

## **Cleveland TGA Service Definition**

For each funded service, a Cleveland TGA definition has been developed based on guidelines provided by HRSA, the intent of the local Planning Council and standards of practice determined by the grantee.

Please note: The Ryan White Part A Program is the “payer of last resort.” This means providers must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible. Part A funds are intended to be “the payer of last resort” for the provision of care. Providers are responsible for verifying an individual’s eligibility by investigating and eliminating all other potential billing sources for each service, including public insurance programs, or private insurance. Part A funds may not be used to supplant partial reimbursements from other sources to make up any un-reimbursed portion of the cost of such services.

### **CORE SERVICES:**

#### **Service:      Health Insurance Premium and Cost-Sharing Assistance (HIPCSA)**

Provision of financial assistance for eligible clients living with HIV to maintain continuity of health insurance coverage, or to receive medical and pharmacy benefits under a health care coverage program. To use RWHAP funds for health insurance premium and cost-sharing assistance, a RWHAP Part A recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part A recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services
- RWHAP Part A recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

The service provision consists of either or both of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients
- Paying cost-sharing on behalf of the client

HIPCSA Programs must have a documented process for payment of insurance premiums, deductibles, and co-payments as well as prescription co-payments that includes the following:

- Documenting cost/benefit analysis of insurance plan
- Verifying health insurance coverage of medication for HIV/AIDS is reasonably comparable to coverage and costs funded by the Ryan White Part A services
- Accounting system to ensure timely payments of premiums to avoid policy cancellations
- Process to determine when established limits of funds and time have been met for each client
- Process to ensure policy and payments are paid on behalf of client only

Clients must have incomes 301% - 500% Federal Poverty Level (FPL)

Unit of Service: 1 unit = 1 payment



**Ryan White Part A**  
Cleveland TGA