FAQs on Tennessee Insurance Assistance Program (IAP)

What is the Insurance Assistance Program?
The Ryan White Part B Insurance Assistance Program (IAP) began in 2000. This program assists Ryan White-eligible HIV/AIDS clients in Tennessee with health insurance premiums, co-pays and deductibles, and should not be considered an entitlement. Benefits of the Ryan White Part B Insurance Assistance Program are subject to periodic adjustment based on available funds and program expenditures.

Am I qualified for the Insurance Assistance Program?
To be qualified for IAP you must see a Medical Case Manager and meet the following criteria:
• The recipient must have been diagnosed with HIV/AIDS.
• The recipient must be a resident of Tennessee.
• The recipient must meet the income guidelines established by the program: modified adjusted gross monthly income for the legal household unit is less than or equal to 400% of the current Federal Poverty Level.

How much assistance will IAP provide?
IAP will provide Premium assistance and Copay and Deductible assistance on Pharmacy and Office Visits. The program will provide $1500/monthly or $18,000 annually for each client. If you selected your plan through the marketplace, you must have selected a Qualifying Health Plan (QHP) in order for IAP to assist with the premium payments.

If I have IAP, do I need health insurance?
Yes, you still need Primary Health Insurance that has pharmacy benefits. IAP is a program that provides assistance with paying your insurance copays and deductibles, but to be eligible you must have approved primary insurance coverage.

Who can I call to speak with a Medical Case Manager to determine my eligibility for IAP?
There are MCMs throughout the state of Tennessee that can assist you with IAP and other Ryan White Part B services. See THIS LIST to find one in your area.

Will IAP work if I have Medicare?
IAP will only pay for Medicare Part D.

Does IAP help pay for medications?
Yes, the program covers copays and deductibles for prescription medications that are covered by your primary insurance. The coverage is not limited to HIV related medications. You must use the Retail and Specialty pharmacy that you selected when you signed up. If you need to change your selected pharmacy, you must contact your MCM or an IAP Pharmacy Claims Specialist.

How does IAP process my claims?
When using your primary insurance, it is important that you show the provider’s office both your primary insurance and your IAP card. This will usually ensure that your primary insurance and IAP can file claims in a smooth and timely manner. IF YOUR PROVIDER FAILS TO SUBMIT ANY CLAIMS TO IAP, YOU MUST OBTAIN BOTH THE BILL AND EOB AND FORWARD TO IAP FOR PROCESSING. Lab bills are most often the responsibility of the client to submit to IAP for processing. For office visit claims, we must have the primary explanation of benefits (EOB) along with the claim for processing.

Things you should know:
• Claims received that are over 180 days from the date of service will be denied due to untimely filing
• If any service or medication is not covered by your primary insurance, IAP cannot cover the claim/copay.
• Per state guidance, IAP cannot reimburse a client at any time, for any reason.
• Claims received with a date of service prior to your IAP eligibility date (the date the PH-3718 was signed) will be denied.
• IAP does not cover any claims for emergency room or inpatient visits.