



# Nevada Ryan White Parts ABCD Common Guidance Document Payer of Last Resort

## PAYER OF LAST RESORT POLICY

### BACKGROUND:

By Federal statute, Ryan White HIV/AIDS Program (RWHAP) funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source (Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act, and Section 300ff-27(b)(7)(F) of Title 42 under the US Code). Additionally, DD300ff-15(a)(1)(A) states that all funds received under the grant are added to “to supplement not supplant State funds” to provide HIV related services.

### POLICY:

Sub-recipients are expected to make reasonable efforts to identify, secure and exhaust non-RWHAP funds whenever possible before utilizing Ryan White Program Funds for core medical and supportive services.

Sub-recipients must ensure that eligible individuals are encouraged, referred, and assisted in enrolling in other private and public service programs and that such eligibility is consistently assessed, and enrollment pursued. Examples of such programs include, but are not limited to:

|   |                                   |
|---|-----------------------------------|
| Private Health Insurances                           | Aging & Disability Housing Waiver |
| Supplemental Nutrition Assistance Program (SNAP)    | Medicaid                          |
| Temporary Assistance for Needy Families (TANF)      | Medicare                          |
| Housing Opportunities for Persons with AIDS (HOPWA) | Section 8 Housing                 |
| Employer-Sponsored Health Insurance Coverage        | Other Non-profit Service Programs |

### PROGRAM REQUIREMENTS:

For allowable services, Ryan White funding is the payer of last resort. All sub-recipients shall have a written policy and procedures in-place addressing requirements that reflect the conditions that Ryan White funding will be the last resource used to pay for allowable core medical and supportive services. At a minimum such policy will reflect the following:

- Sub-recipients must coordinate with all Ryan White Program Parts (Parts A, B, C and D) when similar service is provided to avoid duplication of services or payments.
- All services an eligible Ryan White client receives that are covered by their existing insurance coverage/benefits and/or assistance program must first be billed to that other payer source prior to utilizing Ryan White resources. (Sub-recipients will enter this information into CAREWare Notes within three (3) days of completion.)
- Sub-recipients will retroactively bill other payer sources for covered services.
- Sub-recipients must screen each client to determine if they are eligible to receive services through other programs at time of eligibility or reassessment, and prior to any referrals made to other Ryan White core medical and/or support services.