

Insurance

Intended Audience

- Agencies Funded by the Ryan White Program including the HIV Care Program (HCP)

Policy Background

The Ryan White Program – including HCP – is the “payer of last resort.” All Parts of the Ryan White Program fill gaps in care not covered by other resources. Most likely users of Ryan White services include people with no source of healthcare insurance and those with Medi-Cal or private insurance whose care needs are not being met.

The “Insurance” screen in ARIES is used to document clients with and without insurance (see Figure A.). Agencies must enter this insurance information into ARIES to demonstrate that they are properly screening for third party payers. Additionally, Insurance Source is required for the Ryan White Annual Program Data Report (RDR) and the Ryan White Services Report (RSR).

Bart J Simpson Insurance 										
Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note
Private 1	COBRA	No	Yes	Yes	Blue Cross	2127-a	1/20/2009	7/20/2010		
No insurance	No Insurance	No	No	No			7/21/2010	7/21/2011		

• Figure A. Insurance Screen

Procedures

Every client, including those with no insurance, should have at least one insurance record documented in ARIES. The following guidelines help ensure that insurance records are entered properly.

- Users must enter an Insurance Source for every insurance record. The options for Insurance Source are:
 - ADAP
 - Dental
 - Medi-Cal/Medicaid
 - Medicare
 - No insurance
 - Other
 - Other public insurance
 - Private 1
 - Private 2
 - Private 3
 - Public 1
 - Public 2

- Unknown
 - Veteran
 - Vision
- Since Ryan White is the payer of last resort, the Insurance Source for the vast majority of Ryan White clients should be “No Insurance.” However, there are some instances when a Ryan White client might be insured. For example:
- A client receives her care through Medi-Cal. However, she is accessing Ryan White-funded housing assistance. In this case, the user should enter an Insurance record that specifies “Medi-Cal/Medicaid” as the Insurance Source.
 - A client receives his medical care through Kaiser Permanente. The client receives Oral Health Care from a Ryan White provider since Kaiser Permanente does not provide dental care. In this case, the user should enter an Insurance record that specifies “Private 1” as the Insurance Source.
- Insurance Type is an optional field. The options for Insurance Type are:
- | | |
|--------------------------|--------------------|
| ■ Baby | ■ Managed |
| ■ CA Children's Services | ■ Medicare A |
| ■ Cal-COBRA | ■ Medicare A & B |
| ■ CHAMPUS | ■ Medicare D |
| ■ CHIPPS | ■ No Insurance |
| ■ CMSP | ■ Other |
| ■ COBRA | ■ Private Self-pay |
| ■ Conversion (Rx) | ■ Restricted |
| ■ County Sponsored | ■ Shared Cost |
| ■ DentiCAL | ■ Unknown |
| ■ Full Scope | ■ Veterans |
| ■ HIPIC | |
- The Insurance Type should not conflict with the Insurance Source. For example, if the client's Insurance Source is “No insurance,” the Insurance Type should not list an insurance program like “CHAMPUS” or “CA Children's Services.”
- Users must enter a Start Date for every insurance record. These dates are used to determine if the insurance is valid for a given time period. For an uninsured client, enter the date when the client became uninsured; if that date is unknown, enter the date of the client's initial enrollment at the agency.

- End Dates should only be entered for insurance that has been terminated or lapsed. In many cases, this may require users to edit an existing Insurance record. For example, a client has a record with Medi-Cal/Medicaid as the Insurance Source and November 1, 2008 as a Start Date. On October 1, 2010, the client informs her case manager that her Medi-Cal benefits ended on August 31, 2010, and that she is now uninsured. The case manager would enter August 31, 2010 as the End Date for the Medi-Cal/Medicaid record and create a new record with No Insurance as the Insurance Source and September 1, 2010 as the Start Date.
- When there is a change in the client's insurance coverage (i.e., new carrier, becomes uninsured, become insured), users should create a new insurance record. Users should not edit over an existing record.

Compliance Monitoring

The State Office of AIDS (OA) will routinely monitor for compliance. OA will work with noncompliant agencies to improve their collection and entry of insurance.

Related Policies

- ARIES Policy Notice No. C3 regarding Eligibility Documents
- ARIES Policy Notice No. E2 regarding Completeness of Data Entry