TriYoung Inc.

Transforming Data into Information

2026

NV RWISE Business Rules

TriYoung, Inc

6/22/2026

RWISE

Business Rules

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Overview

RWISE is the Ryan White Integrated Statewide Eligibility system used to receive, review, process, and maintain Ryan White eligibility determinations. Eligibility is evaluated during user data entry and through nightly automated processing.

Nevada Ryan White Part A (RWPA) and Part B (RWPB) utilize a shared eligibility platform with a Centralized Eligibility model.

Eligibility Areas

Eligibility Area Determination

Eligibility Area shall be determined based on the client's county and state of residence.

Eligibility Areas

- RWPA – Las Vegas TGA – Clark , Nye and Mohave Counties
- RWPB – Nevada Statewide
- Out of State/Region Ineligible

Centralized Eligibility (CE) Structure

Part A operates under a Centralized Eligibility (CE) model but allows some providers to complete their own eligibility.

Part A Centralized Eligibility Provider

- Dignity Health (CommonSpirit) serves as the Clark County Centralized Eligibility provider.
- CE staff are responsible for reviewing, validating, and processing eligibility applications submitted through RWISE.

Provider Eligibility
The following agencies continue to complete eligibility determinations for their own clients and therefore retain both RWISE CM and RWISE BC permissions within their provider domains:

- SNHD
- COMC
- AHF
- Nye County
- UMCSN
- AHN

Part B operates under a Centralized Eligibility (CE) model

Part B Centralized Eligibility/ADAP Provider

- AHN serves as both the Part B Centralized Eligibility and ADAP Provider.
- CE staff are responsible for reviewing, validating, and processing eligibility applications submitted through RWISE.
- CE staff are responsible for ADAP Enrollment.

CE Service Entry

Centralized Eligibility staff may create a service entry for referrals for healthcare services directly within RWISE.

Automatic Status Updates

The system shall evaluate clients nightly and during processing to determine eligibility status updates.

1. The system evaluates clients nightly for:
    - Deceased status
    - FPL > 400%
    - Residency outside Nevada regions (Clark, Nye, Mohave)
    - Enrollment End Date expiration
    - Renewal compliance

Eligibility Status Definitions

- **Eligible**: Client meets all eligibility requirements.
- **Pending**: Eligibility review or renewal is in progress.

- **Not Eligible**: Client does not meet eligibility requirements.
- **ADAP Only**: Client is eligible only for ADAP-related services.

RWPA / RWPB Enrollment Status Logic

Dual Eligibility

If a client qualifies for both RWPA and RWPB:

- RWPA Status = Eligible - Open
- RWPB Status = Eligible - Open

Part B Only

If a client qualifies only for Part B:

- RWPA Status = Not Eligible - Outside of RWPA
- RWPB Status = Eligible - Open

Part A Only

If a client qualifies only for Part A:

- RWPA Status = Eligible - Open
- RWPB Status = Not Eligible - Outside of RWPB

Annual Renewal Rules

Renewal is required annually during the client's birth month.

The renewal window opens 60 days before the first day of the birth month.

If a renewal application is submitted before the enrollment end date, the client remains Pending until review is completed.

If approved, the client is set to Eligible and the enrollment end date is extended to the last day of the client's birth month in the following year.

If no renewal is submitted by the end of the birth month, the client becomes Not Eligible with reason 'Did Not Submit Renewal'.

Automated Disenrollment Rules

Deceased Client

Condition: Vital status is Deceased or Date of Death is recorded.
Action: Set status to Not Eligible; set end date to date of death (or current date if unavailable); set reason to Deceased.

FPL Over 400%

Condition: Most recent poverty assessment exceeds 400% FPL.
Action: Set status to Not Eligible; set end date to current date; set reason to FPL Over 400%.

Residency Outside Approved Service Area

Condition: Client resides outside Clark County (NV), Nye County (NV), or Mohave County (AZ).
Action: Set status to Not Eligible; set reason to Moved Out of Service Area.

Enrollment End Date Expired

Condition: Enrollment End Date has passed.
Action: Set status to Not Eligible and assign the appropriate reason.

Pending Status Rules

Clients shall be set to Pending when:
• Enrollment End Date falls within the current month.
• The client is in their birth month and renewal processing is not complete.

Renewal Outcomes

1. Completed: **Eligible**, new End Date next cycle
2. Not Completed (End of Birth Month): **Not Eligible**
3. During Birth Month: **Pending**

ADAP Review Rules

1. Clients enter the ADAP Review Queue when ADAP Review Needed = Yes.
2. Enrollment cannot be finalized until:
    a. ADAP Review Status = Complete
    b. Required ADAP fields are completed
3. Valid ADAP statuses:
   Pending, Started, Complete, Extended, No Review Needed.

ADAP Review Workflow

1. Applications requiring ADAP review shall:
    a. Enter the ADAP Review Pending Queue,
    b. Require review prior to enrollment completion,
    c. Require ADAP Review Completed Date before dropping from the queue.

Manual Re-Enrollment Rules

Only users with Supervisor permissions may perform manual re-enrollment.

System actions:
• Set status to Eligible
• Clear ineligible reason
• Create audit record
• Create case note
• Create service entry

The system shall record the user, timestamp, previous status, and new status.

Insurance Assessment Rules

Primary insurance hierarchy:
1. Private (NV Health Link)
2. Private (Non-NV Health Link)
3. Employer Sponsored Insurance
4. Medicare Part A/B
5. Veterans Administration
6. Other Insurance
7. Medicaid
8. Indian Health Service
9. No Insurance

Medicare Part D shall never be considered primary insurance.

Application Processing Rules

Non-eligibility applications shall not modify eligibility status, enrollment dates, or enrollment outcomes.

Examples:
• Notification of Change

• Follow-Up Documentation
• Other Informational Applications

Hard Stops and Validations

Client Update Hard Stops

The system shall require:

- County
- Region
- Home/Residence Address information is required.
    - Residence City/State/ZIP,
    - County and Region,
- Mailing Address information is required when “Okay to Mail” is checked.
- Housing Arrangement must be selected.
- CM Agency is required.
- Race/Ethnicity
- Diagnosis
- Poverty Assessment record matching the referral completed date
  Missing demographics information (Race/Ethnicity or Diagnosis or Vital Status)
- Insurance Assessment record matching the Referral Completed Date

Application Processing Hard Stops

Required fields:

- Housing Arrangement,
- MP Facility,
- Poverty Assessment Date,
- Demographics,
- Vital Status,
- Risk Factor,
- HIV Status.

Queue Management Rules

Referral Queues shall:
• Display 100 records per page by default

• Retain user-selected filters during the active session
• Support sorting and filtering of referral records

Nightly Updater Rules

The nightly updater shall perform the following automated tasks:

1. Process RWISE Shutoffs
2. Add Eligibility Records to Domains
3. Update Eligibility Area End Dates
4. Add Clients to RWISE Domain

Audit Requirements

The system shall maintain an audit trail for:
• Eligibility status changes
• Enrollment date changes
• ADAP status changes
• Manual overrides and re-enrollments

Audit records shall include:
• User ID
• Date/Time
• Previous Value
• New Value

Role-Based Access

All access shall be controlled through role-based permissions.

Additional Program Rules

• Viral load results are preferred but not required for eligibility.
• MAI eligibility is limited according to approved race/ethnicity criteria.
• Laboratory results within six months are preferred but not required.
• Completed applications shall lock insurance and income information from editing unless a new application or administrative override is used.