State of Wisconsin

Communicable Disease Harm Reduction Section Phone: 1-800-991-5532 Fax: 608-266-1288

Wisconsin HIV Drug Assistance Program (HDAP) Exception Report

The HIV Drug Assistance Program (HDAP) and Insurance Assistance Program (IAP) provide health insurance premium payment assistance to many clients across Wisconsin.

The HDAP/IAP will **only** pay Silver Plan premiums (no other metal levels), and require that advanced premium tax credits **must** be taken in order for the HDAP/IAP to cover the cost of the monthly premium.

Please use this exception report if you are a client who has a Silver Plan through the Affordable Care Act (ACA) Insurance Marketplace, and were **not** granted advanced premium tax credits.

If you signed up or re-enrolled for an ACA Silver Plan and were **not** granted advanced premium tax credits, it might be for one or more of the following reasons:

- You are eligible for insurance through your employer and did not take it;
- You have not reported a life change (for example; marriage, divorce, birth or adoption of a child, change in household income, etc.) to the ACA Insurance Marketplace;
- You have not sent in paperwork requested by the ACA Insurance Marketplace;
- You have not filed your taxes (if you are exempt from filing taxes, please let us know);
- You are above 400% of the Federal Poverty Level and do not qualify for tax credits; or
- Other less common reasons.

Initial here

for your monthly health insurance premium tax credit on your Silver Plan, you may still be eligible for HDAP/IAP to pay for your monthly health insurance premium by providing more information.								
Please explain why you are not receiving advanced premium tax credits:								
	ease answer and initial next to all of the following questions and statements that apply to your situation confirm that you have reviewed the above information.							
1.	If you were offered insurance through your employer and did not enroll, HDAP/IAP needs more information.							
	Please explain why you did not enroll in the insurance offered through your job and provide the cost of the monthly premium:							
	I agree to sign up for the insurance coverage offered by my employer at the next available enrollment period. Initial here							
_								
2.	If you are not receiving tax credits on your Silver Plan for not reporting a life change to the ACA Insurance Marketplace, you need to provide that information to the Marketplace.							
	I agree to provide the ACA Insurance Marketplace any information requested to begin receiving							

the tax credits and report the updated premium amount to HDAP/IAP.

Date:		Initial Here	Con	ments			
	,	Turkini III awa	Com	ments			
Administr	Madison, WI 5	3701					
	Return co Mailing Addres Division of Pul Attn: HDAP PO Box 2659	ss:	o Wisconsin HDAP by U.S. mail, email or fax: Fax Number: 608-266-1288 Email: DHSDPHHDAP@dhs.wisconsin.gov Or if you have questions call: 800-991-5532				
Phone num	nber (include area co	ode)		Time	(include a.m. or p.m.)		
		•	ne best telepho		and time to reach you?		
Signature – Applicant					Date Signed	Date Signed	
Last Name			First Name		Birth Date (n	Birth Date (mm/dd/yyyy)	
By signing may risk lo	the form below, I	understand that	I am not elig ance through	ible for adv	vanced premium tax of at some point:	credits, and I	
	If Wisconsin HDAP does not have enough funds to meet client need at any point in the future, people who refuse to enroll in health insurance they are eligible for will be the first to have their HDAP assistance suspended or cancelled.						
White fu HDAP/I	Federal funds from the Ryan White HIV/AIDS Program support the Wisconsin HDAP/IAP. Federal law states all Ryan White funds are to be used as the "payer of last resort." This means if you are using Ryan White services (like HDAP/IAP) but are eligible for health insurance, you must enroll in health insurance before any Ryan White funds can be used to assist you.						
proof of	If you are not receiving tax credits because your income is over 400% of the Federal Poverty Level, please provide proof of income along with this form.						
•	If you do not agree to file a tax return, in the past or present, HDAP/IAP may be unable to pay your monthly health insurance premium through the ACA Insurance Marketplace.						
Initial I	Initial here						
		provide HDAP/IAP	with a copy of	mv tax retur	n along with my recertil	fication materials.	
Initial l	so you car HDAP/IAP	so you can begin receiving tax credits. Be sure to report the updated premium amount to HDAP/IAP.					
	I agree to file any taxes due to the federal government before the next HDAP/IAP recertification period in April. Once your taxes are filed contact the ACA Insurance Marketplace to let them know						
Initial I		npt from filing taxes	•				
your situ	,						