

## **Payer of Last Resort Policy**

### **BACKGROUND:**

The Ryan White HIV/AIDS Program (RWHAP) is the payer of last resort per RWHAP legislation. Recipients and sub-recipients must ensure that eligible individuals are referred, encouraged and assisted in enrolling in other private and public health coverage programs (i.e., Medicaid, Medicare, health insurance), and that RWHAP funds are not used to pay for any costs covered by other programs in which the individual is enrolled. Recipients are responsible for monitoring compliance of sub-recipients regarding payer or last resort.

### **POLICY:**

- All clients receiving services paid for with RWHAP Part B funds must be referred, encouraged and assisted in applying for all possible benefits for which they qualify, including Social Security, Medicaid/Healthy Indiana Plan, Medicare and available insurance options including employer-based and/or Marketplace health insurance.
- Clients eligible for Medicaid/Healthy Indiana Plan must submit proof of Medicaid application with 30 days of RWHAP Part B eligibility application.
- Clients may continue to access RWHAP Part B services while other coverage applications are pending, or during periods of time outside of Open Enrollment without a qualifying event. Clients must be referred to apply for other qualifying coverage when Open Enrollment periods occur, when a qualifying event occurs, or when they otherwise become eligible for coverage.
- Clients must sign the attestation “The Healthcare Coverage Enrollment Checklist” which requires clients to responsibly return to the ISDH HIV/SDT/VH Division any retroactive insurance reimbursements received during periods of Ryan White insurance coverage.
- ISDH and sub-recipients are required to coordinate benefits and seek payment from other coverage sources before RWHAP Part B funds are used.
- Clients with other payer coverage are required to access that coverage (including insurance, Medicaid/Healthy Indiana Plan and Medicare including Medicare Part D) before RWHAP Part B resources are used.
- ISDH and sub-recipients must coordinate with other RWHAP Parts (Parts A, C and F) when similar services are provided. This is essential in avoiding duplication of provided services or payments.
- ISDH makes final determination of a client’s eligibility for RWHAP Part B services and has the right to request further income and health coverage plan documentation at any time.

## **Indiana State Department of Health (ISDH)**

### **HIV Services Program (HSP)**

#### **HSP Policy #18-02**

- ISDH will assess sub-recipients' compliance with payer of last resort requirements during annual sub-recipient site visits.

#### **DOCUMENTATION:**

- ISDH and sub-recipients must document actions taken to identify and assess clients' third party coverage according to agency record keeping protocols.
- ISDH and sub-recipients must document actions to refer, encourage and assist clients' enrollment into other third party coverage according to agency record keeping protocols.
- Documentation must be made available for review by ISDH upon request.

#### **GUIDANCE:**

- If a client is enrolled in private or public health coverage programs (including Medicaid/Healthy Indiana Plan, Medicare, health insurance) then they are only eligible for RWHAP Part B services that are not covered or only partially covered by that coverage.
- Refer to related HSP Vigorously Pursuing Client Health Care Coverage Enrollment Policy

#### **EXCEPTIONS:**

- RWHAP Part B recipients and sub-recipients may not deny services to an individual receiving benefits through Veterans Affairs (VA) who is otherwise eligible for RWHAP Part B services, even if they could obtain services and medications through the VA.
- Native Americans may access RWHAP Part B services even if those services are available through Indian Health Service, tribal or urban Indian health programs.

#### **REFERENCES:**

[RWHAP Legislation: Section 2617\(b\)\(7\)\(F\)](#)

[Health Resources and Services Administration \(HRSA\) HIV/AIDS Bureau \(HAB\) Policy Clarification Notice \(PCN\) #13-03: Ryan White HIV/AIDS Program Client Eligibility Determinations: Considerations Post-Implementation of the Affordable Care Act \(ACA\)](#)

[HRSA HAB PCN #13-01: Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by the Ryan White HIV/AIDS Program](#)

[HRSA HAB PCN #13-05: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Private Health Insurance](#)

**Indiana State Department of Health (ISDH)**

**HIV Services Program (HSP)**

**HSP Policy #18-02**

[HRSA HAB PCN #13-06: Clarifications Regarding Use of Ryan White HIV/AIDS Program Funds for Premium and Cost-Sharing Assistance for Medicaid](#)

[HRSA HAB PCN #16-01: Clarification of the Ryan White HIV/AIDS Program \(RWHAP\) Policy on Services Provided to Veterans](#)

[HRSA HAB PCN #07-01: The Use of Ryan White Program Funds for American Indians and Alaska Natives and Indian Health Service Programs](#)

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