



Nevada Office of HIV Ryan White Part B Program Service Standards

Health Insurance Premium and Cost-Sharing Assistance

I. HRSA Service Definition

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:

- 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.

To use Ryan White HIV/AIDS Program (RWHAP) funds for standalone dental insurance premium assistance, a RWHAP Part B recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part B recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

The State of Nevada Office of HIV has done a cost analysis and has determined that it is more effective to purchase dental insurance for clients than it is to pay the full cost of HIV dental services.

The State of Nevada, Ryan White Part B program (NVRWPB) recommends that all subrecipients utilize validated best practices for the execution of their service category. If an agency needs resources or recommendations to locate or implement best practice tools, please contact the Recipient (NVRWPB), and we will provide necessary guidance. It is an expectation that all agencies implement a program that can produce measurable, positive effects for clients.

II. Service Goals and Objectives

Health Insurance Premium and Cost Sharing Program (HIP-CS)

The service goal and objective of the cost-sharing assistance and premium payment program is to provide persons living with HIV the opportunity to receive primary/specialty care, dental,



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and vision services for monitoring and maintenance of their HIV for overall health. For the purposes of this service category, in alignment with the HRSA Service Definition, NVRWPB will fund cost-sharing assistance and premium payments to provide comprehensive health care services for eligible clients enrolled in a Marketplace Health Insurance plan or to provide standalone dental insurance premium payments to receive medical and pharmacy benefits under a health care coverage program. NVRWPB will also fund payment of pseudo-insurance products for medical to provide eligible clients with comprehensive medical coverage.

There is a service cap per grant year of \$3,000 per enrolled client for HIP-CS services. There will be no exceptions to this policy. There is a service cap per grant year of \$400 per enrolled client for vision frames and lenses. Please be advised that the \$400 service cap for vision frames and lenses is included in the \$3,000 overall HIP-CS service cap per grant year.

III. Currently Funded Health Insurance Premium and Cost Sharing Services

A. Health Insurance Premium and Cost Sharing (HIP-CS)

1. Dental Insurance Premium Payment
2. Membership Fee (Medical)
3. CSAP Claim Payment (Medical)
4. CSAP Claim Payment (Dental)

IV. HIP-CS Services Eligibility

Before services are provided under this Service Category, provider agency staff must ensure current NVRWPB eligibility enrollment by using the CAREWare's Eligibility and Enrollment Fields tab.

The following eligibility criteria are specific to HIP-CS Services: Client has been referred to a NVRWPB HIP-CS services provider from another NVRWPB funded program, has sought out assistance of the agency through self-referral, or has received a referral from an outside NVRWPB provider. If the client is referred to the HIP-CS Services Provider from a non-NVRWPB provider, the HIP-CS Services Provider is responsible for notifying the originating non-NVRWPB provider that the client is now accessing services and the HIP-CS Services Provider is responsible for logging the referral in CAREWare.



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V. Service Delivery

NVRWPB funds may only be used to pay for any Ryan White HIV/AIDS Program services not covered or partially covered by the client's private health plan. NVRWPB cost-sharing assistance funds may not be used to pay for services that are out-of-network, unless the client is receiving services that could not have been obtained from an in-network provider.

NVRWPB HIP-CS funds may be used to make past-due premium, co-pay, and deductible payments so long as the client is eligible on the date of the requested service (i.e. the day the request is made for the past-due premium payment), if the payment is cost effective in the aggregate, and if the past-due bill is not in collections. These payments can only be made for past-due premiums, co-pays, and deductibles for insurance that include at least one drug in each class of antiretroviral therapeutics and appropriate out-patient ambulatory services.

For prospective premium payments, if a health insurance plan requires payment for a period of time such as a quarterly or binder payment, HIP-CS funds may be used for payment of that period of time that may in certain instances exceed the client's current eligibility period. For example, a client requests payment of a Medicare Part D insurance premium, which provides coverage for an entire quarter from January to March, but the client is only eligible from January 1st to February 28th. In this instance, HIP-CS funds may be used to pay for this quarterly premium payment.

A client MUST be NVRWPB eligible to receive the following services:

1. Dental Insurance Premium Payment

A dental insurance premium payment made to an approved dental insurance provider for an insured client's dental service(s).

2. Membership Fee (Medical)

A payment of a Medical Discount Program enrollment fee that allows eligible clients, who do **not** qualify for a traditional health insurance plan, access to discounted providers in a managed network.

3. CSAP Claim Payment (Medical)

A co-payment and/or deductible payment to a medical provider for an insured client's HIV-related medical service(s).



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4. CSAP Claim Payment (Dental)

A co-payment and/or deductible payment to a dental provider for an insured client's HIV-related dental service(s).

VI. Licensing, Knowledge, Skills, and Experience

Health Insurance Program and Cost Sharing Assistance Program coordination and processing services are provided by non-medical personnel who has at least six months of relevant experience in any of the areas of outreach work, community services, supportive work with families and individuals, aging, supportive work with youth, corrections, fiscal services, or public relations. The minimum educational experience shall be a high school degree or GED. It is highly recommended that personnel responsible for reviewing and approving qualifying premium payment, deductible payment, co-payments, and membership fee payments have relevant medical, coding, billing, and/or fiscal experience. If qualified individuals do not have relevant and current experience related to working with individuals living with HIV they must receive HIV specific training within six months of hire.

VII. Summary

These service specific standards shall be followed by all funded providers that provide NVRWPB funded Health Insurance Premium and Cost Sharing Services. It is expected that all providers follow these standards as well as the National Monitoring/Fiscal Standards and HRSA Policy Clarification Notices. Provider organizations and staff may exceed any of these standards as part of the program delivery.

VIII. Recommendations

All NVRWPB funded providers are to adhere to these service category specific standards, program standards, the primary program standards and ensure that they are familiar with their individual NVRWPB subgrant to meet the expectations of their deliverables.

IX. References and further reading

All NVRWPB funded providers should read their individual Part B contracts, as well as but not limited to, the Quality Management Plan and all local policies and guidelines set forth by the Office of HIV regarding the Part B program statewide. All referenced materials for this service standard are listed below:

[Federally approved clinical guidelines for the treatment of HIV](#)

[HIV/AIDS Bureau – National Monitoring Standards for Ryan White Part B Grantees: Program – Part B](#)

[HIV/AIDS Bureau – Policy Clarification Notice 16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Use of Funds](#)



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[Las Vegas TGA – Ryan White Part A HIV/AIDS Program, Service Standards](#)

[Nevada Office of HIV/AIDS Policy 15-15 Standard of Care for Referral to Health Care and Supportive Services: Eligibility & Enrollment for Ryan White Part B](#)

[Ryan White HIV/AIDS Program Service Report Instruction Manual, September 2015.](#)

Program Guidance: Traditionally, RWHAP Parts A and B recipients have supported health insurance premiums and cost sharing programs. If a RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective. See:

PCN 07-05: Program Part B ADAP Funds to Purchase Health Insurance;

PCN 13-04: Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program;

PCN 13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance;

PCN 13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid; and

PCN 14-01: Revised 4/3/2015: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

Note: The Nevada Ryan White Part B Program uses the Federal Formula Part B Grant to fund the Health Insurance Premium and Cost-Sharing Assistance Program for dental care insurance premiums, dental care insurance co-payments, and HIV-related medical co-payments (Non-Rx).

X. Revision Schedule

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XI. Contact

For further information or clarification please contact the Nevada Office of HIV, Health Resource Analyst I at (775) 684-4044 or Health Program Specialist I at (775) 684-5280.