



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

Dear Health Care Provider,

Thank you for considering participation in the Ohio Department of Health's Ryan White Part B Emergency Financial Assistance Program. The Ohio Ryan White Emergency Financial Assistance Program is an emergency resource that is administered by Ryan White Case Managers on behalf of people living with HIV/AIDS in their service area. Clients are referred to your care by a community-based Medical Case Manager from the agencies in your region. If you have a client that you think would qualify for this program, please share this information with your client. For the sake of confidentiality, Case Managers will not initiate any calls to clients without a signed release of information.

If you are a provider of medical, dental, pathology or radiology services, you must provide a CPT or ADT code for each of the services. Our third party administrator (TPA) pays these services under their Usual, Customary and Reasonable (UCR) reimbursement rates. You must agree to accept, as full payments, these rates of reimbursement. Furthermore, you must agree not to bill the client for amounts not covered by these rates (balance bill). If billed correctly, you may expect to receive payment for services rendered within 6 weeks from the date the bill is submitted by the case management agency to the TPA. In order to receive reimbursement all bills must be received by the local case management agency within 60 days from the date of service. Please note that providers will not be reimbursed through the Part B Emergency Financial Assistance Program without a signed copy of the Provider Agreement on file. Once approved, Provider Agreements will be effective until 3/31/15.

If you are a medical provider, you must also agree to provide individual client level data (CLD) for each clinical visit the Ryan White Program will pay for. Individual client level data (CLD) includes clinical test results and information on screenings, care and prophylaxis specific to the appropriate care of individuals being treated for HIV disease and consistent with Public Health Service guidelines. Pursuant to the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, December 19, 2006), the Quality Management section of the Ohio Ryan White Program must collect clinical data on each client for every funded visit to a medical provider. You will have the option to return this data to us by faxing a paper form or by electronic data entry and transmittal.

Please note that the Ohio Ryan White Program is not an insurance company or a service provider for Medicaid. Rather, the program is established as a payer of last resort, therefore all other resources to pay a bill must be utilized before seeking payment from the Ryan White Program. Because this program is a payer of last resort, all providers who participate in our program must also be Medicaid certified. For more information about how to become Medicaid Certified, please visit: <http://jfs.ohio.gov/OHP/bpo/pnms/provenroll.stm>  
For more information about the payment of services under the Ryan White program, please visit: [http://www.odh.ohio.gov/ASSETS/481FDBD0A02E4D49A7D9BB3797210971/fr44\\_06.pdf](http://www.odh.ohio.gov/ASSETS/481FDBD0A02E4D49A7D9BB3797210971/fr44_06.pdf)  
or feel free to contact ODH with any questions or concerns.

In addition to the Provider Agreement, there are two other forms that must be completed in order to contract with the State of Ohio. Before an agreement can be awarded or renewed, an Affirmative Action Program Verification Form must be submitted to the DAS Equal Opportunity Division to comply with the affirmative action requirements. Affirmative Action Verification Forms and approved Affirmative Action Plans can be found by going to the Equal Opportunity Departments web site: <http://das.ohio.gov/Eod/AAPV.htm>

In addition to the Affirmative Action Verification Forms, you must also complete the enclosed DMA (Declaration of Material Assistance/Nonassistance to a Terrorist Organization) form.

Enclosed you will find a copy of the Provider Agreement, a DMA form, a DMA Terrorist Exclusion list, and the Ryan White Provider Fact Sheet. After completing the Provider Agreement and the DMA form, please return the originals to our staff at the following address:

Attention: Julia M. Applegate  
Ohio Department of Health  
HIV Care Services Section  
246 N. High St.- 6<sup>th</sup> floor  
Columbus, OH 43215

Upon receipt, your agreement will be catalogued, reviewed and approved for reimbursement. A signed copy will then be returned to you for your records.

Again, we thank you for continuing to provide invaluable services to people living with HIV/AIDS. Your participation in the Part B Emergency Financial Assistance Program helps to improve the quality, quantity and accessibility of health care and support services for HIV positive people from around the state.

If you have any questions, please do not hesitate to contact me at (614) 644-8085. If I can not be reached, please call Laurie Rickert at (614) 466-1411.

Sincerely,

Julia M. Applegate  
Ryan White Consortia Coordinator  
Ohio Department of Health -6th Floor  
246 North High Street  
Columbus, OH 43215  
614-644-8085  
614-728-4622 (fax)  
[julia.applegate@odh.ohio.gov](mailto:julia.applegate@odh.ohio.gov)

(Rev. 10/07/09)