



Nevada Office of HIV/AIDS

Ryan White Part B Program

Vigorous Pursuit Of Minimum Essential Coverage (MEC)

SCOPE OF COVERAGE

Directly applicable to Nevada ADAP provider(s) and Referral for Health Care and Supportive Services subrecipients funded through the Ryan White Part B program.

PURPOSE OF POLICY

The Office of HIV/AIDS is required by the [Health Resources and Services Administration \(HRSA\) Policy Clarification Notices \(PCN\) 13-01 and 13-04](#), to maintain policies and document processes regarding the vigorous pursuit of enrollment for all clients into alternate forms of health insurance that provides minimum essential coverage (MEC); and to establish stronger monitoring and enforcement standards of subrecipients to ensure that clients are enrolled in MEC, if eligible.

BACKGROUND

The Affordable Care Act (ACA) requires all individuals to maintain MEC beginning January 1, 2014. Individuals who do not MEC may face tax penalties for noncompliance. MEC includes Medicaid, Medicare, government-sponsored programs, employer-sponsored health plans, and private insurance plans offered through a state's health insurance exchange.

INSTRUCTIONS

As clarified in PCN 13-01 and 13-04 Ryan White HIV/AIDS Program (RWHAP) funds may be used to help individuals purchase and maintain health insurance. RWHAP funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made by another payment source. RWHAP must make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Subrecipient(s) are expected to vigorously pursue MEC for individuals who are likely eligible for coverage and, to seek payment from Medicaid when a Medicaid-covered service is provided to a Medicaid eligible beneficiaries. Subrecipient(s) must make every effort to expeditiously enroll individuals in MEC if eligible, and inform clients about any consequence(s) for not enrolling.

Nevada ADAP must ensure that resources are being maximized by enrolling clients in a health insurance coverage option that is more cost-effective than paying the full cost for medications and other essential medical services. ADAP funds may only be used to continue to pay for private health insurance for Medicaid-eligible clients if it is more cost-effective to do so.

HRSA guidance indicates, "If after extensive documented efforts on the part of the grantee, the client remains unenrolled in Medicaid or Health Insurance, the client may continue to receive services through the RWHAP." Extensive documentation is defined as a minimum of two documented contacts made by the subrecipient(s) annually.

Form 16-10, Survey of Existing Insurance Coverage, and Form 15-46, Universal Six Month Self-Attestation, serves as those documented efforts of the acceptance or the declining of MEC by the client. Documentation that a MEC conversation has occurred between the client and eligibility & enrollment specialist, must be entered in the client's CAREWare file in the service notes section. If a client accepts the referral for MEC an external or internal referral must be made in CAREWare by the eligibility and enrollment specialist and assistance offered to complete the MEC application process.