



Please complete this form if you currently have **no health coverage** or are **enrolled in the Marketplace Health Insurance and your monthly insurance premium is paid by the Ryan White program.**

- My income for the past 12 months is below \$20,000.**
- I have applied for ND Medicaid in the past 6 months and have been denied due to my:
 - Income
 - Citizenship/immigration status
 - Having incomplete application
 - I have not applied for ND Medicaid in the past 6 months.

- My income for the past 12 months is above \$20,000.** I, or other members of my household, are employed but:
- My employer does not offer health insurance.
 - No one in my household is offered health insurance through employment in which I am an eligible party.
- All employed members in the household 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 Private Employer Based Plans, you are not in compliance with Ryan White Part B polices 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 Private Employer Based Plans, 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 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:

- This applicant is currently not eligible for any health coverage and qualifies for Ryan White services.
- This is applicant eligible for public or private health coverage and should receive a 3-month window period of RW coverage ending on: _____.
- 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