

Ryan White Part B Program Policy
Insurance Verification

06/2013

Federal Policy Reference: Ryan White CARE Act (PL 104-146) Section 2618 (b)(1)(iv)(II).
Ryan White Modernization Act of 2006 Section 2617 (b)(7)(F)
Ryan White Modernization Act of 2006 Section 2605 (a)(6)(A)

Federal Poverty Guidelines Website: www.aspe.hhs.gov/poverty/06poverty.shtml

The Nebraska Ryan White Program has waived all requirements for subgrant entities regarding imposition of charges for services, pursuant to 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 this policy is to outline and define actions to be taken by the Nebraska Ryan White Part B Program in response to federal policies regarding the requirement that all clients applying for Direct Emergency Assistance/Emergency Financial Assistance through the Ryan White program do have verification of insurance coverage established and that both client and case manager certify such as accurate.

The following client eligibility guidelines are applicable to all services available through Nebraska Ryan White Part B funding. The Nebraska Department of Health and Human Services Ryan White Program Manager or designee is responsible for final eligibility determination.

Insurance Verification

The CARE Act payer-of-last-resort requirement applies for all direct services administered through the Ryan White Part B Program. As such, Verification of Insurance Coverage Status must be established due to the requirement that States ensure ***“funds received under a grant awarded under this subpart will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service-***

A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program (except for a program administered by or providing the services of the Indian Health Service)...” Section 2605; Payor of Last Resort; (a)(6)(A) of the Ryan White Modernization Act of 2006.

Case Management is responsible for verification of insurance status. If a discrepancy is noted during an Office of Inspector General inspection; the agency will be held accountable for any fines imposed by the OIG and must immediately take action to correct any omissions or errors

reported. Case Management will verify applicant/consumer status of insurance coverage by completing the Verification of Insurance form with the client. The client must certify whether he/she does or does not have insurance coverage. This form must be updated every ninety days and kept current in the client file and reflected in Provide.