

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

The definition of Health Insurance Premium & Cost Sharing Assistance is the provision of a cost-effective alternative to ADAP by purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications and essential health benefits and paying co-pays and deductibles on behalf of the client. These funds may also be used to contribute to a client's Medicare Part D true out-of-pocket (TrOOP)¹ costs after all other avenues have been exhausted, including pharmaceutical assistance programs and state based Ryan White Part B programs. These funds may not be used for vision or dental insurance.

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 year for the grant year effective FY 2014.

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 grantee staff, and meetings with the Ryan White Part A Grantee.

¹ Allowable use of Ryan White funds as of January 1, 2011 as specified in the Affordable Care Act.

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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
I. Policies and Procedures	
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"> • Agency files • Policy & Procedure Manual
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"> • Written letter(s) of agreement on file, if applicable • Resource listing
D. Services are made available to all individuals who meet program eligibility requirements.	<ul style="list-style-type: none"> • Client Files
II. Program Staff	
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"> • Documentation of staff training

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Standard	Measure/Method
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"> • Personnel file
D. Staff is expected to collaborate with the Grantee'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"> • Documentation of payments and service utilization
III. Access to Services	
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"> • Client satisfaction surveys • Summary of survey results and client recommendations • Review of agency plan in relation to survey results
IV. Eligibility Determination/Intake/Screening	
A. See Universal Standards of Care for detailed information.	
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"> • Policy and procedure on file describing the intake process • Documentation in client file
C. Clients must choose a silver level plan and opt to take any eligible premium tax credits on a monthly basis.	<ul style="list-style-type: none"> • Documentation in client file
V. Assessment	

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Standard	Measure/Method
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 HIP/CSA referral form developed by the Grantee's office.	<ul style="list-style-type: none"> • Policy and procedure on file describing the assessment process • Documentation in client file
VI. Service Coordination/Treatment/ Referral	
A. Provision of all Ryan White Part A and/or MAI funded services is documented.	<ul style="list-style-type: none"> • Documentation of services provided, with dates, in client records
B. Health insurance at a minimum must include pharmaceutical benefits equivalent to the HIV antiretroviral and opportunistic infection related medications on the Tennessee Ryan White Part B ADAP formulary, as well as coverage for other essential medical benefit.	<ul style="list-style-type: none"> • Health plan details, client files
C. To receive cost-sharing reductions, individuals must receive a premium tax credit and enroll in a silver level plan.	<ul style="list-style-type: none"> • Client files
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 tax credits.	<ul style="list-style-type: none"> • Client files
E. Funds may be used to cover the cost of Medicaid premiums, deductibles, and co-payments.	<ul style="list-style-type: none"> • Client files
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"> • Client files
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"> • Agency files • Policy & Procedure Manual

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Standard	Measure/Method
	<ul style="list-style-type: none"> • Written letter(s) of agreement on file, if applicable
H. Funds may not be used to pay costs of liability risk pools or social security.	<ul style="list-style-type: none"> • Client files
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"> • Client files, documentation
VII. Client Rights and Responsibilities	
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"> • Policy on file • Documentation in client file as appropriate
C. Clients must be afforded information regarding transfer to an outside agency.	<ul style="list-style-type: none"> • Policy on file