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SERVICE STANDARDS FOR Health Insurance Premium & Cost-Sharing Assistance (HIPCA)

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Approved by the Planning Council	May 20, 2015	October 17, 2018	February 19, 2020	March 17, 2021	

In addition to the Universal Standards, you are also expected to follow the following guidelines.

I. GOAL

The goal of Health Insurance Premium & Cost-sharing Assistance (HIPCA) is to foster medical adherence by addressing financial barriers in accessing and continuing medical care for people living with HIV/AIDS (PLWHA).

II. DESCRIPTION (PCN 16-02 Revised 10/22/2018)

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 HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part 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.

III. KEY SERVICE COMPONENTS AND ACTIVITIES

Newark EMA Ryan White HIV/AIDS Program funds may be used to cover the cost of private health insurance deductibles and co-payments to assist eligible low-income clients in maintaining health insurance or receive medical benefits under a health insurance or benefits program.

Grantees and their sub-recipients are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services. Grantees and sub-recipients must assure that individual clients are enrolled in health care coverage whenever possible or applicable and are informed about ACA and the consequences for not enrolling. Please note that the RWHAP will continue to be the payer of last resort and will continue to provide those RWHAP services not covered, or partially covered, by public or private health insurance plans. [\(See HRSA Policy notice 13-03 Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act\)](#)

IV. SERVICE LIMITATIONS/ REQUIREMENTS

Newark EMA Ryan White HIV/AIDS Program funds may NOT be used to cover premiums to purchase and maintain health insurance. For premium assistance, please refer the client to the New Jersey Health Insurance Continuation Program (HICP) or the New Jersey Health Insurance Premium Program (HIPP).

When funds are used to cover co-pays for prescription eyewear, documentation should include a clinician's written statement that the eye condition is related to HIV infection.

ADDITIONAL SERVICE STIPULATIONS

1. Funds may only be used to cover the cost of deductibles and co-payments.
 2. Funds may not be used to pay costs of liability risk pools, social security, or premiums.
 3. All payments will be made directly to the providers. No direct payments will be made to clients.
- Assistance with paying the client's out of pocket costs for laboratory and diagnostic testing will be funded under Primary Medical Care – sub-type Laboratory/Diagnostic testing – and must NOT be charged to HIPCA.

V. ASSESSMENT AND SERVICE PLAN

A. **Client Assessment** - Conduct an evaluation and assessment to determine the financial need, which will include the following:

1. Documentation of clients' income eligibility, as defined by the Newark EMA
2. Review of all other potential payment resources
3. Cost of co-pays
4. Cost of deductibles
5. Documentation of an annual cost-benefit analysis illustrating the greater benefit in paying for co-pays and/or deductibles for eligible low-income clients, compared to the cost of having the client in the Ryan White Services Program
6. Documentation of adherence with medical care plan

- B. Service Plan** - Provision of HIPCA services must be added to existing Medical Case Management Care Plan by the Medical Case Manager.

VI. ENGAGEMENT AND RETENTION OF CLIENTS

Refer to Universal Service Standards.

VII. STAFF QUALIFICATIONS AND TRAINING

1. Associate's/Bachelor's degree in health or human services related-field preferred
2. A minimum of 1-year past experience working with persons with or at high risk of HIV infection preferred
3. Ongoing education/training in related subjects including "prevention with positives"
4. Agency will provide new hires with training regarding confidentiality, Stigma, Health Education and Risk Reduction, Health Literacy, client rights and the agency's grievance procedure
5. Annual staff evaluation/performance review

Duties/Responsibilities

- Responsible for providing non-medical case management for clients and their families/support system
- Advocates for clients to obtain the full range of needed services
- Ensures coordination of service

VIII. ADDITIONAL PROGRAM GUIDANCE: [HIV/AIDS BUREAU POLICY 16-02]

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA 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.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: [Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#)

See PCN 18-01: [Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#)