

Harris County Public Health
Ryan White Grant Administration
Policy and Procedure

Eligibility Verification –
Ryan White Part A and Medicaid/Medicare or Third Party

REVISED DATE 06/16

Site Visit Guidelines 7.2, 7.3, 7.4, 7.5, 7.7

POLICY:

All persons seeking services must provide the following documentation in order to be eligible for services:

1. HIV+ diagnosis¹
2. Verification of identity
3. Verification of current residency within Houston EMA
4. Verification of current household income
5. Verification of Health Insurance Coverage

PROCEDURES:

Duration of Eligibility: All documentation accepted during eligibility verification must be current. Per current HRSA/HAB National Monitoring Standards policy, a client's eligibility for services must be reassessed at least every six (6) months from the date the client's eligibility was established. Clients must update their eligibility at least once a year (i.e. every 12 months). The CPCDMS Client Verification form will display the eligibility expiration date. Proof of HIV+ diagnosis does not have an expiration date and does not need to be updated.

Agency may not deny services to Ryan White clients who are missing eligibility documentation other than proof of HIV+ status. Agency should allow client a reasonable amount of time to provide the missing eligibility documentation. Agencies may enter client encounters into the CPCDMS for billing up to 30 days beyond the client's eligibility expiration date for the record owning agency, and up to 60 days for the non-record owning agency. The record owning agency should update client's eligibility in CPCDMS within 30 days of expiration. For record owning agencies, if a client's eligibility is more than 30 days overdue (i.e. expired more than 30 days prior to the service date) encounters cannot be entered into the CPCDMS and must be tracked manually. Once eligibility is updated in the CPCDMS, the encounters may be entered into CPCDMS and billed during the designated billing period. Eligibility documentation must be valid during service dates.

Once an agency's final Contractor Expense Report of the respective contract year has been submitted and processed for payment, no further encounters may be submitted for payment.

¹ For services available to non-HIV+ persons, documentation of the client's relationship to an HIV+ person and the HIV+ person's diagnosis must be provided.

In addition, as Ryan White is the payer of last resort for those services that are reimbursable by Medicaid/Medicare or third party, the files of clients receiving Medicaid/Medicare or third party eligible services must contain documentation of the agency's efforts to verify Medicaid/Medicare or third party eligibility at every visit or on a monthly basis. (In lieu of maintaining the information in individual client records, the agency may employ a mechanism that assures Medicaid/Medicare or third party verification at least monthly).

1. HIV+ DIAGNOSIS (REQUIRED BY ALL AGENCIES)

Acceptable documentation:

- A computer-generated HIV+ lab test with the individual's name pre-printed. Examples are:
 1. Antibody screening test {e.g. Reactive Enzyme Immunoassay (EIA) with confirmatory western blot or Indirect Immunofluorescence Assay test (IFA)} or
 2. HIV Nucleic Acid (DNA or RNA) detection test {e.g. Polymerase Chain reaction (PCR), HIV p24 Antigen test, HIV Isolation (viral culture)} or
 3. HIV Testing Medical Report on HDHHS letterhead
- A statement or letter signed by a medical professional (acceptable signatories listed below) indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional.
- A medical progress note, hospital discharge paperwork, or other document signed by a medical professional (acceptable signatories listed below) indicating that the individual is HIV+, including the individual's name and the phone number of the medical professional.
- An anonymous HIV test result containing identifying information sufficient to ensure a reasonable certainty as to the identity of the test subject, e.g. gender and date of birth (valid for only 60 days from the start of services at the agency).
- A Texas Department of Criminal Justice (TDJC) physician-completed Medical Certification Form (MCF)

Acceptable signatories:

- A licensed physician
- A licensed physician assistant
- A licensed nurse practitioner
- A registered nurse working under the supervision of a physician
- A licensed Master's level social worker (LMSW) working under the supervision of a physician
- An Advanced Practice Nurse

NOTE: Proof of HIV+ Diagnosis does not have an expiration date and does not need to be updated annually.

2. VERIFICATION OF IDENTITY: (REQUIRED BY ALL AGENCIES)

Acceptable documentation:

- Texas Driver's License
- Texas Identification Card
- Texas Department of Corrections identification card
- Employment badge with picture
- Student ID with picture
- U.S. immigration documents with picture
- Credit card with picture

- Metro picture ID
- U.S. naturalization, citizenship, passport or other Federal documents with picture
- Driver's license or identification card issued by another US state
- A government-issued ID from a country other than the U.S.
- Birth certificate (cannot be used by married women)
- Social Security card
- Medicaid/Medicare card
- VA ID Card

The following documentation is acceptable only for undocumented and/or homeless clients and clients recently released from or referred by the Harris County jail:

- Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client
- Letter on company letterhead from the Harris County jail

3. VERIFICATION OF CURRENT RESIDENCY WITHIN HOUSTON EMA: *(Documentation required by record owning agency. CPCDMS client verification form accepted for non-record owning agency)*

Residency documentation for minors is required for a parent or guardian with whom the minor resides.

Acceptable residency documentation: (must be current)

- Client self-attestation (acceptable at every 6 month reassessment) of no change or self-attestation of change with acceptable documentation
- Residency and Income Affidavit (see sample forms)
- Valid copy of "CPCDMS Client Verification" form (Agencies Online who are NOT Record Owners)
- Current lease in the name of the client or listing the client as an occupant
- Current Property tax documents
- Current utility/phone/cable bill in the name of the client
- Current credit card bill in the name of the client
- Current letter on company letterhead signed by the director of a recognized group home, care home or transitional living facility
- Any type of current business correspondence with the client's name and address pre-printed, (e.g. auto registration, insurance, bank/brokerage statement, food stamp letter, Social Security letter, Medicaid letter/card)
- Current pay stub with address
- Supporter statement with address and valid signature by client supporter
- P.O. Box, along with another means to verify the address such as current utility bill or case manager's verification letter

The following documentation is acceptable only for undocumented and/or homeless clients:

- Agency temporary affidavit signed and dated by the client (valid for only 60 days from the start of services at the agency)
- Letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client

An approved Request for Waiver is required for clients outside the Houston EMA.

4. **VERIFICATION OF CURRENT HOUSEHOLD INCOME:** *(Documentation required by record owning agency. CPCDMS client verification accepted for non-record owning agency)*

All clients must be screened for financial eligibility for Ryan White Part A funded services. Services should not be provided to clients whose gross household income exceeds the cap established by the Ryan White Planning Council for each service category.²

Documentation of income must be provided for all members of the client's household.³ Income documentation for minors is required for the parent(s) or guardian(s) with whom the minor resides.

Acceptable income documentation (must be current):

- Client self-attestation (acceptable at every 6 month reassessment) of no change or self-attestation of change with acceptable documentation
- Valid copy of "CPCDMS Client Verification" form (Agencies Online who are NOT Record Owners)
- Payroll stub/copy of payroll check/bank statement showing direct payroll deposit
- Letter from employer on company letterhead indicating weekly or monthly wages
- Unemployment benefits letter/copy of check
- IRS 1040 form (tax return)/W2 form/1099 form (Preferred)
- Social Security award letter
- VA benefits letter
- Private disability/pension letter on company letterhead
- Medicaid letter/Card
- Child or spousal support order with judge's signature and date
- Food Stamp and/or Temporary Assistance for Needy Families (TANF) award letter

The following documentation is acceptable only for clients claiming no income:

- Agency temporary affidavit signed and dated by the client (valid for only 60 days from initial service date)
- Residency and Income Affidavit (see sample forms)
- Proof of application for Social Security (valid for 6 months only)
- Client living off savings: bank/investment account statements from 3 consecutive months showing withdrawals for living expenses
- Client being supported by someone else: statement signed and dated by the supporter, which includes the amount and type of support (room only, room and board, cash assistance, etc.) and the supporter's phone number for verification⁴
- Homeless client: letter on company letterhead from a case manager, social worker, counselor or other professional from another agency who has personally provided services to the client

5. **Verification of Health Insurance Coverage: Medicaid/Medicare or Third Party Eligibility Verification**

² See the US Dept. of Health and Human Services Poverty Guidelines for the current year and the "Ryan White Federal Poverty Guidelines" table.

³ Refer to P&P for Determining Household Income

⁴ Ryan White Grant Administration recommends using the supporter statement provided in this manual

The following service categories must provide verification of client ineligibility for Medicaid/Medicare or third party coverage (to assure that Ryan White Part A is payer of last resort) at every visit or monthly (whichever is less frequent).

Medicaid/Medicare or Third Party Reimbursable Service Categories

- Primary Medical Care (including pediatric and women’s services)
- Psychiatry
- Local Pharmacy Assistance Program (LPAP)
- Dental
- Substance Abuse Treatment
- Vision Services
- Transportation (Medicaid only)
- Case Management (Children up to 20 years old and pregnant women)

Acceptable documentation to verify Medicaid/Medicare or third party eligibility status:

- Client self-attestation (acceptable at every 6 month reassessment) of no change or self-attestation of change with acceptable documentation
- The preferred method for documenting insurance verification is printing the results and filing in client record or electronically in an organized and identifiable manner
- Verification of employment, i.e. payroll stub, copy of payroll check, bank statement showing direct payroll deposit, letter from employer on company letterhead indicating weekly or monthly wages no greater than 6 months old (to demonstrate Medicaid/Medicare or third party eligibility status)
- Medicaid/Medicare or third party rejection/denial letter covering the dates of service
- Medifax slips or other automated system (must be done at least monthly)

The following documentation is acceptable only for undocumented and/or homeless clients:

- Letter on company letterhead from a case manager, social worker, counselor or other professional (certifying Medicaid/Medicare or third party eligibility status) from another agency who has personally provided services to the client, stating that the client is undocumented and/or homeless.

The Ryan White Grant Administration Quality Analyst Team will, during site visits to agencies providing Medicaid/Medicare or third party reimbursable services, record the social security numbers of “reviewed” client records only. This measure is intended for the sole purpose of assuring that Ryan White Part A is the payer of last resort, as directed/dictated by The Health Resources & Services Administration (HRSA).

After the Medicaid/Medicare or third party eligibility status has been verified/established, all records of the Social Security Number are shredded. All references to a client will be made by the use of the established 11-character code.

Services rendered under Ryan White Part A for days on which a client was eligible for Medicaid/Medicare, or another third party payer will be recouped by Harris County.

The agency however, will not be cited for failing to use Ryan White as the payer of last resort if the above documentation showing the client is ineligible for Medicaid/Medicare or third party is in the client record at the time of the site visit.

Approved by Manager
HCPH – Ryan White Grant Administration

Date