



**University
Health**

Thinking beyond



Service(s) Overview: Health Insurance Premium and Cost-Sharing Assistance (HIPCSA) for Low-Income Individuals

November 16, 2023

People's Caucus Presentation

Webinar Overview

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HRSA Service Category Description

HRSA Policy Clarification Notice (PCN) 16-02

HRSA Service Category Description

- Core Service Category
- Health Insurance Premium and Cost Sharing Assistance (HIPCSA) 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 (OAHS), 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.

HRSA Service Category Description

- To use HRSA Ryan White Program funds for health insurance premium and cost sharing assistance (not standalone dental insurance assistance), a HRSA Ryan White 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 OAHS.
- To use HRSA Ryan White Program funds for standalone dental insurance premium assistance, a HRSA Ryan White Program recipient must implement a methodology that incorporates the following requirement:
 - HRSA Ryan White Program 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 HIA only when determined to be cost effective.

Program Guidance

HRSA Policy Clarification Notice (PCN) 16-02

Program Guidance

- Traditionally, HRSA Ryan White Parts A and B Program recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA Ryan White Part C or Part D Program recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

Services

HRSA Policy Clarification Notice (PCN) 16-02

Services

- The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes out-of-pocket costs such as premium payments, co-payments, coinsurance, and deductibles.
- The cost of insurance plans must be lower than the cost of providing health services through grant-supported direct delivery (be “cost-effective”), including costs for participation in the Texas AIDS Drug Assistance Program (ADAP).
- HIPCSA may be extended for job or employer-related health insurance coverage and plans on the individual and group market, including plans available through the federal Health Insurance Marketplace (Marketplace). HIPCSA funds may also be used towards premiums and out-of-pocket payments on Medicare plans and supplemental insurance policies, if the primary purpose of the supplemental policy is to assist with HIV-related outpatient care.

Services

- Funds may be used for:
 - Purchasing health insurance (both job or employer-related plans and plans on the individual and group market) that provides comprehensive primary care and pharmacy benefits for clients that provide a full range of HIV medications;
 - Standalone dental insurance premiums when cost effective and/or cost sharing assistance when provided in compliance with requirements described in [HRSA Policy Clarification Notice \(PCN\) 16-02](#) (PDF), including the FAQ;
 - Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV), deductibles, and co-insurance for medical and dental plans on behalf of the client;
 - Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs; and/or
 - Certain tax liabilities.

Limitations

Limitations

- HIPCSA **must not be extended for Consolidated Omnibus Budget Reconciliation Act (COBRA)** coverage if a client is eligible for other coverage that provides the required minimal level of coverage at a cost-effective price.
- Per HRSA/DSHS directive, **CareLink is not an allowable service** under HIPCSA.
- For clients enrolled after 9/1/17 and all new or returning HIPCSA clients, **the annual cap for Health Insurance is \$12,343.05 per calendar year and for stand-alone Oral Health Insurance is \$2,500.00** (e.g. 1: a client is allowed a grand total of \$12,343.05 for services across Ryan White Part A, Part B, Part D, **and** Operation BRAVE; not \$12,343.05 per grant. e.g. 2: a client does **not** get \$12,343.05 for Part A **and** \$12,343.05 for Part D). This includes monthly premiums, deductibles, co-pays, and co-insurance. There is no cap for HIPCSA clients who have been continuously enrolled in HIPCSA services since 09/01/2017 or earlier.
- HIPCSA cannot be in the form of direct cash payments to clients.

Limitations

- HIPCSA excludes plans that do not cover HIV-treatment drugs; specifically, the plan must cover at least one drug in each class of core antiretroviral therapeutics from the HHS clinical guidelines as well as appropriate primary care services.
- Any cost associated with liability risk pools cannot be funded by Ryan White.
- Ryan White Program funds cannot be used to cover costs associated with Social Security.
- HIPCSA funds may not be used to pay fines or tax obligations incurred by clients for not maintaining health insurance coverage required by the Affordable Care Act (ACA).
- HIPCSA funds may not be used to make out-of-pocket payments for inpatient hospitalization and emergency department care.
- HIPCSA funds may not be used to support plans that offer only catastrophic coverage or supplemental insurance that assists only with hospitalization.

Other Important Information

Health Insurance Plans

- The agency must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core anti-retro-viral treatment (ART) from the [HHS treatment guidelines](#) along with Outpatient Ambulatory Health Services (OAHS) and oral health care that meet the requirements of the ACA law for [essential health benefits](#). This must be documented in the client's primary record.

Co-payments, Premiums, Deductibles, and Co-insurance

- Eligible clients with job or employer-based insurance coverage, qualified health plans (QHPs), or Medicaid plans can receive assistance to offset any cost-sharing these programs may impose. Clients must be educated on the cost and their responsibilities to maintaining medical adherence.
- Education must be provided to clients on reasonable expectations of eligible plan coverage and what HIA can assist with to ensure healthcare coverage is maintained.
- Agencies will ensure payments are made directly to the health or dental insurance vendor within five (5) business days of an approved request.

Premium Tax Credits Education

- Agencies must document enrollment in a Marketplace QHP for clients that are between 100-400% of the FPL, without access to minimum essential coverage.
- Education must be provided to the client regarding tax credits and the requirement to file income tax returns. Clients should be educated on the importance of reconciling any advanced premium tax credit (APTC) well before the IRS tax filing deadline. All education should be documented in the client's primary record.

Cost Sharing Education

- Clients who are eligible for cost-sharing reductions must be enrolled in a Silver Marketplace plan to receive assistance with out-of-pocket payments. Education must be provided to eligible clients regarding cost-sharing reductions.

Prescription Eyewear

- When HIPCSA funds are used to cover co-pays for prescription eyewear, agencies must keep documentation from the client's medical provider stating that the eye condition is related to the client's HIV or vision correction is necessary to support HIV treatment.

Medical Visits

- Clients accessing health insurance premium and cost sharing assistance services are adherent with their HIV medical or dental care and have documented evidence of attendance of HIV medical or dental appointments in the client's primary record.
- *Note*: For clients who use HIPCSA to enable their use of medical or dental care outside of the RW system: HIPCSA providers are required to maintain documentation of client's adherence to Primary Medical Care (e.g. proof of MD visits) during the previous 12 months.

Viral Suppression

- Clients receiving HIPCSA services have evidence of viral suppression as documented in viral load testing.

References

References

- [42 U.S. Code \(USC\) 1395w-102\(b\)\(4\)\(C\)\(iii\)](#)
- [PHS Act § 2604\(c\)\(3\)\(F\)](#)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 18-01: Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance](#) Revised 08/30/2018 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#) Revised 10/22/2018 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds [Frequently Asked Questions](#) 01/22/2016 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act](#) Revised 04/03/2015 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act [Frequently Asked Questions](#) June 2015 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act](#) 07/14/2014 Federal Register (PDF)

References

- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Policy Clarification Notice 13-04: Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program](#) Revised 09/13/2013 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: Using Ryan White HIV/AIDS Program Funds to Support Standalone Dental Insurance](#) 12/05/2016 (PDF)
- HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. [Program Letters: ADAP/TrOOP](#) 11/23/2010 (PDF)
- HRSA/HAB Ryan White HIV/AIDS Program (RWHAP) [National Monitoring Standards for RWHAP Part A Recipients](#) Revised June 2022 (PDF)
- University Health Ryan White Program Administration Policy: 4.07 Health Insurance Policy for the Part A & MAI Program
- University Health Ryan White Program Administration Policy: 4.11 Cost Effectiveness Policy for the Part A & MAI Program

Where to go for Service(s)

Service Providers who are funded for RHSS

- Alamo Area Resource Center (AARC)
 - 303 N. Frio, San Antonio, TX 78207
 - Hours: Mon – Fri 8AM – 4:30PM
 - Resource Center
 - Phone: (210) 625-7200
 - Health Equity Clinic
 - Phone: (210) 688-5792

HIPCSA: At-a-Glance Slide

Health Insurance Premium And Cost-sharing Assistance (HIPCSA)

Health Insurance Premium and Cost Sharing Assistance (HIPCSA) 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:

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- Paying cost sharing on behalf of the client.

Caps:

- Part A & MAI
 - The annual cap for Health Insurance is \$12,343.05 per calendar year and for stand-alone Oral Health Insurance is \$2,500.00.
- Part B
 - The annual cap for Health Insurance is \$10,500.00 per calendar year and for stand-alone Oral Health Insurance is \$2,500.00.
- Part D
 - The annual cap for Health Insurance is \$12,343.05 per calendar year and for stand-alone Oral Health Insurance is \$2,500.00.

Core Medical Service Category

Health Insurance

Ex: Help paying premium payments, co-payments and deductibles.



Questions?

Thank you for attending!



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