



Maricopa County
Ryan White Part A Program Policies and Procedures

Health Insurance Premium and Cost Sharing Assistance

To guide the administration of Ryan White Part A (RWPA) Program's **Health Insurance Premium and Cost Sharing Assistance (HIPCSA)**, a core medical service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

DEFINITIONS:

The provision of Health Insurance Premium & Cost Sharing Assistance is to provide a cost-effective alternative to ADAP by purchasing health insurance which provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications , paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client and providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs

POLICIES:

- When utilizing this service category for insurance premium reimbursements, providers must retain proof that the insurance policy provides comprehensive primary care and formulary with a full range of HIV medications to clients.
- Applications must be submitted through a client's Ryan White Part A case manager to the appropriate HIPCSA contractor.
- Under no circumstances may Ryan White Part A funds be used to make direct cash payments to clients.
- For clients insured through the Federal Marketplace, RWPA Program can provide health insurance premium assistance to RWPA clients. These clients are not eligible for RWPB health insurance premium assistance. RWPA Clients who are also enrolled in Ryan White Part B AIDS Drug Assistance (ADAP) Program and are insured through the Federal Marketplace must receive their health insurance premium assistance through ADAP.
- RWPA clients with COBRA, Medicare Part B supplemental insurance premium and Private Health Insurance premiums may apply for health insurance premium assistance through the appropriate HIPCSA contractor.
- Cost Sharing Assistance can be provided to assist with medical copays, deductibles and coinsurance assistance to eligible RWPA clients.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.



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- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will
- All Health Insurance Premium and Cost Sharing funding requests must be submitted prior to the year end, close out deadlines.
- For contracts that fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.
- Funds may not be used for liability risk pools **or** Social Security

CLIENT CHARTING:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation that is authenticated original documentation and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

Units billed must be noted in chart as required and include the duration of the encounter (start/stop times and/or total minutes/hours spent with client).



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ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	Unit Name	Unit Description	Client Name	Date	Unit Measure	Price
Service Unit	HIPCSA – Credit/Health Ins Premium and Cost Sharing	Assistance with copays, premiums, out of pocket costs for all HIV related visits	Entered into CAREWare under actual client name.	Date HIPCSA Credit was issued	1 unit = 1 HIPCSA credit	Actual Cost
Service Unit	Health Insurance Program CSA NMCM	The time associated with providing cost sharing assistance and copays on the behalf of a client	Entered into CAREWare under actual client name.	Date unit was entered in by Case Manager	1 unit = 15 minutes	\$0
Line Item Unit	HIP/Health Ins Prem Cost Sharing 10% Indirect	Indirect applied to the contract	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost