

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE

A. DEFINITION:

Health Insurance Premium and Cost Sharing Assistance (HIPCSA) is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, co-payments and deductibles.

B. GOAL(S): Maintain client's access to and retention in medical, dental and behavioral healthcare.

C. SERVICES:

The HIPCSA program is intended to help HIV positive individuals continue medical, dental and behavioral healthcare without gaps in health insurance coverage or disruption of treatment. Continued insurance coverage allows clients to obtain care not limited to HIV treatment, therefore resulting in greater overall client health outcomes. Continued coverage also reduces the burden on publicly-funded medical care systems.

Ryan White funds for the HIPCSA program can be used toward co-payments, co-insurance, deductibles (not to exceed \$3,000 per unduplicated client per grant year) and premiums (not to exceed \$350 per month per unduplicated client per grant year totaling \$4,200) for individual and group policies. No Ryan White funds can be used toward co-payments associated with hospitalization and/or emergency room care.

No Ryan White Part A funds will be used to pay out-of-network costs. Part A funds from the HIPCSA program may assist with prescription drug co-payments. Ryan White funds may NOT be used to cover a client's Medicare Part D "true out-of-pocket" (i.e. TrOOP or donut hole) costs.

If a client is receiving tax credits or subsidies through the Affordable Care Act to purchase insurance, the client must apply the subsidy or credit to monthly premiums. Ryan White funds will not be used to pay the subsidized portion of the cost of insurance.

Ryan White funds can only be used to purchase insurance plans whose drug benefits are equivalent to those provided by the ADHS HIV Medication Program.

D. QUALITY MANAGEMENT:

Program outcome: 100% of clients who are enrolled in HIPCSA receive allowable services.

Indicators: 100% of clients access HIV-related primary medical care supported by co-payment/co-insurance/premium/deductible assistance

Service Unit(s):

- Number of successful co-payments/co-insurance/premium/deductible

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
Client receives HIPCSA based on accurate coordination of benefits with 3 rd party payer.	Documentation verifying accurate coordination of benefits with 3 rd party payer.	Number of clients receiving HIPCSA.	Number of HIPCSA clients	Client Chart CAREWare	100% of clients who are enrolled in HIPCSA receive allowable services.