

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

Introduction

The Virginia Bleeding Disorders Program provides a limited amount of money to provide insurance case management and premium assistance in conjunction with Patient Services, Inc. These funds assist Virginia residents with inherited bleeding disorders maintain or acquire health insurance. The Virginia Bleeding Disorders Program (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 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 services that are health insurance consultation and premium assistance in consultation with the comprehensive bleeding disorder programs (CBDP) located in medical centers in Virginia

Eligibility Requirements

Patients must meet all of the following requirements to obtain funds from the VBDP funds.

- **Residency Requirements**

Use of the VBDP Funds is based on the residence of the client. Eligible clients must be Virginia residents with proof of residency. A post office box in Virginia does not establish residency. Examples of verification of residency are Virginia motor vehicle registration, Virginia driver's license, proof of payment of Virginia state income taxes, proof of enrollment in a local school, or a lease or utility bill in the name of the applicant or child's parent/legal guardian.

- **Financial Requirements**

Insurance case management and consultation is available to all participants in the Virginia Bleeding Disorders Program regardless of income. Patient Services, Inc. will screen clients and their families to assess financial need for premium assistance.

- **Health Insurance**

For persons with no health insurance, the patient must be screened for state and federal medical assistance programs including FAMIS, FAMIS Plus, and Supplemental Security Income, if indicated.

Limitations of the Insurance Case Management and Premium Assistance Funds

The Insurance Case Management and Premium Assistance Funds consists of a limited amount of grant funds that may be replenished annually. The VBDP reserves the right to deny access to the VBDP funds for an otherwise eligible patient if the funds are depleted.

Policies and Procedures

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.

1. Health Insurance Consultation and Case Management

Health insurance case management and consultation is available to all VBDP participants. The service may be provided directly from the administration and management of the VBDP in conjunction with CBDPs and may include consultation with Patient Services, Inc.

2. Premium Assistance

- a. Referral Process

Clients or their families may be considered for premium assistance in two ways:

- i. Referral by the VBDP in consultation with CBDP.
- ii. Client application to Patient Services, Inc.

- b. Applications received directly by PSI from the client will also be reviewed by VBDP. If the applicant is not currently participating in the VBDP, the client will be sent enrollment information. If the applicant does participate in the VBDP, and analysis of available health care payment coverage options and costs will be considered with consultation with CBDP and the client/family, where indicated.

- c. Clients are not eligible for premium assistance if they meet any of the following criteria:

- i. Client is eligible for FAMIS or FAMIS Plus;
- ii. Client's annual bleeding disorder related medical costs are less than \$25,000 annually;
- iii. Client declines employer-based health coverage that is more cost effective and provides equal or greater benefits than standard open enrollment policies or high risk insurance pool policies.
- d. Clients must provide financial eligibility information at least annually; may be requested semi-annually if income is variable.
- e. Clients must participate in discussions and planning about transitioning off services.

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.