

Health Insurance Premium and Cost-Sharing Assistance

I. HRSA Service Definition

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists 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; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part recipient must implement a methodology that incorporates the following requirement:

 RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

The State of Nevada recommends that all agencies utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools please contact the Grantee Office and we will provide necessary guidance. It is an expectation that all agencies implement a program that can have measurable positive effects on for clients.

II. Service Goals and Objectives

Cost-Sharing Assistance Program

The service goal and objective of the cost-sharing assistance program is to provide persons living with HIV the opportunity to receive primary care and specialty medical care office visits for monitoring and maintenance of their HIV. For the purposes of this service category and in alignment with the HRSA Service Definition, Nevada Ryan White Part B Program (RWPB) will fund the cost-sharing assistance for clients "to receive medical and pharmacy benefits under a health care coverage program."



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RWPB interprets Access to Healthcare Network's Medical Discount Program (MDP) as a health care coverage program for the uninsured. MDP allows uninsured persons living with HIV to receive access to primary care and specialty medical care, while ADAP direct medication assistance provides access to medications. Therefore, RWPB will fund the annual membership premium for Access to Healthcare Network's Medical Discount Program (MDP) for the uninsured and the HIV-related medical MDP co-payments (non Rx) under this service category.

For clients who have health insurance (private, public, or employer-based), RWPB will fund HIV-related medical insurance co-payments (non Rx) under this service category.

III. Currently Funded HIP-CSAP Services

- a. Cost-Sharing Assistance Program (CSAP)
 - 1. CSAP Client Coordination
 - 2. CSAP Provider Coordination
 - 3. CSAP Claim Payment (Insured)
 - 4. CSAP Claim Payment (Uninsured/MDP)
 - 5. MDP Annual Membership Premium

IV. HIP-CSAP Services Eligibility

Before services are provided under this Service Category, provider agency staff must ensure current Ryan White Part B enrollment by using the client's Member ID Card with valid dates or through CAREWare's Eligibility and Enrollment Fields tab.

The following eligibility criteria are specific to HIP-CSAP Services: Client has been referred to a RWPB HIP-CSAP services provider from another RWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside RWPB provider. If the client is referred to the HIP-CSAP Services Provider from a non-RWPB provider, the HIP-CSAP Services Provider is responsible for notifying the originating non-RWPB provider that the client is now accessing services and the HIP-CSAP Services Provider is responsible for logging the referral in CAREWare.

V. Service Delivery

If a client is requesting cost-sharing assistance to help cover the cost of medical copayments and has active health insurance (private, public, or employer-based) RWPB funds may only be used to pay for any Ryan White HIV/AIDS Program services not covered or partially covered by the client's private health plan.



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RWPB cost-sharing assistance funds may not be used to pay for services that the client receives from a provider that does not belong to the client's health plan's network, an "out-of-network" provider, unless the client is receiving services that could not have been obtained from an innetwork provider. Some health plans may have "tiered" networks that require individuals to pay more to see some providers. As such, providers in any covered tier are not considered "out-of-network."

VI. Licensing, Knowledge, Skills, and Experience

Health Insurance Program and Cost Sharing Assistance Program coordination and processing services are provided by a non-medical personnel but shall have had at least six months of relevant experience in the areas of outreach work, community services, supportive work with families and individuals, aging, supportive work with youth, corrections, or public relations. The minimum educational experience shall be a High School Degree or GED. It is highly recommended that personnel responsible for reviewing and approving qualifying CSAP copayments/treatment plans have relevant medical or coding and billing experience. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV they must receive HIV specific training within six months of hire.

VII. Summary

These service specific standards shall be followed by all funded providers that provide Part B funded Health Insurance Program and Cost-Sharing Assistance Program. It is expected that all providers follow these standards as well as the universal programmatic and administrative standards of care. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All Part B funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual Part B subgrant to meet the expectations of their deliverables.

IX. References and further reading

All Part B funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Part B office regarding the Part B program statewide. All referenced materials for standards are listed under the Universal Programmatic and Administrative Standards of Care.

Federally approved clinical guidelines for the treatment of HIV

<u>HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.</u>



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<u>HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services:</u>
Eligible Individuals & Allowable Use of Funds, January 2016.

<u>Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Standards of Care, 2014-2015.</u>

Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B, February 2016.

Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.

Program Guidance: Traditionally, RWHAP Parts A and B recipients have supported health insurance premiums and cost sharing assistance. If a RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective. See:

PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;

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

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

PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and

PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

Note: The Nevada Ryan White Part B Program uses the Federal Formula Part B Grant to fund the Health Insurance Premium and Cost-Sharing Assistance Program for dental care insurance premiums, dental care insurance co-payments, and HIV-related medical co-payments (non Rx).

X. Revision Schedule

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XI. Contact

For further information or clarification please contact the Nevada Office of HIV/AIDS, Care Services Specialist at (702) 486-5665 or Health Insurance Specialist at (702) 486-8103.