

New Haven/Fairfield Counties Ryan White Part A Program

Health Insurance Premium & Cost Sharing Assistance Standard of Care

Program Outcome: Medically related co-payments for health insurance

Indicator: 100% of clients access HIV-related PMC or HIV medications supported by co-payment assistance.

Service Unit(s): Number of successful co-payments for:

- Billed physician visits
- HIV medications

| <i>Standard of Care</i> | <i>Outcome Measure</i> | <i>Numerator</i> | <i>Denominator</i> | <i>Data Source</i> | <i>Goal/Benchmark</i> |
|--|---|--|--|---|---|
| I. Structure | | | | | |
| Provider agency has clearly stated, written guidelines that list all criteria, including allowable extenuating circumstances, used to determine if a client is eligible for health insurance premium or cost sharing assistance. | Agency has documented criteria to determine eligibility for health insurance premium and cost sharing assistance. | Number of agencies with guidelines | Number of contracted agencies for HIPCSA | Agency files Policy & Procedure Manual | 100% of agencies have written guidelines for health insurance premiums and/or cost sharing assistance |
| Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines. | Client charts document adherence to guidelines | Number of new staff with documented orientation | Number of new staff | Personnel file | 100% of new staff receive orientation on guidelines |
| Services are made available to all individuals who meet HIPCSA program eligibility requirements. | Provider assesses and documents client eligibility for alternative coverage of health insurance premium (e.g. Part B) or cost sharing (compassionate care) prior to Ryan White Part A assistance. | Number of charts documenting assistance | Number of clients | Client chart | 100% of charts documents client eligibility for Part A assistance |
| II. Process | | | | | |
| Agency follows written guidelines, without exception, for all requests. | Charts document adherence to written guidelines | Number of charts follow guidelines | Number of clients | Client chart | 100% charts document adherence to written guidelines |
| III. Outcome | | | | | |
| Provider agency pays routine requests for payment within 14 days. | Clients receive payment within 14 days | Number of clients receive payment within 14 days | Number of clients | Client chart | 100% of client charts document payment within 14 days. |
| Provider agency pays emergency requests for payment within 48 hours. | Client receive emergency payment within 48 hours | Number of clients receive emergency payment within 48 hours | Number of clients | Client chart | 100% of client charts document emergency payment within 48 hours |
| Agency sends notice to case manager that payment has been made within 5 days after check is sent. | Client case managers receive notice of payment within 5 days after check is sent and is documented in chart | Number of client case managers receive notice of payment within 5 days of check sent | Number of clients | Client chart | 90% of client case managers receive notice of payment within 5 days after check is sent |

Health Insurance Premium & Cost Sharing Assistance

The provision of financial assistance for eligible individuals (defined as Ryan White financial eligibility of 300% of Federal Poverty Level) living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. These funds are allowable for co-payments only. Short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.