



ND RYAN WHITE PART B PROGRAM CHECK LIST FOR OTHER PROGRAMS

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 58991 (11-2013)

Please use this check list as a guide to verify all necessary documentation has been provided by the client. This guide will also be used to ensure ND Ryan White Program is the payer of last resort.

Client

Name	Ryan White Identification Number
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Enrollment/Reenrollment

Application completed? <input type="checkbox"/> Yes, Date Completed _____ <input type="checkbox"/> No	
♦ Verification of diagnosis received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Copy of state ID with picture received within 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Income verification (W2s, 1 month of pay stubs, SSDI, SSI, etc.) received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Verification of local address (utility bills, rent receipts, lease, etc.) received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Client received the ND Ryan White Program brochure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have the client contact County Social Services for the following programs.

<ul style="list-style-type: none"> ♦ Medicaid ♦ Supplemental Nutrition Assistance Program (SNAP) ♦ Energy Assistance Program (LIHEAP) ♦ Link Up & Lifeline Telephone Assistance ♦ Homestead Tax Credit ♦ Any other eligible programs 	<p>For more information contact: North Dakota Department of Human Services 600 East Boulevard Avenue, Dept 325 Bismarck N.D. 58505-0250 Phone: 701.328.2310 Toll Free: 800.472.2622 TTY: 701.328.3480 Fax: 701.328.2359 Email: dhseo@nd.gov Website: www.nd.gov/dhs</p>
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Have the client contact the Social Security Administration for the following programs.

<ul style="list-style-type: none"> ♦ Disability ♦ Medicare Part A/B 	<p>Phone: 800.772.1213 Website: www.ssa.gov</p>
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Have the client contact the State Health Insurance Counselor (SHIC) for the following programs.

<ul style="list-style-type: none"> ♦ Medicare Part D ♦ Low Income Subsidy Program 	<p>Phone: 701.328.2440 or 888.575.6611 Email: ndshic@nd.gov Website: www.nd.gov/ndins</p>
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If the client doesn't qualify for employer insurance, Medicaid or Medicare, have the client sign up for a Qualified Health Plan through The Marketplace.

The Marketplace	<p>Phone: 800.318.2596 Website: www.HealthCare.com</p>
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If the client does not have private insurance or qualify for Medicaid or Medicare, then other prescription assistance may be available through the following programs.

Partnership for Prescription Assistance	Phone: 888.477.2669
Prescription Connection of North Dakota	Phone: 888.575.6611 Website: www.rxconnectnd.org
Common Patient Assistance Program (CPAP) Application	Website: www.nastad.org/Docs/110312_CPAPA.pdf

Insurance Coverage

Has your insurance coverage changed since last enrollment?	<input type="checkbox"/> Yes, documentation provided	<input type="checkbox"/> No
If the client does not have insurance, has she/he applied for other services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ♦ Disability ♦ Verification letter provided 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ If denied, has appeal been filed? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No
<ul style="list-style-type: none"> ♦ Medicaid ♦ Verification letter provided 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ Reason Denied _____
<ul style="list-style-type: none"> ♦ Medicare Part A/B ♦ Verification letter provided 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ Reason Denied _____
<ul style="list-style-type: none"> ♦ Medicare Part D (prescription drug coverage) ♦ Verification letter provided ♦ If approved, which Part D plan is the client on? _____ <p>State Health Insurance Counselor (SHIC) will provide assistance to clients with choosing Medicare Part D plans.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ Reason Denied _____
<ul style="list-style-type: none"> ♦ Qualified Health Plan (private insurance through The Marketplace) ♦ Verification letter provided ♦ If approved, which plan is the client on? _____ <p>County social services provide navigator assistance to clients with choosing QHPs. North Dakota ADAP Program offers premium assistance with a selected QHP.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ Reason Denied _____
<ul style="list-style-type: none"> ♦ Low Income Subsidy (LIS) Program 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Pending Date _____ Approved Date _____ Denied Date _____ Reason Denied _____

Other Prescription Assistance Programs (Does not cover medications specific to HIV)

Partnership for Prescription Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription Connection for North Dakota	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the client is at, or below, 200 percent of the federal poverty level, he/she may qualify for more programs. Please have her/him apply for the following services. Information on these programs is available through County Social Services.

Other Support Services

♦ Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
♦ Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
♦ Link Up & Lifeline Telephone Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
♦ Homestead Tax Credit	<input type="checkbox"/> Yes	<input type="checkbox"/> No