Virginia Bleeding Disorders Program
Guidelines for Health Insurance Case Management, Premium Assistance, And Copay Assistance
Division of Child and Family Health
Virginia Department of Health

Introduction

The Virginia Bleeding Disorders Program (VBDP) provides a limited amount of money to provide insurance case management, premium assistance and copayment assistance in conjunction with Patient Services, Inc (PSI). These funds assist Virginia residents with inherited bleeding disorders maintain or acquire health insurance. The VBDP receives Title V funds from the federal Maternal and Child Health Block Grant and state general funds. This is not an entitlement program. The following guidelines have been developed to allocate the funds to the residents with inherited bleeding disorders with the greatest financial and health care needs. The goal of support for premium and copay assistance is to serve as a transitional service until the client and/or his or her family can secure and afford health insurance.

Covered Conditions

Inherited bleeding disorders such as hemophilia or von Willebrand Disease are considered covered conditions.

Covered Services

Covered services under these guidelines are defined as:

- Health insurance consultation in consultation with the comprehensive bleeding disorder programs (CBDP) located in medical centers in Virginia.
- Health insurance premium assistance and/or
- Assistance with certain pharmacy copays for bleeding disorder-related medications.

Limitations of Premium Assistance and Copay Assistance Funds

The premium and copay assistance funds consist of a limited amount of grant funds that may be replenished annually. The VBDP reserves the right to deny or limit access to the VBDP funds for an otherwise eligible client if the funds are depleted.

Policies and procedures for Premium Assistance

The policies and procedures are developed to maximize the limited VBDP funding and build upon existing resources to maintain health insurance coverage for VBDP participants.

Clients must meet each of the following requirements to receive premium assistance:

1. Clients must be active in the VBDP which includes a completed, current application and residency in Virginia.

2. Clients have been referred for premium assistance in one of the following ways:

   (1) Referral by the VBDP in consultation with CBDP.
   (2) Client application to PSI. Applications received for this program directly by PSI from the client will also be reviewed and approved by VBDP before receiving assistance.

3. Clients are <u>not eligible</u> for premium assistance if they meet any of the following criteria:

   (1) Client is eligible for FAMIS or FAMIS Plus;
   (2) Client is eligible for Medicare;
   (3) Client's annual bleeding disorder related medical costs are less than $25,000 annually;
   (4) Client declines employer-based health coverage that is comparable in benefits but more cost-effective than a plan for which the client would be eligible in the Affordable Care Act (ACA)'s Health Insurance Marketplace.

4. Clients eligible for the ACA's Health Insurance Marketplace must access health insurance coverage through this system to obtain coverage for essential benefits in a cost-effective manner.
   (1) Clients enrolling in the ACA's Health Insurance Marketplace must provide a Marketplace Eligibility Notice.
   (2) Clients must use all of their premium tax credits, if eligible, to payment of their monthly premiums.

5. Clients must provide financial information and meet financial need. Financial eligibility is conducted by PSI on every new referral and annually to assess changes to individual or family status and determine eligibility. Individuals/families with variable income will be re-evaluated semi-annually. The preferred proof of income is 3 consecutive paystubs showing year to date income for the household or the most recent income tax form (whichever is most current).

6. Clients must participate in discussions and planning about transitioning off services. This occurs at their annual comprehensive bleeding disorders clinic visit as well as periodically depending upon need or change in circumstances.

7. Clients must undergo a review of their full health insurance options with any change in either health insurance plan or if new health insurance options become available to the client. This includes an annual review of health insurance options with their CBDP social worker.

8. If the client is offered employer based health insurance, the client must participate in a comparison of employer based group health insurance benefits and Affordable Care Act (ACA) Health Insurance Marketplace plans. While the client may choose between either health insurance policy, premium assistance will be provided up to the amount for the plan approved by the VBDP as being most cost effective.

9. For new enrollees to the program after January 1, 2018, premium assistance will only be offered for family health insurance coverage for one of two reasons: 1) the policy holder is an eligible client of the VBDP/PSI program; or 2) the eligible client is the dependent of the policy holder. Only the policy holder and the affected dependent(s) will receive premium assistance.

10. Premium assistance may be offered for clients whose choice of health insurance is out-of-network with the CBDP. However, the client must still have at least an annual visit to the CBDP.

Policies and procedures for Copayment Assistance

1. Referral Process: Clients on the VBDP program may be referred to PSI for pharmacy copayment assistance if they are receiving VBDP/PSI premium assistance services and have an income less than 100% of federal poverty level.
2. Clients must provide financial eligibility information at least annually; may be requested semi-annually if income is variable.
3. Clients must participate in discussions and planning about transitioning off services.

Closure to Program

Annual renewal letters will be sent each year by October 15 to renew their eligibility in the program. Renewal documentation is due November 15. Clients who do not comply with program requirements documents will be closed to the program December 15. Clients may reapply for services after 1 year from date of closure.

Appeal Process

If a request for premium assistance is denied, the family may appeal the decision in writing to the Program Administrator of the Children with Special Health Care Needs Program, Office of Family Health Services at the Virginia Department of Health (VDH). Advice may be sought from the VDH Adjudication Officer in cases where it is deemed necessary. The Adjudication Officer's decision is final and binding.