



ND RYAN WHITE PART B PROGRAM HEALTH COVERAGE SCREENING

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 62368 (7-2023)

Complete the following information if you have recently lost health coverage or if you are receiving Marketplace premium assistance and had a change in employment.

Client's Name	RW Number	RW Agency
Select one of the following <input type="checkbox"/> I am enrolled in a Marketplace plan where the ND Ryan White program pays my portion of the insurance premium <input type="checkbox"/> I am currently uninsured as of (date):		
<input type="checkbox"/> My income for the past 12 months was below \$20,000. In the past 6 months, I have: <input type="checkbox"/> Applied for ND Medicaid and was denied due to my: <input type="checkbox"/> Income <input type="checkbox"/> Citizenship status <input type="checkbox"/> Having an incomplete application <input type="checkbox"/> I have not applied for ND Medicaid in the past 6 months.		
<input type="checkbox"/> My income for the past 12 months is above \$20,000. I, or other members of my household, are employed but: <input type="checkbox"/> My employer does not offer health insurance. <input type="checkbox"/> No one in my household is offered health insurance through employment in which I am an eligible party. <input type="checkbox"/> Other:		
All employed household members must have their employer(s) complete the Employer Coverage Tool .		

If you are eligible for and have not obtained health coverage through Medicaid, Medicare or a Private Employer-Based Plan, you are not in compliance with Ryan White Part B policies regarding “payer of last resort.” This will render you ineligible for Ryan White-covered services until appropriate coverage is obtained. Consideration will be made to provide medications and services for a **period of up to three months** to cover services until plans may become active.

If you have applied for and are not eligible for Medicaid, Medicare, or a Private Employer-Based Plan, you must enroll in a qualified health plan through the Health Insurance Marketplace with a Ryan White-approved plan during the next open enrollment period. The Ryan White program can pay your portion of the insurance premium. Failure to enroll in a health insurance plan during the next available enrollment period will result in a **one-year suspension** from the Ryan White Part B program or until health insurance coverage is obtained.

_____ (please initial) I understand that the Ryan White Part B program is a payer of last resort and may only cover services when there is no other payer available. This means that if I am eligible for health coverage and I do not enroll, Ryan White will suspend my eligibility for Ryan White Part B until I gain appropriate coverage.

For Case Managers: <input type="checkbox"/> This applicant is currently not eligible for any health coverage and qualifies for Ryan White services. <input type="checkbox"/> This is applicant eligible for public or private health coverage and should receive a 3-month window period of RW coverage ending on: _____. <input type="checkbox"/> This client is not in compliance with Ryan White Policies and does not qualify for Ryan White services.	
Client/Guardian Signature	Date
Case Manager Signature	Date