



Ryan White Planning Council of New Haven/Fairfield Counties HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE

SERVICE CATEGORY DEFINITION

Health Insurance Premium and Cost Sharing Assistance (HIPCSA):

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

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

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.
- Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications.
- 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
- Clients' low income status as defined by the EMA or State Ryan White Program is clearly indicated in the clients' files for eligibility

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



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SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. 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	Agencies have written guidelines for health insurance premiums and/or cost sharing assistance	100%
2. Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines.	New staff receive orientation on guidelines	100%
3. Services are made available to all individuals who meet HIPCSA program eligibility requirements.	Charts document client eligibility for Part A assistance	100%
4. Agency follows written guidelines, without exception, for all requests.	Charts document adherence to written guidelines	100%
5. Provider agency pays non-urgent requests for payment within 7 business days.	Charts document non-urgent payment is processed within 7 business days	100%
6. Provider agency pays urgent requests for payment within 2 business.	Charts document urgent payment is processed within 2 business days	100%
7. 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	90%



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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.