HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE

I. DEFINITION OF SERVICE

Provision of **Health Insurance Premium and Cost-sharing Assistance** that provides a cost -effective alternative to ADAP by:

- Paying co-pay (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client; and COBRA payments
- Documentation of Eligibility must be updated every six (6) months to include proof of HIV status, proof of income and proof of residency.

These short term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

II. DESCRIPTION OF SERVICE

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD	LIMITATIONS
Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost-effective alternative to ADAP by: • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client; and COBRA payment • Documentation of Eligibility must be updated every six (6) months to include proof of income and proof of residency.	Documentation of the following: 1. Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications 2. Where funds are used to cover co-pays for prescription eyewear, documentation including a physician's written statement that the eye condition is related to HIV infection 3. Clients' low income status as defined by the EMA or State Ryan White Program is clearly indicated in the clients' files for eligibility	1. Where premiums are covered by Ryan White funds, provide proof that the insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients 2. Maintain proof of low-income status within client's records 3. When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection	Paying co-pay (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client; and COBRA payments

IV. HIPCSA SERVICE COMPONENTS

Program Outcome: Clients access HIV-related PMC or HIV medications supported by co-payment assistance.
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

Standard of Care	*Outcome Measure*	*Numerator*	*Denominator*	*Data Source*	*Goal/Benchmark*
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 non-urgent requests for payment within 7 business days.	Non-urgent payment is processed within 7 business days	Number of HIPCSA clients receive payment within 7 business days	Number of HIPCSA clients	Client chart	100% of client charts show non-urgent payment within 7 business days.
Provider agency pays urgent requests for payment within 2 business.	Urgent payment is processed within 2 business days	Number of HIPCSA clients receive emergency payment within 2 business days	Number of HIPCSA clients	Client chart	100% of client charts document urgent payment within 2 business days
Agency sends notice to case manager that payment has been made within 5 business days after check is sent.	Client case managers receive notice of payment within 5 business days after check is sent and is documented in chart	Number of client case managers receive notice of payment within 5 business days of check sent	Number of clients	Client chart	90% of client case managers receive notice of payment within 5 business days after check is sent

IV. DATA REPORTING

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client information, units of service, and client health outcomes.

Reporting units of service are a component of each agency's approved work plan. Please refer to the most current work plan, including any amendments, for guidance regarding units of service.

Summaries of service statistics by priority will be made available to the Planning Council by the Grantee for priority setting, resource allocation and evaluation purposes.