

**Cuyahoga County Board of Health  
Cleveland Transitional Grant Area  
Ryan White Part A Program  
Health Insurance Premium and Cost Sharing Assistance Services Policy**

**I. Service Definition**

Health Insurance Premium and Cost Sharing Assistance (HIPSCA) services are the provision of financial assistance for eligible individuals living with HIV/AIDS to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

**II. Allowable Services**

Services May Include:

- A. Payment of insurance premiums to the insurance carrier or its designated agent
- B. Payment of related co-pays and/or deductibles
- C. Co-payments for prescriptions on the LPAP formulary
- D. Payment of three-month prescription co-pays from mail-order pharmacies, where cost effective or required by insurance plan.
- E. Payment of client's tax liability associated with a client's receipt of too much Advanced Premium Tax Credit, if the grantee purchased insurance for the client through the Marketplace

**III. Client Eligibility**

- A. To be eligible for services a client must:
  - 1. Have no other third-party payer
  - 2. Establish eligibility for Ryan White services as defined in the Cleveland TGA Eligibility Policy
  - 3. Adhere to all program requirements and furnish in a timely manner all information needed to provide services, including, as applicable:
    - a. Premium amount
    - b. Name of plan

- c. Address where premium payments are to be mailed.
- d. Proof of payment of client's portion of premium to provider prior to provider paying portion

B. Clients who purchased or are purchasing Marketplace insurance must:

1. Purchase a Gold Level plan if income is 401%-500% FPL or if income is 301%-399% and client is ineligible for cost-sharing assistance;
2. Purchase a Silver Level plan if income is 301%-399% and client is eligible for cost-sharing assistance;
3. Take cost-sharing subsidies/full advance premium tax credit in advance (at plan enrollment);
4. Provide insurance Eligibility Notice or Explanation of Benefits;
5. File federal taxes in the year in which advanced premium tax credit is received;
6. Provide federal tax return information during the reconciliation process to determine ongoing program eligibility and whether the client will be receiving refunds for overpayment of advance premium tax credits;
7. Report changes in household size and income to the Marketplace throughout the year.

#### **IV. Unallowable Costs**

- A. Any duplication of services provided by the Ohio Department of Health Ryan White Part B program.
- B. Co-payments, co-insurance or deductible costs associated with hospitalization and/or emergency room care
- C. Direct payments to clients
- D. Out of Network expenses without prior approval of the provider. Services must be unavailable or only partially available In-Network.
- E. Payments for services/medications rendered that are not covered or are denied by the primary insurance carrier

#### **V. Provider Requirements**

The HIPSCA provider must:

- A. Be knowledgeable of and comply with all applicable federal, state, local, Cleveland TGA Program and contractual requirements

- B. Have a documented process for payments under the program, which may include insurance premiums, deductibles, and co-payments, as well as prescription co-payments. The process must address the following:
1. Documenting cost/benefit analysis of insurance plan
  2. Verifying health insurance coverage of medication for HIV/AIDS is reasonably comparable to coverage and costs funded by the Ryan White Part A services
  3. An accounting system that ensures timely payments of premiums to avoid policy cancellations and processes as program income premium tax credits recovered from clients
  4. Determine when established limits of funds and time have been met for each client
  5. Ensuring policy and payments are paid on behalf of client only
- C. Maintain adequate linkages with health insurance providers needed for the reimbursement of co-payments in a timely manner.
- D. Notify the Grantee prior to putting clients on waiting lists or postponing or denying HIPSCA services due to funding
- E. As applicable, on an ongoing basis, reinforce the importance of reporting changes in household size and income to the Marketplace throughout the year.
- F. As applicable, provide clients with information on low or no cost tax preparation resources.

### **Sources**

Public Health Service Act 2604 (c)(3)(F)

Ryan White Part A National Monitoring Standards

Ryan White HIV/AIDS Program Services Report Instruction Manual (2014)

FY15 HRSA Ryan White Part A Funding Opportunity Announcement

Cleveland TGA Local Standard of Care- HIPSCA

Dr. Parham-Hobson Letter, 08 14 2009

HAB Policy Clarification Notice (PCN) 13-06 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid

PCN 13-05 Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance

PCN 13-04 Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program

PCN 13-03 Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act

PCN 10-02 Eligible Individuals and Allowable Uses of Funds for Discretely Defined Categories of Services