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Alabama Ryan White Part B Service Standards

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals Services

Effective Date: January 1, 2025

Purpose

This Service Standard was prepared by the Alabama Department of Public Health (ADPH) Office of HIV Prevention and Care (OHPC) and the United Way of Central Alabama (UWCA) in consultation with Organizational Ideas (a technical assistance provider), with stakeholder input to guide the delivery of high-quality services for people with HIV (PWH). This document contains the minimum requirements Ryan White Part B (RWPB) providers are expected to meet when delivering HIV care and support services funded by RWPB. Providers may exceed these standards. These standards will also provide a basis to evaluate the RWPB services. Please note that all RWPB Service Standards expectations also apply to Health Resources and Services Administration (HRSA) Ending the HIV Epidemic in the U.S. (EHE)-funded services unless exceptions are noted.

Definitions and Descriptions

The description under the “Standard” column outlines the required activities that must be provided to the client receiving the RWPB service. The “Documentation” column provides the documents that must be maintained by the provider delivering the service. The Service Standards contain the following major elements:

- **Agency & Personnel Requirements:** The minimum required education,

certification, experience, and facility requirements that are needed to provide the RWPB service.

- **Eligibility & Intake:** Eligibility refers to the current statewide criteria for receiving services through RWPB as outlined in the RWPB Universal Standard. The agency must determine or confirm RWPB eligibility for the client prior to provision of services. Eligibility may occur during intake or through a stand-alone process. Intake is the process of collecting information to determine the client's immediate service needs.
- **Assessment:** The Assessment is an evaluation of need conducted by qualified personnel to determine if there is a need for the RWPB service. The evaluation must render the determination for referral or provision of service. It must include the elements listed in the standard. The documentation of the evaluation of need is determined by the agency.
- **Provision of Services:** The provision of services are the activities or services that are provided to the client. Where appropriate, a Service Plan should address the client's assessed needs with a timeline to resolve the need(s).
- **Transition/Discharge:** Transition/Discharge refers to the release or cessation of the RWPB service. Transition or Discharge may occur in conjunction with the transition or discharge from the agency's program, when the client no longer needs or meets the criteria for the service, when the client is transitioned to another care provider, or when a client is deceased.
- **Case Closure:** When a client is discharged or transitioned to another care provider, the services will cease and the case is closed.

I. HRSA Service Category Definition

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, 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.

II. Program Guidance

To use Ryan White HIV AIDS Program (WRAP) funds for health insurance premium assistance (not standalone dental insurance assistance), an RWPB recipient or subrecipient must implement a methodology that incorporates the following requirements:

- RWPB recipients or subrecipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
- RWPB recipients or subrecipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health 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.

To use RWHAP funds for standalone dental insurance premium assistance, a RWPB recipient or subrecipient must implement a methodology that incorporates the following requirement:

- RWPB recipients or subrecipients 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.

III. Key Services Components and Activities

Allowable activities include:

- Health insurance premiums
- Standalone dental insurance premiums
- Cost sharing on behalf of client

Not allowable:

- Direct cash payments to clients.
- Pay fees incurred by clients for not enrolling in or maintaining health insurance coverage required by the Affordable Care Act (ACA).
- Out-of-pocket payments for inpatient hospitalizations and emergency department care.

For common components required for all RWPB services, please see the RWPB Universal Service Standard. Key service components and activities are noted in the Service Standards below.

ADPH Service Standards:

Standard	Documentation
1. Agency & Personnel Requirements	
1.1) Staff members must have the minimum qualifications expected for their job position as well as other knowledge related to health insurance. These experiences include but are not limited to familiarity with health insurance plans, premium costs, co-pays, deductibles, coinsurances, and/or other cost sharing programs.	1.1) Staff qualifications, including familiarity with health insurance, in personnel files.
2. Eligibility & Intake	
2.1) Subrecipient must conduct or confirm eligibility consistent with statewide eligibility requirements. All clients must have an active eligibility at the time of service.	2.1) Active eligibility for RWPB in client's record during the service delivery period.
2.2) Complete intake within 5 business days of referral.	2.2) Intake complete within 5 business days of referral.
3. Assessment	
3.1) Staff will assess clients for need of HIPCSA Services within 5 business days of intake, including but not limited to: <ul style="list-style-type: none">• Lack of insurance coverage or proof of inadequate insurance coverage• Need for co-payment assistance<ul style="list-style-type: none">○ Assurance that services or medications are allowable under RWPB and related to treatment of the client's HIV disease.○ Assessment of the time at which ongoing payment of the	3.1) Assessment of need for copayment and/or premium assistance.

<p>client’s medication copayments or deductibles can be transitioned to the AIDS Drug Assistance Program (ADAP) if the need is ongoing and the medications are covered under ADAP.</p> <ul style="list-style-type: none"> • Need for health insurance premium assistance <ul style="list-style-type: none"> ○ Assurance that the insurance plan (excluding standalone dental insurance plans) at a minimum includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services. ○ Validation that the cost of the premium is reasonable and is cost-effective in the aggregate when included in the subrecipient’s cost-effectiveness methodology, if the premium payment is ongoing. ○ Assessment of the time at which ongoing payment of the client’s insurance premium can be transitioned to ADAP, if possible. ○ For standalone dental insurance plans, validation that the cost of the premium is cost-effective when included in the subrecipient’s cost-effectiveness methodology. 	
<p>4. Provision of Services</p>	
<p>4.1) Education must be provided to clients specific to what is reasonably expected to be paid for by an eligible plan and what RWHAP can assist with to ensure healthcare coverage is maintained.</p>	<p>4.1) Education provided regarding reasonable expectations of assistance available through RWHAP HIPCSA to assist with healthcare coverage.</p>
<p>4.2) <u>Co-payments and/or deductibles</u>: Agencies will ensure</p>	<p>4.2) Payment or obligation made within 2 business days of approved request.</p>

payments are made or obligated to the service provider or pharmacy within 2 business days of approved request. "Obligated" means that the agency assures the provider or pharmacy that payment can be made so that services or medications may be immediately provided.	
4.3) <u>Health Insurance Premiums</u> : Agencies will ensure payments are made directly to the health or dental insurance vendor within 20 business days of approved request.	4.3) Health insurance premium payments made directly to the health or dental insurance vendor within 20 business days of approved request.
5. Transition/Discharge	
5.1) Agencies will transition copayment and/or premium payments to ADAP as soon as possible when the client need for such assistance is ongoing and allowable under ADAP.	5.1) Successful transition of copayment and/or premium assistance to ADAP when need is ongoing.
5.2) See Universal Standard	
6. Case Closure	
6.1) See Universal Standard	

Resources

1. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>
2. HRSA HAB PCN #18-01: Clarifications Regarding the Use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/18-01-use-rwhap-funds-premium-cost-sharing-assistance.pdf>
3. HRSA HAB PCN #13-04: Clarifications Regarding Clients Eligible for Private Health Insurance and Coverage of Services by Ryan White HIV/AIDS Program:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-1304-private-insurance.pdf>
4. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>