Procedures	No coverage, including antidiabetics prescribed for non-diabetics.