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EDMUND G. BROWN JR.
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Office of AIDS
HIV Care Program

Management Memorandum
Memorandum Number 14-02

September 24, 2014

TO: HIV CARE PROGRAM CONTRACTORS

SUBJECT: Using Ryan White Services for Clients Receiving Partial Benefits Through Another Payer Source

References:

- HRSA Policy #13-04 – [Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#)
- HRSA Policy #13-01 – [Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program](#)

I. Purpose

The purpose of this Management Memo is to clarify CDPH Office of AIDS' (OA) expectations regarding using Ryan White (RW) funds for services partially covered by Medi-Cal, Denti-Cal, private insurance or other eligible benefits.

II. Policy

In order for contractors to pay for services partially covered by Medi-Cal, Denti-Cal, private insurance or other eligible benefits and comply with the HRSA policy that RW programs be the payer of last resort, OA is requiring the following:

- Client charts must include the following:
 - A description of the need for additional, medically necessary services beyond what the client's healthcare coverage or other benefits provide;
 - Documentation indicating that such services are only partially covered through the client's health care coverage or other benefits.

Management Memo 14-02

Page 2

- Contractors should be aware that Ryan White funds cannot be used to pay for services provided by a provider not in the client's healthcare provider network, unless the medically necessary service cannot be obtained through an in-network provider.
- Reminder – all RW providers who provide services that overlap with Medi-Cal and Denti-Cal must be certified to receive Medi-Cal and Denti-Cal payments.
- Contractors must update their policy and procedures to include all requirements defined in this memo.
- Contractors must ensure all subcontractors are in compliance with the activities defined in this memo.

For additional information Contractors and Service Providers should review the following: HRSA - [Ryan White and the Affordable Care Act: Frequently Asked Questions - July 2014](#) (Questions 5.2, 5.3, 5.4, 5.6, and 5.8)

If you have questions, please contact your Care Program Advisor. Current Care Program Advisor assignments are located on the OA website:
<http://www.cdph.ca.gov/programs/aids/Documents/11MAD3cCareAdvisors.pdf>

Sincerely,

Ayanna Kiburi, MPH
Chief, HIV Care Branch
Office of AIDS
California Department of Public Health

Frequently Asked Questions

1. **Question:** What type of documentation is required in our client charts to show there is a need for additional services?
Answer: This can be a treatment plan or whatever method you use to document what services are deemed medically necessary beyond the coverage the client receives through their healthcare coverage or other benefits.
2. **Questions:** What documentation do we need to show that a service is only partially covered by Medi-Cal, Denti-Cal or private insurance?
Answer: A document such as an Explanation of Benefits (EOB) from the clients' healthcare plan or a similar document that outlines the benefits available, would be appropriate. Having, for example, a treatment plan or similar document and the EOB or similar document, would demonstrate that Ryan White funds are being used as the payer of last resort.
3. **Question:** For what service categories is this additional documentation required?
Answer: Documentation is necessary for any RW service you are providing which overlaps with a benefit a client has through another payer source (such as Medi-Cal, Denti-Cal, private insurance, Cal-Fresh) and there is a medical necessity for additional services beyond what the clients' benefits offer
4. **Question:** Does it matter if the client uses RW services first and then their healthcare coverage since we already know their coverage will only partially cover their necessary care?
Answer: Because RW is the payer of last resort, clients must exhaust their Medi-Cal, Denti-Cal or private insurance benefits prior to utilizing RW services.
5. **Question:** Can you give an example how this might work in the case of mental health services?
Answer: A client has comprehensive healthcare coverage which allows for 12 mental health visits a year. This client's treatment plan indicates that the client should receive 18 visits. The provider should bill the client's health plan for the first 12 visits and then use RW funds for the remaining six visits. Documentation should include the treatment plan and documentation from the health plan which indicates that the client's plan covers 12 visits.
6. **Questions:** What if, in the example in question 5, the RW provider is not in the client's health plan network?
Answer: If the RW provider is not part of the network (private insurance or Medi-Cal Managed Care), the client will need to receive the first 12 sessions from an in-network provider. RW funds can then be used to pay for the additional six sessions.