



# Nevada Office of HIV/AIDS Ryan White Part B Program **Service Standards**

## 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 Ryan White HIV/AIDS Program (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, Ryan White Part B program recommends that all subrecipients 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 Recipient(Office of HIV/AIDS) 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 provide comprehensive oral health care services for eligible clients enrolled in a Marketplace Health Insurance plan.



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### *Health Insurance Premium-Dental*

The service goal and objective of the health insurance premium program is to provide persons living with HIV the opportunity to receive dental care office visits for monitoring and maintenance of their oral health. 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 stand alone dental insurance premium “to receive medical and pharmacy benefits under a health care coverage program.”

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

There is a service cap per grant year of \$3,000 per enrolled consumer.

### **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

#### *B. Dental Health Insurance Premium and Cost-Sharing Assistance Program (DHIP)*

1. Dental Client Assessment/Development
2. Dental Client Reassessment/Redevelopment
3. Dental Client Coordination
4. Dental Claim Payment – Insured
5. Dental Claim Payment – Uninsured
6. MDP Annual Membership Premium
7. Dental Health Literacy Activity



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### 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.

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 in-network 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."

#### CSAP Client Coordination (Item A1)

Contacts made with a client regarding coordinating a payment to a medical provider or insurance provider.

#### CSAP Provider Coordination (Item A2)

Contacts made with a medical provider or insurance provider regarding coordinating a payment on behalf of a client.

#### CSAP Claim Payment (Insured) (Item A3)

A copayment made to a medical provider for an insured client's HIV-related medical service.



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### **CSAP Claim Payment (Uninsured/MDP) (Item A4)**

A cost-sharing payment made to a medical provider for an uninsured client's HIV-related medical service.

### **MDP Annual Membership Premium (Items A5 & B6)**

A Medical Discount Program's enrollment premium that allows the uninsured client to be able to access discounted providers in a managed network.

### **Dental Client Assessment/Development (Item B1)**

Screen and determine program eligibility for all consumers requesting dental healthcare. Determine the most cost effective dental health insurance plan or dental cost-sharing assistance plan. Assess and develop plan with client to take advantage of benefits, like cleanings and preventive screenings.

### **Dental Client Reassessment/Redevelopment (Item B2)**

Review all program guidelines and dental health insurance benefits with enrolled consumer quarterly to assess utilization, assess barriers to obtaining dental care, and create plan to overcome barriers

### **Dental Client Coordination (Item B3)**

Contact consumers the first week of each month to remind them to turn in monthly invoices for dental premium payment, Contact consumers before the end of each month if invoices not received, Assist consumers with creating an account to log in to their dental portal

### **Dental Claim Payment – Insured (Item B4)**

A copayment made to a dental provider for an insured client's dental service.

### **Dental Claim Payment – Uninsured (Item B5)**

A cost-sharing payment made to a dental provider for an uninsured client's dental service.

### **Dental Health Literacy Activity (Item B6)**

Using the Oral Health Literacy Assessment-English (OHLA-E) and Oral Health Literacy Assessment-Spanish (OHLA-S) tool, an initial assessment is conducted at enrollment, reassessment at month nine of dental care enrollment. Approved dental health literacy information will be provided to enrolled consumers after each assessment.

The OHLA-E and OHLA-S are available as a PowerPoint slide deck. It is recommended that the agency can either print out or display the screen to the consumer. The interviewer will ask the consumer if they would like to participate do a word recognition game to help the state develop better oral health services for Ryan White consumers. The interviewer will also confirm



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that the results of the assessment will in no way affect their access to benefits. Only if the consumer agrees to participate will the assessment be given, if the client refused to participate, only provide the Dental Health Literacy educational material. The OHLA has two ways to measure oral health literacy. The first is correct pronunciation of the terms. The correct pronunciation is located in the “notes” section of the slides. If the consumer correctly pronounces the term then they receive one point. The second measure is context where the consumer is given two words and has to pick the most closely associated word. If the consumer correctly chooses the most closely associated term then they get one point.

#### Point Possibilities

- |  |
|--|
| <b>0 - Incorrect Pronunciation and Incorrect Association</b> |
| <b>1 - Correct Pronunciation and Incorrect Association</b>   |
| <b>2 - Correct Pronunciation and Correct Association</b>     |
| <b>0 - Pronounced Incorrectly but Associated Correctly</b>   |

The OHLA Excel Guide is formatted to score automatically when either a 1 for correct or a 0 for incorrect is entered into the blue boxes.

The client’s total score will be put into CAREWare when entering a Dental Health Literacy Activity service.

#### Directions

Before the assessment, the interviewer should say to the consumer:

***“I’m going to show you cards with 3 words on them. First, I’d like you to read the top word out loud. Next, I’ll read the two words underneath and I’d like you to tell me which of the two words is more similar to or has a closer association with the top word. If you don’t know, please say ‘I don’t know’. Don’t guess.”***

***“Le voy a mostrar tarjetas con 3 palabras en ellas. Primero, me gustaría que usted lea la palabra arriba en voz alta. Entonces, yo leeré las dos palabras debajo a usted y me gustaría que usted me dijera cuál de las dos palabras es más similar a la palabra arriba. Si usted no sabe la respuesta, por favor diga, ‘No sé’. No adivine.”***

Show the consumer the first card.

The interviewer should say to the consumer:

***“Now, please, read the top word out loud.”***

***“Ahora, por favor, lea la palabra arriba en voz alta.”***



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The interviewer should have a clipboard with a score sheet to record the examinee's answers. The clipboard should be held such that the examinee cannot see or be distracted by the scoring procedure.

The interviewer will then read the key and distracter (the two words at the bottom of the card) and then say:

***"Which of the two words is most similar to the top word? If you don't know the answer, please say 'I don't know'."***

***"Cuál de las dos palabras es más similar a la palabra arriba? Si usted no sabe la respuesta, por favor diga, 'No sé'."***

The interviewer may repeat the instructions so that the examinee feels comfortable with the procedure.

Continue the test with the rest of the cards.

When finished, the interviewer will then read the debriefing script:

***"Thank you for participating in this survey. We are using the average results of this survey for all people receiving Ryan White dental assistance to learn how to better promote proactive dental care. Here is some educational information about the importance of oral health and living with HIV."***

***"Gracias por participar en esta encuesta. Estamos usando los resultados de esta encuesta para todas las personas que reciben asistencia dental de Ryan White para aprender a promover mejor el cuidado dental proactivo. Aquí hay información educativa sobre la importancia de la salud oral y viviendo con el VIH."***

A correct answer for each test item is determined by both correct pronunciation and accurate association. Each correct answer gets one point. Once the test is completed, the interviewer should tally the total points to generate the *OHLA* score. The score does not need to be given to the participant. The score does not indicate the person's aptitude but rather how comfortable they are with dental care terminology.

## **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



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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 **National Monitoring Standards**. 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 **National Monitoring Standards**.

[Federally approved clinical guidelines for the treatment of HIV](#)

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B; April 2013.](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds, January 2016.](#)

[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[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.](#)

[Oral Health Literacy Assessment: development of an oral health literacy instrument for Spanish Speakers – Lee, Stucky, Rozier, Lee, Zeldin \(2012\)](#)

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



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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

Published	February 9, 2017	Located at <a href="http://dphh.nv.gov">dphh.nv.gov</a>
Revised	October 6, 2017	

### 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.