Ryan White Part B Program Policy
Verification of Insurance Benefits
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: http://www.aspe.hhs.gov/poverty/index.shtml#latest

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 benefits 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.

As a condition of application for DEA/EFA through the Ryan White Program, clients must provide either quarterly or annually to their NAP case manager or designee the following;

- **Insurance coverage status must be updated/reviewed as outlined in this policy. A new coverage card or provider-issued letter of coverage must be provided any time status changes. As outlined here, these are the insurance statuses and verification requirements:**
    - **Private insurance coverage must be updated quarterly**
    - **Medicaid coverage must be updated quarterly**
    - **Medicare Part A and Part B coverage must be updated annually.**
    - **Medicare Part D coverage must be updated annually**
    - **Ryan White Part C coverage must be updated annually**
    - **Nebraska ADAP coverage must be updated every six months.**
    - **Patient assistance program coverage (pharmaceutical or hospital) must be updated annually.**
    - **VA, supplemental insurance policies, Indian Health Services and other**

insurance coverage must be updates annually

It will be the client's responsibility to report any change(s) in coverage or status within ten business days after receiving verification of such change (copy of new insurance card or approval of insurance benefit) and client verifies that the above is true. Failure to comply or any attempt to mislead may result in denial of DEA/EFA services and/or ineligibility for the Ryan White Part B Program.

The Affordable Care Act (ACA or "Obamacare") requires application for insurance coverage for all individuals. Application through the AIDS Drug Assistance Program ADAP is recommended for all eligible clients. Specific documentation of income in the form of federal tax forms are required, if the applicant has filed taxes in the previous year. Household income is utilized for program eligibility under the ACA. Assistance is available for case managers and clients who have questions related to the application for insurance or the ACA.