



**LAS VEGAS TGA**  
**PART A HIV/AIDS PROGRAM**  
**POLICY & PROCEDURES**

**HEALTH INSURANCE CONTINUATION AND  
COST SHARING ASSISTANCE SERVICES**

**Effective Date: 3/1/2013**

**PURPOSE:**

To guide the administration of the Las Vegas TGA's Ryan White Part A Program's Health Insurance Continuation and Cost Sharing Assistance (Health Insurance) Services. The administration of funds and provision of services must be consistent with the TGA's established client eligibility criteria, service category definitions and Standards of Care established by the Ryan White Part A Planning Council. It is the intention of the Las Vegas TGA to ensure access to medical care and cost effective utilization of Ryan White funds.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines core medical services are a set of essential, direct health care services provided to persons living with HIV/AIDS. Medical outcomes defined as those outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

**POLICIES:**

Allocated Ryan White Part A Health Insurance funds are not intended to be used to provide unlimited health insurance services and are to be accessed only when it is determined that it is the payer of last resort for the eligible Part A client. The Part A program will assist the client if no other programs are available; however will only be for residents that reside in Mohave County.

In order for the Part A program to cover the payments it must be documented that the client is fully cooperating with the Program in providing the necessary paperwork. Under extenuating circumstances where the client is not cooperating, well documented communication with the client must be provided to the Part A program and continuation for additional payments will only be determined on a case by case basis by the Grantee office.

All approved services and communication must be documented in each client's chart. Funded service providers and activities must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.

**DEFINITION:** Health Insurance Services

Provide needed Health Insurance assistance to clients for their medical and/or social support service appointments.

**HEALTH INSURANCE ELIGIBILITY:**

Updated 11/4/13



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*Eligible utilization of this service category:*

The following eligibility is for any client determined eligible for Part A services but must also meet the criteria specific for this service category.

Clients are to be referred to Health Insurance Continuation and Cost Sharing Assistance program from another Ryan White funded program after Part A eligibility is determined and only when other options are not available such as denial or non-eligibility by the State ADAP program making this program the payer of last resort.

**ELIGIBLE SERVICES AND COSTS:**

Eligible services are defined as:

- Provide assistance for health/dental/vision insurance premium payments, co-payments, and deductibles to clients not eligible for coverage by ADAP.

Health Insurance Costs:

All payments will be made directly to the insurer and under no circumstances will payments be provided directly to a client for any reason. The date of service resulting in the co-pay or deductible assistance must fall in the current grant year. Premium payment(s) must also be for the current grant year. Premium payments, co-pay payments and deductibles for previous grant years are not allowed.

All providers must adhere to the negotiated fees as stated in the contract between the provider and the Part A grantee. Any changes to fees, specifically for an increase, must receive prior approval by the grantee in order to assure that the grant can substantiate the increase in costs as well as maintain access for eligible clients. Decrease in fees must also be reported so that expansion to serve more clients can be reviewed and implemented if applicable.

**DOCUMENTATION:**

The provider is responsible for obtaining documentation from clients that verify:

1. Part A program is the payer of last resort;
2. Client is listed as insured on the insurance policy;
3. Amount of the premium/copay/deductible;
4. Client is eligible for the insurance coverage;
5. Insurance has paid (in the case of copay);
6. Insurance premium is more cost effective than Ryan White/ADAP