

Nevada Office of HIV/AIDS

Nevada Ryan White Part B Program

Referrals for Medication or Insurance Assistance

SCOPE OF COVERAGE

Directly applicable to Referral to Healthcare & Supportive Service Providers (Ryan White Part B Eligibility and Enrollment) funded through the Nevada Office of HIV/AIDS. 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.

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.

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 a form created titled Referral for Medication/Insurance Assistance. To create this form click the **Forms** button. Then click the **Add Referral for Medication/Insurance Assist...** link. Fill in as much information in the **Insurance** fields as possible then click **Save/Close**.

Nevada Office of HIV/AIDS Nevada Ryan White Part B Program Referrals for Medication or Insurance Assistance

Cook, John James

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Add/Edit Referral Information

Referral Date: Type: Refer-To Provider: Requested Service Category Type: Referral Class:

Referral Status: Referral Complete Date: Referral Comments:

Silent Referral | |

[F1: Add Referral](#) | [F2: Edit Referral](#) | [Del: Delete Referral](#)

Search 0 / 0

Direction	Referral ...	Provider	Service Ca...	Status	Complete...	Referral Cl...	Comments	Name of E...	Comments ...	Nan

Form Select

[Add Nevada RWPB Cover Sheet and Affidavit](#)
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Nevada Office of HIV/AIDS
Nevada Ryan White Part B Program
Referrals for Medication or Insurance Assistance

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Ctrl-Z Undo

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Referral for Medication/Insurance Assistance

Form Date: 4/17/2016

Client Name: Cook, John James

Date of Birth: 1/2/1983

Gender: Male

Address: Homeless

City: Las Vegas

Zip Code: 89101

Phone Number: 775-684-4025

Ryan White Program Enrollment

Start:

2/29/2016

End:

11/1/2016

SSN/TIN:

RWPB ID:

Federal Poverty Level

8/20/2015

Household Income: \$46,000

Household Size: 1

Poverty Level: 391%

Insurance

12/28/2015

Primary Insurance: No Insurance

Other Insurance:

Current Insurance Carrier:

Current Insurance Policy Number:

Current Insurance Start:

Current Insurance End:

Medicare Number:

Medicaid Number:

Medicaid Start:

Medicaid End: