

SAN MATEO COUNTY
HEALTH DEPARTMENT
COMMUNITY HEALTH – PUBLIC HEALTH PROGRAMS

POLICY NUMBER: 2010-153

SUBJECT: Patient/Client Eligibility Determination Procedure for Ryan White and/or HOPWA Funded Services

AUTHORITY: Edison Clinic Manager and STD/HIV Program Director

SUPERSEDES: 2010-136

PURPOSE: All patients/clients receiving Ryan White and/or Housing Opportunities for People with AIDS (HOPWA) funded services must be screened for eligibility in order to be in compliance with funding requirements.

BACKGROUND: Ryan White funded services can only be accessed by patients/clients who meet the eligibility criteria set forth by Health Resources and Services Administration (HRSA) and the San Francisco HIV Services Planning Council. HOPWA funded services can only be accessed by clients who meet the eligibility criteria set forth by Housing and Urban Development (HUD). The Ryan White and/or HOPWA funded services provided by the STD/HIV Program include:

1. Primary Medical Care at Edison Clinic
2. Psychiatric Services at Edison Clinic
3. Medical Case Management at Edison Clinic, Willow Clinic and Daly City Health Center
4. Financial Benefits Counseling at Edison Clinic, Willow Clinic and Daly City Health Center
5. AIDS Drug Assistance Program (ADAP) enrollment
6. Nutritional services
7. Screening and referral to outpatient and residential substance use programs

Ryan White funding can only be used as the payer of last resort.

POLICY: San Mateo Medical Center (SMMC) Community Health Advocates (CHAs) will screen patients/clients for Access and Care for Everyone (ACE) or Discounted Health Care (DHC) programs. STD/HIV Program staff will screen patients/clients for Ryan White/HOPWA eligibility.

Only patients/clients who meet all eligibility requirements for a Ryan White or HOPWA funded service will receive that service. Eligibility is as follows:

1. Must be HIV+
2. Must be a resident of San Mateo County
3. Must be uninsured or underinsured for the service requesting
4. Must have a low income, defined as an annual federal adjusted gross income equal to or less than 400% of the Federal Poverty Limit (FPL)

To meet the “uninsured/underinsured” requirement, a patient/client must apply for any other coverage program.

Patients/clients who do not meet all of the eligibility requirements are not eligible to receive the Ryan White and/or HOPWA funded services.

PROCEDURE: New patients who already have some type of insurance (i.e. Medi-CAL, Medicare, private insurance) do not need to be referred to a CHA and can be coded correctly for their insurance type by the Edison Clinic PSAs.

New patients who do not have any insurance will be referred to a CHA in order to assess eligibility for ACE or DHC. Patients can schedule an appointment with a CHA either through a PSA at Edison, calling the CHA Hotline at 573-3595 or on a drop-in basis.

Once seen by a CHA, the patient will be coded as one of the following:

- **F19** – undetermined; no patient screening conducted
- **F19 F20** – One-e-App application started; patient has 14 days to complete application process

- **F19 F10** – ACE application submitted. Note that eligibility for ACE can be determined within 48 hours of the One-e-App application.
- **F75** – either (1) patient found ineligible for programs or (2) patient failed to follow up with application process. A new code will be created to delineate between these two scenarios, as patients found ineligible for ACE or DHC programs should be eventually coded as a Z00, which is the financial code for Ryan White Services. The new code will prevent patients who failed to follow up with the application process from being automatically coded as Ryan White (Z00).
- **F25** – Discounted Health Care program
- **Z60** – ACE with \$10 co-pay
- **Z55** – ACE fee waiver
- **Z00** – Ryan White Services

Patients have the standard 14 days to complete all necessary documentation for ACE or DHC. During these 14 days, the patient may receive a bill for any services provided. This bill does not have to be paid as long as the patient is following through with the necessary documentation for ACE or DHC. If the patient does not follow up with the CHA, or does not complete the ACE or DHC application process, the patient will be responsible for payment of any services received during that time period. PSAs can check the application date on the CORE comments screen and remind patients if they are coming close to the 14 day period.

The SMMC Lab usually will not allow service while a patient is coded F19 F20. However, when the patient takes an Edison lab slip to the lab, they know to process the request.

New patients who do not have insurance and are in the process of applying for ACE or DHC should also be referred to the Community Worker II (Financial Benefits Specialist) to determine if client should begin the Medi-CAL application process. The Community Worker II (Financial Benefits Specialist) should never take the place of the CHA nor be part of the CHA process of entering billing codes.

Approved: 6/2010

Revision Dates: 6/10