

Health Insurance Premium & Co-Pay Assistance	Pg
Service Category Definition – Part B/DSHS State Services	1
Ryan White Part B/DSHS State Services 2013-2014 Standards of Care	4
Ryan White Part B/DSHS State Services 2013-2014 Outcome Measures	6
Health Insurance Assistance Program Service utilization Report April 1 - June 30, 2012	7

FY 2014 Houston HSDA Ryan White Part B/State Services Service Definition

Local Service Category:	Health Insurance Premium and Cost Sharing Assistance
Amount Available:	To be determined
Budget Requirements or Restrictions (TRG Only):	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	<p>Health Insurance Premium and Cost Sharing Assistance: The Health Insurance Premium and Cost Sharing Assistance service category is intended to help HIV positive individuals continue medical care without gaps in health insurance coverage or discretion of treatment. A program of financial assistance for the payment of health insurance premiums until qualifications for Medicare. Also, to provide assistance with co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. Agency may provide help with client co-payments, co-insurance, deductibles and Medicare Part D premiums in amounts up to \$650.00 per month.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service.</p> <p><u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription</p> <p><u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay.</p> <p><u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain an insurance policy.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3 rd party insurance coverage (COBRA, private policies, Medicaid, and Medicare) within the Houston HSDA.
Services to be Provided:	<p>Contractor may provide assistance with:</p> <ul style="list-style-type: none"> • Insurance premiums up to the DSHS annual cap (HIV/STD Policy 260.002), • And deductibles, co-insurance and/or co-payments up to \$650.00 per month.
Service Unit Definition (TRG Only):	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	At or below 500% of federal poverty guidelines.
Client Eligibility:	HIV positive resident of HSDA, and have insurance.
Agency Requirements (TRG Only):	<p>Agency must:</p> <ul style="list-style-type: none"> • Provide a comprehensive financial intake/application to determine

FY 2014 Houston HSDA Ryan White Part B/State Services Service Definition

	<p>client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance.</p> <ul style="list-style-type: none"> • Must comply with DSHS policy 206.002 including tracking of annual caps. This policy states that, for Premium Assistance, an individual cannot receive assistance greater than the annualized Texas Health Insurance Risk Pool Monthly premium total. Please refer to the table at http://www.txhealthpool.org/rates.html . • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency. • Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the client referral and enrollment processes function.
<p>Special Requirements (TRG Only):</p>	<p>When necessary, the following prioritization will be placed on cost sharing assistance.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care.</p>

FY 2014 RWPC "How to Best Meet the Need" Decision Process

Step in Process: Council		Date: 06/13/13
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/06/13
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05/16/13
Recommendations:	Approved: Y_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date: 04/18/13
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

RYAN WHITE PART B/DSHS STATE SERVICES
 1314 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
 HEALTH INSURANCE PREMIUMS AND COST SHARING ASSISTANCE

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Service</u> The Health Insurance Premium and Cost Sharing Assistance service provides financial assistance to help HIV positive individuals continue medical care without gaps in health insurance coverage or discretion of treatment. A program of financial assistance for the payment of health insurance premiums until qualifications for Medicare. Also, to provide assistance with co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance.</p> <p><u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. <u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription. <u>Deductible:</u> A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. <u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain and insurance policy.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in client files.
9.2	<p><u>Maximum Allowable Assistance</u> The Agency will establish and track the client’s annual cap in accordance with the DSHS HIV Health Insurance Premiums Policy #260.002.</p> <ul style="list-style-type: none"> • <i>Premium Assistance</i> For any calendar year, the annual caps should be based upon the annualized Texas Health Insurance Risk Pool monthly premium total under Plan I for that individual’s location. Clients may not receive more assistance than the amount. • <i>Co-Payments, Co-Insurance and Deductible Payments</i> The policy does not place a limit on the amount of assistance an individual may receive under the HIV Health Insurance Assistance for costs associated with co-payments, co-insurance or deductible payments. However the RW Planning Council has established a monthly cap of \$650.00 per client. 	<ul style="list-style-type: none"> • Review of annual cap documentation shows compliance with established policy • Review documentation of agency system for tracking annual caps for premiums.

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.3	<u>Clients Referral and Tracking</u> Agency receives referrals from a broad range of HIV/AIDS service providers and makes appropriate referrals out when necessary.	<ul style="list-style-type: none"> • Documentation of referrals received • Documentation of referrals out • Staff reports indicate compliance
9.4	<u>Ongoing Training</u> Eight (8) hours annually of continuing education in HIV/AIDS related or other specific topics including a minimum of two (2) hours training in Medicare Part D is required.	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
9.5	<u>Staff Experience</u> A minimum of one year documented HIV/AIDS work experience is preferred.	<ul style="list-style-type: none"> • Documentation of work experience in personnel file
9.6	<u>Staff Supervision</u> Staff services are supervised by a paid coordinator or manager.	<ul style="list-style-type: none"> • Review of personnel files indicates compliance • Review of agency's Policies & Procedures Manual indicates compliance

**RYAN WHITE PART B/DSHS STATE SERVICES
1314 HOUSTON HSDA OUTCOME MEASURES
HEALTH INSURANCE PREMIUMS AND COST SHARING ASSISTANCE**

Purpose: The purpose of the Ryan White Part B/DSHS State Services Outcome Measures is to provide a measurement of the effectiveness of services in terms of health, quality of life, cost-effectiveness, and knowledge, attitudes, and practices (KAP), where applicable.

Outcome Measure	Indicator	Data Collection Method
1.0 Knowledge, Attitudes, and Practices		
2.0 Health		
3.0 Quality of Life		
4.0 Cost-Effectiveness		
4.1 Maintained non-utilization of Ryan White funded primary care services	20% of clients will access Ryan White funded primary care services after having insurance co-pays and deductibles paid	<ul style="list-style-type: none"> • CPCDMS
4.2 Maintained non-utilization of Ryan White-funded drug reimbursement services	20% of clients will access Ryan White-funded drug reimbursement services after having insurance co-pays and deductibles paid	<ul style="list-style-type: none"> • CPCDMS



Houston Ryan White Health Insurance Assistance Service Utilization Report

Dates for Report: 4/1/2012 - 6/30/2012

Request by Type	Assisted			NOT Assisted		
	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical						
Co-Payment	94	\$19,479.90	61			
Deductible Payment	10	\$7,207.17	8			
Premium Payment	291	\$180,573.23	137			
MEDICAL TOTALS:	395	\$187,780.40	N/A	0.00	\$0.00	
Oral Health Care						
Co-Pay Routine Treatment	0	\$0.00	0			
Co-Pay Prophylaxis	0	\$0.00	0			
Co-Pay Specialty	0	\$0.00	0			
Deductible Payment	0	\$0.00	0			
Premium Payment	8	\$402.14	5			
ORAL HEALTH TOTALS:	8	\$402.14	N/A	0	\$0.00	
Drug						
HIV Related Co-Payment	325	\$48,967.06	162			
Deductible Payment	15	\$15,309.63	13			
Premium Payment	0	\$0.00	0			
DRUG TOTALS:	340	\$64,276.69	N/A	#REF!	#REF!	
Medicare/Medicaid Supplement						
Deductible Payment	1	\$60.92	1			
Co-Payment	3	\$115.00	3			
Dental Co-Payment	0	\$0.00	0			
Premium Payment	52	\$2,151.90	24			
Part D - Deductible Payment	0	\$0.00	0			
Part D - Co-Payment	280	\$19,441.86	150			
Part D - Premium Payment	14	\$3,383.00	7			
MC/MCD TOTALS:	350	\$25,152.68	N/A	0	\$0.00	
Other Health Insurance						
Deductible Payment	0.00	\$0.00	0			
Co-Payment	0	\$0.00	0			
Premium Payment	0	\$0.00	0			
OTHER INSURANCE TOTALS:	0	\$0.00	N/A	0	\$0.00	

About this report: This report will show a yearly aggregate service utilization that is updated monthly.