

**HIV Health Services Planning Council
Sacramento TGA**

Policy and Procedure Manual

Subject: Health Insurance Premium and Cost-Sharing Assistance Program

No.: SSC 22

Date Approved: 09/24/14

Date Revised: 03/28/18

Date Reviewed: 03/28/18

Purpose:

Health Insurance Premium and Cost-Sharing Assistance Program services are designed to assist clients in paying their medical insurance premiums, deductibles and co-payments with the goal of preventing loss of access to medical care. This standard outlines a common approach to providing Health Insurance Premium Payment and Cost-Sharing Assistance Program services to eligible recipients in the Sacramento TGA and is to be incorporated with complimentary service standards for medical, psychosocial and support services as developed and approved by the HIV Health Services Planning Council.

1. Policy:

The Affordable Care Act requires all individuals to obtain minimal essential health care coverage including but not limited to health insurance Marketplace plans; most individual plans bought outside the Marketplace; job-based insurance, including SHOP plans; Medicare; Medicaid; CHIP; TRICARE; COBRA. Some individuals may qualify for a health care coverage exemption. Those individuals who are not exempt and can afford coverage but choose not must pay a fee called the individual shared responsibility payment. It is the responsibility of all Ryan White CARE Act contracted service providers to facilitate enrollment of eligible clientele into an appropriate health care coverage plan and to apply Ryan White HIV/AIDS Program (RWHAP) funds as payer of last resort.

The provision of Health Insurance Premium and Cost-Sharing Assistance must be consistent with the United States Health Resources Services Administration's (HRSA) HIV/AIDS Bureau, the Sacramento TGA's Service Standards Policy 05 (SSC05) Eligibility and Fees for Ryan White Part A and B Services and Sacramento TGA's Health Insurance Premium and Cost-Sharing Assistance program.

Health Insurance Premium and Cost Sharing Assistance as defined by HRSA 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.

If available funding levels are anticipated to be less than the total need, agencies shall ensure that funds are distributed among the maximum possible number of clients living with HIV/AIDS who rely on RW funded services. Agencies shall assure that no client receives any RW funded services unless such client is found to be eligible for services under such Eligibility Standards as may be adopted by the Planning Council.

2. Established Standards:

A. To use RWHAP funds for health insurance premium and cost-sharing assistance, a recipient must implement a methodology that incorporates the following requirements:

- RWHAP funded recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics as determined by the United States Department of Health and Human Services (HHS) treatment guidelines [<http://hab.hrsa.gov/deliverhivaidscares/clinicalguidelines.html>] along with appropriate HIV outpatient/ambulatory health services
- RWHAP funded recipients must assess and compare the aggregate cost of paying for the health coverage option versus paying for the aggregate full cost for medications and other appropriate HIV outpatient/ambulatory health services, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective

B. The provisions of the Health Insurance Premium and Cost-Sharing Assistance Program include but may not be limited to 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
- Paying cost-sharing on behalf of the client used to offset any cost-sharing or deductible amounts that Medicaid programs may impose on a beneficiary
- Paying for Ryan White HIV/AIDS Program services not covered, or partially covered, by Medicaid.
- Paying a premium share of cost to prevent a lapse in coverage during the eligibility or transition period for enrollment into the State OA-HIPP program.
- In any circumstance where a client receives a refund of an over-payment as a result of a Ryan White payment, the client must return the overpayment to the Ryan White provider administering the Health Insurance Premium Payment and Cost-Sharing Assistance Program.
- Payments must be returned within 30 days, in the form of a cashier's check or money order, made payable to the Ryan White administering provider.

- Must be the payer of last resort

C. Recipients and sub-recipients should consider that some individuals are ineligible for premium tax credits and cost-sharing reductions:

- Clients under 100% FPL in states that do not implement Medicaid (Medi-Cal) expansion;
- Clients with incomes above 400% FPL;
- Clients who have minimum essential coverage other than individual market coverage (e.g., Medicaid, CHIP, TRICARE, employer-sponsored coverage, and certain other coverage defined in Internal Revenue Code Section 5000(a)) available to them, but choose to purchase in the Marketplace; and
- Clients who are ineligible to purchase insurance through the Marketplace.

3. Ryan White funded agencies may, at any time, submit to the RW Fiscal Agent requests for interpretation of these or any other Services Standards adopted by the HIV Health Services Planning Council, based on the unique medical needs of a client or on unique barriers to accessing medical care which may be experienced by a client.

4. RW funded agencies shall provide a means by which their staff can obtain technical assistance and on-call advice related to interpreting client medical needs.

5. Clients shall have the right to request a review of any service denials under this or any other Services Standards adopted by the HIV Health Services Planning Council. The most recent review / grievance policies and procedures for the RW Agency shall be made available to each client upon intake. A copy of the grievance policy, signed by the client, shall be maintained in the client's file.

Signed: 
Susan Farrington, Chair

4-10-18
Date



2018 Comprehensive Health Care Coverage

All ADAP clients are strongly encouraged to enroll in health insurance.
ADAP can pay the premiums and outpatient medical out-of-pocket costs!

Are you a lawfully present California resident? Under the Affordable Care Act (ACA), California residents are able to obtain affordable health care coverage, regardless of any pre-existing conditions. Lawfully present California residents can obtain health insurance through Covered California.

When choosing a Covered California health plan, you should select the following metal tier, based on your income:

Silver - If your income is between \$16,764 - \$24,120* (139% - 200% FPL).

Platinum - If your income is \$24,240 or higher* (201% FPL or higher).

(*For a family size of 1, based on 2016 FPL)

If you are eligible for an Advanced Premium Tax Credit (APTC), you must select the full amount to be applied to your premium.

For more information or to enroll, visit the Covered California website at www.CoveredCA.com or call (800) 300-1506. Please refer to the following list to find an ADAP site that also does Covered California enrollment: <http://www.cdph.ca.gov/programs/aids/Documents/ADAPandCCEnrollmentSites.pdf>

If you don't get coverage, you may have to pay a tax penalty of \$695 or 2.5% of your household income, whichever is greater!

Want to keep your doctor? Before selecting a health plan, contact your doctor's office to find out in which health plan network(s) they participate.

Not eligible to purchase insurance through Covered California? If you are not eligible for Covered California, a Medication Assistance Program enrollment worker may be able to assist you in enrolling in other health care coverage.

When can I enroll in health coverage? Open Enrollment for 2018 coverage for Covered California is November 1, 2017 through January 31, 2018. Special Enrollment periods occur within 60 days of a qualifying life event such as: a job loss, death of a spouse, birth of a child, became a new resident of the state, released from incarceration, etc. If you would like to enroll in a non-Covered California health insurance plan, please contact the health plan directly to inquire about their open enrollment period dates.

Get help paying for your health insurance costs! Once you enroll in a health insurance plan, you can enroll in the Office of AIDS Health Insurance Premium Payment (OA- HIPP) Program. The OA-HIPP program would pay for you: Monthly health insurance premiums
Outpatient medical out-of-pocket costs up to the healthcare plan's annual out of-pocket maximum.

Talk to your enrollment worker for more information or call 844-421-7050.

I have been given information about health care coverage available to me. I understand that having health care coverage is required by law and that I may incur a financial penalty if I do not have comprehensive healthcare coverage.

Client's Signature: _____ Date: _____

I have reviewed the information on this page with the client whose signature appears above.
Enrollment Worker initials: _____

Agency Name Here

SAMPLE RYAN WHITE CARE PROGRAM

CLIENT REFUND AGREEMENT

I, _____ am requesting assistance with insurance payments.
Client writes in name

I understand that the Ryan White Care Program is making the payment(s) on my behalf. Staff have explained to me the following:

_____ I might get a refund check from the insurance company.
Initials

_____ I might get a tax refund for the insurance payment from the IRS.
Initials

I understand that if I receive a refund, those funds must be returned back to the Ryan White Care Program in the form of a cashier's check or money order, within 30 days, by submitting payment to _____.

By signing below, I agree to the conditions above.

Signature

Date

Witness

Date