

ATLANTA EMA QUALITY MANAGEMENT STANDARDS AND MEASURES HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE

Purpose

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. If an agency is unable to meet a particular standard, the agency must document why the standard was unable to be met and explain the steps it is taking to meet that standard.

Definitions

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.

Standards Development Process

The standards were developed through extensive background research on quality management standards, a review of existing standards from other Ryan White Part A EMAs, and meetings with the Ryan White HIV/AIDS Program (RWHAP) Part A recipient.

Application of Standards

These standards apply to any agency receiving Part A funds to provide Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals.

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I. Policies and Procedures	
Standard	Measure
A. Agency must have policies and procedures in place that address confidentiality (HIPAA), grievance procedures and supervision requirements per federal and state law.	<ul style="list-style-type: none"> • Policy and procedure manual • Grievance procedure posted in visible location
B. Agency has eligibility requirements for services in written form. This is inclusive of: <ul style="list-style-type: none"> ✓ Clients rights and responsibilities ✓ Release of information/confidentiality ✓ Eligibility for services 	<ul style="list-style-type: none"> • Policy on file
C. Agency is licensed and/or accredited by the appropriate city/county/state/federal agency.	<ul style="list-style-type: none"> • Current licensure on file from appropriate city/county/state/federal agency
D. Agency has written policies and procedures in place that protect the physical safety and well-being of staff and clients. This is inclusive of: <ul style="list-style-type: none"> ✓ Physical agency safety management and public health emergencies <ul style="list-style-type: none"> • Meets fire safety requirements • Complies with Americans with Disabilities Act (ADA) • Is clean, comfortable and free from hazards • Complies with Occupational Safety and Health Administration (OSHA) infection control practices ✓ Crisis management and psychiatric emergencies <ul style="list-style-type: none"> • How to assess emergent/urgent vs. routine need • Verbal intervention • Non-violent physical intervention • Emergency medical contact information • Incident reporting • Voluntary and involuntary inpatient admission ✓ Refusal and/or termination of services ✓ Personnel <ul style="list-style-type: none"> • Roles and responsibilities of staff, including supervision responsibilities and caseload or staff/client ratio ✓ Client/Parent/Guardian Rights and Responsibilities ✓ Health Record Storage and Maintenance <ul style="list-style-type: none"> • Complies with DHHS, Office of Civil Rights HIPAA requirements 	<ul style="list-style-type: none"> • Policy on file • Site Visit/Program Monitoring

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✓ Business Association Agreements on file	
E. Agency has a formal relationship with a mental health/substance abuse professional for consultation as needed if a mental health/substance abuse professional is not on staff.	<ul style="list-style-type: none"> • Written letter of agreement on file
F. Agency has private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
G. Agency will have all inactivated client records in a confidential locked location for a period as stipulated by law.	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
<p>H. Agency is contractually required to maintain documentation demonstrating the following which shall be made available to the Recipient and HRSA upon request and during Ryan White Part A site visits:</p> <ul style="list-style-type: none"> ✓ Documentation of an annual cost-benefit analysis illustrating the compared costs of having the client in the Ryan White Services Program to the greater benefit in purchasing <ul style="list-style-type: none"> ○ public or private health insurance, ○ pharmacy benefits, ○ co-pays and/or ○ deductibles for eligible low income clients ✓ Documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medication (Premium Costs are covered) ✓ Documentation including a physician's written statement that the eye condition is related to HIV infection ✓ Documentation of proof of low-income status ✓ Provide assurance that all Health Insurance Premium and Cost Assistance: <ul style="list-style-type: none"> ○ Funds are not being used to cover costs associated with Social Security ○ Funds are not used to cover costs of liability risk pool 	<ul style="list-style-type: none"> • Site Visit/Program Monitoring
II. Program Staff	
Standard	Measure
A. Staff is trained and knowledgeable about HIV/AIDS and available resources.	<ul style="list-style-type: none"> • Personnel records
B. Health Insurance Premium staff at an agency must complete at least 10 hours of training annually. It may consist of training related to insurance premiums, marketplace regulations, Georgia Medicaid Management Information System (GAMMIS), CMS, Part B HICP trainings, and/or other related insurance topics.	<ul style="list-style-type: none"> • Training records in personnel files

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C. Staff has appropriate skills, relevant experience, cultural and linguistic competency, knowledge about HIV/AIDS and available health and social service related resources.	<ul style="list-style-type: none"> • Resumes in personnel records • Personnel and training records • Documentation in personnel record with staff signature stating they have read, understood and will abide by the code of ethics
D. Staff have a clear understanding of their job description and responsibilities as well as agency policies and procedures.	<ul style="list-style-type: none"> • Job description on file • Statement on file, signed by staff and supervisor

III. Access to Services

Standard	Measure
A. Agency is accessible to desired target populations. Accessibility includes: <ul style="list-style-type: none"> ✓ Proximity to community impacted by HIV ✓ Proximity to mass transit ✓ Proximity to low-income individuals ✓ Proximity to underinsured/uninsured individuals 	Site Visit/Program Monitoring
B. Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (e.g. sign language interpreter).	<ul style="list-style-type: none"> • Policy on file
C. Agency demonstrates the ability to provide culturally and linguistically appropriate services according to the Atlanta EMA standards for desired target population.	<ul style="list-style-type: none"> • Personnel and training records • Site Visit/Program Monitoring • Client satisfaction survey
D. Agency demonstrates input from clients in service design and delivery.	<ul style="list-style-type: none"> • Client satisfaction survey • Existence of Consumer Advisory Board
E. Agency is accessible using HIPAA-compliant applications to provide telehealth services with healthcare-specific features and security.	<ul style="list-style-type: none"> • Policy on file • Personnel and training records • Program Review

IV. Eligibility Determination/Screening

Standard	Measure
A. Agency staff acts as a liaison between the client and other service providers to support coordination and delivery of high quality care. For those clients not in outpatient ambulatory health services, agency staff must note progress towards linking the client into outpatient ambulatory health services.	<ul style="list-style-type: none"> • Client record – documentation of with whom staff are communicating and progress to linking client to primary care if appropriate • Agency client data report consistent with funding requirements

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<p>B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must include at a minimum:</p> <ul style="list-style-type: none"> ✓ Proof of HIV status ✓ Proof of income not greater than 400% of the Federal Poverty Level ✓ Proof of residency ✓ Proof of payor of last resort ✓ Proof of active participation in primary care or documentation of the client’s plan to access primary care <ul style="list-style-type: none"> • At least 1 visit with a primary care provider every 6 months • For affected children < 4, at least 1 primary care visit within 12 months. 	<ul style="list-style-type: none"> • Policy on file • Client record • Policy on file • Agency client data report consistent with funding requirements
<p>C. Client is informed of the client confidentiality policy and grievance policy at first face-to-face contact.</p>	<ul style="list-style-type: none"> • Client record • Client satisfaction survey
<p>B. Client is informed of services available and what client can expect if s/he enrolls in services, including methods and scope of service delivery. Clients will also be informed of the documentation requirements for services.</p>	<ul style="list-style-type: none"> • Client record • Client satisfaction survey
<p>C. Staff will provide client with referral information to other services, as appropriate.</p>	<ul style="list-style-type: none"> • Policy on file
V. Assessment	
Standard	Measure
<p>A. Agency must have a methodology to assess if client meets criteria for health premium assistance, by certifying and assessing if client’s health care coverage at a minimum includes:</p> <ul style="list-style-type: none"> • at least one approved HIV medicine¹ and treatment and; • appropriate HIV outpatient/ambulatory health services 	<ul style="list-style-type: none"> • Client Record • Proof of insurance card/plan
<p>B. Agency must have a methodology to assess cost-effectiveness of service provision by calculating and comparing aggregate costs of health care coverage or standalone dental insurance to full cost of medication and treatment. The cost of insurance plans</p>	<ul style="list-style-type: none"> • Client Record • Site Visit/Program Monitoring

¹ 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

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<p>must be lower than the cost of providing health services through grant-supported direct delivery.</p>	
<p>C. For health insurance premium assistance (not standalone dental insurance assistance), agency must implement a methodology that incorporates the following requirements:</p> <ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • Client Record • Site Visit/Program Monitoring
<p>D. For standalone dental insurance premium assistance, agency must implement a methodology that incorporates the following requirement:</p> <ul style="list-style-type: none"> • 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 when determined to be cost effective 	<ul style="list-style-type: none"> • Client Record • Site Visit/Program Monitoring
VI. Service Coordination	
Standard	Measure
<p>A. Agency staff must have documentation that assistance was provided, the status, and resolution of the health insurance premium assistance and that no funds were provided directly to the client.</p>	<ul style="list-style-type: none"> • Client Record
<p>B. Agencies will ensure payments are made directly to the health or dental insurance vendor within ten (10) business days of approved request.</p>	<ul style="list-style-type: none"> • Client Record
<p>C. Agency staff will maintain documentation of service coordination in client’s record</p>	<ul style="list-style-type: none"> • Client Record

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to include: <ul style="list-style-type: none"> ✓ Client eligibility ✓ Types of Health Insurance Premium Assistance provided ✓ Date(s) Health Insurance Premium Assistance was provided ✓ Progress of Service Provision 	
D. Client will be notified of approval status by mail, email, and phone within ten (10) business days of enrollment assessment.	<ul style="list-style-type: none"> • Client Record
VI. Client Education	
Standard	Measure
A. 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.	<ul style="list-style-type: none"> • Policy on file
VII. Clients' Rights and Responsibilities	
Standard	Measure
A. Client confidentiality policy exists for all service settings.	<ul style="list-style-type: none"> • Policy on file
B. Grievance policy exists.	<ul style="list-style-type: none"> • Policy on file
C. A current (in the last year) release of information form exists for each specific request for information and each request is signed by the client.	<ul style="list-style-type: none"> • Client record
D. The agency has a formal policy as governed by Georgia law for clients who may be incapable of making their own treatment or care decisions.	<ul style="list-style-type: none"> • Policy on file • Legal/medical consultation policy
E. Client will be informed of the client confidentiality policy, grievance policy, their rights and responsibilities and their eligibility for services annually.	<ul style="list-style-type: none"> • Client record • Documentation in client chart initialed or signed by client (may include electronic signature)

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