

## Participating Pharmacies

<b>Bismarck</b>	
Gateway Pharmacy North	701.224.9521
Gateway Pharmacy South	701.223.1656
Medcenter One Pharmacy	701.323.8616
St. Alexius Pharmacy	701.530.6906
<b>Devils Lake</b>	
The Clinic Pharmacy	701.662.4427
<b>Fargo</b>	
Metro Drug	701.232.6150
MeritCare Broadway Pharmacy	701.234.2416
CVS 13th Ave. Pharmacy	701.232.4872
Dakota Clinic Pharmacy	701.364.3450
Family Health Care Center	701.239.7135
<b>Minot</b>	
White Drug	701.852.0388
Key Care Pharmacy	701.857.7900
B&B Northwest Pharmacy	701.838.2213
<b>Grand Forks</b>	
Grand Forks Clinic Pharmacy	701.772.4875
White Drug	701.775.4209
<b>Hettinger</b>	
White Drug	701.567.2533
<b>Jamestown</b>	
Medicine Shoppe	701.252.3002
Thrifty White Drug	701.251.1459
<b>Valley City</b>	
Foss Drug	701.845.2652
White Drug	701.845.1421
<b>Richardton</b>	
Country Drug	701.974.3558
<b>Mott</b>	
Mott Drug	701.824.2897
<b>Harvey</b>	
Service Drug & Gift	701.324.2227
<b>Stanley</b>	
Dakota Drug	701.628.2255

## Case Management Sites

<b>Bismarck</b>	
Bismarck Burleigh Public Health	701.355.1540
<b>Devils Lake</b>	
Lake Region District Health Unit	701.662.7035
<b>Dickinson</b>	
Southwestern District Health Unit	701.483.0171
Community Action Partnership	701.227.0131
<b>Fargo</b>	
Fargo Cass Public Health	701.298.6918
Southeastern N.D. Community Action	701.232.2452
<b>Grand Forks</b>	
Grand Forks Public Health Dept.	701.787.8100
Red River Valley Community Action	701.746.5431
<b>Jamestown</b>	
Central Valley Health District	701.252.8130
<b>Mandan</b>	
Custer Health	701.667.3370
<b>Mott</b>	
Southwestern District Health Unit	701.824.3215
<b>Minot</b>	
First District Health Unit	701.852.1376
Community Action Partnership	701.839.7221
<b>New Town</b>	
Minne-Tohe Health Center	701.627.4701
<b>Stanley</b>	
Upper Missouri District Health Unit	701.628.2951
<b>Wahpeton</b>	
Richland County Health Department	701.642.7735
<b>Williston</b>	
Upper Missouri District Health Unit	701.774.6400
Community Action Partnership	701.572.8191



## Ryan White Part B Program



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

For more information, go to  
[www.ndhealth.gov/hiv](http://www.ndhealth.gov/hiv) or call 1.800.70.NDHIV

## Services Available

### *Case Management*

Provides an assessment of client needs and referrals to health care and other necessary support services to improve the client's quality of life.

### *Drug Assistance Program*

Assists clients in obtaining HIV/AIDS medications. Drugs covered by the program are listed on the North Dakota reimbursable medication list.

### *Outpatient Services*

Provide assistance with costs associated with accessing and maintaining non-hospital medical care, including HIV specialty care, dental and mental health services.

### *Supportive Services*

Provide assistance with transportation to medical appointments, counseling and other services.

### *Emergency Assistance*

Provides short-term financial assistance for essential basic living needs. Emergency funds are limited to \$500 annually per client.

### *Who may receive these services?*

Any resident of North Dakota who has been infected with HIV/AIDS and has a gross income below 300 percent of the federal poverty level (FPL).

- A state-issued ID must be produced within 60 days of enrollment.
- The client must provide a pay stub from one month or a copy their W2 forms from the previous year. All unemployed clients must submit written verification of their unemployment status.
- Clients must provide proof of HIV infection.

## Policies & Procedures

### *Transportation Policy*

- Must be essential to gain or maintain outpatient medical care or treatment.
- Client must submit the request for travel reimbursement form to his or her case manager before receiving a reimbursement voucher.

### *Vision Care Policy*

- All exams will be reimbursed 80/20 to the clinic.
- Corrective eye wear will be reimbursed to the clinic/store 100 percent up to \$200 every other year (if you do not qualify for another program; i.e. Medicaid).
- All procedures besides preventative care must be directly related to the client's HIV infection and must have an explanation of the procedure completed by the vision health-care provider before the appointment.

### *Outpatient Health Care*

- Outpatient health care is reimbursed for services related to the client's HIV/AIDS infection. Any care requiring hospitalization for more than 24 hours is not considered outpatient care.
- Outpatient health care will be reimbursed to the clinic/hospital 80/20 after all other sources have been used.

### *Case Management Services*

- There is no charge to clients for case management services.

### *AIDS Drug Assistance Program (ADAP)*

- Drugs included on the North Dakota RW Part B formulary are reimbursed 100 percent to contracted RW pharmacies up to \$15,000 per client annually.
- A complete list of covered medications can be found at [www.ndhealth.gov/HIV](http://www.ndhealth.gov/HIV).

### *Oral Health Care Policy*

- Oral health care will be reimbursed to the dental clinic up to \$500 annually.

## Policies & Procedures Cont.

- Assistance will be available for routine checkups, x-rays, extractions and fillings.
- Prior authorization from the client's case manager is needed.

### *Emergency Assistance Policy*

Must be time-limited and focused on the client becoming more self-sufficient.

- Must be essential to a client's ability to gain or maintain access to medical care and treatment.
- This must be paid to the provider for the benefit of the client. The client may not receive a direct cash payment.
- \$500 is allowed annually per client.

### *Reenrollment/recertification*

- Reenrollment must be completed and returned to the case manager between January 1 and January 31 annually. Clients who have not reenrolled by February 28 will be terminated from the program.
- Recertification must be completed and returned to the case manager between July 1 and July 31 annually. Clients who have not recertified by August 31 will be terminated from the program.
- Clients who have incomes less than 200 percent FPL and are not on Medicaid/Medicare must apply for these programs during reenrollment.

### *Bill Submission*

- Clients must submit bills to their case managers for payment within 30 days from the statement date. Bills will not be accepted after 30 days.
- New clients can submit bills for up to 30 days before entering the program. However, this must stay within the 30 days from statement policy.
- Clients may only submit the final bill after all other programs i.e. insurance, Medicaid or Medicare have been applied.
- Special circumstance may come up and will be dealt with on an individual basis.