

HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE

I. DEFINITION OF SERVICE

Provision of **Health Insurance Premium and Cost-sharing Assistance** that provides a cost -effective alternative to ADAP by:

- Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications
- Paying co-pay (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client
- Providing funds to contribute to a client’s Medicare Part D true out-of-pocket (TrOOP) costs (Allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act.)

These short term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

II. DESCRIPTION OF SERVICE

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost-effective alternative to ADAP by: <ul style="list-style-type: none"> • Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client’s Medicare Part D true out-of-pocket (TrOOP) costs* *Allowable use of RW funds as of January 1, 2011 as specified in the Affordable Care Act	Documentation of the following: <ol style="list-style-type: none"> 1. An annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and/or deductibles for eligible low income clients, compared to the costs of having the client in the ADAP program 2. Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications 3. Where funds are used to cover co-pays for prescription eyewear, documentation including a physician’s written statement that the eye condition is related to HIV infection 4. Assurance that any cost associated with liability risk pools is not being funded by Ryan White 5. Assurance that Ryan White funds are not being used to cover costs associated with Social Security 6. Clients’ low income status as defined by the 	<ol style="list-style-type: none"> 1. Conduct an annual cost benefit analysis (if not done by the Grantee) that addresses the noted criteria using MAGI 2. Where premiums are covered by Ryan White funds, provide proof that the insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients 3. Maintain proof of low-income status within client’s records 4. Provide documentation that demonstrates that funds were not used to cover costs of liability risk pools, or social security 5. Coordinate with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in TrOOP or donut hole costs 6. When funds are used to cover co- 	Ryan White funds are not used for any cost associated with liability risk pools or Social Security

	TGA or State Ryan White Program is clearly indicated in the clients' files for eligibility	pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection	
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III. HIPCSA SERVICE COMPONENTS

Program Outcome: Medically related co-payments for health insurance

Indicator: 100% of clients access HIV-related PMC or HIV medications supported by co-payment assistance.
 100% of clients access HIV-related PMC supported by premium assistance.

Service Unit(s): Number of successful co-payments for:

- Billed physician visits
- HIV medications

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
I. Structure					
Provider agency has clearly stated, written guidelines that list all criteria, including allowable extenuating circumstances, used to determine if a client is eligible for health insurance premium or cost sharing assistance.	Agency has documented criteria to determine eligibility for health insurance premium and cost sharing assistance.	Number of agencies with guidelines	Number of contracted agencies for HIPCSA	Agency files Policy & Procedure Manual	100% of agencies have written guidelines for health insurance premiums and/or cost sharing assistance
Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines.	Staff files document adherence to guidelines	Number of new staff with documented orientation	Number of new staff	Personnel file	100% of new staff receive orientation on guidelines
Services are made available to all individuals who meet HIPCSA program eligibility requirements.	Provider assesses and documents client eligibility for alternative coverage of health insurance premium (e.g. Part B) or cost sharing (compassionate care) prior to Ryan White Part A assistance.	Number of charts documenting assistance	Number of clients	Client chart	100% of charts documents client eligibility for Part A assistance

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
II. Outcome					
Provider agency pays routine requests for payment within 10 business days.	Clients receive payment within 10 business days	Number of clients receive payment within 10 business days	Number of clients	Client chart	100% of client charts document payment within 10 business days.
Provider agency pays emergency requests for payment within 72 hours.	Client receive emergency payment within 72 hours	Number of clients receive emergency payment within 72 hours	Number of clients	Client chart	100% of client charts document emergency payment within 72 hours
Agency sends notice to case manager that payment has been made within 5 business days after check is sent.	Client case managers receive notice of payment within 5 business days after check is sent and is documented in chart	Number of client case managers receive notice of payment within 5 business days of check sent	Number of clients	Client chart	90% of client case managers receive notice of payment within 5 business days after check is sent