

Ryan White Requirements and the LIHP - Frequently Asked Questions #4

Topic: Retroactive Enrollment and Back-billing for Low Income Health Program (LIHP) Services

1. When is a client officially enrolled in LIHP?

Once the local LIHP completes their review of the client's LIHP application and determines they are to be enrolled in LIHP, the official enrollment date is the first of the month during which the client submitted their LIHP application.

For example, if a client submits their application to LIHP on February 25, and on April 15 the LIHP Enrollment Worker determines the client is eligible for LIHP, then the client's LIHP effective date of enrollment is February 1.

Some local LIHPs have elected to include a provision in their LIHP contract with DHCS which allows retroactive eligibility for either 30, 60, or 90 days prior to the first of the month in which the client applied. If a local LIHP chooses to extend retroactive eligibility for 30, 60 or 90 days, the client's effective enrollment date will be the first day of the first, second or third month prior to the first of the month in which the client applied. In the example above, if the local LIHP allows 60 days retroactive eligibility, then the effective enrollment date would be extended from February 1 to December 1 of the prior year.

2. What is back-billing?

In the context of LIHP, back-billing is a process in which a Ryan White (RW) funded provider (including an ADAP pharmacy) submits claims to the local LIHP for their expenditures incurred in providing LIHP covered services to LIHP eligible clients. If that same client's RW provider has an established contract with LIHP during this time period, the provider can and should, after the client has been determined eligible and enrolled, submit claims to the LIHP for all LIHP eligible services provided. Further guidance on how back-billed expenditures should be submitted to OA as the Ryan White grantee will be provided in a separate FAQ. In addition, guidance on how ADAP will back-bill pharmacies will be provided in a separate FAQ as well.

3. In what situations can back-billing occur?

Provided here are two examples in which back-billing can and should occur:

- A. A RW care provider that is also a LIHP provider at the time the expenditures were incurred can back-bill the local LIHP after the client has been enrolled in LIHP. This would occur if LIHP-covered services are provided to a client after the client's effective LIHP enrollment date. Utilizing the first scenario outlined in Question 1, the provider should back-bill the LIHP for services provided to the client from February 1 forward.

Note: Without a contract with the local LIHP, a RW provider **cannot** back-bill for services provided to clients covered by LIHP unless scenario "B" below applies. .

- B. Some contracts between providers and local LIHPs may contain a provision that allows back-billing for LIHP-eligible services provided to LIHP enrolled clients during the period in which the provider is negotiating with the local LIHP to become a LIHP network provider. An example of this is if the RW provider starts negotiating with the local LIHP on March 1 to become a LIHP network provider and the contract is executed on June 1. Once the LIHP contract is in place, and if specific contract language allows, the provider could bill the local LIHP for LIHP-eligible services provided on or after March 1 to LIHP enrolled clients.

4. How much can a RW provider back-bill for a LIHP eligible service?

The RW provider, as a LIHP provider, can claim up to the amount that the local LIHP program reimburses for such covered services, according to rates established by the provider's contract with the local LIHP.