Nevada Ryan White Parts ABCD
Common Guidance Document
Referrals for Medication or Insurance Assistance

SCOPE OF COVERAGE
Directly applicable to providers of Universal Ryan White Eligibility and Enrollment. Important information for all other service providers.

PURPOSE OF POLICY
To assist in delivering Medication or Insurance Assistance to individuals living with HIV in the most effective manner, the Nevada Office of HIV/AIDS – Ryan White Part B program is requiring that all requests for medication assistance or health insurance premium assistance through the ADAP Program be directed to the **Access to Healthcare Network domain** in CAREWare Part B.

INSTRUCTIONS
The provider who administers a portion of the statewide Nevada AIDS Drug Assistance Program (ADAP), Access to Healthcare Network, also has other services that they provide to the community of persons living with HIV in Nevada. To ensure that requests for medication or insurance assistance are completed in a timely manner it is appropriate and necessary to require all referrals for these services follow a set procedure.

Referral Process for Initiating Agency
When you are sending a referral for ADAP services to the Access to Healthcare Network domain, for a client who is requesting medication or health insurance assistance, ensure that the client is currently enrolled in the Ryan White Program by looking at the **Eligibility and Enrollment Fields** tab.

The next set of instructions are shown in images on the following pages.
- Then navigate to the **Referrals** tab and click **Add Referral**,
- Select that **Date** that you are making the referral,
- Select *Internal* in the Type section,
- Select *Access to Healthcare Network* in the **Refer-To Provider** section,
- Select the **Requested Service Category Type** as *Health Insurance Program (HIP),*
- Select the appropriate **Referral Class** based on the client's needs.

Referral Class Options:
- *ADAP Medication Assistance-* select for uninsured full-pay medication assistance or insured copay medication assistance
- *ADAP Premium Assistance-* select for premium payment assistance and assistance enrolling into health insurance
- *Medical Copay Assistance-* select for medical/ dental/ vision copay assistance

If the client needs immediate ADAP program services, please select **Emergency Referral**. An emergency is defined as the client possessing less than seven (7) days of medication; this includes clients who are newly diagnosed and in need of medication within seven (7) days.
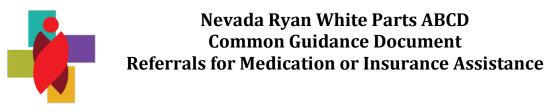
Referral Process for ADAP Referral Receiving Agency

When a referral for ADAP services is received by the Access to Healthcare Network (AHN) domain, the AHN agency staff will review the requested service, referral notes, and client eligibility information. If the necessary ADAP documents are provided with the initial referral, then the client may be enrolled directly into the requested ADAP medication or health insurance program. If more documentation is needed from the client to determine ADAP program enrollment, such as insurance documentation, then the client may be enrolled in **ADAP *provisional* medication** assistance, to ensure access to medication assistance while the agency staff reaches out to the client to assess medication or health insurance documentation.

During ADAP *provisional* enrollment, the agency staff will assist the client to obtain documentation needed to process the ADAP referral or will assist the client to enroll into health insurance, such as Medicare, Marketplace, Medicaid, or employer-based coverage. ADAP *provisional* enrollment will be reassessed every 30 days to maintain contact with the client and obtain the necessary ADAP documents. If the client is ineligible or refuses to enroll into health insurance coverage, the client will be reassessed for ADAP *uninsured* medication assistance. If the client enrolls into insurance coverage, the client will be reassessed for ADAP *insured* medication assistance and/or health insurance premium assistance.

The agency staff will have 48 hours to complete or deny an ADAP emergency referral and 14 days to complete or deny a non-emergency ADAP referral. To be able to process the ADAP referral, the client's Ryan White Universal Eligibility Application must be complete and uploaded into CAREWare. If for any reason the Ryan White Universal Eligibility Application is missing documents, the agency staff will have 14 days to assist the client to obtain the missing Ryan White Universal Eligibility Application documents. If the client is non-responsive to agency staff contacts during the 14 days, the ADAP referral will be rejected back to the originating referral agency with comments indicating the reason for denial.

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Step-by-Step Referral Process for Initiating Agency

To send an ADAP referral, navigate to the **Referrals** tab and click **Add Referral**

Select that **Date** that you are making the referral, select *Internal* in the Type section, and select *Access to Healthcare Network* in the **Refer-To Provider** section. Select the **Requested Service Category Type** as *Health Insurance Program (HIP)* and select the appropriate **Referral Class** based on the client's needs.

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If the client needs immediate ADAP program services, please select **Emergency Referral**.