

Ryan White Program
Service Area Standards: Health Insurance Premium and Cost Sharing Assistance
November 8, 2016

Purpose. The purpose of the Ryan White Emergency Health Insurance Premium and Cost Sharing Assistance (HIP) Standards is to ensure that uniformity of service exists in the Minnesota 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.

HRSA 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 HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an 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.

All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Standard	Measure	Data Source
1. Allowable Services 1.1 The service provision consists of either or both of the following: <ul style="list-style-type: none"> • Paying health insurance premiums and drug deductibles and co-payments that are not covered by ADAP to provide essential health benefits according to the ACA and comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients https://mn.gov/dhs/people-we-serve/adults/health-care/hiv-aids/programs-services/medications.jsp • Paying cost-sharing on behalf of the client 	1.1 Compliance with allowable services guidance.	1.1 File review/Site visits
2. Waitlist Policy 2.1 Agency has grantee approved policy to prevent waitlist that includes communication with Grantees if a waitlist is anticipated	2.1 Provider will have a grantee approved policy around avoiding a waitlist and immediately informing grantee of a waitlist.	2.1 File review/ Site Visits
3. Client Eligibility 3.1 Clients must meet Ryan White and service area specific eligibility requirements	3.1 Eligibility documented	3.1 File review/Site visits
4. Client Intake/ Application 4.1 Agency shall have an intake or application process 4.2 Client information is collected to facilitate referrals and follow-up as necessary.	4.1-4.2. Intake or application approved by Ryan White Program and included in individual client files.	4.1-4.2. File review/Site Visits
5. Referrals 5.1 Client is informed of other services available in the RW system and what client can expect if they enroll in services.	5.1 Policy in program files.	5.1 File Review
Provider Focused Standards		
7. Provider Staff Qualifications 7.1 HIP Provider Staff have <ul style="list-style-type: none"> • Bachelor's Degree in Health or Human Services or related field*, or 	7.1 Policy in program files	7.1 File Review/Site Visits

Provider Focused Standards	Measure	Data Source
<ul style="list-style-type: none"> Minimum one-year experience in HIV or social services related work or a combination of education and experience providing equivalent knowledge*. <p>*Staff is knowledgeable about available resources to avoid duplication of services.</p>		