

| Standard | Performance Measure/ Method | Grantee Responsibility | Provider/Subgrantee Responsibility | Source Citation |
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| <p>5. Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost-effective alternative to ADAP by:</p> <ul style="list-style-type: none"> • Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs² | <ul style="list-style-type: none"> • Documentation of an annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and or deductibles for eligible low income clients, compared to the costs of having the client in the Ryan White Services Program Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications • Where funds are used to cover co-pays for prescription eyewear, documentation including a physician's written statement that the eye condition is related to HIV infection • Assurance that any cost associated with liability risk pools is not being funded by Ryan White • Assurance that Ryan White funds are not being used to cover costs associated with Social Security • Documentation of clients' low income status as defined by the EMA/TGA | <p>Include RFP, contract, MOU/LOA and/or statement of work language that:</p> <ul style="list-style-type: none"> • Specify that Part A funding is to be used to supplement and not supplant existing federal, state, or local funding for Health Insurance Premium and cost-sharing assistance Ensure an annual cost benefit analysis that demonstrates the greater benefit of using Ryan White funds for Insurance/Costs-Sharing Program versus having the client on ADAP • Monitor provider documentation of client eligibility determination • Where funds are used to cover the costs associated with insurance premiums, ensure that comprehensive primary care | <ul style="list-style-type: none"> • Conduct an annual cost benefit analysis (if not done by the grantee) that addresses noted criteria • Where premiums are covered by Ryan White funds, provide proof that the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications Maintain proof of low- income status, • Provide documentation that demonstrates that funds were not used to cover costs of liability risk pools, or social security • Coordinate with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in TrOOP or donut hole costs • When funds are used to cover co-pays for | <p>PHS ACT 2604 (c)(3)(F)</p> <p>HAB Policy Notice 10-02</p> |

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| | | <p>payment of premiums, co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles</p> <ul style="list-style-type: none"> • Monitoring systems to check that funds are NOT being used for liability risk pools, or social security • Ensure coordination with CMS, including entering into appropriate agreements, to ensure that funds are appropriately included in and or Medicare -TrOOP or client out of pocket costs | <p>prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection</p> | |

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