



# 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

In order 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 direct medication purchasing through the ADAP Program or monthly health insurance premium or medication co-payment assistance (Health Insurance Program) be directed to the Nevada ADAP Program domain in CAREWare managed by Part B.

## BACKGROUND

Nevada has a single point-of-entry for the Medication Assistance Program, Health Insurance Premium Assistance, Medication Co-Pay Assistance, and Medicare Part D Premium/Co-Pay Assistance programs funded through the Health Resources and Services Administration's X07HA00001-26-00 ADAP earmark specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009 (PL 111-87).

## INSTRUCTIONS

The provider who administers a portion of the statewide AIDS Drug Assistance Program also has other services that they provide to the community of persons living with HIV in Nevada. In order 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 to be made to the Nevada ADAP Domain in CAREWare managed by Part B.

### *Referral Process for Initiating Agency*

When you are sending a referral to the Nevada ADAP Program for a client who is requesting Medication or Insurance Assistance through the ADAP, HIP, or SPAP programs ensure that the client is currently enrolled in the Ryan White Program by looking at the **Eligibility and Enrollment Fields** tab.

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, and select *Nevada ADAP Program* in the **Refer-To Provider** section. Select the **Requested Service Category Type** as *ADAP Insurance* and leave the **Referral Class** blank.

Fill in the appropriate information in the referral section. All referrals for Medication or Insurance Assistance must have Universal Guidance Document 16-10: Survey of Existing Insurance Coverage (found on the [Part A](#) and [Part B](#) document websites) attached to be a complete referral. If UGD 16-10 is not attached the referral may be rejected.