City of Austin Health & Human Services
HIV Resources Administration Unit
Austin, TX TGA

Primer for Entering Client Insurance Information into ARIES

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Version 1.1

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ARIES and Data Technical Assistance Site
for Austin TGA Providers
~
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Insurance

BACKGROUND

Increasing scrutiny is going to be placed on client eligibility documentation, such as insurance and financial information. So it is important that this information is entered as completely and correctly as possible.

If you have any questions regarding insurance and entering the information into ARIES do not hesitate to contact Cynthia or Betsy for assistance.

Insurance "Source" and "Type"

The insurance categories in ARIES consist of a **Source** and a **Type**. The **Source** is the main category the insurance information is entered under. It is also the primary data field ARIES uses in calculating insurance data on the Ryan White data reports.

Type can be thought of as a *sub-category* of **Source**. See the diagram below, which uses **Medicare** as an example.
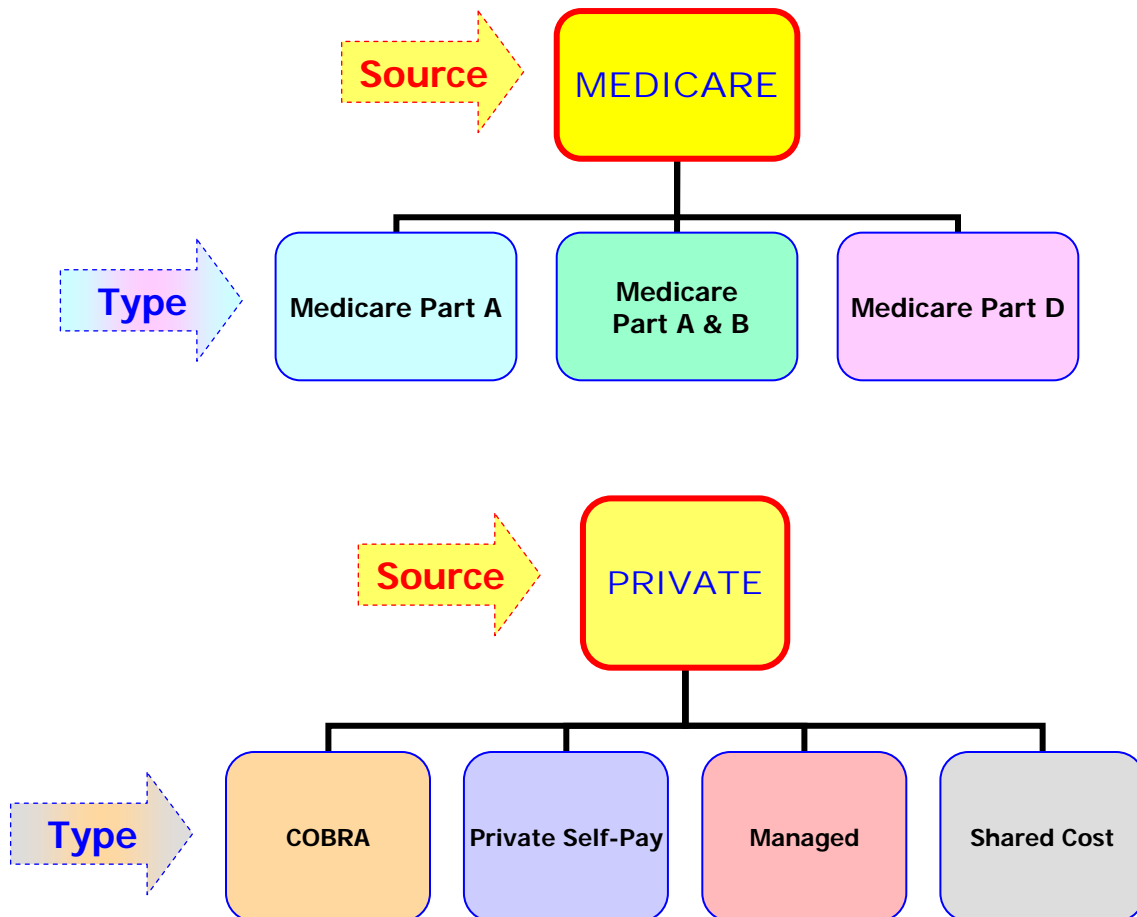
Insurance

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Type can be thought of as a *sub-category* of **Source**.

See the diagrams below:

Source → **MEDICARE**

Type → Medicare Part A | Medicare Part A & B | Medicare Part D

Source → **PRIVATE**

Type → COBRA | Private Self-Pay | Managed | Shared Cost

Insurance

Primary Insurance (Prim Ins)

Generally the client's **Primary Insurance or Prim Ins** is the one that has been in force the longest. For example, if a client being served in the EMA/TGA has Medicare, it will most likely be their Primary Insurance.

If the client has additional coverage, the client has to file a claim with the Primary Insurance before filing claims with any other secondary insurance, etc.

There are additional data entry requirements for insurance entries designated as Primary Insurance. These are discussed later in this chapter.

The table on the following page is a summary of the insurance **Source** data selections in ARIES along with the corresponding **Types**. The caveats for Primary Insurance are also noted on this table.

The top three insurance Source categories utilized by Austin TGA clients, as indicated by ARIES data, **No Insurance**, **Medicaid**, and **Medicare**, are highlighted on the table in yellow.

Insurance (cont'd)

Table of Insurance Sources and Corresponding Types
Items in Blue/Bold are "valid" selections for entries indicated as Primary Insurance (Prim Ins)

Source	Type	Notations for Entries Indicated as Primary Insurance (Prim Ins)
No Insurance	**No Insurance**	If a client has no kind of insurance, it is very important that you make "**No Insurance**" entries for BOTH Source and Type. A missing entry DOES NOT indicate to ARIES that the client has "**No Insurance**"!!
Medicaid **Under Medi-CAL/Medicaid in ARIES**	**Full Scope** **Managed** Other	The most likely/applicable Type selections for Prim Insurance entries are: **Full Scope** **Managed**
Medicare	**Medicare A** **Medicare A & B** Medicare D	**Medicare A or Medicare A & B** should be used for Source for Prim Ins entries. *For most clients, if they are covered, Medicare will be their Primary Insurance.*
Public 1 Public 2	**CHIPPS** **County Sponsored** – enter **MAP Cards** under this category **Other**	**Public 1** should be used for Source for Prim Ins entries.
Private 1 Private 2 Private 3	**COBRA** **Full Scope** **Managed** **Private Self-pay** **Shared Cost** Restricted OBRA Conversion (Rx) North Star Other	**Private 1** should be used for Source for Prim Ins entries. The most likely/applicable Type selections for Prim Ins entries are: **COBRA** **Full Scope** **Managed** **Private Self-Pay** **Shared Cost**
Vision	Other	Vision is not a valid Source selection for Prim Ins entries
Dental	Other	Dental is not a valid Source selection for Prim Ins entries
Veteran	**Veteran**	**CHAMPUS** is no longer a valid entry for any Veteran insurance entries.

Insurance (cont'd)

Table of Insurance Sources and Corresponding Types (cont'd)

Items in Blue/Bold are "valid" selections for entries indicated as Primary Insurance (Prim Ins)

Source	Type	Notations for Entries Indicated as Primary Insurance (Prim Ins)
ADAP (AIDS Drug Assistance Program), known in Texas as the Texas HIV Medication Program or THMP	SPAP (State Pharmacy Assistance Program Other	ADAP is not a valid Source selection for Prim Ins entries
Other Public Insurance	**Other** **Baby**	
The following Types apply only to California. *Do not use them.* ➔ ➔	*HIPIC* *Denti-CAL* *Cal-COBRA* *CMSP*	***PLEASE NOTE**, however, that Medi-CAL/Medicaid is a "joint" category used by both Texas and California.*
The following Types are no longer valid for underline any insurance entries. *Do not use them.* ➔ ➔	*CHAMPUS*	

Insurance (cont'd)

Private 1, 2 & 3 Source Categories:

The most common are **Private** carriers, which most everyone has heard of (e.g., Blue Cross/Blue Shield, Prudential, etc.) Clients may have more than one insurer, such as a primary and secondary insurer. One may pay 80% of the bill. This would be referred to as the client's **Primary Insurance (Prim Ins).** Another may pay all or some of the portion for which the client is responsible. This is often referred to as "supplemental" insurance. A common supplemental insurance carrier is "AFLAC", whose spokes-duck commercials you may have seen on television.

Blue Cross/Blue Shield, for instance, offers **"Full Scope"** coverage, or "limited/**Restricted**" coverage. Full Scope covers a client's medical, dental, vision and other needs.

"Limited scope/**Restricted**" coverage means there are conditions on the payments or the amount of payments, i.e., the client's primary insurance may need to be billed prior to the limited/restricted coverage paying for anything.

In addition to these **"Types"**, clients may also belong to a "**Managed**" care program, or Health Maintenance Organization (HMO), such as HMO Blue.

Clients who are employed may have what is known as **"Shared Cost"** insurance, another insurance **"type"** where their employer pays a portion of the premium for the insurance as part of the employee's compensation package.

Insurance (cont'd)

If a client presents at an organization with primary health insurance from Blue Cross through his/her employer, and ADAP, the client's insurance information would be entered as shown below.

Blue Cross is the client's **Primary Insurance**, or **Prim Ins**, because it provides the most coverage.

As indicated in the Source/Type table on the previous pages, **ADAP** is not checked off as a **Primary Insurance**.

The Note field shows where the agency who entered the data added their agency name (Acme Medical Center).

Call Tyrone Insurance

Source ✳	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ✳	End Date ✳	Mo. Prem-ium	Note	
Private 1	Managed	No	Yes	Yes	Blue Cross	9986686	1/1/2008	12/31/2010	$500.00	Acme Medical Center	Edit
ADAP	Other	No	No	No	DSHS	8700	3/1/2010	6/30/2011		Acme Medical Center	Edit / New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

Public 1 and 2:

Insurance paid for through tax funds is considered **"public"** insurance, but is separate from Medicare and Medicaid coverage.

There are very few public health insurance options other than **Medicare/Medicaid** open to HIV positive individuals.

However, clients can apply for the **Medical Assistance Program** and receive a **MAP card**.   This program is administered by Travis County.

A MAP card would be entered as indicated below, with Source = "Public" (1 or 2) and Type = "County Sponsored."

Note that although the **County Sponsored** entry is not the Primary Insurance, when it was entered, Public 1 instead of Public 2 was used, since it was not being used in any other entry.

Source ✳	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ✳	End Date ✳	Mo. Prem-ium	Note	
Private 1	Full Scope	No	Yes	Yes	United Health Care	A6768	8/18/2009	12/31/2010		MHMR	Edit
Public 1	County Sponsored	No	No	No	Travis County		1/1/2009	8/17/2009		MAP CARD DPC	Edit
											New

Save + Next ›   Save + Done   Cancel

Insurance (cont'd)

Medicare:

Medicare is a federal health insurance program for seniors over the age of 65 or for disabled persons under the age of 65 who also receive Social Security Disability Income (SSDI). Individuals who have **Medicare**, like those who have **Private Insurance**, may also have supplemental insurance, such as PacifiCare or Secure Horizons, which pays out-of-pocket expenses incurred by Medicare Co-Payments.

There are several different **"types"** of **Medicare** coverage. **Medicare Part A** coverage is for hospitalizations, **Medicare Part B** coverage is for outpatient and other doctor services that Part A doesn't cover. A client may have either Part A or B OR both Part A and B at the same time, depending on their qualifications.

Medicare Part D, which began in 2006, is a prescription drug insurance program. It pays for medications for eligible clients who purchase an offered **Medicare Part D** plan.

In the example below, **Medicare Part A and B** is entered as the **Primary Insurance**, with an additional entry for **Medicare Part D**. As noted in the Source/Type table, Medicare Part D should not be indicated as a **Primary Insurance**.

Susy Q Client Insurance

Source ✽	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ✽	End Date ✽	Mo. Prem-ium	Note	
Medicare	Medicare A & B	No	Yes	Yes		9007-1	1/1/2009	12/31/2010		ACM	Edit
Medicare	Medicare D	No	No	No		77090	2/1/2010	12/31/2010		ACM	Edit
											New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

Medicaid:

Medicaid, represented in ARIES is **"Medi-Cal/Medicaid",** is a State administered program and each state sets its own guidelines regarding eligibility and services. It is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Children may also be eligible for Medicaid. If you serve related/affected youth clients who are on Medicaid, be sure to enter this information into ARIES.

Sunny I Daze Insurance

Source ❅	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ❅	End Date ❅	Mo. Prem-ium	Note	
No insurance	No Insurance	No	No	No			7/21/2009	8/31/2009		DPC	Edit
Medi-Cal/Medicaid	Full Scope	No	Yes	Yes			9/1/2009	12/31/2010		DPC	Edit / New

Save + Next ▸   Save + Done   Cancel

Vision/Dental:

Clients who have vision and dental plans separate from their **Primary Insurance** should have that information entered under these "sources."

However, Vision and Dental insurance should NOT be indicated as a client's Primary Insurance.

Cora C Manor Insurance

Source ❅	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ❅	End Date ❅	Mo. Prem-ium	Note	
Private 1	Full Scope	No	Yes	Yes	CTMF	78771-A	1/1/2001	3/1/2011	$445.00	CA	Edit
Dental	Private Self-pay	No	No	No	I Can't See Vision Care	77891	7/1/2006	12/31/2010	$21.00	CDU	Edit / New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

Veteran:

Current or retired military personnel covered by VA or veterans benefits should all be listed under the **Veteran** Source and **Veterans** Type.

CHAMPUS is no longer a valid entry for Type. (This program was replaced by TRICARE).

Fanny K Arama Insurance

Source ✱	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ✱	End Date ✱	Mo. Prem-ium	Note	
No insurance	No Insurance	No	No	No			1/1/2009	5/31/2009		DPCHC	Edit
Private 1	COBRA	No	No	No	City of Austin		6/1/2009	6/1/2010	$850.00	DPCHC	Edit
Veteran	Veterans	No	No	No	TriCare		6/2/2010	7/31/2010		MHMR	Edit
No insurance	No Insurance	No	Yes	Yes			8/1/2010	12/31/2010		MHMR	Edit
											New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

(ADAP) AIDS Drug Assistance Program:

In Texas, **ADAP** is also known as the **Texas HIV Medication Program** or **THMP**. This program assists clients with getting access to HIV medications.

The **Texas State Pharmaceutical Assistance Program,** or **SPAP**, is a **"type"** under **ADAP**. It's a new program developed to help HIV-positive individuals with their out-of-pocket costs associated with Medicare Part D prescription drug plans, including co-payments, deductibles, coinsurance, and during the coverage gap. Not all clients who are on **ADAP** will necessarily have **SPAP** coverage, although many may transition over to this program. These clients would be entered with a **Source = ADAP** and **Type = Other.**

As noted on the Source/Type table, **ADAP** cannot be entered as a **Primary Insurance.**

Suzie M Homemaker Insurance

Source ❋	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ❋	End Date ❋	Mo. Prem-ium	Note	
ADAP	Other	No	No	No			1/8/2010	9/30/2010		CDU	Edit
No insurance	No Insurance	No	No	No			7/21/2008	1/7/2010		PT	Edit
Medicare	Medicare A & B	No	Yes	Yes			10/1/2010			DPC	Edit
Medicare	Medicare D	No	No	No			10/1/2010			DPC	Edit
											New

Save + Next ▸   Save + Done   Cancel

If the client is in the **SPAP** program, you would enter **ADAP** as the **Source** and **SPAP** as the **Type**.

Source ❋	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ❋	End Date ❋	Mo. Prem-ium	Note	
Public 1	County Sponsored	No	Yes	Yes	Travis County		10/27/2009	1/31/2011		MAP Card DPCHC	Edit
ADAP	SPAP	No	No	No	State of TX	8898	1/1/2010	12/31/2010		CA	Edit
											New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

No Insurance:

If a client has no insurance coverage, enter **No Insurance** for BOTH the **Source AND** the **Type**. **Don't leave the Type field empty!!**

If you do not enter any **Source** or **Type** of insurance for a client, the system automatically counts the Source or Type as Unknown.

ARIES will NOT interpret the absence an insurance entry as "No Insurance. So it is very important that when a client has NO insurance, that a corresponding insurance entry be created.

Since most of the clients in the TGA do not have insurance it is critical to document this.

The **Start Date** for **No Insurance** entries should be the date the client lost coverage. If the client never had insurance or does not have insurance when he enrolls for services at your agency, enter the client's enrollment date with your agency as the **Start Date**.

If the client has **No Insurance** entries in ARIES for previous periods of no coverage and subsequently loses coverage, **do not update those existing entries**. Create new entries for the subsequent periods the client has no insurance.

See example below.

Fanny K Arama Insurance

Source ❋	Type	Pend-ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date ❋	End Date ❋	Mo. Prem-ium	Note	
No insurance	No Insurance	No	No	No			1/1/2009	5/31/2009		DPCHC	Edit
Private 1	COBRA	No	No	No	City of Austin		6/1/2009	6/1/2010	$850.00	DPCHC	Edit
Veteran	Veterans	No	No	No	TriCare		6/2/2010	7/31/2010		MHMR	Edit
No insurance	No Insurance	No	Yes	Yes			8/1/2010	12/31/2010		MHMR	Edit
											New

Save + Next ▸   Save + Done   Cancel

Insurance (cont'd)

Recap/Additional Information

Every client must have exactly one **Primary Insurance** or **Prim Ins** entry. For the great majority of clients, the **Primary Insurance** will also be the **Primary HIV Insurance** or **Prim HIV Ins**.

Clients with no insurance coverage must have **No Insurance** entered as **BOTH** their **Primary Insurance AND Primary HIV Insurance**.

For all **Primary Insurance** entries, including **No Insurance** entries, enter **"2010 Update"** when you enter or verify the information.

All <u>available</u> insurance information, including **Start Dates**, **End Dates**, and **Policy Numbers**, must be entered in ARIES. Since **Start** and **End Date** information will be more critical for Ryan White data reporting, it is important that the client provides this information. If exact dates cannot be determined, use "ballpark figures" such as the first of the month, first of the quarter, year, etc.

Each in-force insurance policy must show an End Date. This will verify that insurance information was updated during the calendar year and will represent the last day of the insurance plan year, i.e., the date when deductible calculations restart. **Use 12/31/2010 for calendar year 2010 for No Insurance entries; accordingly, use 12/31/2011 for calendar year 2011 entries.**

If you are not sure or cannot determine that an insurance **Type** falls under one of the existing categories, select Other.

When creating new insurance entries, continue entering the name or initials for your agency in the Notes field. Currently ARIES does not display the name of the agency which created any given insurance entry.

Insurance (cont'd)

Insurance, ARIES, and Ryan White Data Reporting

The Ryan White Data Report (RDR) and the Ryan White Services Report (RSR) are two federal reports Ryan White providers and grantees are required to submit annually. The RSR requires the submission of client level data. The reports provide demographic, clinical, and service utilization data on clients served. Insurance is one of the data elements that is reported on.

The insurance **Source** field, appears on both the RDR and the RSR However, the **Start Date**, **End Date**, and **Prim Ins** fields also play an important role in the way ARIES pulls insurance data for both of these reports. In addition, the data are not required to be reported the same and consequently ARIES does not calculate these data elements the same:

RDR Instruction Manual, dated October 15, 2009, Page 18:

> *Report the number of clients receiving each type of medical insurance **at the end of the reporting period**, <u>or</u> the most recent data available for the reporting period. Select only one form of insurance for each client. Report the medical insurance that provides the most reimbursement if a client has more than one source of insurance at the end of the reporting period. If a client's only means of covering the costs of services is Ryan White HIV/AIDS Program funds, report the client in the "no insurance" category.*

RSR Instruction Manual, V2.1, Page 41:

> *Report all sources of health insurance the client had for any part of the reporting period. If the client did not have any health insurance of any kind throughout the entire reporting period, report "No insurance" (select one or more).*

Therefore, it is important to have the most accurate and complete insurance information entered into ARIES.

Please note that for calendar year 2011, providers and grantees will not be required to submit an RDR.

If you need any additional assistance, please contact…

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