

**Impact of the Affordable Care Act (ACA) on the Wisconsin AIDS Drug Assistance Program (ADAP) and Health Insurance Premium Subsidy Program:
Frequently Asked Questions
January 27, 2014**

The Wisconsin AIDS Drug Assistance Program (ADAP) and Health Insurance Premium Subsidy Program cover the out-of-pocket costs of HIV medications and insurance premiums for individuals who:

- Live in Wisconsin;
- Have HIV infection, confirmed by a physician; and
- Have a family income that does not exceed 300% of the federal poverty guideline.

1. Will ADAP and the Health Insurance Premium Subsidy Program use modified adjusted gross income (MAGI) to determine family income and household size?

Not at this time. ADAP and the Health Insurance Premium Subsidy Program will not use MAGI to determine family income and household composition at this time. The Health Insurance Marketplace will use MAGI to determine family income and household composition for individuals applying for Premium Tax Credits and Cost-Sharing Subsidies. The Department of Health Services will also be using MAGI to determine family income and household composition for individuals applying for BadgerCare Plus. More information on MAGI can be found on the [DHS website \(http://www.dhs.wisconsin.gov/health-care/\)](http://www.dhs.wisconsin.gov/health-care/).

2. Who is eligible for Premium Tax Credits and Cost-Sharing Subsidies?

Individuals who purchase coverage through the Health Insurance Marketplace and have family incomes between 100% and 400% of the federal poverty level (FPL) are eligible for federal Premium Tax Credits. This means that all individuals enrolled in the Health Insurance Premium Subsidy Program who purchase insurance through the Health Insurance Marketplace are eligible to receive Premium Tax Credits.

Individuals who purchase coverage through the Health Insurance Marketplace and have family incomes between 100% and 250% of the FPL are eligible for Cost-Sharing Subsidies that reduce deductibles, co-insurance and co-payments. However, individuals must enroll in a Silver Level Plan to receive Cost-Sharing Subsidies.

3. Do individuals need to have their doctor certify that they have reduced work hours, terminated employment or are on medical leave due to their HIV diagnosis in order to be eligible for the Health Insurance Premium Subsidy Program?

No. Individuals do not have to have their ability to work limited by their HIV status in order to be eligible for the Health Insurance Premium Subsidy Program. A complete list of eligibility criteria for the Health Insurance Premium Subsidy Program is outlined in the box at the beginning of this document.

Part B (Physician Portion) of form [F-44614A](#) will still be required at time of initial application (to confirm the client's HIV status). The AIDS/HIV Program is currently working to revise the Part B Form to remove the checkboxes related to work limitations.

4. What kinds of individual insurance plans will the Health Insurance Premium Subsidy Program pay for?

The Health Insurance Premium Subsidy Program will pay premiums for Silver Level Plans purchased through the Health Insurance Marketplace. In addition to enrolling in a Silver Level Plan, an individual wanting assistance from the Health Insurance Premium Subsidy Program must also choose to receive Premium Tax Credits as advance payments.

5. Will the Health Insurance Premium Subsidy Program pay for individual insurance plans purchased outside of the Health Insurance Marketplace?

The Health Insurance Premium Subsidy Program will only pay for individual insurance plans purchased outside of the Marketplace in cases where the individual was not eligible to purchase an individual insurance plan through the Marketplace.

6. What if an individual enrolls in a Bronze, Gold or Platinum Plan and needs assistance from the Health Insurance Premium Subsidy Program?

In 2014, the Health Insurance Premium Subsidy Program will not cover the costs of Bronze, Gold or Platinum plans purchased inside or outside of the Health Insurance Marketplace. The Health Insurance Premium Subsidy Program will only cover the cost of Silver Level Plans purchased through the Marketplace.

An individual is allowed to change Qualified Health Plans (QHP) during the initial open enrollment period (October 1, 2013 to March 31, 2014). Federal regulations require an individual to give the QHP at least a 14-day notice before the termination date unless the QHP agrees to terminate earlier.

However, it is important to note that switching plans during open enrollment may result in a gap in coverage. For example, if an individual terminates coverage effective January 31 and enrolls in a new plan between January 16 and January 31, the coverage in the new plan would not begin until March 1. Additionally, if the individual has already incurred expenses in the old plan towards the deductible, those expenses will likely not be credited towards the deductible or maximum out-of-pocket limit in the new plan.

7. Will the Health Insurance Premium Subsidy Program pay for catastrophic plans purchased through the Marketplace?

No. People under 30 years of age and those with certain hardship exemptions are eligible to purchase catastrophic plans through the Marketplace. The Health Insurance

Premium Subsidy Program will only pay for Silver Level Plans purchased through the Marketplace, as this ensures that the program is in compliance with the requirement of the federal Health Resources and Services Administration (HRSA) that any insurance policies purchased with Ryan White funding provide sufficient drug coverage and are cost-effective.

8. What kinds of group plans will the Health Insurance Premium Subsidy Program pay for?

The Health Insurance Premium Subsidy Program will continue to cover employer-sponsored group health insurance plans that offer prescription drug coverage for eligible individuals.

9. Will the Health Insurance Premium Subsidy Program pay for COBRA policies?

The Health Insurance Premium Subsidy Program will continue to pay for COBRA premiums for individuals currently on COBRA who are enrolled in the program. Since open enrollment in the Health Insurance Marketplace began on October 1, 2013, individuals who are offered COBRA have the option of enrolling in coverage through BadgerCare Plus and/or the Marketplace. In these cases, the Health Insurance Premium Subsidy Program will only pay for Silver Level Plans purchased through the Marketplace as this ensures that the program is in compliance with HRSA's requirement that any insurance policies purchased with Ryan White funding are cost-effective.

10. What kinds of public programs will the Health Insurance Premium Subsidy Program pay for?

The Health Insurance Premium Subsidy Program will continue to cover the cost of Medicaid Purchase Plan (MAPP) and Medicare Part D premiums for eligible individuals. The Health Insurance Premium Subsidy Program will also cover the cost of BadgerCare premiums for eligible children above 200% of the FPL and eligible parents and caretaker relatives on a BadgerCare extension.

The Health Insurance Premium Subsidy Program will cover premiums for Basic Medicare Supplement Plans (also called Medigap Plans). The Health Insurance Premium Subsidy Program will also cover the costs of the Part A Deductible Rider and Part B Excess Charges Rider when added on to a Basic Medicare Supplement Plan. The program will not cover premiums for 50% Cost-Sharing Plans, 25% Cost-Sharing Plans, or High Deductible Plans. Individuals currently enrolled in the HIRSP Medicare Supplement will have 63 days after their coverage ends on March 31, 2014, to purchase a new Medicare Supplement Plan. Individuals can compare and enroll in Medicare Supplement Plans using Medicare.gov or by calling the Wisconsin Medigap Helpline at 800-242-1060. The Health Insurance Premium Subsidy Program will not cover the cost of premiums for Medicare Advantage Plans at this time.

11. Are individuals who are enrolled in BadgerCare Plus eligible to receive assistance from ADAP or the Health Insurance Premium Subsidy Program?

Beginning April 1, 2014, any individual enrolled in BadgerCare Plus will not be eligible for assistance through ADAP or the Health Insurance Premium Subsidy Program because they will have coverage through the BadgerCare Standard Plan. The Standard Plan provides comprehensive coverage, including coverage for brand-name prescription drugs. Individuals enrolled in BadgerCare Plus will be responsible for co-payments of between 50 cents and \$3.00 per prescription drug and/or medical service.

12. Will individuals enrolled in the Health Insurance Premium Subsidy Program who have family incomes between 201% and 300% of the FPL still have to make a 3% contribution to the cost of their insurance premiums?

No. Beginning April 1, 2014, the 3% cost-sharing amount will no longer be assessed. However, individuals who owe the cost-sharing contribution prior to March 31, 2014, will still be required to pay.

13. Are individuals still eligible to receive assistance through the Health Insurance Premium Subsidy Program if they receive Premium Tax Credits through the Health Insurance Marketplace?

Yes. In order to receive assistance from the Health Insurance Premium Subsidy Program, the individual must purchase a Silver Level Plan through the Marketplace and choose to receive Premium Tax Credits as advance payments. The Health Insurance Premium Subsidy Program will pay for the portion of the premium that is left after the federal Premium Tax Credit has been applied.

14. Will individuals still be able to get coverage for their HIV medications through ADAP if they are eligible for coverage through BadgerCare Plus or the Health Insurance Marketplace but refuse to enroll in it?

Ryan White continues to be the payer of last resort. Individuals with access to other payer sources must pursue enrollment in that coverage. Case managers working with clients must proactively assist clients in determining their eligibility for coverage through BadgerCare Plus and/or the Marketplace and work with the client to complete the enrollment process. Individuals may still access ADAP while waiting for new coverage to start or during other gaps in coverage. ADAP will still cover HIV medication co-pays for eligible individuals who have insurance.

