

Standards of Care

MARCH 2011



Health Insurance Premium and Cost Sharing Assistance

STANDARDS OF CARE

The purpose of the Ryan White Part A Standards of Care and performance measures is to ensure that a uniformity of service exists in the Las Vegas Transitional Grant Area (TGA) as such that the consumers of services receive the same quality of service regardless of where the service is rendered. These standards align with current Public Health Services (PHS) Guidelines and the Health Resources and Services Administration's standards and performance measures for service delivery to ensure the highest quality of service.

APPLICATION OF STANDARDS

These standards apply to any agency receiving Part A funds to provide services as contracted for that time period. If any agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps underway to meet the standards. All standards and measures will be reviewed by Part A Grantee staff annually as designated.

I. Definition of Service

Health Resources and Services Administration (HRSA)

Health insurance premium and cost sharing assistance is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

II. Goals of Service

To increase access to and retention in Health Insurance Assistance to ensure clients receive high quality HIV medical service.

III. Service Objectives

- Continue to provide health insurance premium, deductible and co-pay assistance to clients in the TGA.
- Increase enrollment in Health Insurance Assistance by 10% by targeting emerging populations.

IV. Measures

Indicators are used to measure and determine, over time, performance of a particular element of care. Outcomes are benefits or other results (positive or negative) for clients that may occur during or after their participation in a program. The Las Vegas TGA has developed three categories of measures to accurately track compliance vs. client progress vs. overall program performance. All measures will be tracked on an annual basis by grant year in their respective categories, which are; Agency Compliance Indicators, Client Level Outcome Measures, and Overall Program Performance Measures. The intent is that agency compliance with standards of care will improve the overall health and well-being of the clients and improve

access to care. The primary method of data collection is CAREWare, in addition to an annual chart review at each agency receiving Part A funding and client satisfaction surveys.

1. Agency Compliance Measures

Agency Compliance Measures for Health Insurance Premium and Cost Sharing Assistance services and their percentage goals are listed next to their respective standards in the Service Standards section. All agencies are expected to uphold the outlined standards to a minimum of the designated percentage goal and annually their compliance will be assessed. Additional standards and guidelines pertinent to each agency regardless of the service categories they provide are outlined in the Universal Monitoring Standards document which will also be assessed annually.

2. Client Level Outcome Measures

The Client Level Outcome Measures are a reflection of our client's progress as they access Health Insurance Continuation and Cost Sharing Assistance services. The following Client Level Outcome Measure and percentage goal will be assessed annually:

In Medical Care

- 75% of clients that are in medical care (at least one medical visit per measurement period).

Maintained Adherence to Medical Care

- 75% of clients that maintain adherence to Medical Care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).

Stabilized CD4 T-cell Count

- 75% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.

Most Recent CD4 Stable

- 75% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$)

Undetectable Viral Load

- 75% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.

Most Recent Viral Load Undetectable

- 75% of clients with at least one viral load within the measurement year will be considered undetectable (<50).

3. Overall Program Performance Measures

Overall Program Performance Measures illustrate how accessible Health Insurance Premium and Cost Sharing Assistance services are in our TGA in addition to how they are perceived by the client for not only the HIV/AIDS population but the minority population as well. These measures and respective goals are as follows:

Client Satisfaction

- 75% of clients will report being very satisfied or satisfied with the assistance they received with their health insurance and insurance related issues over the last 12 months through the Ryan White Program.

V. Service Standards

A. ELIGIBLE COSTS AND SERVICES

Services will be provided to all eligible clients requesting Health Insurance Premium and Cost Sharing Assistance, based on funding availability. Clients may receive assistance with public or private health insurance premiums, including COBRA, if the applicant is in eminent danger of an insurance lapse.

Allowable payments include:

- Premium payments-The amount paid by the insured to an insurance company to obtain or maintain an insurance policy.
- Risk pools (Arizona)-Provides health insurance to those Arizona residents who are unable to obtain adequate health coverage due to their medical condition who are considered Federally Eligible Individuals. Nevada currently doesn't offer this state sponsored program.
- Co-payments-A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of services (e.g., \$10 for each prescription dispensed).
- Deductibles-A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.

Ryan White funds may not be used toward co-payments, co-insurance, or deductible costs associated with hospitalization and/or emergency room care. Ryan White funds must be the payer of last resort and clients are expected to contribute to individual health insurance costs as they are able.

B. HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE SERVICE ACTIVITIES

Clients should receive assistance necessary to complete required paperwork from providing agency. The providing agency should also educate the client on the process for accessing care, prescribed medication, and the process for receiving continued assistance.

Clients applying for this service should receive notification of their status no more than five business days from the date of initial application.

It is the agency's responsibility to ensure that proper documentation is kept in the clients file in addition to ensuring that the client will receive continued assistance based on continued adherence to the programs guidelines.