



Wisconsin ADAP Policy Manual

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1. Glossary

ADAP

The AIDS Drug Assistance Program (ADAP) provides two forms of assistance through two programs—the Drug Assistance Program and the Insurance Assistance Program.

ADAP Client

An ADAP client is any individual who is certified as eligible and enrolled in ADAP during the Ryan White budget period of April 1 – March 31 of any year. During the budget period, an ADAP client may have received medications and/or insurance assistance, may have been eligible but did not receive services for clinical or other reasons, or may have been terminated.

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 ADAP 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 ADAP services. The initial application can be found on the ADAP website or obtained via a case manager.

COBRA

Consolidated Omnibus Budget Reconciliation Act (COBRA) is a landmark federal law passed by Congress 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 ADAP formulary medications on behalf of eligible clients.

Co-payment

Co-payments are set dollar amounts charged to clients for medical or prescription drug services. For example, a client may have a co-payment of \$25 per prescription regardless of the actual cost of the prescription. The Drug Assistance Program will pay co-payments for ADAP 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, co-payment or co-insurance may be charged for covered services and the insurance company pays the rest. The Drug Assistance Program will pay deductibles, co-payments, 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 the ADAP-allowable cost of ADAP formulary medications for eligible working class people with HIV. Covered medications include: HIV antiretroviral medications, other HIV-related medications, antiretroviral side effect medications, Hepatitis C virus medications, mental health medications, novel influenza A (H1N1) antivirals, and opioid dependency agents.

Drug Formulary

A drug formulary is a listing of all medications that are covered by an insurer or assistance program such as ADAP. 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 ADAP Formulary can be accessed through the [ADAP webpage](#).

Insurance Assistance Program

The Insurance Assistance Program pays the cost of premiums for certain types of health insurance policies for eligible working class people living with HIV.

Insurance Enrollment Report

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

Medicaid

Medicaid provides health coverage to millions of Americans, including eligible working class adults, children, pregnant women, elderly adults, and people with diverse abilities. Medicaid is administered by states, according to federal requirements, and is funded jointly by states and the federal government.

Medicare Plans

- Part A: Hospital Stays—ADAP does not provide any coverage.
- Part B: Physician Services—ADAP does not provide any coverage.
- Part C: Medicare Advantage Plans—ADAP will cover premiums and out-of-pocket costs (deductibles, co-payments and co-insurance) for ADAP formulary medications.
- Part D: Prescription Drug Plans—ADAP will cover premiums and out-of-pocket costs (deductibles, co-payments and co-insurance) for ADAP 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 ADAP services. These forms are due each year on March 31.

Six-Month Verification Form (SMVF)

The Six-Month Verification Form is a required form that clients and/or case managers must fill out each year to remain eligible for ADAP services. These forms are due each year on September 30.

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

Social Security Income (SSI) is a federal program that pays benefits to working class people who are aged, blind, or have become disabled and who have either never worked or who have not earned enough work credits to qualify for SSDI.

2. Introduction

The purpose of this document, the ADAP policy manual, is to outline core standards for the administration of the Wisconsin ADAP.

Throughout the document, "ADAP" refers collectively to both the Drug Assistance Program and the Insurance Assistance Program, and "client" is defined as any individual who is applying and/or enrolled in the Drug Assistance Program, the Insurance Assistance Program, or both.

2.1 What is ADAP?

The Wisconsin AIDS Drug Assistance Program (ADAP) provides working class individuals living with HIV in Wisconsin access to medical services and antiretroviral medication.

ADAP comprises two programs:

- The Drug Assistance Program covers the cost of antiretroviral and other HIV-related medications or medication deductibles, co-insurance, and co-payments for eligible clients.
- The Insurance Assistance Program covers the full, or partial, cost of health insurance premiums for eligible clients.

ADAP is funded through:

- Federal Ryan White Part B funds administered by the Health Resources and Services Administration (HRSA), including ADAP earmark, supplemental, and emergency relief funds.
- State funds appropriated by the Wisconsin Legislature under appropriation 114 (drug assistance) and appropriation 115 (insurance assistance).
- 340 B rebates from drug manufacturers.
- Supplemental rebates negotiated on behalf of the Wisconsin ADAP by the National ADAP Crisis Task Force.

Staff within the Wisconsin Communicable Disease Harm Reduction Section, in coordination with the Wisconsin Department of Health Services (DHS), are responsible for administration of the ADAP. This includes the development of policies and procedures that are in accord with relevant state statutes, federal Ryan White legislation, and other federal funding requirements.

2.2 History of ADAP

In Wisconsin, drug assistance and health insurance premium assistance for people living with HIV (PLWH) predated the availability of federal Ryan White funding. The AZT and Pentamidine Reimbursement Program was created by 1989 Wisconsin Act 31 and was funded with \$43,400 in state general purpose revenue (GPR). The original Drug Assistance Program served a small number of people and only provided reimbursement for the drugs AZT and Pentamidine. During the same year, 1989 Wisconsin Act 336 created the Continuation Coverage Program to assist people with HIV to continue their group health insurance coverage when they became too ill to work full-time. The program was originally funded with \$200,000 GPR.

These programs have grown substantially over the last 30+ years. The Drug Assistance Program has expanded in scope to cover all HIV antiretroviral medications, as well as certain other medications used in the treatment of HIV and related conditions. The Insurance Assistance Program has expanded in scope to cover certain individual health insurance policies, Medicare Part D Prescription Drug plans, and Medicare Part C plans that include prescription drug coverage.

By providing individuals living with HIV access to medical care and antiretroviral medications, ADAP 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.

2.3 What is the Drug Assistance Program?

The Drug Assistance Program, authorized by Wis. Stat. § 49.686, is designed to maintain the health and independence of working class individuals living with HIV in Wisconsin by paying for antiretroviral and other HIV-related prescriptions. The Drug Assistance Program covers the cost of deductibles for eligible clients with certain types of public and/or private health insurance.

The following information pertains to clients who are currently enrolled in the Drug Assistance Program, or those applying for the program. This information is also important for individuals assisting clients with enrollment in the Drug Assistance Program, such as case managers and linkage to care specialists.

2.3.1 Covered Medications

The Drug Assistance Program has a medication formulary that outlines the specific drugs 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.¹

The Drug Assistance Program Formulary is located on the [Wisconsin AIDS/HIV Program website](#). Only medications listed in the Drug Assistance Program formulary will be covered.

2.3.2 Coverage for Individuals without Health Insurance

The Drug Assistance Program will cover the entire ADAP allowable cost of formulary medications for individuals who do not have health insurance and meet all ADAP eligibility requirements as outlined in Section 4 of this document. If an individual who was previously uninsured acquires health insurance at any time during the year, they are required to contact ADAP staff and inform them of the change in insurance status.

2.3.3 Coverage for Individuals with Health Insurance

The Drug Assistance Program will cover the cost of deductibles, co-payments, and co-insurance for formulary medications for individuals who meet all ADAP eligibility requirements and who have specific types of health insurance. Clients are required to provide ADAP staff with information on their health insurance policy, as well as changes to their insurance coverage/status, in order to ensure that Ryan White funds are utilized as the payer of last resort (PHS Act Section 2617(b)(7)(F); HAB Policy Notice 07-03).

¹ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. Department of Health and Human Services. Available at: www.aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf.

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

Type of Insurance	Will the ADAP 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

2.3.4 Designated Pharmacies

Clients enrolled in the Drug Assistance Program are required to use a pharmacy that is enrolled through the ForwardHealth Portal as an ADAP provider. Clients must list their pharmacy of choice on the ADAP application at time of initial application, and recertification. If a client wishes to change their pharmacy between scheduled recertification, they must contact ADAP staff to make them aware of the change. Clients are also responsible for updating ADAP staff and their pharmacy with any changes in insurance coverage or status.

Clients and case managers can locate ADAP enrolled pharmacy providers using the provider search tool on the web-based ForwardHealth Portal. To locate 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 "AIDS Drug Assistance Program" from the Program drop-down list.
4. Select "Pharmacy" from the Provider Type drop-down list.
5. Enter the zip code in the "Zip Code" field.
6. Click on the search button.
7. A listing of ADAP enrolled pharmacy providers located in the selected county will appear.

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

2.3.5 Relocation

Clients planning to move out of Wisconsin will be approved for a 30-day supply of medications to aid the transition between states. Clients are responsible for enrolling for 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. After clients reside in another state, Wisconsin ADAP is not able to provide medications to clients beyond the 30-day supply provided at the time of initial relocation.

2.4 What is the Insurance Assistance Program?

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

will pay the cost of a family health insurance policy as long as at least one person covered on the policy has HIV, and meets all other eligibility requirements.

The following policies apply specifically to the Insurance Assistance Program and are in accordance with federal legislation, and federal funding requirements.

2.4.1 Types of Health Insurance Premiums Covered

In accordance with Federal regulations, the Insurance Assistance Program uses Ryan White funds to cover the cost of premiums for insurance plans that: (1) at minimum, include at least one drug in each class of the core antiretroviral therapeutics from the U.S. Department of Health and Human Services (HHS) Clinical Guidelines and Treatment of HIV/AIDS as well as appropriate primary care services; and (2) are cost-effective per HRSA's definition (HIV/AIDS Bureau (HAB) Policy Notice 07-05).

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 for eligible clients. Information on how to apply for each of these plans can be found within the Resources at the end of this document.

- Basic Medicare Supplement Plans:
 - Many Medicare recipients obtain additional coverage through private Medicare Supplement Policies to help lower their out-of-pocket expenses.
 - Who is eligible?
 - ◆ Individuals who are determined to be disabled by the Social Security Administration become eligible for Medicare after 24 months of disability, and individuals age 65 and older are also eligible for Medicare.
 - The IAP will cover the cost of premiums (up to \$500 per month*) for Basic Medicare Supplement Plans, as well as the Part A Deductible Rider and Part B Excess Charges Rider when added to a Basic Medicare Supplement Plan.

- COBRA (Consolidated Omnibus Budget Reconciliation Act):
 - 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.
 - Who is eligible?
 - ◆ Employees, and their families, who lose their health insurance, due to voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and/or other life events.
 - The IAP will cover the cost of COBRA premiums for up to 18 months (or 29 for those determined disabled) for eligible clients.
 - The Insurance Assistance Program will not cover the cost of premiums for conversion plans after COBRA has ended.
 - 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:**
 - 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.
 - People living with HIV experience a high rate of common oral health problems, as well as oral health problems that are directly related to HIV infection.
 - The IAP will cover the cost of dental insurance premiums (up to \$60 per month*) for eligible clients.

- **Employer-sponsored Health Insurance:**
 - The IAP will cover the cost of premiums for employee-sponsored health insurance that provides prescription drug coverage.
 - The portion of the client's health insurance premium that is deducted from the client's pay check will be covered.
 - The IAP will not reimburse the portion of the health insurance premium that the employer pays.
 - Reimbursement will only be made after the client provides documentation, such as a pay stub, that verifies the premium payment.
 - Documentation must be provided for every reimbursement, and must include the client's name, the pay period covered, and the cost of deduction(s).

- **Medicaid Purchase Plan (MAPP):**
 - MAPP offers people with diverse abilities who are working, or interested in working, the opportunity to buy health care coverage through the Wisconsin Medicaid Program.
 - Depending on an individual's income, a premium payment may be required. The IAP will cover the cost of MAPP premiums for eligible individuals.

- **Medicare Advantage (also known as Medicare Part C) Plans:**
 - Medicare Advantage offers people enrolled in Medicare Part A and Part B another option for obtaining health insurance through the Medicare program.
 - 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.
 - Medicare Advantage plans are offered by private companies approved by Medicare.
 - The IAP will cover the cost of premiums for eligible clients.

- **Medicare Part D Plans:**
 - Medicare Part D provides coverage for prescription drugs.
 - Who is eligible?
 - ◆ Individuals who are determined to be disabled by the Social Security Administration become eligible for Medicare after 24 months of disability, and individuals age 65 and older are also eligible for Medicare.
 - The IAP will cover the cost of Medicare Part D premiums for eligible clients.

- **Silver-Level Marketplace Plans:**
 - 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.
- o The IAP covers the partial cost of premiums for Silver Plans purchased through the Marketplace for eligible clients.
- o In addition to enrolling in a Silver Plan, the individual must also choose to receive advanced premium tax credits (APTCs) as advanced payments, as the IAP will only cover the cost of the premium after the federal premium tax credit has been applied (HAB Policy Clarification Notice 13-05).

After an exception report form has been submitted to the ADAP, either by the client or case manager, the Insurance Assistance Program may cover the full cost of the premium in cases where individuals were incorrectly deemed ineligible for premium tax credits by the Marketplace, and are awaiting a decision on their appeal.

*There may be cases where a client will have a premium higher than the maximum allowed amount. ADAP will review those on a case-by-case basis.

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

2.4.2 Payment of Insurance Premiums

In order for the IAP to make premium payments on behalf of eligible clients, clients must provide the Program with the following information:

- Name of person/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).
- Medicare Supplement break down of cost that includes which riders were chosen (if applicable).
- Marketplace printout (if applicable)

This information can be documented on the Insurance Enrollment Report (IER) created by the ADAP. This form can be found on the [program's website](#).

Failure to provide the IAP with 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 a change is made with a client's policy, it is important to notify ADAP staff of changes to avoid a gap in coverage or termination of coverage by the insurance company.

Clients are also responsible for notifying the Insurance Assistance Program 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 termination of coverage by the insurance company.

Clients are also responsible for, and agree upon application, to contact the ADAP and return any insurance-related payments that are received by the client whenever ADAP is providing premium assistance.

2.4.3 Backdated Coverage

Newly eligible clients of the IAP will be allowed a 30-day backdate for coverage of premiums. The request must be noted on the initial application, and will 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.
- 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.

2.4.4 Reimbursement of Insurance Premiums

Clients who have an insurance that requires checking account deduction may be eligible for reimbursement of premiums through the IAP.

Proof of the premium payment is required for each reimbursement before a payment will be reimbursed. Reimbursement will be entered upon receipt of proof of payment, and will be processed weekly on Thursdays.

3. Program Information

Wisconsin ADAP 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

In accord with federal regulations, all Ryan White funds used to support the Wisconsin ADAP 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, ADAP staff and agencies funded by the Wisconsin Communicable Disease Harm Reduction Section must:

- Vigorously pursue client enrollment into health care coverage for which clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, 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.

ADAP uses the ForwardHealth Portal, also referred to as interChange, Wisconsin Medicaid's electronic benefits eligibility and management system, to process drug claims and manage cost containment. If a pharmacy submits an ADAP 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 ADAP paid claims in full, interChange will automatically recoup funds by reducing future payments to the pharmacy that submitted the claims.

3.2 Coordination with Medicaid

Individuals who are enrolled in Wisconsin Medicaid through either BadgerCare Plus or Elderly, Blind, Disabled (EBD) Medicaid as their primary source of health care coverage are not eligible to participate in ADAP. Both BadgerCare Plus and EBD Medicaid provide low-cost, comprehensive coverage for medical services and prescription drugs, including all antiretroviral medications. Information on how to apply for each of these plans can be found within the Resources section at the end of this document.

Eligibility criteria for each of these programs are listed below:

- **BadgerCare Plus:** Provides comprehensive medical and prescription drug coverage to:
 - Children younger than 19 years old.
 - Pregnant women.
 - Parents and caretakers of children younger than 18 years old and dependent 18-year-olds.
 - Parents and caretaker relatives whose children have been removed from the home and placed in out-of-home care.
 - Former foster care youth younger than 26 years old who were in out-of-home care when they turned 18.
 - Adults ages 19–64 who are not receiving Medicare and do not have dependent children.
- **EBD Medicaid:** Provides comprehensive medical and prescription drug coverage to working class individuals who are age 65 or older, blind or disabled and legally present in the United States. Individuals receiving Supplemental Security Income (SSI) are automatically enrolled in EBD Medicaid.

The Wisconsin Medicaid program also offers people with diverse abilities who are either working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid Program known as 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's only source of health coverage, the client is not eligible to participate in the Drug Assistance Program.

Individuals enrolled in Medicare with EBD Medicaid or MAPP as their secondary source of coverage may participate in the Drug Assistance Program.

Table 2: Eligibility for ADAP (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 EBD Medicaid	Yes, if copays are owed for ADAP covered medications	No
Dual Eligible: Medicare and MAPP	Yes, if copays are owed for ADAP covered medications	Yes, with premiums
EBD Medicaid	No	No
MAPP	No	Yes, with premiums

4. Eligibility and Application

4.1 Eligibility Requirements

In order to be eligible for ADAP, a client must meet the following criteria:

- Have a confirmed HIV diagnosis,
- Reside in Wisconsin for 6 months or more,
- Have a household income not exceeding 300% of the FPL,
- Be uninsured or underinsured, and
- Be ineligible for BadgerCare Plus or EBD Medicaid (unless concurrently enrolled in Medicare Part D, or applying only for premium assistance).

Clients must provide complete and accurate information on required application forms. An applicant may be ineligible for ADAP if the applicant refuses to provide information, withholds information, or provides false information.

The following sections provide further detail regarding the ADAP eligibility criteria.

4.1.1 Verification of HIV Diagnosis

To be eligible for ADAP, clients must have been previously diagnosed with HIV. Upon initial application, ADAP staff will request a form from the client’s physician certifying that the client has been diagnosed with HIV. In addition, ADAP staff will coordinate with HIV Surveillance staff to ensure that a completed case report is on file for all ADAP clients.

4.1.2 Definition of 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.
- Client’s legal spouse (unless legally separated).
- Client’s registered domestic partner.

- Client's children under, or over 18 years of age that are claimed as dependents on the client's income taxes.
- Client's parents or legal guardian(s), if client is between ages 18 and 26 years and insured by parents or legal guardian(s).

There may be cases where a client 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, or when additional members should be included in the client's household size. ADAP will consider these on a case-by-case basis.

4.1.3 Definition of Household Income

To be eligible for ADAP, a client's gross income for the calendar year cannot exceed 300% of the FPL. For purposes of ADAP, earned and/or unearned income received by any of the following individuals is counted towards overall household income.

- Client
- Client's legal spouse (unless legally separated)
- Client's parents or legal guardian(s)*, if client is over 18 years of age and insured by their parents or legal guardian(s)

Earned and/or unearned income received by any of the following individuals does not count towards overall household income:

- Client's registered domestic partner
- Client's spouse (if legally separated)
- Client's dependent children under 18 years of age
- Client's parents or legal guardian(s), if client is over 18 years of age and provides their own health insurance

*For clients insured by parents or legal guardian(s) between ages 18 and 26 years, and employed, both the client and parents' or legal guardian(s)' income are counted towards the household income, and both the client and parents or legal guardian(s) are counted towards the household size.

*For clients insured by parents or legal guardian(s) between ages 18 and 26 years, and unemployed, only the parents' or legal guardian(s)' income is counted towards the household income, and both the client and parents or legal guardian(s) are counted towards the household size.

4.1.4 Verification of Income

Table 3: Countable Sources of Income and Acceptable Income Verification Documents

Countable Source of Income	Acceptable Verification Documents
Gross wages and salary	<ul style="list-style-type: none"> • 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-ES (self-employed clients only)
Social Security Disability Insurance (SSDI)	Most recent award letter from SSA or SSA-1099
Supplemental Security Income (SSI)	Most recent award letter from SSA or SSA-1099
Dividends and interest	Most recent form 1040 Schedule B or most recent form 1099
Estate/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) or other income from governmental programs	Most recent award letter
No income	Indicate zero income on the ADAP application and detail how you are supported in the space provided.
No documentation of any of the above	A signed letter from a case manager or employer on company letterhead that indicates your average income. This option should be used only when no other form of income verification can be provided.

Note: Tax forms from prior years will not be accepted as verification of income.

Finances not counted as income for ADAP include:

- Proceeds from the sale of an asset.
- Life insurance proceeds.
- Gifts.
- One-time settlements.
- Inheritance.
- Income tax refunds.

A client who does not have any income must document on the ADAP application how they are being supported financially. If a client's case manager has knowledge of a client's financial situation, a written statement from the client's case manager may be provided as their verification of income. A written statement on agency letterhead from the organization, or the person that supports a client financially, may also be provided.

If verification of income and/or explanation of financial support (for those without income) is missing in the application, a letter requesting this information will be mailed from the ADAP. The client has 30 days from the date of the letter to respond.

If the client is unable to obtain proof of income, a written statement on agency letterhead from a case manager or employer that indicates an average income may be accepted.

If verification of income and/or explanation of financial support is not received within 30 days, the client will be denied or terminated from the program. A client determined to be ineligible for the program or whose participation has been terminated may reapply at any time.

4.1.5 Calculation of Income

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

For clients who earn wages through employment, income is calculated by using the following two methods. The lesser of the two calculations is used to determine the applicant's eligibility.

- Method 1

The year-to-date (YTD) gross income from the applicant's pay stub is divided by the number of pay checks the applicant has received during the calendar year. To obtain the applicant's gross annual income, the resulting amount is multiplied either by 52 (if paid weekly) or by 26 (if paid biweekly).

Sample Calculation

A person employed full-time applies for ADAP on April 15 and submits a pay stub for a bi-weekly pay period that ended on Friday, March 28. This means that the person would have received six paychecks during that time. The gross YTD income listed on the pay stub is \$6,924. This amount divided by the six paychecks is equal to \$1,154 per pay period. Since the applicant is paid biweekly, this number is multiplied by 26 to obtain a gross annual income of \$30,004.

- Method 2

This method utilizes the applicant's hourly rate to determine annual income. The hourly rate listed on the pay stub is multiplied by 2,080 hours (40 hours * 52 weeks) for full-time employees.

Sample Calculation

The pay rate listed on the pay stub for the applicant in the previous example is \$14.45/hour. Since the applicant is employed full-time, this amount is multiplied by 2,080 (hours) to obtain an annual income of \$30,056. If the applicant works less than full-time, the hourly rate is multiplied by the number of hours the applicant works within the year.

The lesser amount (in this case, \$30,004) from the two methods is used as the gross, annual income for eligibility determination.

For clients 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 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).

For clients who have garnished wages, income withheld is not considered when determining eligibility.

Once calculated, household income and household size are used to determine the client's income as it relates to the FPL, which is updated annually around March 1. Only clients with calculated incomes at or below 300% of the FPL are eligible for ADAP. The current federal poverty guidelines and 300% of poverty threshold limits are located on the [DHS webpage](#).

4.1.6 Verification that Clients Reside in Wisconsin

Clients must reside in Wisconsin in order to be eligible for ADAP. Any document used to verify Wisconsin residency must meet the following requirements:

- The document is current, dated as described below, and not expired.
- The document shows the client's name and current residential address (the same address listed as the physical address on the Application/Recertification). Residency documents with a P.O. Box are not acceptable.
- The document 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	<ul style="list-style-type: none"> • A current and valid State of Wisconsin Drivers 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
Bill or Bank Statement	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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, but not including a business card
Lease or Rental Agreement	Current residential lease
Attestation of no documentation of any of the above	<ul style="list-style-type: none"> • A letter on public or private social service agency letterhead documenting that a client 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 • 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 in their residence

If the applicant does not reside in Wisconsin, the application will be denied. If an applicant fails to submit verification of Wisconsin residence with the application, ADAP staff will mail a letter requesting this information. The client has 30 days from the date of the letter to submit verification. If verification is not received within 30 days, the client will be denied or terminated from the program. The client may reapply at any time.

Clients may be out of state for no longer than three continuous months while enrolled. If the client intends to be in another state for a longer period, they must apply for ADAP coverage in the state where they reside at that time.

Clients who maintain residence in more than one state are only eligible for Wisconsin ADAP while residing in Wisconsin. Clients who are teaching or providing services in another country may remain eligible for ADAP assuming they continue to meet all other eligibility requirements.

4.1.7 Clients Who Are Incarcerated

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

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

4.1.8 Clients Currently Residing in Inpatient Settings

ADAP is an outpatient program, and this means that ADAP cannot pay for formulary medications when an ADAP client is admitted to a hospital, rehabilitation hospital or long-term care hospital. If an ADAP client 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 ADAP purposes, and ADAP will not provide medication assistance. In this situation, if the ADAP client is a Medicare beneficiary, Medicare is responsible for the cost of inpatient medications.

Instances where an individual is eligible for ADAP services:

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

Similarly, if an ADAP client is living in a community-based residential facility (CBRF), ADAP will cover the cost of formulary medications as long as the medications are dispensed by an ADAP-enrolled pharmacy. Again, if the ADAP client has health insurance with prescription drug coverage, the insurance must pay first, and ADAP will provide secondary coverage.

Table 5: Facilities where ADAP medication assistance can or cannot be provided

Facility Type	Can ADAP 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

4.1.9 Eligibility Period

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

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

Clients may be terminated from ADAP at any time due to the following:

- Mail returned with an out-of-state forwarding address
- Notification from a third party that the client has moved out of Wisconsin
- Intentionally falsifying information
- Failure to submit biannual recertification (annual recertification and six-month verification form) with supporting documents
- Medicaid eligible (not concurrent with Medicare Part D)
- Exceeding the income limit for the program

Individuals enrolled in ADAP must complete recertification every six months to verify ongoing eligibility for the program. Recertification/Six-Month Verification takes place in March and September of each year.

Annual recertification	Due March 31 st	Use Application/Recertification form
Six-month verification	Due September 30 th	Use Six-Month Verification form (SMVF)

Specific processes related to initial application and ongoing recertification are outlined in the next section of this document.

4.2 Application Process

All clients who wish to have their eligibility determined for ADAP must submit the required application. A copy of the most recent ADAP application is available on the [Program website](#). Information provided on the application must be complete and accurate.

Individuals who are uninsured are expected to apply for Medicaid (MA, Title 19) and/or individual health insurance through the Federal Health Insurance Marketplace before applying for ADAP. Clients may be enrolled in ADAP (assuming all other eligibility requirements are met) while awaiting a decision on pending applications for MA or health insurance.

After initial application and enrollment, ADAP clients must complete recertification every six months to verify ongoing eligibility for the program.

4.2.1 Initial Application

Individuals applying to ADAP must submit the following completed ADAP application:

- [Form F-44614A](#): AIDS/HIV Insurance Premium Subsidy and Drug Assistance Program Application/Recertification; [Spanish Version of F-44614A](#)

This form is to be completed by the client, or individual assisting the client, and requests information needed to determine eligibility for ADAP.

Detailed instructions on how to complete this form are available on the [Wisconsin AIDS/HIV Program website](#) Spanish instructions to complete this form [are available](#).

- [Form F-44614B](#): AIDS/HIV Insurance Premium Subsidy and Drug Assistance Program Part B: Physician Portion; [Spanish Version of F-44614B](#)

This form is to be completed by the client's physician upon initial application, or by request from ADAP staff, and certifies that the client has been diagnosed with HIV, and is or will be prescribed antiretroviral medication within the next 90 days.

- Supporting documentation (to provide verification of household income and Wisconsin residence) as outlined earlier in this Section.

An application will not receive final approval until all of the above items have been submitted and approved.

If an application is approved, the effective date of ADAP coverage will be the date the application was originally received by ADAP. ADAP staff will consider backdating coverage on a case-by-case basis (if the request is submitted at the time of application and there is a compelling reason to do so). No application will be backdated by more than 30 days.

4.2.2 Annual Recertification

Annual recertification occurs in March of each year. In order to complete annual recertification, clients must submit the following:

- [Form F-44614A](#): AIDS/HIV Insurance Premium Subsidy and Drug Assistance Program Application/Recertification; [Spanish Version of F-44614A](#)

This form is to be completed by the client, or individual assisting the client, and asks for all information needed to determine client eligibility for ADAP.

Detailed instructions on how to complete this form are available on the [Wisconsin AIDS/HIV Program website](#). Spanish instructions for completing this form [are available](#).

- Supporting documentation (to provide verification of household income and Wisconsin residency) as outlined earlier in this Section.

Annual recertification forms are due March 31. Recertification materials will be provided to clients prior to the due date. Clients who submit their annual recertification forms (if determined eligible) will remain eligible without a gap in coverage. Failure to submit recertification materials by March 31 will result in termination of ADAP coverage.

A client whose ADAP coverage is terminated may submit a full application with all required documentation at any time. If determined eligible, the client's eligibility will resume effective the date the full application was received.

4.2.3 Six-Month Verification

Six-month verification occurs in September each year. In order to complete six-month recertification, clients must submit the following:

- [Form F-00851](#): AIDS/HIV Drug Assistance and Insurance Assistance Program Six-Month Report Form (SMVF); [Spanish Version of F-00851](#)

This form is to be completed by the client, or individual assisting the client, and is a shortened version of the full ADAP application that is required for both initial application and annual recertification. This form consists of check boxes to self-attest to no changes in address, income, residency and insurance information.

- Supporting documentation (to provide verification of household income and Wisconsin residence) as outlined earlier in this section.

Six-Month Verification Forms (SMVFs) are due on September 30. SMVFs will be provided to clients prior to the due date. Clients who submit their SMVF (if determined eligible) will remain enrolled without a gap in coverage. Failure to submit a SMRF by September 30 will result in termination of ADAP coverage.

A client whose ADAP coverage is terminated may submit a full application with all required documentation at any time. If determined eligible, the client's eligibility will resume effective the date the full application was received.

Table 6: Proof Documents Required for Initial ADAP application, Annual Recertification, and Six-Month Verification

	Initial ADAP Application	Annual Recertification	Six Month Verification
	First Time Applying to ADAP	Once Every 12 months, in March	Six Months After Annual Recertification, in September
Proof of HIV diagnosis	Required	Not required	Signed Attestation of No Change OR Updated Documentation of Any Changes <ul style="list-style-type: none"> • Updated Proof of Wisconsin Residence if address changed • Updated Proof of Income if income changed • Updated insurance information if insurance changed
Wisconsin residence	Required	Required	
Income below 500% FPL	Required	Required	
Insurance	Required	Required	

5. Information for Insurance Companies and Pharmacies

5.1 Information for Insurance Companies

5.1.1 Third Party Liability (TPL)

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

5.1.2 Payment of Premiums

The Insurance Assistance Program 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.

Refunds for overpayment or when coverage ends should be made payable to the State of Wisconsin and mailed to the following address:

ATTN: ADAP Insurance Assistance Program
 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.

5.2 Information for Pharmacies

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

5.2.1 ADAP Provider Enrollment

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

To complete ADAP 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 ADAP Enrollment," select "ADAP Provider Enrollment Application."

Medicaid's Provider Services Department will determine the start dates and approvals for all ADAP 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 ADAP staff.

5.2.2 Prescription Claims

Once enrolled as an ADAP provider, pharmacies must submit claims to ADAP 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 ADAP. If the primary insurance rejects the claim because the client must use a specific specialty pharmacy, then the billing pharmacy must not bill ADAP.

Billing information for ADAP claims is as follows:

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

Pharmacies may be unable to accurately bill some claims and cannot receive override assistance from Provider Services. When this occurs, pharmacies can submit a paper claim as a "manual override." These claims must be submitted on a [ForwardHealth Noncompound Drug Claim form](#) and mailed to:

ATTN: ADAP
Wisconsin Division of Public Health

These claims must contain the original provider signature, and not a copy. Claims faxed to ADAP or ForwardHealth will not be approved.

Enrolled ADAP 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.

6. Client Rights and Responsibilities

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

Providers must comply with all federal laws regarding the protection of health information. An ADAP client has a right to have personal information safeguarded. The provider is obligated to protect that right. Therefore, use or disclosure of any information concerning applicants to, and clients of, ADAP for any purpose not connected with the administration of ADAP is prohibited unless authorized by the client.

Clients are responsible for:

- Informing their pharmacy that they are receiving benefits under ADAP as well as any current insurance coverage. Clients cannot use ADAP to avoid using insurance coverage.
- Giving ADAP and service providers full and accurate information necessary for accurate claims submission to ADAP.
- Giving full and accurate information to providers regarding coverage by health insurance carriers, Medicaid, BadgerCare Plus, and any other prescription assistance programs.
- Informing ADAP within 30 days of any changes in income, household size, address, eligibility, health insurance coverage, Medicaid or Medicare coverage.
- Contacting the ADAP and returning any insurance related payments whenever ADAP is providing premium assistance.

7. Confidentiality

The ADAP staff that handle confidential client material are located in a secure, locked room within DHS to ensure that confidential client information is safeguarded. Access to the room is controlled electronically by programmed chips embedded in staff ID badges. Staff access is restricted to certain hours and days, and room access is monitored 24 hours per day by the State Capitol Police.

The ADAP follows strict confidentiality rules to protect client paper and electronic files. Staff must complete online confidentiality and security training, and sign a confidentiality statement, before they can have access to ADAP files and data.

ADAP electronic data is stored on a server located at the State of Wisconsin Secure Data Center. Only authorized staff can access the ADAP database. Authorized staff must first obtain a valid User ID and password

issued by the Wisconsin Access Management System (WAMS). Before staff can access the database, an ADAP administrator must add their WAMS User ID to a table of authorized users in the database. Without these steps in place, it is not possible to access ADAP data stored on the secure server. Staff members are prohibited from accessing the secure server off-site. Client paper files are stored in locked filing cabinets inside the secure ADAP room.

All correspondence sent from ADAP staff are mailed in DHS envelopes marked "Confidential." The return address does not identify ADAP, HIV, or AIDS. Clients needing to mail materials back to ADAP are provided with self-addressed, stamped envelopes that are marked "Confidential." The return envelopes include a confidential postage code that is unique to ADAP to ensure that the mail is delivered only to ADAP. Clients and their case workers may fax ADAP applications and related materials to ADAP through a fax machine located within the secure room where only ADAP staff has access to the materials. Client names must not be referenced in email communication between staff members and case workers. To ensure that email is not tampered with or seen, the client number (not name) is referenced when communicating via email.

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

ADAP staff have a crosscut paper shredder located within the secure room to destroy small quantities of confidential information. DHS contracts with a company that securely shreds large quantities of confidential data when it is no longer needed. The shredding vendor comes to DHS weekly and shreds materials securely on site in a specially equipped truck. ADAP has a locked recycling bin within the secure room, and when full, staff accompany the recycling bin to the shredding company's truck, and remain with it until the material within is shredded.

8. Records Retention

ADAP 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.

9. Resources

[Health Resources and Services Administration \(HRSA\).](#)

[Wisconsin AIDS/HIV Drug Assistance Program website.](#)

[ForwardHealth Update announcing ADAP Claims Processing through interChange.](#)

[ForwardHealth Update Medicaid Preferred Drug List.](#)

[ForwardHealth Update ADAP Specific BIN.](#)

9.1 Enrollment Resources

BadgerCare Plus:

How to apply: 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 AIDS/HIV Program to provide HIV case management.

EBD Medicaid:

How to apply: Individuals who are not automatically enrolled through SSI may apply for EBD Medicaid via [Wisconsin ACCESS](#).

More information on EBD Medicaid is available on the [DHS website](#). In-person enrollment assistance is also available at agencies funded by the Wisconsin Communicable Disease Harm Reduction Section to provide HIV case management.

Medicare Part D:

How to apply: 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:

How to apply: 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):

How to apply: 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 Communicable Disease Harm Reduction Section to provide HIV case management.

Silver Marketplace Plans:

How to apply: 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 Communicable Disease Harm Reduction Section 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 co-pays, may be able to utilize patient assistance programs (PAPs) or co-pay assistance programs offered by pharmaceutical companies. Eligibility guidelines and the amount of assistance provided vary by program.

More information on PAPs and co-pay assistance programs is available on the web at www.nastad.org/sites/default/files/HIV-and-PAPs-CAPs-Resource-Document_3.pdf

10. Appendix A: Contact Information for Wisconsin HIV Care and Treatment Organizations

For assistance in completing any ADAP processes, including application/recertification or SMVF, contact an HIV case manager at one of the following organizations in your area:

City	Agency	Phone Number
Appleton	Vivent Health	920-733-2068
Beloit	Beloit Area Community Health Vivent Health	608-361-0311 608-364-4027
Eau Claire	Vivent Health	715-836-7710
Green Bay	Vivent Health	920-437-7400
Kenosha	Vivent Health	262-657-6644
La Crosse	Vivent Health	608-785-9866
Madison	UW HIV Comprehensive Care Program Vivent Health	608-263-0946 608-252-6540
Milwaukee	Froedtert Infectious Disease Clinic Milwaukee Health Services Sixteenth Street Community Health Center Vivent Health	414-805-6444 414-372-8080 414-672-1353 414-273-1991
Superior	Vivent Health	715-794-4009
Wausau/Schofield	Vivent Health	715-355-6867

11. Appendix B: Contact Information for the ADAP and staff

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

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

Dan Leamy, ADAP/IAP Specialist
608-266-2357
daniel.leafy@dhs.wisconsin.gov

Maggie Gritt, ADAP/IAP Specialist
608-266-0682
margaret.gritt@dhs.wisconsin.gov

Jordan Minick, ADAP/IAP Specialist LTE
608-266-0998
jordan.minick@dhs.wisconsin.gov

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

Phone: 1-800-991-5532

Email: DHSDPHADAP@dhs.wisconsin.gov

Fax: 608-266-1288

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

Department of Health Services

Attn: ADAP

PO Box 2659

Madison, WI 53701