Health Insurance Premium and Cost-Sharing Assistance Service Standard

Health Resources & Services Administration (HRSA) Description:

Health Insurance Premium and Cost Sharing Assistance (HIA) 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 (OAHS), 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 Ryan White HIV/AIDS Program (RWHAP) funds for health insurance premium and cost-sharing 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 of medications and other appropriate HIV OAHS.

To use HRSA RWHAP funds for standalone dental insurance premium assistance, a 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 HIA only when determined to be cost-effective.

Program Guidance:

Traditionally, RWHAP Parts funding supports health insurance premiums and cost-sharing assistance. The following DSHS policies/standards and HRSA Policy Clarification Notices (PCNs) provide additional clarification for allowable uses of this service category:

- DSHS Policy 260.002 (Revised 11/2/2015): Health Insurance Assistance
- PCN 18-01: Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost-Sharing Assistance
- PCN 16-02: Eligible Individuals & Allowable Uses of Funds and Standalone Dental Insurance Frequently Asked Questions
- PCN 14-01 (Revised 4/3/2015): Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

Limitations:

HIA cannot be in the form of direct cash payments to clients.

HIA funds may not be used for any of the following:

- Plans that do not cover HIV-treatment drugs; specifically, the plan must cover at least one drug in each class of core antiretroviral therapeutics from the HHS clinical guidelines as well as appropriate primary care services
- Costs associated with liability risk pools
- Costs associated with Social Security
- Fines or tax obligations incurred by clients for not maintaining health insurance coverage required by the Affordable Care Act (ACA).

- Out-of-pocket payments for inpatient hospitalizations and emergency department care
- Insurance plans that offer only catastrophic coverage or supplemental insurance that assists only with hospitalization

HIA may only be used for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage if a client is not eligible for other coverage that meets the minimum required standards at a cost-effective price.

Services:

HIA includes out-of-pocket costs such as premium payments, co-payments, coinsurance, and deductibles. Please refer to Texas Department of State Health Services (DSHS) Policy 260.002 (Health Insurance Assistance) for further clarification and guidance.

The cost of insurance plans must be lower than the cost of providing health services through grant-supported direct delivery (be "cost-effective"), including costs for participation in the Texas AIDS Drug Assistance Program (ADAP). Please refer to Texas Department of State Health Services (DSHS) Policy 270.001 (Calculation of Estimated Expenditures on Covered Clinical Services) for further clarification and guidance. Additionally, an annual cost-effective analysis can be located as an attachment to this policy.

HIA may be extended for job or employer-related health insurance coverage and plans on the individual and group market, including plans available through the federal Health Insurance Marketplace (Marketplace). HIA funds may also be used towards premiums and out-of-pocket payments on Medicare plans and supplemental insurance policies if the primary purpose of the supplemental policy is to assist with HIV-related outpatient care.

Funds may be used for providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs, as well as certain tax liabilities.

Universal Standards:

Service providers for Health Insurance Premium and Cost-Sharing Assistance must follow HRSA/DSHS Universal Standards 1-46 and 73-77.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Health Insurance Plans: The agency must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core anti-retro-viral treatment (ART) from the HHS treatment guidelines along with Outpatient Ambulatory Health Services (OAHS) and oral health care that meet the requirements of the ACA law for essential health benefits. This must be documented in the client's primary record.	1. Percentage of clients with documentation of health care coverage that includes at least one drug in each class of core ART from HHS treatment guidelines, along with OAHS and oral health care services that meet the requirements of the ACA law for essential health benefits.
Co-payments, Premiums, Deductibles, and Co-insurance: Eligible clients with job or employer-based insurance coverage, qualified health plans (QHPs), or Medicaid plans can receive assistance to offset any cost-sharing these programs may impose. Clients must be educated on the cost and their responsibilities to maintaining medical adherence. Education must be provided to clients on reasonable expectations of eligible plan coverage and what HIA can assist with to ensure healthcare coverage is maintained. Agencies will ensure payments are made directly to the health or dental insurance vendor within 5 business days of an approved request.	2. Percentage of clients with documentation of education provided regarding reasonable expectations of healthcare coverage assistance available through HIA. 3. Percentage of clients with documentation that insurance payments were made to the vendor within 5 business days of the approved request.
Premium Tax Credits Education: Agencies must document enrollment in a Marketplace QHP for clients that	4. Percentage of clients with documentation of education regarding premium tax credits, as applicable.

are between 100-400% of the FPL, without access to minimum essential coverage. Education must be provided to the client regarding tax credits and the requirement to file income tax returns. Clients should be educated on the importance of reconciling any advanced premium tax credit (APTC) well before the IRS tax filing deadline. All education should be documented in the client's primary record. **Cost-Sharing Reduction Education:** Clients who are eligible for cost-sharing reductions must be enrolled in a Silver Marketplace plan to receive assistance with out-of-pocket payments. Education must be provided to eligible clients regarding cost-sharing reductions.	5. Percentage of clients with documentation of education regarding cost-sharing reductions, as applicable.
Prescription Eyewear: When HIA funds are used to cover co-pays for prescription eyewear, agencies must keep documentation from the client's medical provider stating that the eye condition is related to the client's HIV or vision correction is necessary to support HIV treatment.	6. Percentage of clients receiving assistance for prescription eyewear with documentation from the client's medical provider that vision services are related to HIV or necessary to support HIV treatment.
Medical Visits: Health insurance premium and cost sharing assistance should enable adherence to HIV-related medical and/or dental care. Documentation in the client's chart should show attendance of HIV-related medical and/or dental appointments. For clients who use HIA for medical care outside of the RW system, HIA providers are required to maintain documentation of client's attendance at primary medical care visits during the previous 12 months.	7. For clients with applicable data in TCT or other data system used at the agency's location, percentage of clients who had at least one medical visit in each 6-month period of the 24-month measurement period, with a minimum of 60 days between medical visits. *(HRSA HAB measure)* 8. For clients who use HIA for medical care outside of the RW system, percentage of clients with documentation of client's adherence to primary medical care (e.g., proof of provider visits, insurance explanation of benefits, or provider bill/invoice) during the previous 12 months.
Viral Suppression: Clients receiving HIA services should	9. For clients with applicable data in TCT or other data

have evidence of viral suppression as shown by viral load testing.	system used at the agency's location, percentage of clients with an HIV viral load less than 200 copies/mL at the last HIV viral load test during the measurement year. *(HRSA HAB measure)*

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients*. Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). *Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients*. Health Resources and Services Administration, June 2022.

Panel on Antiretroviral Guidelines for Adults and Adolescents. "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV." *Clinical Info (HIV.gov)*, Department of Health and Human Services, 21 Sept. 2022, clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines. Accessed 1 Nov. 2022.

Ryan White HIV/AIDS Program. *Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act*. Health Resources & Services Administration, 3 Apr. 2015.

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Texas Department of State Health Services. "260.002 Health Insurance Assistance." *Www.dshs.texas.gov*, 2 Nov. 2015, www.dshs.texas.gov/hivstd/policy/policies/260-002. Accessed 7 Feb. 2023.