

Ryan White HIV/AIDS Program Part B (Area 7)
Payer of Last Resort Acknowledgement Form

Initials

	<p>1. I understand that Ryan White HIV/AIDS Program Part B is considered a <i>payer of last resort</i>.</p>
	<p>I understand that as a payer of last resort, all other resources must be exhausted before RWHAP funds can be accessed, including but not limited to:</p> <p>2.</p> <ul style="list-style-type: none"> ✓ Employer-sponsored insurance ✓ Private insurance ✓ Marketplace insurance ✓ Medicaid/Medicare ✓ Patient assistance programs
	<p>3. I understand that as a payer of last resort, Ryan White Part B funds may not be used to pay for ADAP formulary medications for clients who are <i>actively enrolled</i> in ADAP.</p>
	<p>4. I understand that as a payer of last resort, Ryan White Part B funds will only cover allowable costs for HIV-related services as determined by the Lead Agency.</p>
	<p>5. I understand that Ryan White Part B funds cannot be used to reimburse me for services I have already paid for.</p>
	<p>I understand that it is my responsibility to promptly notify my Ryan White Part B case manager of any personal or household changes <i>within 10 business days</i>. These changes include, but are not limited to, the following instances:</p> <p>6.</p> <ul style="list-style-type: none"> • Increases or decreases in household income • Marriage/divorce • Birth or adoption of a child • Other changes to your household composition • Gaining or losing eligibility for employer-sponsored insurance, Medicaid, or Medicare
	<p>7. I understand that it is my responsibility to communicate my insurance status and ADAP enrollment status to my providers.</p>
	<p>8. I understand that all invoices for services must be received by the last day of March in any given contract year.</p>

I have reviewed the above information with the client.

Case Manager Name

Case Manager Signature

Date

This form has been explained to me and I understand the information within.

Client Name

Client Signature

Date