Nebraska Ryan White Part B Program
Policy
Health Insurance Premium Payment Assistance
Revised 06/2013

Federal Policy Reference: -Ryan White CARE Act (PL 104-146) Sect. 2612 and 2615

The Nebraska Ryan White Program has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to Section 2617(c)(4)(A) of the Ryan White Modernization Act of 2006.

The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Grantees (Monitoring Standards) will guide the oversight of Supportive Services by the NDHHS. The Monitoring Standards are attached to this document by reference. Annual fiscal and programmatic monitoring is required by regulation, both internally and by the NDHHS.
https://careacttarget.org/category/topics/program-monitoring

Purpose: The purpose of the Ryan White Part B policy on health insurance premium payment is to ensure compliance with applicable Federal policies for the appropriate use of Part B funding for the payment of health insurance premiums on behalf of eligible clients. This policy identifies appropriate health insurance policies for payment, processes, and limitations of health insurance payment assistance.

1. Nebraska Ryan White Part B funds may be utilized to assist clients in the payment of health insurance premiums.

2. Clients eligible for health insurance premium payment assistance must meet eligibility criteria per the Nebraska Ryan White Part B Policy "Client Eligibility" and per the HRSA National Monitoring Standards (see link above).

3. Health insurance policy premiums paid for through Ryan White Part B funds must include the full range of HIV treatments, access to comprehensive primary care services, and at a minimum provide prescription coverage equivalent to the Part B ADAP formulary.

4. Payment can only be made on the portion of a policy which includes those items specified in #3.

5. Policies other than those that provide the benefits as stated in #3 such as Dental, Life, disability, or specific disease policies etc., are not eligible for payment under this program policy.

6. Payment under this policy is limited to health insurance premiums and does not include co-pays, deductibles, out of pocket expenses, or any other associated items.

7. Payment of a client's health insurance premium through Ryan White Part B funds must be related to an individual's inability to pay the premium due to an HIV or HIV related condition. Supporting documentation will be required to substantiate need.

8. Documentation of the premium amount, period covered, and policy number in the form of a billing statement must accompany a request submitted through the Provide® case management system.

9. Financial limits for health insurance premium assistance are described in the Ryan White Part B Policy "Direct Emergency Assistance Limits/Emergency Financial Assistance" for the current grant period. Health insurance premium assistance is included under "Other Assistance" and subject to the financial limitations of this category. **Verification of income documentation must be provided.**

10. In situations where funding is requested so that client can make payment(s) elsewhere (i.e. rent, utilities, medical bills, etc.) ***client must submit*** documentation/proof of payment prior to assistance granted. **Approvals based upon contingencies of promised payments are not allowable**.

11. In no case may CARE Act funds be used to make direct payments of cash to recipients of health insurance premium payment assistance.