

# Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

## PURPOSE

The purpose of the Ryan White Part A and MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care is to ensure that uniformity of service exists in the Memphis Transitional Grant Area (TGA) such that the consumers of a service receive the same quality of service regardless of where or by whom the service is provided. Standards will be used as contract requirements, in program monitoring, and in quality management. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

## DEFINITION

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients 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 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 assistance), 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 option 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:

Approved by Memphis Area HIV Care and Prevention Group 12/18/2013, 07/24/2017

# Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

- 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.

*\*The Memphis Area Planning Ryan White Planning Council has established a cap on Health Insurance Premium & Cost Sharing Assistance of \$1500 per month or \$18,000 per grant year effective 03/012014.\**

## STANDARDS DEVELOPMENT PROCESS

These standards were developed through extensive background research on standards of care, a review of existing standards from other Ryan White Part A Eligible Metropolitan Areas (EMA) and TGAs, meetings of the Evaluation and Assessment Committee of the Memphis HIV and Care Planning Group (H-CAP), in consultation with the Tennessee Ryan White Part B Recipient, and meetings with the Ryan White Part A Recipient.

## APPLICATION OF STANDARDS

These standards apply to all agencies that are funded to provide Health Insurance Premium & Cost Sharing Assistance through Ryan White Part A or MAI within the Memphis TGA. These Standards should be used in combination with the Universal Standards of Care that apply to any agency or provider funded to provide any Ryan White Part A and/ or MAI service.

Standard	Measure/Method
<b>I. Policies and Procedures</b>	
A. See Universal Standards of Care for detailed information.	
B. 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	<ul style="list-style-type: none"> <li>• Agency files</li> <li>• Policy &amp; Procedure Manual</li> </ul>

# Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

Standard	Measure/Method
C. Agency maintains an updated listing and/or formal relationships with other providers of Ryan White and non-Ryan White Health Insurance Premium & Cost Sharing Assistance.	<ul style="list-style-type: none"> <li>• Written letter(s) of agreement on file, if applicable</li> <li>• Resource listing</li> </ul>
D. Services are made available to all individuals who meet program eligibility requirements.	<ul style="list-style-type: none"> <li>• Client Files</li> </ul>
<b>II. Program Staff</b>	
A. See Universal Standards of Care for detailed information.	
B. Staff is knowledgeable about available resources, referral processes, and documentation requirements.	<ul style="list-style-type: none"> <li>• Documentation of staff training</li> </ul>
C. Agency provides comprehensive orientation for new staff members to ensure that staff is fully trained to implement the written guidelines.	<ul style="list-style-type: none"> <li>• Personnel file</li> </ul>
D. Staff is expected to collaborate with the Recipient's office to conduct annual cost benefit analysis, including assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other essential medical services.	<ul style="list-style-type: none"> <li>• Documentation of payments and service utilization</li> </ul>
<b>III. Access to Services</b>	
A. See Universal Standards of Care for detailed information.	
B. Client satisfaction surveys are conducted on a regular basis, at least annually, and the results of customer surveys are incorporated into the provider's plans and objectives.	<ul style="list-style-type: none"> <li>• Client satisfaction surveys</li> <li>• Summary of survey results and client recommendations</li> <li>• Review of agency plan in relation to survey results</li> </ul>
<b>IV. Eligibility Determination/Intake/Screening</b>	
A. See Universal Standards of Care for detailed information.	

# Memphis TGA Ryan White Part A & MAI Health Insurance Premium & Cost Sharing Assistance Standards of Care

Standard	Measure/Method
B. Each client must participate in an initial intake and screening process by providing their medical case manager with information that will enable assessment of need for assistance and eligibility for available Health Insurance Premium & Cost Sharing Assistance.	<ul style="list-style-type: none"> <li>• Policy and procedure on file describing the intake process</li> <li>• Documentation in client file</li> </ul>
C. Clients must choose a plan with at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services and opt to take any eligible premium tax credits on a monthly basis.	<ul style="list-style-type: none"> <li>• Documentation in client file</li> </ul>
<b>V. Assessment</b>	
A. Medical case manager will document assessment of client's need for assistance and eligibility for available Health Insurance Premium & Cost Sharing Assistance on the HIPCSA referral form developed by the Recipient's office.	<ul style="list-style-type: none"> <li>• Policy and procedure on file describing the assessment process</li> <li>• Documentation in client file</li> </ul>
<b>VI. Service Coordination/Treatment/ Referral</b>	
A. Provision of all Ryan White Part A and/or MAI funded services is documented.	<ul style="list-style-type: none"> <li>• Documentation of services provided, with dates, in client records</li> </ul>
B. Health insurance at a minimum must have at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services.	<ul style="list-style-type: none"> <li>• Health plan details, client files</li> </ul>
C. To receive cost-sharing reductions, individuals must receive a premium tax credit and enroll in a plan with at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services.	<ul style="list-style-type: none"> <li>• Client files</li> </ul>
D. Funds may be used to pay for any remaining premium amount owed to the health insurance company that is not already covered by the client's premium	<ul style="list-style-type: none"> <li>• Client files</li> </ul>

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Standard	Measure/Method
tax credits.	
E. Funds may be used to cover the cost of Medicaid premiums, deductibles, and co-payments.	<ul style="list-style-type: none"> <li>• Client files</li> </ul>
F. Funds can be used to offset any cost-sharing that Medicaid programs may impose on a beneficiary consistent with federal regulations and RW policy	<ul style="list-style-type: none"> <li>• Client files</li> </ul>
G. Providers are expected to coordinate with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in TrOOP or donut hole costs.	<ul style="list-style-type: none"> <li>• Agency files</li> <li>• Policy &amp; Procedure Manual</li> <li>• Written letter(s) of agreement on file, if applicable</li> </ul>
H. Funds may not be used to pay costs of liability risk pools or social security.	<ul style="list-style-type: none"> <li>• Client files, documentation</li> </ul>
I. All payments will be made directly to the insurance providers. No payments will be made directly to clients.	<ul style="list-style-type: none"> <li>• Client files, documentation</li> </ul>
<b>VII. Client Rights and Responsibilities</b>	
A. See Universal Standards of Care for detailed information.	
B. Clients must have the right to access articulated appeal process when services are terminated.	<ul style="list-style-type: none"> <li>• Policy on file</li> <li>• Documentation in client file as appropriate</li> </ul>
C. Clients must be afforded information regarding transfer to an outside agency.	<ul style="list-style-type: none"> <li>• Policy on file</li> </ul>

**References:**

HRSA Policy Clarification Notices 13-01, 13-02, 13-04, 13-05, 13-06, 14-01, 16-0 are available at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.