

Reporting “Other Plan” for Health Coverage

Reporting Health Coverage in the RSR

Health coverage is one of the data elements reported in the Ryan White HIV/AIDS Program Services Report (RSR). The [RSR Instruction Manual](#) provides detailed information about how and when to report health coverage. Table 1 outlines the available response options for health coverage in the RSR.

Table 1: RSR Health Coverage Type Options

Health Coverage Type RSR Response Options	
Private - Employer	Veterans Health Administration
Private - Individual	Indian Health Service
Medicare	Other Plan
Medicaid, Children’s Health Insurance Program (CHIP), or other public plan	No Insurance/Uninsured

When at all possible, providers should use response options besides ‘Other Plan’ to report health coverage. However, in rare instances where a client has health coverage that does not align with one of these categories, ‘Other Plan’ should be reported. For example, a company that “self-insures” clients and directly pays for care would be reported as ‘Other Plan’.

When to Report ‘Other Plan’ for Health Coverage

Due to its narrow definition, reporting ‘Other Plan’ for health coverage is not common. However, it has been reported in the RSR more than expected. Given this, DISQ conducted a survey in the Fall of 2023 to learn more about when providers were reporting ‘Other Plan.’ Based on survey responses as well as DISQ technical assistance, it was determined that ‘Other Plan’ is commonly being reported incorrectly. This resource was developed to provide clarification regarding when ‘Other Plan’ should be used.

Client examples from the field of when ‘Other Plan’ is incorrectly being reported are included on the following page in Table 2. None of the examples in Table 2 should be reported as ‘Other Plan’, so the correct Health Coverage response option(s) that should be reported is also included in the table. The most common example is when the state/territory AIDS Drug Assistance Program (ADAP) or the provider pays for the health insurance premium for the client. This doesn’t

Tip for Reporting Health Coverage When Premium is Paid on Behalf of the Client

If the ADAP or the provider pays the health insurance premium for a marketplace plan for an individual, the health coverage should be reported as private-individual. If the ADAP or provider pay the employee portion of an employer sponsored health insurance plan, that is reported as private-employer.

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change who the payor of the coverage is or the way that health coverage is reported; providers should report the health coverage that they pay the premium for in situations like this. ‘Other Plan’ should only be used when the type of health coverage cannot be described by any of the other available response options.

Table 2. How To Report Health Coverage for Different Client Examples From the Field

Client Examples from The Field	What to Report	Rationale
State/territory ADAP or provider pays the health insurance premiums	The type of health coverage for which the health insurance premium is being paid (e.g., Private, Medicare)	Whether or not the ADAP or provider pays the premium for the health coverage doesn't change how the health coverage is reported
Client is enrolled in Medicaid and Medicare at the same time	Medicare and Medicaid, Children's Health Insurance Program (CHIP), or other public plan	Report all sources of health coverage that the client had in the reporting period
Client has an insurance plan purchased through the state/federal marketplace	Private - Individual	Marketplace plans are considered Private-Individual
Client has a health insurance plan that doesn't cover HIV care	The type of health coverage (e.g. Medicaid Family Planning should be reported as Medicaid, Children's Health Insurance Program (CHIP), or other public plan)	Report the health insurance plan regardless of what services it covers
Client has Medicare Advantage	Medicare	Medicare Advantage is the same as Medicare Part C
Client has a County/Health District health insurance plan	Medicaid, Children's Health Insurance Program (CHIP), or other public plan	Local health insurance plans are examples of other public plans that are part of the Medicaid response option
Client has Workers' compensation	No insurance/uninsured	Workers' compensation is not considered health coverage

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<p>Client doesn't have health coverage</p>	<p>No insurance/uninsured</p>	<p>RWHAP funding is not considered health coverage. If a client has no health coverage, report no insurance/uninsured</p>
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Considerations for CAREWare Users

CAREWare users enter health coverage in the Annual Review section under Insurance Assessments. Some CAREWare users are selecting the 'Other Plan' option because it allows them to enter text describing the plan. For example, 'Other Plan' is checked and then 'Marketplace Plan' is entered in the text field. This will result in health coverage being incorrectly reported. If users want to capture more detail about a health coverage plan using a text field, they can create a custom field - contact the [CAREWare help desk](#) for more assistance.

Find Client > Search Results > View Details > Annual Data > Insurance Assessments

Save Cancel

Add

Insurance Assessment Date:

Primary Insurance:

RSR

- Association Plan:
- High Risk Insurance:
- Indian Health Service:
- Medicaid, CHIP or Other Public Plan:
- Medicare (unspecified):
- Medicare Part A/B:
- Medicare Part C:
- Medicare Part D:
- No Insurance:
- Other Plan: → Other Insurance Specify:
- Private - Employer:
- Private - Individual:
- VA, Tricare and other military health care:

Contact the CAREWare help desk at 877-CWHELP1 (877-294-3571) or cwhelp@jprog.com for assistance in setting up a custom field.

Need help reporting health coverage?

If you have questions regarding how to report health coverage, please contact Ryan White Data Support at [888-640-9356](tel:888-640-9356) or RyanWhiteDataSupport@wrma.com.

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