

# RSR in Focus

## Reporting Health Insurance Status in the RSR

### Key Point

If more than 10 percent of your clients are missing health insurance status, HAB will contact you to discuss data quality improvement strategies.

### Introduction

Health insurance status is essential for understanding clients' access to healthcare and eligibility for the Ryan White HIV/AIDS Program. In fact, HAB aims for at least 90 percent completeness for this data element in the RSR to meet many requests for this data.

### Health Insurance Status Categories

In 2014, the categories of health insurance changed.

- "Private" has been split into two categories, "Employer" and "Individual," to help HAB understand enrollment into the health insurance marketplace, an Affordable Care Act (ACA) initiative.
- "Other Public" has become more refined, with separate categories for healthcare support through the military and the Indian Health Services (IHS).
- Finally, "Unknown" has been dropped as a response option. If you do not know the client's health insurance status, the data will be missing. This means that you will drop the health insurance tag for that client in the client-level data XML file.

### RSR Health Insurance Status Categories

Prior to 2014	Current Reporting
Private	Private – Employer
	Private – Individual
Medicare	Medicare
Medicaid	Medicaid, CHIP, or other public plan
Other public	VA, Tricare, or other military health care
	IHS
Other	Other plan
No insurance	No insurance/uninsured
Unknown	

### Reporting Multiple Insurance Types

In the RSR, you should report *all* insurance types of the client in the reporting period. You would typically report more than one insurance type in two instances:

- The client was insured through multiple programs (e.g. Medicare and Medicaid).
- The client changed insurance during the reporting period (e.g., becomes enrolled in Medicaid).

*This resource was prepared by CAI Global and their partners Abt Associates and Mission Analytics under Cooperative Agreement # UF2HA26520 from the Health Resources and Services Administration's HIV/AIDS Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the HIV/AIDS Bureau.*

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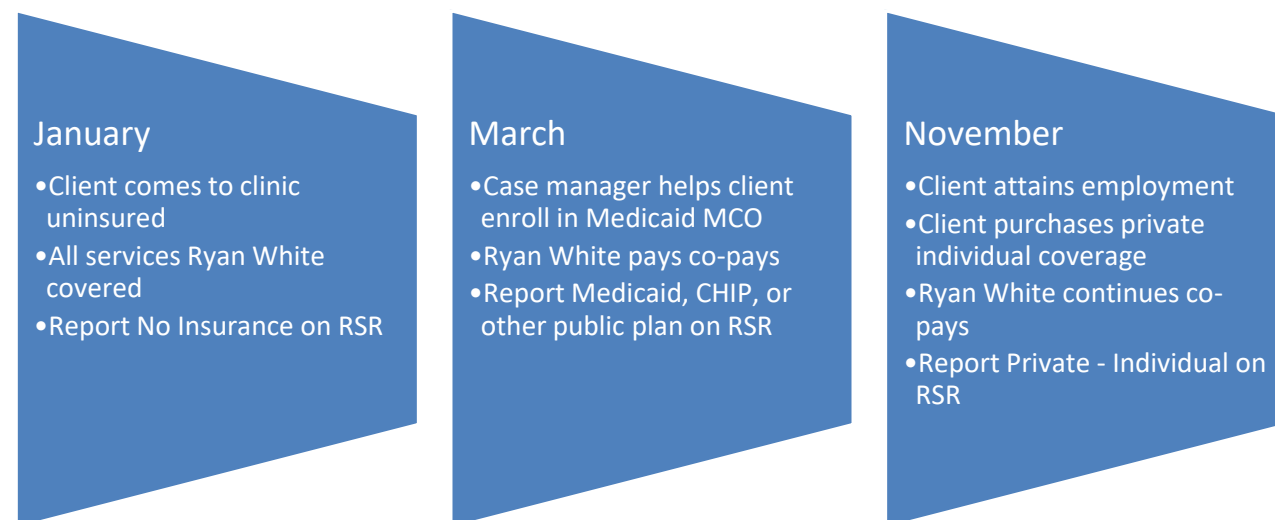
### Clients whose Insurance is Paid for by Ryan White

Under the ACA, more insurance options have become available to Ryan White clients. This means that the Ryan White Program can play an important role in supplementing insurance by paying for premiums, deductibles or co-pays.

The Ryan White Program can provide health insurance assistance through two mechanisms:

- **AIDS Drug Assistance Program (ADAP):** The Ryan White Part B Program provides grants to states and U.S. territories to provide medications for the treatment of HIV disease and purchase health insurance for eligible clients.
- **Health insurance premium and cost-sharing assistance (HIP):** Non-ADAP funds can be used to provide financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-pays, and deductibles.

Regardless if Ryan White funds are used to support the cost of health insurance through one of these mechanisms, report all the client's health insurance statuses that applied throughout the reporting period, including "No Insurance/Uninsured" in the RSR. In the example below, report all three insurance status types for this client.



More questions? Contact the DART Team: [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org).

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