

Ryan White Part A Quality Management



Health Insurance Benefits Support Service Delivery Model

Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)

The creation of this public document is fully funded by a federal Ryan White CARE Act Part A received by Broward County and sub-granted to Broward Regional Health Planning Council, Inc.

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Health Insurance Benefits Support Service Delivery Model

Broward EMA Definition:

Health Insurance Benefits Support Services delivers information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes. Benefits Support Services provides clients with an overview of health care plan coverage and limitations, educates clients on the different types of health care providers, develops resources for clients to use related to their health benefits, and assists with prior authorizations and appeals process.

HRSA Definition:

Case management services (non-medical) include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments. If you provide referrals as part of this service, please do not indicate this in the clinical data section unless the referral was provided as part of an OAMC service.

OUTCOMES, OUTCOME INDICATORS, STRATEGIES AND DATA SOURCES

Client Outcomes	Outcome Indicators	Inputs	Strategies	Data Source
1. Increased access, retention and adherence to Primary Medical Care	1.1. 85% of clients are retained in Primary Medical Care.	Funding Clients Staff	1.1.1. Assist client in making medical appointments as needed. 1.1.2. Follow-up to ensure client attended medical appointments. 1.1.3. Educate clients on the importance of attending medical appointments. 1.1.4. Educate clients on health care plan summary of benefits 1.1.5. Educate clients on different types of health care providers	1.1.1.1. Client Appointment Record 1.1.2.1. Client record 1.1.3.1. Client record 1.1.4.1. Client record 1.1.5.1. Client record

STANDARDS FOR SERVICE DELIVERY

Standard	Indicator	Data Source
1. Each client receives a health insurance assessment.	1.1. 100% of client records will have a completed health insurance assessment.	1.1.1. Health Insurance Assessment 1.1.2. Designated HIV MIS
2. Each client will have assistance with submitting their insurance eligibility application.	2.1. 100% of client records will have documented client's insurance eligibility application.	2.1.1. Insurance Eligibility application 2.1.2. Designated HIV MIS
3. Each client will receive education about their health insurance coverage.	3.1. 100% of clients will have a review of their health insurance coverage documented in client record.	3.1.1. Health Insurance Coverage Documents 3.1.2. Designated HIV MIS
4. Each client will receive education on different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).	4.1. 100% of clients will have education on different types of health care providers documented in client record.	4.1.1. Health Care Provider Documents 4.1.2. Designated HIV MIS
5. Each will receive an overview of health care plan summary of benefits including coverage and limitations.	5.1. 100% of clients will have summary of benefits documented in client record.	5.1.1. Health Care Plan Summary of Benefits 5.1.2. Designated HIV MIS
6. Each client will receive assistance with prior authorizations and appeals.	6.1. 100% of clients will have documentation of prior authorizations and appeals in client record.	6.1.1. Prior Authorizations and Appeals 6.1.2. Designated HIV MIS
7. Each client will receive assistance with referrals to any applicable providers or agencies.	7.1. 100% of clients will have documentation of referrals in client record.	7.1.1. Referrals 7.1.2. Designated HIV MIS

PROTOCOLS

The Health Insurance Benefits Support Services Protocol identifies the specific ways to implement the Benefits Support Services standards and processes inherent to this service category. Service delivery shall be conducted with cultural competency by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e, HAB HIV Performance Measures, etc.).

Eligibility Verification

Benefits Support Services staff shall verify client's eligibility is established by reviewing the certification in the designated HIV MIS. Staff shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated HIV MIS. Staff will review client's eligibility for all funding streams and services for which client may qualify. Staff will follow-up with referrals as appropriate. The purpose of the assessment is to ensure 1) client's access to all services client may be eligible for and 2) the status of Ryan White as payer of last resort.

Target Population

The target population shall include low income Broward County residents with HIV who have an active health insurance coverage plan including private insurance, Medicaid, or Medicare. Eligible clients must have an income of less than or equal to 400% of Federal Poverty Guidelines.

Client Intake

Benefits Support Services staff shall schedule a client intake within five (5) business days from the time the client is verified eligible to receive Ryan White Part A Benefits Support Services. Staff shall provide the client with an orientation to include:

- Other providers of the service
- Client grievance process
- Client confidentiality
- Client Rights and Responsibilities

Orientation shall be documented in the client file.

Access to Primary Medical Care

Benefits Support Services staff shall assess client participation in primary medical care. Staff shall discuss with the client the benefits of primary medical care and the referral process to access primary medical care through the case manager. Staff shall ensure referral of consenting client to their case manager to access primary medical care. Staff shall detail the assistance provided in the client record including any coordination conducted to get the client in primary medical care.

Retention in Primary Medical Care

Benefits Support Services staff shall assist the client to remain in primary medical care. Staff shall discuss with the client the need to remain in primary medical care. A referral to the case manager will be offered to assist the client to remove any barriers to remain in primary medical care.

Documentation

Benefits Support Services staff shall document all services provided to the client. The client record shall make up the major source of documentation.

Continuous Quality Improvement

Chart reviews shall be completed at least quarterly to ensure appropriate documentation of all services, including referrals, follow-up and reassessment.

Payer of last resort

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An applicant may not be eligible for services from Ryan White Part A Program if the applicant is already receiving or is eligible for the same benefits/services from other programs. The services provided by Ryan White may be utilized for HIV related services only when no other source of payment exists.

An applicant cannot be receiving services or be eligible to participate in local, state, or federal programs where the same type service is provided or available. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state, or federal programs, or pending determination of eligibility from other local, state or federal programs. Ryan White Part A services is the payer of last resort. All community resources should be explored with clients prior to obtaining and receiving Ryan White Part A services.

Professional Requirements and Training

Health Insurance Benefits Support Services Staff

Education Requirements:

- To provide this service staff must have a minimum of a Bachelor's Degree or administrative staff must be under the supervision of staff having a minimum of a Master's Degree.

Other Requirements:

- A minimum of one year experience working with medical insurance claims and commercial insurance plans

Skills:

- Knowledge of how to engage individuals in trusting relationship
- Ability to explain health insurance coverage options
- Ability to communicate verbally and in writing
- Ability to establish and maintain effective working relationships with others
- Ability to maintain confidentiality of protected health information
- Ability to refer individuals to appropriate community-based resources