

# HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE

Norfolk Transitional Grant Area

Grant Year 2020/21



## Service Category Definition – Health Insurance Premium & Cost Sharing Assistance Services

(HIV/AIDS Bureau Policy Clarification Notice #16-02, Revised 10/22/2018)

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



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.

The City of Norfolk/Ryan White Part A TGA has elected to provide HIPCSA services for copays for HIV related Office Visits, Labs, Specialty Office Visits, Mental Health and co-pays for medications for insured clients. The maximum allowance (cap) for each client per grant year is \$3,500.

The TGA (Recipient and Planning Council must do this behind the scenes before deciding to fund this service. Part B purchases insurance so Part A as the payor of last resort does not.)

The TGA has not indicated that it wishes to pay for stand-alone dental, although it is allowable. This again, further explains what the Recipient and Planning Council must do behind the scenes.

## Personnel Qualifications

Health Insurance Premium and Cost Sharing Assistance (HIPSCA) providers must:

- Staff must be able to comprehend the different scenarios involving health insurance and have a working knowledge of the COBRA and OBRA insurance programs and various private insurance programs and policies, including eligibility requirements, benefits, applicable deductibles and co-pays, Medicare Parts A, B and D, Medicaid, the Children's Health Insurance Program (CHIP), Medicare Savings Programs, Medicare Advantage Plans, Veterans Administration (VA) benefits, AIDS Drug Assistance Program (ADAP), and other health insurance, financial assistance and medication assistance programs and have a general understanding of the system of health care delivery within the TGA;

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## Norfolk TGA Care Continuum Performance Measures

(Appendix B: Norfolk TGA Care Continuum Performance Measures)

Standard	Measure
Agency has written guidelines for implementing Health Insurance Premium and Cost Sharing Assistance (HIPCSA) program	Sub-recipient guidelines are documented.
Documentation of an annual cost-benefit analysis illustrating the greater benefit in co-pays or deductibles for eligible low-income clients. The cost-benefit analysis should evaluate the client's financial need for this service and include the following: <ul style="list-style-type: none"> <li>• Client income</li> <li>• Review of all other potential payment resources</li> <li>• Cost of co-pays</li> </ul>	Documentation in client file, i.e. completed referral, eligibility documentation, EOB or billing statement
For copays for prescription eyewear, eye condition must be HIV related	Physician written statement that eye condition is HIV-related
Assurance that funds are not being used for liability risk pools or associated Social Security	Documentation of insurance type in client file
All clients are eligible, and copayments are complaint with HRSA NMS	Number and type of co-payments made to eligible clients
Co-payments made within 10 business days from date of request	Documentation of request and payment date in client chart.

HRSA/HAB Performance Measure: HIV Viral Load Suppression (NQF#: 2082)				
Performance Measure/Description	Numerator	Denominator	Exclusions	Goal
Percentage of patients who have a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	The number of patients in the denominator with a viral load <200 copies/mL at last test during the 12-month measurement period.	All patients with at least one HIPSCA visit during the 12-month measurement period.	None	85%

Approved  
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