Wisconsin HDAP Policy Manual

Contents

1. Glossary

Advanced Premium Tax Credit (APTC)

An Advanced Premium Tax Credit (APTC) is a tax credit you can take to lower your monthly health insurance payment through the Marketplace. If HDAP will be paying for your Marketplace plan, you must take the Advanced Premium Tax Credit.

Application

An initial application is a formal written request for HDAP services. The initial application can be found on the HDAP website or obtained via a case manager.

COBRA

Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that provides continuing coverage of group health benefits to employees and their families upon the occurrence of certain qualifying events where such coverage would otherwise be terminated.

Co-insurance

Co-insurance is a percentage of the cost of medical or prescription drug services that a client is responsible for paying. For example, if the cost of a prescription medication is $100 and the client's co-insurance is 10%, the client would owe $10. If another medication cost $300, then the client would owe $30. The Drug Assistance Program pays co-insurance for HDAP formulary medications on behalf of eligible clients.

Copayment

Copayments are set dollar amounts charged to clients for medical or prescription drug services. For example, a client may have a copayment of $25 per prescription regardless of the actual cost of the prescription. The Drug Assistance Program will pay copayments for HDAP formulary medications on behalf of eligible clients.

Deductibles

Deductibles are set dollar amounts charged to clients for covered health care services before an insurance plan starts to pay. After deductibles are paid, copayment or co-insurance may be charged for covered services and the insurance company pays the rest. The Drug Assistance Program will pay deductibles, copayments, and co-insurance for eligible clients with certain types of public and/or private health insurance.

Drug Assistance Program

The Drug Assistance Program is a program that reimburses enrolled pharmacies for the Medicaid allowable rate of formulary medications for eligible clients. Covered medications are listed on the HDAP formulary.

Drug Formulary

A drug formulary is a listing of all medications that are covered by an insurer or assistance program such as HDAP. Generally, if a medication is not listed on the drug formulary, then the insurer or

assistance program will not cover the medication costs. The Wisconsin HDAP Formulary can be accessed through the [HDAP webpage](#).

HDAP

The HIV Drug Assistance Program (HDAP) provides two types of benefits—Drug Assistance and Insurance Assistance. The program was formerly known as the AIDS Drug Assistance Program (ADAP).

HDAP Client

An HDAP client is any individual who is certified as eligible and enrolled in HDAP during the certification period of April 1 – March 31 of any year. During that period, an HDAP client may have received medications and/or insurance assistance, may have been eligible but did not receive services, or may have had their benefits ended.

Insurance Assistance Program

The Insurance Assistance Program pays the cost of premiums for certain types of health insurance policies for eligible clients.

Insurance Enrollment Report

The Insurance Enrollment Report is a form that clients and/or case managers fill out to inform HDAP staff of new or updated insurance plans and corresponding payment information.

Medicaid

Medicaid provides health coverage to millions of Americans, including eligible clients, children, pregnant people, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements.

Medicare Plans

Part A: Hospital Stays—HDAP does not provide any coverage.
Part B: Physician Services—HDAP does not provide any coverage.
Part C: Medicare Advantage Plans—HDAP will cover premiums and out-of-pocket costs (deductibles, copayments and co-insurance) for HDAP formulary medications.
Part D: Prescription Drug Plans—HDAP will cover premiums and out-of-pocket costs (deductibles, copayments and co-insurance) for HDAP formulary medications.

Recertification

The recertification form is a required form that clients and/or case managers must fill out each year to remain eligible for HDAP services. These forms are due each year on March 31.

Social Security Benefits: Retirement, Survivor and Disability

The Social Security benefit programs are "entitlement" programs. This means that workers, employers, and the self-employed pay for the benefits with their Social Security taxes. The taxes that are collected are put into special trust funds. People qualify for these benefits based on their work history (or their spouse or parent). The amount of the benefit is based on these earnings.

SSDI

Social Security Disability Insurance (SSDI) is a federal program that pays monthly benefits to people who have become disabled before reaching retirement age and who are not able to work but who have previously worked long enough and have paid Social Security taxes.

SSI

Supplemental Security Income (SSI) is a federal program that provides monthly payments to people who have limited income. SSI is for people who are 65 and older, as well as those of any age, including children, who are blind or have disabilities.

2. Introduction

The purpose of this document, the HDAP policy manual, is to provide information about the Wisconsin HDAP and outline program requirements and policies.

2.1 What is HDAP?

The Wisconsin HIV Drug Assistance Program (HDAP) provides people living with HIV in Wisconsin access to medical care and antiretroviral medications. HDAP was previously known as ADAP (AIDS Drug Assistance Program).

HDAP provides assistance through two programs:
- The Drug Assistance Program covers the cost of antiretroviral and other HIV-related medications, including medication deductibles, co-insurance, and copayments for eligible clients.
- The Insurance Assistance Program covers the full, or partial, cost of health insurance premiums for eligible clients.

By providing people living with HIV access to medical care and antiretroviral medications, HDAP works to promote the primary goals of the National HIV/AIDS Strategy:
- Prevent new HIV infections.
- Improve HIV-related health outcomes of people living with HIV.
- Reduce HIV-related disparities and health inequities.
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Staff within the HIV Program of the Wisconsin Department of Health Services (DHS) are responsible for coordinating the HDAP. This includes the development of policies and procedures that are in agreement with relevant state statutes, federal legislation, and other federal funding requirements.

2.2 What is the Drug Assistance Program?

The Drug Assistance Program, authorized by Wis. Stat. § 49.686, is designed to promote the health of people living with HIV in Wisconsin by paying for antiretroviral and other HIV-related medications. The Drug Assistance Program covers the cost of medications, including medication deductibles, co-insurance, and copayments for eligible clients.

2.2.1 Covered Medications

The Drug Assistance Program has a [medication formulary](#) that outlines the specific medications that are covered. The formulary includes pharmaceutical agents from all of the classes approved in the federally approved [Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents](#). Only medications listed in the formulary will be covered by HDAP.

2.2.2 Coverage for Individuals without Health Insurance

The Drug Assistance Program will cover the entire HDAP allowable cost of formulary medications for clients who do not have health insurance. If a client who was previously uninsured enrolls in health insurance at any time during the year, they are required to contact HDAP staff and inform them of the change in insurance coverage.

2.2.3 Coverage for Individuals with Health Insurance

The Drug Assistance Program will cover the cost of medication deductibles, copayments, and co-insurance for formulary medications for clients with specific types of health insurance. Clients are required to provide HDAP staff with information on their health insurance policy, as well as changes to their insurance coverage.

Table 1: Types of Insurance for which the HDAP covers out-of-pocket costs of medications

Type of Insurance	Will the HDAP cover out-of-pocket costs of medication?
BadgerCare Plus, or Medicaid	No*
COBRA Continuation	Yes
Dual Eligible: Medicare and Medicaid, including the Medicaid Purchase Plan (MAPP)	Yes
Employer-sponsored health insurance	Yes
Individual health insurance (purchased through the Federal Marketplace)	Yes
Medicaid Purchase Plan (MAPP)	No
Medicare Part C (with drug coverage)	Yes
Medicare Part D	Yes
Medicare Supplement Plan (if they also have Part D)	Yes

*with the exception of those residing in a county jail.

2.2.4 Designated Pharmacies

Clients enrolled in the Drug Assistance Program are required to use a pharmacy that is enrolled as an HDAP provider through the ForwardHealth Portal. Clients must list their pharmacy on the HDAP application at time of initial application and recertification. If a client wishes to change their pharmacy between recertification, they must contact HDAP staff to make them aware of the change.

To find an enrolled pharmacy:
1. Go to the ForwardHealth Portal.
2. Click on the "Find a Provider" link located on the right side of the page under "Members" to go to the Provider Directory Search.
3. Select "HIV Drug Assistance Program" from the "Health Program" drop-down list.
4. Enter the city or zip code.
5. Click on the search button.
6. A listing of HDAP enrolled pharmacy providers located in the selected area will appear.

The Drug Assistance Program is not responsible for paying claims to pharmacies that are not enrolled as HDAP providers.

2.2.5 Relocation Out of State

Clients planning to move out of Wisconsin will be approved for a 30-day supply of medication to help with the transition between states. Clients are responsible for enrolling in drug assistance from the new state and should be aware of any additional program eligibility requirements or waiting lists in the new state that may result in gaps in access to medications. Once clients reside in another state, Wisconsin HDAP is not able to provide medications to clients beyond the 30-day supply provided at the time of initial relocation.

2.2.5 Refill Frequency

HDAP will cover 12 months of 30-day prescription medications to a client within a one-year period. There are instances where the program will cover an additional 30-day prescription. These instances need to be approved by the program prior to the pharmacy dispensing medication.

2.3 What is the Insurance Assistance Program?

The Insurance Assistance Program (IAP) is designed to promote the health of people living with HIV in Wisconsin by covering all, or part, of the cost of their health insurance premiums.

2.3.1 Types of Health Insurance Premiums Covered

The Insurance Assistance Program covers the cost of premiums for insurance plans that (1) include both primary care services and at least one U.S. Food and Drug Administration (FDA) approved medication in each drug class of core antiretroviral medications outlined in the HHS treatment guidelines, and (2) are cost-effective as defined in HIV/AIDS Bureau Policy Clarification Notice 18-01.

Due to the limited nature of funding, HDAP will reassess the budget on an annual basis to determine what types of health insurance premiums are covered for the next year. Any changes will be communicated to clients/applicants in a timely manner.

The following is a list of the specific types of insurance plans for which the IAP will cover the full or partial cost of premiums. Information on how to apply for each of these plans can be found within the Resources section at the end of this document.

- COBRA (Consolidated Omnibus Budget Reconciliation Act):
  - ο COBRA provides the option to continue group health benefits provided by their previous employers' group health plan for up to 18 months, or 29 months if determined disabled by the SSA, after initial enrollment.
  - ο The IAP will cover the cost of COBRA premiums for up to 18 months (or 29 for those determined disabled). If the client is under 18 and the health plan is through the parent, IAP will cover the cost of a family COBRA plan. If the client is an adult with dependent children or a spouse, the IAP will cover the cost of a single plan for the client only.
  - ο The Insurance Assistance Program will not cover the cost of premiums for conversion plans after COBRA has ended.
  - ο When a COBRA policy ends, the client is advised to purchase insurance through the federal Health Insurance Marketplace if they do not have access to new employer-sponsored insurance or health coverage through public programs.

- Dental Insurance:
  - ο Oral health care is an important part of overall health for all people, and insurance can help cover costs of dental care, including preventative care.
  - ο The IAP will cover the cost of dental insurance premiums (up to $60 per month*).

- Employer-Sponsored Health Insurance:
  - ο The IAP will cover the cost of premiums for employer-sponsored health insurance that provides prescription drug coverage.

- o The portion of the client's health insurance premium that is deducted from the client's paycheck will be covered.
- o The IAP will not reimburse the portion of the health insurance premium that the employer pays.
- o Reimbursement will only be made after the client provides documentation, such as a pay stub, that verifies the premium payment.
- o IAP will only reimburse clients for the portion of the health insurance premium while the client was active on the program.
- o IAP will only reimburse for 90 days prior to the date of submission.
- o Legible documentation must be provided for every reimbursement, and must include the client's name, the pay period covered, and the cost of deduction(s).
- o Effective January 1, 2026, reimbursement for employer-sponsored health insurance premiums will no longer be available for new applicants to HDAP, which includes anyone who has lost HDAP coverage and is getting back onto HDAP.
- o Effective January 1, 2027, reimbursement for employer-sponsored health insurance premiums will no longer be available to any HDAP clients.

- Medicaid Purchase Plan (MAPP):
  - o MAPP offers Medicaid health coverage to adults with disabilities who work or want to work.
  - o Depending on an individual's income, a premium payment may be required. The IAP will cover the cost of MAPP premiums.

- Medicare Advantage (also known as Medicare Part C) Plans:
  - o Medicare Advantage offers people enrolled in Medicare Part A and Part B another option for getting health insurance through the Medicare program.
  - o All Medicare Advantage plans must provide at least the same benefits as Original Medicare. However, Medicare Advantage plans are not required to provide the same supplemental benefits provided under Medicare Supplement policies available in Wisconsin.
  - o Medicare Advantage plans are offered by private companies approved by Medicare.
  - o The IAP will cover the cost of Medicare Advantage premiums that include drug coverage.

- Medicare Part D Plans:
  - o Medicare Part D provides medication coverage for people enrolled in Medicare.
  - o The IAP will cover the cost of Medicare Part D premiums.

- Individual health insurance purchased through the Health Insurance Marketplace:
  - o Individuals who are legally present in the United States and do not have access to affordable employer-sponsored insurance or health coverage through public programs (Medicare, Medicaid, TRICARE) are able to purchase individual health insurance through the federal Health Insurance Marketplace.
  - o Insurance policies offered through the Marketplace are divided into four levels: Bronze, Silver, Gold and Platinum. The IAP will cover the partial cost of premiums for Silver Plans purchased through the Marketplace.
  - o In addition to enrolling in a Silver Plan, clients must choose to receive Advanced Premium Tax Credits (APTCs), as the IAP will only cover the cost of the premium after the tax credit has been applied (up to $400 per month*).

o   Except for the situations listed below, the IAP will not cover the cost of premiums for family plans purchased through the Health Insurance Marketplace:
  ♦   The client is a minor on their family's plan and cannot separate from the family plan for an individual plan; or
  ♦   All individuals on the family plan are HDAP clients and eligible for IAP assistance.
o   In cases where a family plan exception applies, the IAP will cover the cost of the premium after the tax credit has been applied (up to $800 per month*).

- BadgerCare Plus:
  o   Except for those residing in a county jail, clients enrolled in BadgerCare Plus will not be eligible for drug assistance through HDAP because they will have comprehensive coverage through the BadgerCare Standard Plan.
  o   If clients enrolled in BadgerCare Plus have a monthly premium, they are eligible for IAP assistance.
  o   The IAP will cover the cost of BadgerCare Plus premiums.

The IAP does not cover the cost of premiums for other types of insurance plans that are not listed above.

*There may be cases where a client will have a premium higher than the maximum allowed amount or was incorrectly deemed ineligible for premium tax credits by the Marketplace. HDAP will review those on a case-by-case basis after an Exception Report Form has been submitted to HDAP. In situations where exception report forms are continuously filed for the same reasons and actions are not taken to remedy, HDAP may be unable to pay the next year's premium.

2.3.2 Payment of Insurance Premiums

In order for the IAP to make premium payments on behalf of clients, clients must provide the following information:
- Name of company to receive payment.
- Address to send payment.
- Premium amount.
- Next payment date.
- Frequency premium must be paid (e.g., monthly, quarterly, etc.).
- Policy ID number(s).
- COBRA election forms (if applicable).
- Copy of a premium payment coupon or bill (if applicable).
- Marketplace printout (if applicable).

This information can be documented on the Insurance Enrollment Report (IER) form created by the HDAP.

Failure to provide complete and accurate information may delay premium payment, which may result in a gap in coverage or termination of coverage initiated by the insurance company.

Clients must be aware that premium payments will not be made solely upon receipt of application. Eligibility determination letters will be sent to clients informing them of their eligibility status for the IAP after their application has been reviewed by program staff. Clients are responsible for premiums and should continue to make payments directly to their insurance company until this notification is received.

Clients are responsible for providing invoices received from insurance companies to the IAP to ensure that the correct amount is paid each month. If any changes are made with a client's policy, it is important to notify program staff to avoid a gap in coverage or termination of coverage by the insurance company.

Clients are also responsible for notifying the IAP of any late notices or termination notices received from the insurance company. Failure to notify the IAP of late or termination notices may result in a gap in coverage or termination of coverage by the insurance company.

Clients are also responsible for, and agree upon application to, contacting the program and returning any insurance-related payments that are received by the client whenever IAP is providing premium assistance. Insurance premiums may be made in advance to ensure continuous coverage and may result in overpayments being sent to the client from insurance companies. In those instances, clients must return the amount received from the insurance company to the IAP as soon as possible.

2.3.3 Backdated Coverage

Newly eligible clients/applicants of the IAP may be allowed a 30-day backdate for coverage of premiums. This request must be noted on the initial application and may take effect 30 days from date of initial enrollment.

Exceptions to this policy include the following:
- COBRA premiums that must be paid in full in order to continue coverage.
- Clients/applicants seeking reimbursement for their employer-sponsored health insurance.
- MAPP premiums when the client is allowed up to a three-month coverage backdate and the client incurred significant medical expenses during the backdated period.

3. Program Information

Wisconsin HDAP policies are in agreement with the federal Ryan White HIV/AIDS Program Legislation and HRSA/HAB-issued Monitoring Standards and Policy Notices for Ryan White grantees.

3.1 Payer of Last Resort

All Ryan White funds used to support the Wisconsin HDAP are used as payer of last resort. As such, Ryan White funds are not used "for any item or service to the extent that payment has been made, or can reasonably be expected to be made…" by another payment source.

To ensure compliance with the payer of last resort requirement, HDAP staff and agencies funded by the Wisconsin HIV Program must:
- Vigorously seek client/applicant enrollment into health care coverage for which clients/applicants may be eligible (e.g., Medicaid, CHIP, Medicare, employer-sponsored insurance, and/or private health insurance).
- Ensure that clients are enrolled in health care coverage whenever possible or applicable, and are informed about the consequences of not enrolling.

HDAP uses Wisconsin Medicaid's electronic benefits eligibility and management system, known as the ForwardHealth Portal or interChange, to process medication claims. If a pharmacy submits an HDAP claim for full reimbursement and interChange has health insurance information on file for the client, the claim will be rejected, and the pharmacy will be directed to bill the client's insurance first. In addition, if a client is

discovered to have retroactive Medicaid or health insurance coverage and HDAP paid claims in full during that time period, interChange will automatically recoup funds by reducing future payments to the pharmacy that submitted the claims.

If a client's health insurance doesn't cover the cost of client's medications, pharmacies can override the claim and HDAP may cover the cost of the client's medication, when approved by HDAP. An [Exception Report Form](#) must be completed by the client or client's case manager and submitted to HDAP. Clients are responsible for and expected to enroll in new health insurance coverage at open enrollment that covers the cost of their medications.

3.2 Coordination with Medicaid

Individuals who are enrolled in Wisconsin Medicaid as their only source of coverage are not eligible to participate in HDAP. Medicaid provides low-cost, comprehensive coverage for medical services and prescription drugs, including all antiretroviral medications. Information on how to apply for Medicaid can be found within the Resources section at the end of this document.

The Wisconsin Medicaid program also offers health coverage to adults with disabilities who work or want to work through the Medicaid Purchase Program (MAPP). Some individuals on MAPP are required to pay monthly premiums and are therefore eligible for assistance through the Insurance Assistance Program. However, if MAPP is the client/applicant's only source of health coverage, the client/applicant is not eligible to participate in the Drug Assistance Program.

Individuals enrolled in Medicare with Medicaid or MAPP as their secondary source of coverage may participate in HDAP.

Table 2: Eligibility for HDAP (Drug Assistance Program and Insurance Assistance Program) based on Type of Medicaid Coverage.

Type of Medicaid Coverage	Eligible for Drug Assistance?	Eligible for Insurance Assistance?
BadgerCare Plus	No*	Yes, with premiums
Dual Eligible: Medicare and Medicaid	Yes, if copays are owed for HDAP covered medications	Yes, with premiums
Dual Eligible: Medicare and MAPP	Yes, if copays are owed for HDAP covered medications	Yes, with premiums
Medicaid	No	No
MAPP	No	Yes, with premiums

*with the exception of those residing in a county jail.

4. Eligibility Requirements

In order to be eligible for HDAP, a client/applicant must meet the following criteria:
- Have a confirmed HIV diagnosis,

- Reside in Wisconsin,
- Have a household income not exceeding 300% of the Federal Poverty Level (FPL),
- Be ineligible for BadgerCare Plus (unless applying only for premium assistance),
- Be ineligible for Medicaid (unless concurrently enrolled in Medicare).

Immigration status is irrelevant to HDAP eligibility and cannot be shared with immigration enforcement agencies.

A client/applicant must reside in Wisconsin at the time of application, with the intent to live in Wisconsin for at least six months during the calendar year.

Clients/applicants must provide complete and accurate information on required application forms. Applications that are missing eligibility documentation (proof of income and residency) will be denied. Applications may also be denied if the applicant refuses to provide information, withholds information, or provides false information. Applicants are able to reapply for HDAP at any time.

The following sections provide further detail about HDAP eligibility criteria listed above. Acceptable verification documents are listed in Appendix A: Acceptable Verification Documents.

4.1 Verification of HIV Diagnosis

To be eligible for HDAP, clients/applicants must have been previously diagnosed with HIV.

When an applicant applies to HDAP for the first time, HDAP staff will coordinate with HIV Surveillance staff to ensure that a completed case report is on file for all HDAP clients/applicants. If necessary, HDAP staff will request a form from the applicant's physician certifying that the applicant has been diagnosed with HIV.

Documentation of HIV diagnosis only needs to be provided once, upon initial application.

4.2 Verification that Client/Applicant is Living in Wisconsin

For the purposes of HDAP, a resident of Wisconsin is anyone whose primary residence is in the state. This applies to all individuals counted towards household size.

Any one of the documents listed in Appendix A can be used to verify Wisconsin residency as long as the document meets the following requirements:
- Is current, dated as described in Appendix A, and not expired.
- Shows the client/applicant's name and current residential address (the same address listed as the physical address on the Application/Recertification).
- Shows a residential address in the state of Wisconsin.

Note: Residency documents with a P.O. Box are not accepted.

If a client/applicant intends to live in another state for more than six months of the year, they must apply for HDAP coverage in the state where they reside at that time.

Clients/applicants who maintain residence in more than one state are only eligible for Wisconsin HDAP while residing in Wisconsin.

4.3 Verification of Household Income

To be eligible for HDAP, a client/applicant's household gross income for the calendar year cannot exceed 300% of the FPL.

4.3.1 Determining Household Size

Household size is a factor in determining household income, as it relates to the federal poverty guidelines.

Individuals counted towards household size include:
- Client/applicant
- Client/applicant's legal spouse (unless legally separated)
- Client/applicant's registered domestic partner
- Client/applicant's children, under or over 18 years of age, that are claimed as dependents on the client/applicant's income taxes
- Client/applicant's parents or legal guardian(s), if client/applicant is between ages 18 and 26 years and insured by parents or legal guardian(s)

There may be cases where a client/applicant should be considered a household size of one, where someone in the above list should not be included in the household size calculation for a given client/applicant, or when additional members should be included in the client/applicant's household size. HDAP will consider these on a case-by-case basis. Please see section 4.3.4 Recognizing Individualized Situations When Calculating Household Size or Household Income for additional information.

Refer to Table 1 for a visual representation of which household members are included when calculating household size.

TABLE 1: HOUSEHOLD MEMBERS INCLUDED IN HOUSEHOLD SIZE FOR HOUSEHOLD INCOME CALCULATION*

	Client/Applicant Above Age 26	Client/Applicant 18–26, Employed and Self-Insured	Client/Applicant 18–26, Employed and Insured by Parent(s) or Legal Guardian(s)	Client/Applicant 18–26, Unemployed and Insured by Parents(s) or Legal Guardian(s)	Client/Applicant Below Age 18
Client/Applicant	Yes	Yes	Yes	Yes	Yes
Client/Applicant's Legal Spouse (unless legally separated) or registered domestic partner	Yes	Yes	Yes	Yes	N/A
Client/Applicant's Parent(s) or Legal Guardian(s)*	No	No	Yes	Yes	Yes
Client/Applicant's Children Under 18	Yes	Yes	Yes	Yes	Yes
Client/Applicant's Children Over 18	Only if client/applicant claims the child/children as dependent(s) on taxes	N/A	N/A	N/A	N/A
Client/Applicant's Siblings Under 18	Only if client/applicant claims the sibling(s) as dependent(s) on taxes	Only if client/applicant claims the sibling(s) as dependent(s) on taxes	No	No	Yes
Client/Applicant's Siblings Over 18	No	No	No	No	Only if the sibling claims the client/applicant as a dependent on taxes

*Refer to Section 4.3.4 for potential exemptions.

4.3.2 Determining Whose Income to Include in Household Income

For purposes of HDAP, income received by any of the following individuals is counted towards overall household income:

- For clients/applicants over age 26: Any income of the client/applicant and their legal spouse or domestic partner is counted towards household income.

- For clients/applicants between ages 18 and 26 years who provide their own health insurance or are uninsured: Any income of the client/applicant and their legal spouse or domestic partner is counted towards household income.
- For clients/applicants between 18 and 26 years who are insured by parent(s) or legal guardian(s) and employed: Both the client/applicant and parent(s)'/legal guardian(s)' income are counted toward household income.
- For clients/applicants between 18 and 26 years who are insured by parent(s) or legal guardian(s) and unemployed: Only income from the parent(s)/legal guardian(s) are counted towards household income.
- For clients/applicants under age 18: Any income from the parent(s)/legal guardian(s) living in the same household are counted towards household income.

Income received by any of the following individuals does not count towards overall household income:
- Client/applicant's registered domestic partner if the domestic partnership has ended
- Client/applicant's spouse if legally separated
- Client/applicant's dependent children under 18 years of age or other household members under 18 years of age who are claimed as dependents on client's taxes
- Client/applicant's parent(s) or legal guardian(s), if client/applicant is over 18 years of age and provides their own health insurance
- Siblings or other relatives, unless the sibling is under age 18 and the client/applicant claims the sibling as a dependent on their taxes, or the client/applicant is under age 18 and the sibling claims the client/applicant as a dependent on their taxes
- Partner(s) cohabitating with the client/applicant who are not married to the client or a registered domestic partner of the client/applicant
- Roommates

There may be cases where income received by a client/applicant, a client/applicant's parent(s) or legal guardian(s), or additional household members should or should not be included in the client/applicant's household income calculation. HDAP will consider these on a case-by-case basis. Please see Section 4.3.4 Recognizing Individualized Situations When Calculating Household Size or Household Income for additional information.

Refer to Table 2 for a visual representation of which household members' income to include in the household income calculation.

TABLE 2: HOUSEHOLD MEMBERS' INCOME INCLUDED IN HOUSEHOLD INCOME CALCULATION*

	Client/Applicant Above Age 26	Client/Applicant 18–26, Employed and Self-Insured	Client/Applicant 18–26, Employed and Insured by Parent(s) or Legal Guardian(s)	Client/Applicant 18–26, Unemployed and Insured by Parents(s) or Legal Guardian(s)	Client/Applicant Below Age 18
Client/Applicant	Yes	Yes	Yes	No	No
Client/Applicant's Legal Spouse (unless legally separated) or registered domestic partner	Yes	Yes	Yes	Yes	N/A
Client/Applicant's Parent(s) or Legal Guardian(s)*	No	No	Yes	Yes	Yes
Client/Applicant's Children Under 18	No	No	No	No	No
Client/Applicant's Children Over 18	No	N/A	N/A	N/A	N/A
Client/Applicant's Siblings Under 18	No	No	No	No	No
Client/Applicant's Siblings Over 18	No	No	No	No	Only if the sibling claims the client/applicant as a dependent on taxes

*Refer to Section 4.3.4 for potential exemptions.

4.3.3 Income Sources to Count Towards Household Income

Income from any and all of the sources listed below must be included when calculating a client/applicant's household income:

- Gross wages and salary, including overtime, shift differentials, bonuses, commission, or tips from all employers
- Net self-employment income
- Social Security income/benefits
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI) (unless the SSI recipient is a dependent child under 18)
- Dividend and interest income from stocks, bonds, or investments
- Trust income
- Net rental income
- Net farm income
- Royalties
- Ongoing Social Security survivor's benefits
- Annual lottery payments or lottery annuities
- Pensions, annuities, and/or veteran's pensions
- Unemployment and/or worker's compensation
- Job program stipends, including Wisconsin Works (W-2), Division of Vocational Rehabilitation (DVR) stipends, or AmeriCorps stipends

Finances not counted as income for HDAP include:
- Proceeds from the sale of an asset, such as a car or house
- Gifts
- Inheritance
- Estate income or proceeds from the sale of an asset related to the estate
- Lump sum lottery payments
- Life insurance proceeds
- One-time settlements
- Income tax refunds
- Proceeds from loans, such as student loans, home equity loans, or bank loans
- Scholarships
- Supplemental Security Income (SSI) received on behalf of a dependent child under 18 in the household
- Child support payments
- Federal stimulus payments
- Public assistance that provides either cash assistance or in-kind benefits to individuals and families from a government agency, such as food assistance, utility assistance, or housing assistance
- Assistance from non-profit organizations
- Past Ryan White assistance, such as Ryan White emergency financial assistance payments

A client/applicant who does not have any income must document on the HDAP application how they are being supported financially.

Acceptable verification documents are listed in Appendix A: Acceptable Verification Documents.

4.3.4 Recognizing Individualized Situations When Calculating Household Size and Household Income

In some cases, there are reasons not to include one or more household member(s) and/or their income in household size and income calculations when determining client/applicant eligibility.

While it is not possible to outline every exact scenario in which a client/applicant's household size should be adjusted to reflect the client/applicant's individualized situation, some possible reasons are outlined below:

- A person living with HIV aged 18 to 26 is still listed on their parent(s)' or legal guardian(s)' insurance policy, but the client/applicant does not have any financial support from parent(s)/legal guardian(s) except for health insurance. In this case, the client/applicant should be considered as a household size of one, and only the client/applicant's income should be considered.
- A client/applicant is on a parent/legal guardian, spouse, or registered domestic partner's insurance, but does not want to disclose their HIV diagnosis to the insurance policy holder. In this case, the client/applicant should be considered as a household size of one, and only the client/applicant's income should be considered.
- A client/applicant is legally married to their spouse or has a registered domestic partner, but is estranged, does not receive financial support, and has not had contact with their spouse or domestic partner for a significant period of time. In this case, the spouse or domestic partner, and their income, should not be counted toward the client/applicant's household size or income determination.
- A client/applicant lives with and provides more than 50% of the financial support for a qualifying relative who has a gross income of less than $4,300, and claims the qualifying relative on their tax return, as described in IRS Publication 501. To be considered a qualifying relative of a client/applicant, a person must not be a qualifying child and must pass the member of household or relationship test, the gross income test, and the support test as outlined in IRS Publication 501. In this case, the qualifying relative can be included in the client/applicant's household size.

4.3.5 Calculation of Household Income

Sources of income from all household members are counted toward overall household income.

Clients/applicants who are employed are expected to provide pay stubs for their income documentation.

For clients/applicants who earn wages through employment, income is calculated by using hourly rate multiplied by annual full time (40 hours per week x 52 weeks =2080) or part time (20 hours per week x 52 weeks = 1040) hours.

- This includes people who have worked all year, and people who have not worked all year at this job. Exceptions are not made for paid time off (PTO) or lack thereof.
- If multiple pay stubs are provided including differing hours, hours are averaged, and the calculations are done accordingly to determine annual income.

Year-to-date gross income is used to calculate income for:
- Clients/applicants who work overtime in addition to regular hours
- Clients/applicants whose income is tip-based
- Clients/applicants whose income is commission-based
- Clients/applicants who are self-employed

Income earned from temporary employment must include additional documentation stating what the income situation would be once employment ends.

For clients/applicants who receive monthly income from sources such as pensions, SSDI, SSI, and/or public assistance, income for eligibility is determined by multiplying the monthly amount by 12.

For clients/applicants who receive unemployment and/or worker's compensation, annual income is calculated by multiplying the amount received by the frequency received (multiplied by 52 if paid weekly or by 26 if paid biweekly).

Once calculated, household income and household size are used to determine the client/applicant's income as it relates to the FPL, which is updated annually in the first quarter of the year. Only clients/applicants with calculated incomes at or below 300% of the FPL are eligible for HDAP. The current FPL and 300% of poverty threshold limits are located on the [DHS webpage](#).

4.3.6 Clients/Applicants with No Income

Clients/applicants with no income must indicate zero income on the HDAP application and detail how they are supported in the space provided.

4.3.7 Clients/Applicants with No Income Documentation

If client/applicant is unable to provide proof of income, a written statement from a case manager (on subrecipient organization letterhead) or employer (on company letterhead) that indicates the client/applicant's average income **may be accepted in some circumstances**. Case managers should contact HDAP staff to discuss the scenario to determine whether an attestation letter will be accepted. Providing a case manager statement as proof of income is attestation that to the best of their knowledge the information provided is an accurate representation of the client/applicant's income.

4.4 Clients/Applicants Who Are Incarcerated

Clients/applicants who are incarcerated in a state or federal prison are not eligible for HDAP because health services, including prescription medications, are provided by the Wisconsin Department of Corrections.

Clients/applicants who are incarcerated in a county jail are eligible for HDAP services. At the time of application, case managers and jail nurses may provide a statement to verify Wisconsin residence within a county jail. The statement must include how the client/applicant's residency was confirmed (conversation with a jail staff or by accessing a database maintained by the county jail that confirms the client/applicant is a resident at time of application) and the date residency was confirmed. In the instance that a client/applicant is a resident of a county jail and has active BadgerCare Plus coverage, HDAP is able to provide medication assistance. Contact HDAP staff with any questions related to client/applicant's eligibility while they are incarcerated.

Clients/applicants who are incarcerated in a state prison and within three months of their scheduled release date may submit an HDAP application for approval upon release. At the time of application, clients may provide a statement from the prison to verify Wisconsin residence. Clients/applicants will be required to provide documents verifying Wisconsin residence at the next applicable recertification.

4.5 Clients/Applicants Currently Residing in Inpatient Settings

HDAP is an outpatient program, which means that HDAP cannot pay for formulary medications when an HDAP client/applicant is admitted to a hospital, rehabilitation hospital or long-term care hospital. If an HDAP

client/applicant is admitted to a skilled nursing facility (SNF) and receiving skilled nursing care (around-the-clock care by nurses), this is considered "inpatient care" for HDAP purposes, and HDAP will not provide medication assistance. In this situation, if the HDAP client/applicant is a Medicare beneficiary, Medicare is responsible for the cost of inpatient medications. If a client is admitted to a hospital or another inpatient facility and HDAP is paying for the client's health insurance premium, HDAP will not continue to provide medication assistance but may continue to provide insurance premium assistance while the client is hospitalized.

Instances where an individual is eligible for HDAP medication assistance while residing in inpatient settings:

- If an HDAP client/applicant is living in a residential care apartment complex (RCAC), where they are responsible for their own medical decisions and medication management, HDAP will cover the cost of formulary medications, if the medications are dispensed by an HDAP-enrolled pharmacy. As with any other HDAP client/applicant, if the person has health insurance with prescription drug coverage, the insurance must pay first, and then HDAP provides secondary coverage.
- If an HDAP client/applicant is living in a community-based residential facility (CBRF), HDAP will cover the cost of formulary medications if the medications are dispensed by an HDAP-enrolled pharmacy. Again, if the HDAP client/applicant has health insurance with prescription drug coverage, the insurance must pay first, and HDAP will provide secondary coverage.

Refer to Table 3 for a visual representation of facilities where HDAP medication assistance can or cannot be provided.

TABLE 3: FACILITIES WHERE HDAP MEDICATION ASSISTANCE CAN OR CANNOT BE PROVIDED

Facility Type	Can HDAP provide medication assistance?
Hospital, inpatient	No
Rehabilitation hospital, inpatient	No
Long-term care hospital, inpatient	No
Skilled nursing facility (SNF), inpatient	No
Residential care apartment complex (RCAC)	Yes
Community-based residential facility (CBRF)	Yes

4.6 Eligibility Period

Clients/applicants who submit an HDAP application and meet all of the eligibility requirements are eligible for HDAP starting on the date that all application requirements are met and received by HDAP staff. A 30-day backdate may be approved if there is a request to cover previously dispensed medications.

The HDAP eligibility year runs from April 1 to March 31. Eligible clients/applicants who apply after April 1 will be deemed eligible until March 31, except as noted below. Eligible clients/applicants who apply from January 1 through March 31 will be deemed eligible until March 31 of the following year, except as noted below.

Clients' HDAP coverage may end at any time due to the following:
- Mail returned with an out-of-state forwarding address
- Notification that the client has moved out of Wisconsin

- Intentionally falsifying information
- Failure to submit annual recertification with supporting documents
- Notification that the client has BadgerCare coverage (without a premium)
- Exceeding the income limit for the program
- Failure to meet any HDAP eligibility requirements

Individuals enrolled in HDAP must complete annual recertification to verify ongoing eligibility for the program. Annual recertification takes place in March of each year and forms are due by March 15. Specific processes related to initial application and ongoing recertification are outlined in the next section of this document.

5. Application Process

All clients/applicants who wish to have their eligibility determined for HDAP must submit the required application and supporting documentation. Information provided on the application and supporting documentation must be complete and accurate.

Individuals who are uninsured are expected to apply for Medicaid or BadgerCare Plus and/or individual health insurance through the Federal Health Insurance Marketplace before applying for HDAP. Clients/applicants may be enrolled in HDAP (assuming all other eligibility requirements are met) while awaiting a decision on pending applications for health insurance.

After initial application and enrollment, HDAP clients/applicants must complete recertification annually to verify ongoing eligibility for the program.

Due to lack of sufficient funding, there may be a time when the program is unable to keep up with the demand for new enrollments. If this occurs, HDAP would need to close the program to new applicants and a waiting list would be implemented. More information can be found in Section 5.3 HDAP Waiting List Policy.

5.1 Initial Application

Individuals applying to HDAP must submit a completed HDAP application and supporting documentation.

The application is available in English and Spanish:
- HDAP Application/Recertification form (English)
- HDAP Application/Recertification form (Spanish)

This form is to be completed by the client/applicant or case manager assisting the client/applicant. If a case manager assists the client/applicant by completing the application on their behalf and has the client/applicant's verbal permission, they may sign the application. If signing on behalf of a client/applicant, case managers must use the following templated language:

> "Per the verbal request of (Client/Applicant's name) on MM/DD/YY, I am signing off on this form. (Case manager's name) on behalf of (Client/Applicant's name)."

Detailed instructions on how to complete this form are available in English and Spanish:
- HDAP Application/Recertification Instructions (English)
- HDAP Application/Recertification Instructions (Spanish)

5.2 Annual Recertification

Annual recertification occurs between January and March of each year. Clients must submit a complete recertification and provide supporting documentation by March 15. The application used to apply for HDAP initially is the same form used to recertify. Materials will be provided to clients prior to the due date.

The application is available in English and Spanish:
- HDAP Application/Recertification form (English)
- HDAP Application/Recertification form (Spanish)

Detailed instructions on how to complete this form are available in English and Spanish:
- HDAP Application/Recertification Instructions (English)
- HDAP Application/Recertification Instructions (Spanish)

Failure to submit the completed recertification form and supporting documentation by March 15 will end HDAP coverage. Clients may reapply at any time.

This form is to be completed by the client or case manager assisting the client. If a case manager assists the client by completing the application on their behalf and has the client's verbal permission, they may sign the application. If signing on behalf of a client, case managers must use the following templated language:

> *"Per the verbal request of (Client's name) on MM/DD/YY, I am signing off on this form. (Case manager's name) on behalf of (Client's name)."*

5.3 Waiting List Policy

In the event that the HDAP is unable to meet the demand for new enrollments due to lack of sufficient funding, the HDAP would need to close the program to new applicants. If this occurs, a waiting list will be implemented for new, eligible applicants.

5.3.1 Initiation of a Waiting List

If a waiting list were to be implemented, applicants would be enrolled in priority order. Priority would be established using the following protocol:

Priority Order	Description
1	Eligible Individuals Who Are Pregnant
2	Eligible Individuals Who Are Newly Diagnosed (Within 90 Days of Diagnosis)
3	Eligible Individuals Who Are Not Virally Suppressed
4	Eligible Individuals Not in Priority Groups 1 Through 3: First Come, First Serve

As HDAP takes in new applications for the waiting list, staff will prioritize and process applications according to the date received and the descriptions above. On a weekly basis, HDAP will determine if a spot is available and determine the order of applicants on the list.

If an applicant's circumstances change while on the waiting list, they are encouraged to contact HDAP to be reprioritized. If an applicant no longer needs to be on the waiting list or knows they no longer qualify, they should contact HDAP to be removed from the waiting list.

All new, eligible applicants will be placed on the HDAP waiting list once a waiting list is instituted.

Those clients in an open/active status at the time of a waitlist implementation will continue to receive HDAP services without interruption. Clients who fail to recertify will lose program coverage as per current protocol. Once an open/active client is closed due to failure to meet reapplication requirements and then submits an HDAP application, the client will immediately be added to the waiting list in the appropriate prioritized classification.

If a waiting list is implemented, HDAP staff can refer case managers to assist clients/applicants with enrolling into pharmaceutical companies' Patient Assistance Programs (PAPs) until HDAP is able to serve them. Even though HDAP is not accepting new applicants, clients/applicants should submit their HDAP application and proof of income and residency documents to accurately reflect the need for HDAP in Wisconsin.

5.3.2 Eligibility for the Waiting List

Clients/applicants must meet HDAP eligibility criteria to be placed on the waiting list. If a client/applicant's life circumstances change, HDAP should be notified in case the change updates the priority status of the client/applicant. If a client/applicant no longer needs HDAP services, they should contact HDAP to be removed from the waiting list.

5.3.3 Process for Moving a Client/Applicant from the Waiting List to HDAP

When a spot opens, HDAP notifies the person at the top of the prioritized waiting list regarding the status of their application and if further information is needed to make a full determination. If the application is more than 60 days old, updated proof of income and residency documents will be required. The client/applicant has 14 calendar days to provide updated proof of income and residency documents to HDAP. If the client/applicant provides updated proof documents within 14 days and the proof documents show the client/applicant meets HDAP eligibility criteria, they will be approved for HDAP. The client/applicant that is approved is notified of their HDAP approval status via their preferred method of communication.

If the HDAP does not receive updated documents from the client/applicant, they will notify the next person on the list. The non-responding client/applicant remains at the top of the waiting list unless a higher priority application is received or that client/applicant no longer qualifies. After three attempts to notify a client/applicant with no response, they will be removed from the waiting list. They will be notified that they are removed from the waiting list without HDAP coverage and encouraged to reapply.

In the event that the waiting list is no longer necessary, HDAP will notify the clients/applicants on the waiting list. Applications that are less than 60 days old will be approved and the client/applicant will be notified. If the application is more than 60 days old, HDAP requires updated proof of income and residency information. The client/applicant has 14 calendar days to respond to HDAP. If HDAP does not receive updated documents from the client/applicant, they will be removed from the list. Clients/applicants removed from the list will receive a notification to reapply. New applicants that apply when an active waiting list is not operating will be processed as normal applications without placing applicants on a waiting list.

6. Information for Insurance Companies and Pharmacies

6.1 Information for Insurance Companies

6.1.1 Third Party Liability (TPL)

HDAP is the payer of last resort and must not cover any costs that would normally be covered by a client's health insurance. HDAP will pay the cost of deductibles, copayments, and co-insurance for HDAP formulary medications after insurance has paid the portion that it covers.

6.1.2 Payment of Premiums

HDAP will make regular payments for health insurance for eligible clients for eligible policies on or before the due date for coverage. Payments will be made by checks issued by the State of Wisconsin. A remittance advice (RA) sheet will accompany each check, and will identify the client for whom the payment is being made, the period of coverage for the payment, the address to which the payment will be sent, and the policy identification number or date of birth (DOB) of the client.

All refunds should be made payable to the State of Wisconsin and mailed to the following address:

ATTN: HDAP
Wisconsin Division of Public Health
PO Box 2659
Madison WI 53701-2659

Please include an RA that identifies the client for whom the refund is issued and the reason for the refund.

6.2 Information for Pharmacies

The following information pertains to pharmacies that are currently enrolled as HDAP providers, or those wishing to enroll as HDAP providers through the ForwardHealth Portal.

6.2.1 HDAP Provider Enrollment

In order to submit claims to the Drug Assistance Program, pharmacies must first enroll as an HDAP provider using the ForwardHealth Portal.

To complete HDAP provider enrollment, pharmacies should follow the steps below:
1. Go to the ForwardHealth Portal.
2. On the left side of the webpage, select "Become a Provider."
3. On the left side of the webpage, select "Start or Continue Your Enrollment Application."
4. On the right side of the page under "To Start a New HDAP Enrollment," select "HDAP Provider Enrollment Application."
5. Follow the instructions to submit your enrollment application.

Medicaid's Provider Services Department will determine the start dates and approvals for all HDAP provider applications. Eligibility generally begins the date that all necessary information is received.

Provider eligibility backdates are an option for pharmacies that dispense medication in good faith to an active client and then request payment. These requests can be submitted by the pharmacy in writing or by calling HDAP staff.

6.2.2 Prescription Claims

Once enrolled as an HDAP provider, pharmacies must submit claims to HDAP through the pharmacy's POS system, or through the ForwardHealth Portal, in order to receive payment. (See the [ForwardHealth NCPDP Payer Sheet](). Claims must be submitted within 365 days from the date of service, as required by Medicaid's timely filing policy. Pharmacy claims are paid on a weekly basis by check or through electronic funds transfer (EFT), depending on the preference of the submitting pharmacy.

Federal regulations require Ryan White funds to be used as payer of last resort, and as such, pharmacies must bill the client's primary insurance before submitting any claims to HDAP. If the primary insurance rejects the claim because the client must use a specific specialty pharmacy, then the billing pharmacy must not bill HDAP. If a client's health insurance doesn't cover the cost of their medications, pharmacies can override the claim with the use of proper reason codes and HDAP may cover the cost of the client's medication. For questions pertaining to this circumstance, please reach out to HDAP at 1-800-991-5532.

Billing information for HDAP claims is as follows:
* BIN (bank identification number): 016929
* PCN (processor control number): WIPARTD for HDAP clients with Medicare Part D; leave blank for all other clients.
* Group: HDAP
* Client ID: Client's 10-digit Medicaid ID assigned by ForwardHealth interChange

Enrolled HDAP pharmacy providers can call Provider Services at 1-800-947-9627 for technical assistance regarding claims submission or provider eligibility status. Enrolled providers can find client eligibility through the ForwardHealth Portal.

7. Client Rights and Responsibilities

All individuals applying for and receiving benefits through HDAP are protected against discrimination based on sex, race, ethnicity, gender, religion, language, age, ability, sexual orientation, and/or national origin.

HDAP must comply with all federal laws regarding the protection of health information. The use or disclosure of any information concerning applicants/clients of HDAP for any purpose not connected with the administration of HDAP is prohibited unless authorized by the client/applicant.

Clients are responsible for:
* Informing their pharmacy that they are receiving benefits under HDAP as well as any current insurance coverage. Clients cannot use HDAP to avoid using insurance coverage.
* Giving complete and accurate information, including coverage by health insurance carriers, Medicaid, BadgerCare Plus, and any other prescription assistance programs.
* Informing HDAP within 30 days of any changes in income, household size, address, eligibility, or health insurance coverage.
* Contacting HDAP and returning any insurance related payments whenever HDAP is providing premium assistance.

Any person who has applied for or receives services from HDAP has the right to file a fair hearing request and/or a grievance regarding the services received from the Wisconsin HIV Program. Formal grievances and informal concerns should be expressed by contacting DHSRWFeedback@dhs.wisconsin.gov. More information is available in the HDAP and IAP Grievance and Fair Hearing Policy.

8. Confidentiality

HDAP staff that handle confidential client/applicant material ensure that confidential client/applicant information is safeguarded. The HDAP follows strict confidentiality rules to protect client/applicant files. Staff must complete online confidentiality and security training, and sign a confidentiality statement, before they can have access to HDAP files and data.

All correspondence sent from HDAP are mailed in DHS envelopes marked "Confidential." The return address does not identify HDAP or anything related to HIV. Client/applicants needing to mail materials back to HDAP are provided with self-addressed, stamped envelopes that are marked "Confidential." The return envelopes include a confidential postage code that is unique to HDAP to ensure that the mail is delivered only to HDAP.

HDAP staff frequently communicate with clients/applicants via phone calls. All calls are made and received using a headset to ensure confidentiality. Staff verify the identity of clients/applicants by asking for the client/applicant's date of birth and/or the last four digits of the client's Social Security Number, which are contained in the client/applicant's electronic record. If the information supplied by the caller does not match the information in the electronic record, staff will end the call.

9. Records Retention

HDAP maintains paper and electronic records according to established record disposition authorizations (RDAs). Inactive records are stored confidentially on site, or at the State Record Center, for the time period required by the applicable RDA, and then destroyed confidentially.

10. Resources

- Health Resources and Services Administration (HRSA)
- HRSA/HAB/Part B: AIDS Drug Assistance Program (ADAP)
- HRSA/HAB/ADAP Manual
- Wisconsin HIV Drug Assistance Program website
- ForwardHealth Update announcing HDAP Claims Processing through interChange
- ForwardHealth Update Medicaid Preferred Drug List
- ForwardHealth Update HDAP Specific BIN
- ForwardHealth Update NCPDP Payer Sheet

10.1 Enrollment Resources

BadgerCare Plus: Individuals can apply for BadgerCare Plus via Wisconsin ACCESS or via the Federal Health Insurance Marketplace. More information on BadgerCare Plus is available on the DHS website. In-person enrollment assistance is also available at agencies funded by the Wisconsin HIV Program to provide HIV case management.

Medicaid: Individuals who are not automatically enrolled through SSI may apply for Medicaid via Wisconsin ACCESS. More information on Medicaid is available on the DHS website. In-person enrollment assistance is also available at agencies funded by the Wisconsin HIV Program to provide HIV case management.

Medicare Part D: Individuals can compare and enroll in Medicare Part D Plans via the Medicare Plan Finder. Individuals can also contact 1-800-MEDICARE or the Wisconsin Part D Helpline at 1-800-926-4862 for assistance.

Basic Medicare Supplement: Individuals can learn more about and enroll in Basic Medicare Supplement plans using the Medicare webpage or by calling 1-800-MEDICARE or the Wisconsin Medigap Helpline at 1-800-242-1060.

Medicaid Purchase Plan (MAPP): Individuals can apply for MAPP via Wisconsin ACCESS. More information on MAPP is available on the Wisconsin DHS website. In-person assistance is also available at agencies funded by the HIV Program to provide HIV case management.

Silver Marketplace Plans: Individuals can compare and enroll in Silver Plans via the Federal Health Insurance Marketplace or by calling 1-800-318-2596. In-person assistance is also available at agencies funded by the HIV Program to provide HIV case management.

Access to medications for individuals not eligible for the Drug Assistance Program:
Individuals who do not meet eligibility requirements for the Drug Assistance Program, and need assistance paying for the full cost of medications or the cost of copays, may be able to utilize patient assistance programs (PAPs) or copay assistance programs offered by pharmaceutical companies. Eligibility guidelines and the amount of assistance provided vary by program. More information on PAPs and copay assistance programs is available on the web at www.nastad.org/sites/default/files/HIV-and-PAPs-CAPs-Resource-Document_3.pdf

Appendix A: Acceptable Verification Documents

A.1 Acceptable Documentation for Verifying Clients/Applicants Live in Wisconsin

Any document used to verify Wisconsin residency must be from the list below and meet the following requirements:

- Is legible, current, dated as described below, and not expired
- Shows the client/applicant's name and the client/applicant's current residential address. Residency documents with a post office (P.O.) box are not acceptable
- Shows a residential address in the state of Wisconsin

TABLE 4: ACCEPTABLE VERIFICATION DOCUMENTS FOR WISCONSIN RESIDENCY

Form of Documentation	Acceptable Verification Documents
Government-issued documentation	- A current and valid State of Wisconsin driver's license or State ID card - Any other official identification card or license issued by a Wisconsin governmental body or unit - A check or other document issued by a unit of federal, state, local, or tribal government dated within the last six months A letter issued by a unit of federal, state, local, or tribal government dated within the last six months (not including HDAP)
Bill or bank statement	- A real estate tax bill or receipt for the current year, or for six months before the current date - A gas, electric, or telephone (landline or mobile) utility bill or service statement dated within the last six months A bank statement or credit card bill dated within the last six months
Employer documentation	Paycheck or paystub dated within the last six months Any identification card issued by an employer and bearing a photo of the cardholder with a current residential address (not including a business card)
Lease or rental agreement	Current residential lease
Attestation if there is no documentation of any of the above	- A letter on public or private social service agency letterhead documenting that a client/applicant is houseless and describing the individual's residence - A signed letter or statement from a family member, roommate, or other person living in the same house or apartment as the client/applicant - A signed letter from a case manager on company letterhead attesting that the case manager has conducted a house visit and has seen the client/applicant in their residence

A.2 Acceptable Documentation for Verifying Client/Applicant's Household Income

All countable sources of income must be included when determining a client/applicant's household income eligibility.

TABLE 5: ACCEPTABLE VERIFICATION DOCUMENTS FOR ALL SOURCES OF COUNTABLE INCOME

Countable Source of Income	Acceptable Verification Documents
Gross wages and salary	• Most recent paycheck stub(s) (within the last 60 days) from all employers • W-2(s) from all employers from the most recent tax year • Most recent Internal Revenue Service (IRS) form 1040 or 1040-SR • Most recent IRS form 1040-ES or 1040 Schedule C (self-employed clients/applicants only)
Social Security Disability Insurance (SSDI)	Most recent award letter from SSA (SSA-1099)
Supplemental Security Income (SSI)	Most recent award letter from SSA (SSA-1099)
Dividends and interest	Most recent form 1040 Schedule B or most recent form 1099
Estate income, trust income, net rental income, and/or royalties	Most recent IRS form 1040 Schedule E
Pensions, annuities, and/or veteran's pensions	Most recent letter stating pension/annuity amount
Unemployment and/or worker's compensation	Most recent letter stating amount of unemployment/ worker's compensation benefit
Public assistance, including Wisconsin Works (W-2), Supplemental Nutrition Assistance Program (SNAP), utility assistance, or other income from government programs	Most recent award letter
Temporary work	A written statement from a case manager or employer that indicates an average income and estimated length of employment
No income	Indicate zero income on the HDAP application and detail how you are supported in the space provided. (Section 4.3.6: Clients/Applicants with No Income)
No documentation of any of the above forms of income	In some circumstances, a written statement from a case manager or employer that indicates an average income may be accepted. (Section 4.3.7: Clients/Applicants with No Income Documentation)

Appendix B: Contact Information for the HDAP and Staff

Amy Wick, HIV Care Unit Supervisor
608-261-6952
amyr.wick@dhs.wisconsin.gov

Hanna Bruer, HDAP Coordinator
608-267-6875
hanna.bruer@dhs.wisconsin.gov

Maggie Gritt, HDAP Specialist
608-266-0682
margaret.gritt@dhs.wisconsin.gov

For questions about the HDAP, information requested in the HDAP application or recertification, insurance payment inquiries, or any other relevant questions - please contact the HDAP at:

Phone: 1-800-991-5532
Email: DHSDPHHDAP@dhs.wisconsin.gov
Fax: 608-266-1288

Written correspondence may be sent to HDAP at the following address:

Department of Health Services
Attn: HDAP
PO Box 2659
Madison, WI 53701