



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
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 Case Manager from the agencies in your region (please refer to the enclosed map for a list of Case Management Agencies). 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 4 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 55 days from the date of service. Please note that as of 7/15/05, providers will not be reimbursed through the Title II/Part B Emergency Financial Assistance Program without a signed copy of the Provider Agreement on file. Once approved, Provider Agreements will be effective until 3/31/10.

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. For more information about the payment of services under the Ryan White program, please visit:

http://www.odh.ohio.gov/Rules/Final/Chap44/Fr44_1st.htm or feel free to contact ODH with any questions or concerns.

Enclosed you will find a copy of the Provider Agreement, a map of Case Management Agencies around the state, and the Ryan White Provider Fact Sheet. After completing the Provider Agreement, please return it to our staff at the following address:

Attention: Julie Applegate
Ohio Department of Health
HIV Care Services Section
Part B Ryan White Program
246 N. High St.- 6th 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 Title II/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.

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

(Rev. 01/16/08)