

RYAN WHITE PART A (RWPA) HIV/AIDS PROGRAM LAS VEGAS TRANSITIONAL GRANTAREA (TGA)

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS—SERVICE STANDARDS

| Drafted by Part A Recipient Office | Approved by Part A Planning Council |
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IMPORTANT: All Las Vegas Transitional Grant Area (TGA) service providers must adhere to the Las Vegas-TGA <u>Universal Service Standards</u>. Please read the <u>Universal Service Standards</u> prior to reading the service standards below.

Service Description

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance 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 for 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 health insurance premium assistance (not standalone dental insurance), an RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part 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 recipients must assess and compare the aggregate cost of paying for the health insurance options versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health 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.

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.

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 13-05: 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: Clarification Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

| Minimum Requirements | | |
|---|-------------------------|--|
| STANDARD | MEASURE | |
| 1. Staff Requirements | | |
| A. None at this time | A. N/A | |
| 2. Service Delivery | | |
| A. Provides assistance for health/dental/vision insurance | A. Documentation of | |
| premium payments, co-payments, and deductibles to | allowable payments | |
| clients not eligible for coverage by ADAP. | | |
| 3. Program Data and Reporting | | |
| A. Health Insurance Premium and Cost Sharing Assistance | A. Documentation in Las | |
| programs are required to collect the following data | Vegas TGA CAREWare | |
| elements in the Las Vegas TGA CAREWare data system: | | |
| • Year of birth | | |
| • Ethnicity | | |
| Hispanic subgroup | | |
| • Race | | |
| Asian subgroup | | |
| NHPI Subgroup | | |

Minimum Requirements

| • Gender | | |
|--|---|--|
| Transgender subgroup | | |
| • Sex at Birth | | |
| Health insurance | | |
| 4. Policies and Procedures | | |
| A. Las Vegas TGA Health Insurance Premium and Cost | A. N/A | |
| Sharing Assistance-Policies and Procedures | | |
| 5. Referral Policy | | |
| A. All service providers must work in partnership with the client, their internal care coordination team and external providers (both Ryan White HIV/AIDS Program-funded and non-Ryan White-funded sites) to ensure appropriate and timely service referrals are made. | A. For internal Ryan White Part A referrals: documentation in CAREWare. For external referrals: documentation in client record that referral | |
| For more information, see Las Vegas TGA <u>Referral</u> <u>Policy</u> . | was completed. | |