

Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals

Health Resources and Services Administration (HRSA) Definition: Health insurance premium and cost-sharing assistance provides financial assistance for eligible consumers 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 consumers; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible consumers; and/or
- Paying cost sharing on behalf of the consumer.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), a HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA 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, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA 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.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Note: The Orlando Service Area shall limit this service category to paying for Dental Insurance Premiums on behalf of clients eligible for RWHAP Part B and cost sharing on behalf of clients eligible for both RWHAP Parts A and RWHAP Part B. Clients requiring payment for health insurance premiums (medical) must be referred to the Ryan White HIV/AIDS ADAP Program.

Eligibility: Consumers accessing Health Insurance Premium & Cost Sharing Assistance Service shall meet the eligibility requirements of the Affordable Care Act Health Plans and have income between 100 and 400 percent FPL.

1.0 Agency Policies and Procedures

The objective of the Policies and Procedures Standard for Health Insurance Premium & Cost-Sharing Assistance is to ensure that RWHAP Part A and Part B is the payer of last resort

1.0 Agency Policies and Procedures

Standards		Measures	
1.1	Client's Notice of Eligibility (NOE) shall indicate that the client's income is between 100% and 400% of the Federal Poverty Level (FPL).	1.1	Documentation of NOE in approved electronic database system.
1.2	Agencies shall submit a request to the Recipient/Lead Agency for payment for client cost sharing expenses with appropriate documentation	1.2	Request for payment with appropriate documentation in approved electronic database system.

2.0 Scope of Work

The objective of the Scope of Work Standard for Health Insurance Premium & Cost Sharing Assistance is to ensure that RWHAP Part A and Part B is the payer of last resort.

2.0 Scope of Work

Standards		Measures	
-----------	--	----------	--

<p>2.1 Agencies shall ensure that purchasing standalone dental insurance is cost effective in the aggregate versus paying for the full cost of HIV oral health care services.</p>	<p>2.1 Documentation of assessment and aggregate cost comparison shall be included in the approved electronic database system.</p>
<p>2.2 Deductibles, co-insurances and/or co-pays (including co-pays for prescription eyewear) shall be for conditions related to HIV infection.</p>	<p>2.2 Documentation shall include a diagnosis code, service description or a physician's written statement that the condition is related to HIV infection and shall be included in the approved electronic database system.</p>
<p>2.3 Agencies shall ensure clients enrolled in the Ryan White HIV/AIDS ADAP Premium Plus Program shall have priority for cost sharing purposes.</p>	<p>2.3 Documentation of enrollment in Ryan White HIV/AIDS ADAP Premium Plus Program in approved electronic database system.</p>
<p>2.4 Clients with another payor source, such as Medicaid or private insurance, are not eligible for RWHAP Health Insurance & Cost Sharing Health services, unless approved by the Recipient/Lead Agency on a case-by-case basis.</p>	<p>2.4 Client's payor source must be documented in the approved electronic database management system.</p>