

MEMORANDUM

DATE: February 29, 2024

TO: AIDS Drug Assistance Program (ADAP) Field Staff

THROUGH: Craig Wilson
Chief, Bureau of Communicable Diseases

FROM: Jimmy LLaque
Director, Patient Care and Treatment Access Program

SUBJECT: Patient Care Policies and Procedures: Minimum requirements for clients to receive ADAP assistance with health insurance obtained through the federally facilitated Marketplace.

Purpose of This Patient Care Policy Notice (PCPN)

This memorandum specifies changes that have been made to the HIV/AIDS Section's policies and procedures as stated in the Florida ADAP Policy Manual (dated January 2017). The purpose of this PCPN is to provide guidance on the minimum requirements for clients. The changes described in this PCPN are effective on March 1, 2024.

Background

Since the first year ADAP supported plans in the Marketplace, policy required clients to have minimum gross income of 100% of the Federal Poverty Level (FPL). For 2015, the first year ADAP assisted clients with health insurance through the federally facilitated Marketplace, ADAP policy required gross income from 100% through 250% FPL to obtain the greatest federal subsidies. For 2017, the program expanded access to clients with gross incomes from 100% through 400% FPL. For 2021, the program further expanded access by changing program policy to require gross incomes from 75% through 400% FPL. The program's expressed intent for these policy changes is to gradually open access for clients in a fiscally responsible way.

Assistance with policies obtained through the Marketplace must have a documented gross income above 50% of the FPL. Exceptions to this requirement are in place for the following:

- Clients whose income drops below the minimum during the benefit year will continue to receive assistance.
- Clients who maintain eligibility for Ryan White services in the state and received assistance with a policy for a benefit year will qualify to continue to receive that assistance in the following benefit year(s).
- Clients whose policy terminates for a period of six months or fewer, who maintain or are re-determined eligible for Ryan White services in the state, and whose policy the issuer is able to reinstate, will receive payment of past due amounts to return the client to care, and continued assistance with their policy.
- Clients who choose to enroll in a policy through the Marketplace when offered COBRA continuation coverage of an employer sponsored policy will receive assistance.
- Clients who choose to terminate a COBRA policy or whose COBRA policy ends, and enroll in a policy through the Marketplace will receive assistance.
- Clients who have a documented termination of Medicaid during the 12-month period from April 1, 2023 through March 31, 2024 will receive assistance.

Policy Clarification

Clients who qualify for assistance with Marketplace plans will be assisted with premiums and pharmaceutical deductible and copay expenses. This includes clients whose monthly premium has been reduced to \$0.00. Uninsured clients who are not covered by one of the exceptions outlined above must have gross income at or above 50% FPL and not to exceed 400% to qualify for ADAP assistance with Marketplace insurance beginning with the effective date of this PCPN. Gross income must be documented in the client's ADAP Provide database record. This must be through data entered in the income tab of the client's record, supported by a scan of a Ryan White Part B or Ryan White Part A Notice of Eligibility, or other documentation used to establish such eligibility.

If a client has enrolled in a health insurance policy through the Marketplace and does not qualify for assistance due to their income or because the plan is not approved by ADAP, the client record must be suspended from services. Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) of the Public Health Service (PHS) Act states in part that Ryan White HIV/AIDS Program (including ADAP) funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under... any State compensation program, under an insurance policy, or under any Federal or State health benefits program ... or by an entity that provides health services on a pre-paid basis." Therefore, the client does not qualify for any assistance from ADAP, neither direct dispense or insurance services.

The suspension from services must be terminated:

- If the client terminates the policy.
- If the client enrolls in a plan approved by ADAP and provides the information and documentation to the contracted Insurance Benefits Manager, currently Broward Regional Health Planning Council.
- If the client reports a change to the documented income to 50% FPL or higher.

The policies and procedures covered in this PCPN supersede current language in the Florida ADAP Policy Manual (dated January 2017). Therefore, this PCPN memorandum is in effect until the Florida ADAP Policy Manual is updated to reflect the above changes.

If you have any questions regarding this PCPN, please contact Paul Mekeel, benefits manager, at 850-901-6700 or paul.mekeel@flhealth.gov.