

Virginia Department of Health
 Division of Disease Prevention
 HIV Care Services
 Service: Standards

Health Insurance Premium & Cost Sharing Assistance 2009-2010

Definition: Health insurance premium and cost sharing assistance is 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 premium payments, risk pools, co-payments, and deductibles. (HRSA definition)

Objectives for Service:

- To stabilize life situations for Persons Living with HIV/AIDS (PLWHA).
- To facilitate continuity of ambulatory health services and promote positive health outcomes.
- To advocate for client's rights.

STANDARD	MEASURE
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Service Standards:	
The client's eligibility for Ryan White Part B services is determined or the client is in the process of obtaining eligibility before service is initiated.	Documentation of the client's eligibility or that the eligibility process has begun is present in the client's record, signed and dated.
A referral by a Ryan White Part B provider is made for initiation of services.	Documentation of the referral by a Ryan White Part B provider is present in the client's record, signed and dated.
All information provided by the client is confidential. It will not be released to anyone without client permission except as permitted or required by law. HIPAA is strictly enforced.	Documentation of any client information that is released will contain written releases and/or legal requirements and be present in the client's record.

Intake:	
An intake is initiated which includes the collection of demographic information, the client's support system and determines program eligibility.	Documentation of the intake is present in the client's record, signed and dated.
Assessment:	
The client is assessed to determine need, the appropriate psychosocial support services and to discuss the services offered by the agency.	Documentation of the assessment is present in the client's record, signed and dated.
Service Plan Development::	
A service plan is developed in collaboration between the insurance assistance staff and client which will identify the scope of services, cost limitations, timeframes and client responsibilities. The client will be offered a copy of the plan.	Documentation of the service plan reflecting collaboration with the client is present in the client's record, signed and dated by the insurance assistance staff and client. Documentation is present in the client's record, signed and dated if the client declines a copy of the service plan.
There will be no direct payments to clients.	Documentation that all payments were made directly to the vendor is present in the client's record, signed and dated.
Reassessment:	
The service plan will be reassessed a minimum of every 90 days to determine if need still exists and evaluate for any additional needs.	Documentation of re-assessment of the service plan every 90 days is present in the client's record, signed and dated by both the designated staff and client.
Referrals:	
If the needs of the client are not within the designated services available, an appropriate referral is made (e.g. Department of Veterans Affairs, patient medication assistance programs, etc). The support staff will follow up on all referrals and document outcomes if possible.	Documentation of the referral and follow-up with outcome is present in the client's record, signed and dated.
The client is referred to other HIV services as needed. The support staff will follow up on all referrals and document outcomes if possible.	Documentation of the referral and follow-up with outcome is present in the client's record, signed and dated.

Discharge:	
<p>A client may be discharged from services for the following:</p> <ul style="list-style-type: none"> A. Client is lost to follow up, unable to locate patient after three documented attempts in a three month period B. Client is no longer eligible for services C. Client fails to provide updated documentation of eligibility status after two (2) documented attempts by the insurance assistance staff D. Client whose action put the agency, staff or other clients at risk E. Client fails to maintain contact with the insurance assistance staff for a period of three months despite three (3) documented attempts to contact client. F. Client request G. Client Death 	<p>Documentation of the discharge including supporting documentation of attempts to contact client and rationale for discharge are present in the client's record, signed and dated.</p>
Qualifications:	
<p>The insurance assistance staff will have a minimum of an associates degree and one year of insurance experience including knowledge concerning COBRA, OBRA, Medicaid, Medicare, and private insurance programs.</p>	<p>The insurance assistance staff's resume and a copy of the job description will be present in the personnel file and available for review.</p>
Training:	
<p>Orientation must be provided to all insurance assistance staff within 60 days of hire of hire.</p>	<p>Documentation of completion of orientation and description of orientation program is in the insurance assistance staff's personnel files and available for review.</p>
<p>All insurance assistance staff will complete the following training within 6 months of hire:</p> <ul style="list-style-type: none"> A. HIV Disease B. Legal Ramifications, including confidentiality C. Cultural Competency D. Counseling and Referral 	<p>Documentation of the completion of the training requirements is in the insurance assistance staff's personnel record and is available for review.</p>
Annual Training:	
<p>All Insurance assistance staff must complete 6 hours of continuing education in HIV/AIDS or insurance related topics annually.</p>	<p>Documentation of completion of the continuing education must be kept in insurance assistance staff's personnel file and available for review.</p>

