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GLOSSARY

ADAP
ADAP is the AIDS Drug Assistance Program. ADAP comprises 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 specific year.

During the budget period, an ADAP client may have:
• Received medications and/or insurance assistance,
• Been terminated, or
• Been eligible but did not receive services for clinical or other reasons.

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 low-income people with HIV infections. Covered medications
include HIV antiretroviral medications, certain medications used to treat and prevent infections associated with or co-occurring with HIV, and medications to ameliorate the side effects of HIV antiretroviral medications.

**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 website of the Wisconsin AIDS/HIV Program at [https://www.dhs.wisconsin.gov/aids-hiv/adap.htm](https://www.dhs.wisconsin.gov/aids-hiv/adap.htm).

**Insurance Assistance Program**
The Insurance Assistance Program pays the cost of premiums for certain types of health insurance policies for eligible, low-income people living with HIV infection.

**Medicaid**
Medicaid provides health coverage to millions of Americans, including eligible, low-income adults, children, pregnant women, elderly adults, and people with disabilities. 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 provides no premium assistance, but will provide drug out-of-pocket costs 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.

**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 disability benefits to low-income 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.
INTRODUCTION

The Wisconsin AIDS Drug Assistance Program (ADAP) provides low-income 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.

Wisconsin AIDS/HIV Program staff in the Wisconsin Department of Health Services (DHS) are responsible for administration of ADAP, including the development of policy and procedures that are in accord with relevant state statutes, federal Ryan White legislation, and other federal funding requirements.

**History of Wisconsin ADAP**

In Wisconsin, drug assistance and health insurance premium assistance for people with HIV pre-dated 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 25 years. The Drug Assistance Program has expanded in scope to cover all HIV antiretroviral medications as well as certain other drugs used in the treatment of HIV infection. The Insurance Assistance Program has expanded in scope to cover certain individual health insurance policies and Medicare Part D Prescription Drug Plans.

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:

- Reducing the number of new HIV infections.
- Increasing access to care and optimizing health outcomes.
- Reducing HIV-related health disparities.
The purpose of this document is to outline core standards for the administration of ADAP. In this policy manual, “ADAP” refers collectively to both the Drug Assistance Program and the Insurance Assistance Program and “client” is defined as an individual who is applying and/or already enrolled in the Drug Assistance Program, Insurance Assistance Program, or both.

The first section of this document includes policies that apply broadly to ADAP. The subsequent sections include policies that specifically apply to either the Drug Assistance Program or the Insurance Assistance Program.

**ADAP**

All state 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.

### 1.0 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 AIDS/HIV Program:

- 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 ForwardHealth 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.

### 1.1 Coordination with Medicaid

Individuals who are enrolled in Wisconsin Medicaid either through 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 medications, including all antiretroviral medications. Eligibility criteria for each of these programs, as well as information on how to apply, are listed below:

- **BadgerCare Plus**: Provides comprehensive medical and prescription drug coverage to:
  - Children, age 19 or younger, with income at or below 300% of the federal poverty level (FPL).
  - Adults with income at or below 100% of the FPL.
• Pregnant woman with income at or below 300% of the FPL. All individuals must be legally present in the United States.

**How to apply:** Individuals can apply for BadgerCare Plus via Wisconsin ACCESS at https://access.wisconsin.gov/ or via the Federal Health Insurance Marketplace at www.healthcare.gov. More information on BadgerCare Plus is available on the DHS website at https://www.dhs.wisconsin.gov/badgercareplus/index.htm. In-person enrollment assistance is also available at agencies funded by the Wisconsin AIDS/HIV Program to provide HIV case management. A list of these agencies is included in Appendix A.

• **EBD Medicaid:** Provides comprehensive medical and prescription drug coverage to low-income 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.

**How to apply:** Individuals who are not automatically enrolled through SSI may apply for EBD Medicaid via Wisconsin ACCESS at https://access.wisconsin.gov/. More information on EBD Medicaid is available on the DHS website at https://www.dhs.wisconsin.gov/medicaid/. In-person enrollment assistance is also available at agencies funded by the Wisconsin AIDS/HIV Program to provide HIV case management. A list of these agencies is included in Appendix A.

The Wisconsin Medicaid program also offers people with disabilities 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 (for more information, see Section 6.1). However, if MAPP is the client’s only source of health coverage, the client is not eligible to participate in the Drug Assistance Program (for more information, see Section 4.3).

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

Table 1 summarizes eligibility for ADAP (Drug Assistance Program and Insurance Assistance Program) based on type of Medicaid coverage.
Table 1: Eligibility for ADAP Based on Type of Medicaid Coverage

<table>
<thead>
<tr>
<th>Type of Medicaid Coverage</th>
<th>Eligible for Drug Assistance Program (Y/N)</th>
<th>Eligible for Insurance Assistance Program (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BadgerCare Plus</td>
<td>N</td>
<td>N (no premiums) Y (with premiums)</td>
</tr>
<tr>
<td>EBD Medicaid</td>
<td>N</td>
<td>N (no premiums) Y (with premiums)</td>
</tr>
<tr>
<td>MAPP</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Dual Eligible: Medicare and EBD Medicaid</td>
<td>If copays owed for ADAP covered drugs: Y If no copays owed: N</td>
<td>N (no premiums)</td>
</tr>
<tr>
<td>Dual Eligible: Medicare and MAPP</td>
<td>If copays owed for ADAP covered drugs: Y If no copays: N</td>
<td>Y (with premiums)</td>
</tr>
</tbody>
</table>

2.0 Eligibility Requirements

Based on federal funding requirements, Wisconsin’s ADAP has an eligibility determination process requiring documentation of low-income status, eligibility based on a specified percent of the FPL, proof of an individual’s HIV-positive status, and Wisconsin residence.

In order to be eligible for ADAP, a client must meet the following criteria:
- Obtain physician certification that the client has HIV infection.
- Reside in Wisconsin.
- Have a family income not exceeding 300 percent of the FPL.
- Have no or insufficient health insurance coverage.
- Not be eligible for BadgerCare Plus or EBD Medicaid unless concurrently enrolled in Medicare Part D.

Clients must provide ADAP with complete and accurate information on required application forms. Links to the application forms on the web are located in Section 3. 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 eligibility criteria.

2.1 Verification of HIV Status

Upon initial application, the client must submit a Part B Form that includes their physician’s signature certifying that the client has been diagnosed with HIV/AIDS. In addition, ADAP staff coordinate with HIV surveillance staff in the AIDS/HIV Program to ensure that a completed case report is on file for all ADAP clients.
2.2 Definition of Family Income
To be eligible for ADAP, family income 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 family income.

- Client
- Client’s legal spouse

For clients *insured by parents*, between ages 18 and 26 years and *employed*, both the client and parents’ income are counted towards the family income, and both the client and parents are counted towards the family size.

For clients *insured by parents*, between ages 18 and 26 years and *unemployed*, the parents’ income is counted towards the family income, and parents and client are counted towards the family size. Earned and/or unearned income received by any of the following individuals *does not* count towards overall family income.

- Client’s registered domestic partner.
- Client’s spouse if legally separated.
- Client’s dependent children under 18 years of age.
- Parental income does not count for a client over 18 years of age, who is employed, provides their own health insurance, and lives with parents.

2.3 Definition of Family Size
Family size is a factor in determining family income, as it relates to the federal poverty guidelines. Individuals counted towards family size include:

- Client
- Client’s legal spouse (except if legally separated)
- Client’s registered domestic partner
- Client’s children under 18 years of age that the client claims as dependents on their income taxes.

2.4 Verification of Income
Table 2 identifies countable sources of family income and acceptable income verification documents.
### Table 2: Sources of Income and Acceptable Verification Documents

<table>
<thead>
<tr>
<th>Countable Sources of Income</th>
<th>Acceptable Verification Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross wages and salary</td>
<td>Most recent paycheck stub (within the last 60 days) from all employers. Most recent Internal Revenue Service (IRS) form 1040 if you are self-employed.</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>Most recent award letter from SSA.</td>
</tr>
<tr>
<td>Social Security Supplement Income (SSI)</td>
<td>Most recent award letter from SSA.</td>
</tr>
<tr>
<td>Dividends and interest</td>
<td>Most recent form 1040 Schedule B or most recent form 1099.</td>
</tr>
<tr>
<td>Estate/trust income, net rental income, and/or royalties</td>
<td>Most recent IRS form 1040 Schedule E.</td>
</tr>
<tr>
<td>Public assistance</td>
<td>Most recent award letter.</td>
</tr>
<tr>
<td>Pensions, annuities, and/or veteran’s pensions</td>
<td>Most recent letter stating pension/annuity amount.</td>
</tr>
<tr>
<td>Unemployment and/or worker’s compensation</td>
<td>Most recent letter stating amount of unemployment/worker’s compensation benefit.</td>
</tr>
</tbody>
</table>

**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
- Gifts
- Inheritance
- Life insurance proceeds
- One-time settlements
- Income tax refunds

A client who does not have any income must document on the ADAP application how they are being supported financially. A written statement from the person or organization 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 Program. The client has 30 days from the date of the letter to respond. 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. If the client is unable to obtain proof of income, a written statement from a case manager or employer (on company letterhead) that indicates an average income may be accepted.

### 2.5 Calculation of Income

Sources of income (defined in preceding Section 2.4) from all family members (listed in Section 2.2) are counted toward overall family 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 in determining 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 annual income, the resulting amount is multiplied by either 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 an 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 2080 hours 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 2080 (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 annual income for purposes of eligibility determination.

For clients who receive monthly income from sources such as pensions, SSDI, SSI, and/or public assistance, income 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).

Once calculated, family income and family size (defined in Section 2.2 and Section 2.3) are used to determine the client’s income as it relates to the federal poverty guidelines, which are 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 web at [https://www.dhs.wisconsin.gov/aids-hiv/federalpovertylevels.pdf](https://www.dhs.wisconsin.gov/aids-hiv/federalpovertylevels.pdf).

**2.6 Verification that Clients Reside in Wisconsin**
Clients must reside in Wisconsin in order to be eligible for ADAP. Any one of the following documents is acceptable verification of Wisconsin residence:

- Most recent rental agreement or lease.
• Wisconsin Driver License or Wisconsin identification card.
• Most recent bill in the applicant’s name.
• Statement from an authorized individual certifying current residence.

The documents listed above will only be accepted as proof of residency if they are:
• Current (within the last six months) and not expired.
• Show your name and the same address listed as your physical address on the Application/Recertification.
• Not a PO box address. Residency documents with a PO box will not be accepted.

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 thirty days from the date of the letter to submit verification. If verification is not received within thirty 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. 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 up to six months, assuming they continue to meet all other eligibility requirements.

2.7 Clients who are Incarcerated
Clients incarcerated in a state 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 at the time of application are not eligible for ADAP services; however, clients who have already been determined eligible for ADAP and subsequently become incarcerated in a county jail may continue to receive 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 (as defined in Section 2.6) at the next applicable recertification or six month report form submission.

2.8 Clients Currently Residing in Inpatient Settings
ADAP is an outpatient program. 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 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 3 identifies facilities where ADAP medication assistance can or cannot be provided.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>ADAP provides medication assistance</th>
<th>ADAP does not provide medication assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital, inpatient</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Rehabilitation Hospital, inpatient</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Long-term Care Hospital, inpatient</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>SNF, inpatient</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>RCAC</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>CBRF</td>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

2.9 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.

Clients may be terminated from ADAP at any time due to the following:
• Mail returned with no forwarding address.
• Mail returned with an out-of-state forwarding address.
• Notification from a third party that the client has moved out of Wisconsin.
• Verbally abusive of or threatening AIDS Drug Assistance or Insurance Assistance Program staff.
• Intentionally falsifying information.
• Nondisclosure of insurance information.
• Failure to return requested information timely.
• Failure to submit biannual recertification (annual comprehensive recertification and six-month report form) with supporting documents.
• Medicaid eligible (not concurrent with Medicare Part D).
• Exceeding the income limit for the programs.

Individuals enrolled in ADAP must complete recertification every six months to verify ongoing eligibility for the program. Recertification takes place in April and October of each year. Specific processes related to initial application and ongoing recertification are outlined in the next section of this document.

3.0 Application Process
All clients who wish to have their eligibility determined for ADAP must submit the required application developed by the Wisconsin AIDS/HIV Program. A copy of the most recent ADAP application is available on the website of the AIDS/HIV Program at https://www.dhs.wisconsin.gov/aids-hiv/adap.htm. 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 on ADAP (assuming all other eligibility requirements are met) while awaiting decision on pending applications for MA/health insurance.

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

3.1 Initial Application
Individuals submitting an initial application 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 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 at https://www.dhs.wisconsin.gov/forms/f4/f44614i.pdf. Spanish instructions to complete this form are available at https://www.dhs.wisconsin.gov/forms/f4/f44614is.pdf.

• **Form F-44614B: AIDS/HIV Insurance Premium Subsidy and Drug Assistance Program Part B: Physician Portion; Spanish Version of F-44614B**
  This form must be completed by the client’s physician upon initial application. This form certifies that the client has been diagnosed with HIV and is or will be prescribed antiretroviral medication within the next 90 days. This form is available on the Wisconsin AIDS/HIV Program website at https://www.dhs.wisconsin.gov/forms/f4/f44614b.pdf. The Spanish version of this form is available at https://www.dhs.wisconsin.gov/forms/f4/f44614bs.pdf.
- Supporting documentation to provide verification of household income and Wisconsin residence as outlined in Section 2.4 and Section 2.6 of this document.

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.

3.2 Recertification
After initial application, clients enrolled in ADAP must complete recertification every six months to maintain eligibility. Certification periods begin April 1 of each year and ends March 31 the following year.

a. **Six-month recertification** occurs in October 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** (SMRF); **Spanish Version of F-00851**
     This form is completed by the client or individual assisting the client and is a shortened version of the full ADAP application required for initial application and annual recertification. This form is available on the website of the Wisconsin AIDS/HIV Program at [https://www.dhs.wisconsin.gov/forms/f0/f00851.pdf](https://www.dhs.wisconsin.gov/forms/f0/f00851.pdf). The Spanish version of this form is available at [https://www.dhs.wisconsin.gov/forms/f0/f00851s.pdf](https://www.dhs.wisconsin.gov/forms/f0/f00851s.pdf).
   - Supporting documents to provide verification of income as outlined in Section 2.4

   SMRFs are due on September 30 (with a 15-day grace period ending on October 15). SMRFs will be provided to clients prior to the deadline. Clients who submit their SMRF during the grace period, if determined eligible, will remain eligible for ADAP without a gap in coverage. Failure to submit a SMRF by October 15 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.

b. **Annual comprehensive recertification** occurs in April 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 intended 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 at [https://www.dhs.wisconsin.gov/forms/f4/f44614i.pdf](https://www.dhs.wisconsin.gov/forms/f4/f44614i.pdf). The Spanish instructions for completing this form is available at [https://www.dhs.wisconsin.gov/forms/f4/f44614is.pdf](https://www.dhs.wisconsin.gov/forms/f4/f44614is.pdf).
• Supporting documentation to provide verification of household income and Wisconsin residency is outlined in Section 2.4 and Section 2.6 of this document.

Annual recertification forms are due March 31 (with a 15-day grace period ending on April 15). Recertification materials will be provided to clients prior to the due date. Clients who submit their annual recertification forms by the end of the grace period, if determined eligible, will remain eligible without a gap in coverage. Failure to submit recertification materials by April 15 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.

DRUG ASSISTANCE PROGRAM

The Drug Assistance Program, authorized by Wis. Stat. § 49.686, is designed to maintain the health and independence of low-income 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.

4.0 Information for Clients
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 HIV case managers. Clients and case managers should also be aware of policies listed in the previous ADAP Section of this document.

4.1 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


Only medications listed in the Drug Assistance Program formulary will be covered.

4.2 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 2.0 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.

4.3 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 (outlined in Section 2.0) 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). Table 4 outlines the types of health insurance individuals must have in order for the Drug Assistance Program to cover their medication out-of-pocket costs, as well as the types of insurance for which the Drug Assistance Program will not cover these costs.

Table 4: Types of Insurance for which the Drug Assistance Program Covers Out-of-pocket Costs of Formulary Medications

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Drug Assistance Program Covers Medication Co-Pays</th>
<th>Drug Assistance Program does not Cover Medication Co-Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (Part D)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dual Eligible: Medicare and EBD Medicaid</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dual Eligible: Medicare and Medicaid, including the Medicaid Purchase Plan (MAPP)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>BadgerCare Plus Standard Plan</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>EBD Medicaid</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid Purchase Plan (MAPP)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Employer-Sponsored Health Insurance</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Individual Health Insurance (purchased though the Federal Health Insurance Marketplace or independent of the Marketplace)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>COBRA Continuation</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

4.4 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 pharmacy (see text box below). 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.
The Drug Assistance Program is not responsible for paying claims to pharmacies that are not enrolled as ADAP providers.

4.5 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 prior to relocating 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 time of initial relocation.

4.6 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 https://www.nastad.org/sites/default/files/HIV-and-PAPs-CAPs-Resource-Document_3.pdf

5.0 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.

5.1 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:
On the left side of the webpage, select “Become a Provider.”

On the left of the webpage, select “Start or Continue Your Enrollment Application.”

On the right side of the page under “To Start a New ADAP Enrollment,” select “ADAP Provider Enrollment Application.”

Medicaid’s Provider Services Department determines the begin 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 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 ForwardHealth NCPDP Payer Sheet https://www.dhs.wisconsin.gov/publications/p0/p00272.pdf.) 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

When necessary, paper claims will be accepted for an additional charge. 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 (F-13072) and mailed to:
ADAP
PO Box 8758
Madison, WI 53708

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

The Insurance Assistance Program is designed to maintain the health and independence of low-income individuals living with HIV in Wisconsin by covering all or part of the cost of their monthly health insurance premium. The Insurance Assistance Program will pay the cost of a family health insurance policy as long as at least one person covered on the policy has HIV infection 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.

6.0 Information for Clients
The following information pertains to clients who are currently enrolled in the Insurance Assistance Program or those applying. This information is also important for individuals assisting clients with enrollment in the Insurance Assistance Program such as HIV case managers. Clients and case managers should also be aware of policies listed in the ADAP section of this document.

6.1 Types of Health Insurance Premiums Covered by the Insurance Assistance Program
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 HHS Clinical Guidelines and Treatment of HIV/AIDS as well as appropriate primary care services; and (2) are cost-effective per HRSA’s definition (HAB Policy Notice 07-05). The following is a list of the specific types of insurance plans for which the Insurance Assistance Program will cover the full or partial cost of premiums for eligible clients as defined in Section 2.0 of this manual. Information on how to apply for each of these plans is also listed below.

- **Medicare Part D Plans**: Individuals who are determined disabled by the Social Security Administration become eligible for Medicare after 24 months of disability. Individuals age 65 and older are also eligible for Medicare. Medicare Part D provides coverage for prescription drugs. The Insurance Assistance Program will cover the cost of Medicare Part D premiums for eligible clients.

  How to apply: Individuals can compare and enroll in Medicare Part D Plans via the Medicare Plan Finder at [https://www.medicare.gov/find-a-plan/questions/home.aspx](https://www.medicare.gov/find-a-plan/questions/home.aspx). Individuals can also contact 1-800-MEDICARE or the Wisconsin Part D Helpline at 1-800-926-4862 for assistance.

- **Basic Medicare Supplement Plans**: Individuals who are determined disabled by the Social Security Administration become eligible for Medicare after 24 months of disability. Individuals age 65 and older are also eligible for Medicare. Many Medicare recipients obtain additional coverage through private Medicare Supplement Policies to help lower their of out-of-pocket expenses. The Insurance Assistance Program will cover the cost of premiums 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. These premiums are covered using dollars from nonfederal sources.

**How to apply:** Individuals can compare and enroll in Basic Medicare Supplement plans using [www.medicare.gov](http://www.medicare.gov). Individuals can also contact 1-800-MEDICARE or the Wisconsin Medigap Helpline at 1-800-242-1060.

- **Medicaid Purchase Plan (MAPP):** MAPP offers people with disabilities 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 Insurance Assistance Program will cover the cost of MAPP premiums for eligible individuals.

  **How to apply:** Individuals can apply for MAPP via Wisconsin ACCESS at [https://access.wisconsin.gov/](https://access.wisconsin.gov/). More information on MAPP is available on the Wisconsin DHS website at [https://www.dhs.wisconsin.gov/medicaid/publications/p-10071.htm](https://www.dhs.wisconsin.gov/medicaid/publications/p-10071.htm). In-person assistance is also available at agencies funded by the Wisconsin AIDS/HIV Program to provide HIV case management. A list of these agencies is included in Appendix A.

- **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. Insurance policies offered through the Marketplace are divided into four levels: Bronze, Silver, Gold and Platinum.

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

  **How to apply:** Individuals can compare and enroll in Silver Plans via the federal Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or by calling 1-800-318-2596. In-person assistance is also available at agencies funded by the Wisconsin AIDS/HIV Program to provide HIV case management. A list of these agencies is included in Appendix A.

- **Employer-Sponsored Health Insurance:** The Insurance Assistance Program will cover the cost of premiums for employee-sponsored health insurance that provides prescription drug coverage; it will only cover the portion of the health insurance premium that is deducted from the client’s pay check and will not reimburse the portion of the 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. Client reimbursements are made using non-federal dollars.
• **COBRA**: COBRA provides 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 other life events) the option to choose to continue group health benefits provided by their group health plan for up to 18 months (or 29 months if determined disabled by the SSA) after initial enrollment in COBRA. The Insurance Assistance Program 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.

**How to apply:** The client’s employer will inform the client if they qualify for COBRA and provide the forms necessary for enrollment.

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

**6.2 Payment of Insurance Premiums**

In order for the Insurance Assistance Program 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.
- 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).

Failure to provide the Insurance Assistance Program 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 Insurance Assistance Program after their application has been reviewed by Program staff. Eligibility determination letters will include details on the first month of payment to be made by the Insurance Assistance Program. Clients are responsible for premiums and should continue to make payments directly to their insurance company until this notification is received.

In general, the Insurance Assistance Program processes all insurance premium payments according to the schedule in the following table. Exceptions to this schedule will be made due to state and federally recognized holidays. Other exceptions will be considered on a case-by-case basis if requested by a client or client representative or to avoid late payments.
### Table 5. Insurance Premium Payment Schedule

<table>
<thead>
<tr>
<th>Type of Premium</th>
<th>Scheduled Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Purchase Plan (MAPP)</td>
<td>3rd or 4th Thursday of the month prior to the month of coverage.</td>
</tr>
<tr>
<td>Monthly premiums for:</td>
<td></td>
</tr>
<tr>
<td>Marketplace plans, other individual plans, and COBRA policies</td>
<td>2nd Thursday of the month prior to the month of coverage.</td>
</tr>
<tr>
<td>Medicare Part D Prescription Drug Plans</td>
<td>Paid annually</td>
</tr>
<tr>
<td>Quarterly premiums</td>
<td>3rd Thursday of the month prior to the quarter of coverage.</td>
</tr>
<tr>
<td>Reimbursement for employer-based coverage</td>
<td>Weekly as needed. Clients should expect delays during recertification time.</td>
</tr>
</tbody>
</table>

Clients are responsible for providing invoices received from insurance companies to the Insurance Assistance Program 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 Insurance Assistance Program staff of changes to avoid a gap in coverage or termination of coverage by the insurance company.

Clients are responsible for notifying the Insurance Assistance Program of any late notices or termination notices received from the insurance company. Failure to notify the Insurance Assistance Program of late or termination notices may result in termination of coverage by the insurance company.

#### 6.3 Backdated Coverage

Newly eligible clients of the Insurance Assistance Program will be allowed a 30-day backdate (from date of initial enrollment in the Insurance Assistance Program) for coverage of premiums if requested. Exceptions to this rule 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 backdate period.

#### 6.4 Reimbursement of Insurance Premiums

Clients who have insurance premiums automatically deducted from their paychecks or have an insurance that requires checking account deduction may be eligible for reimbursement of premiums through the Insurance Assistance Program. Proof of the premium payment is required for each reimbursement before a payment will be reimbursed. This proof may be in the form of a paycheck stub or bank statement showing the deduction. Proof of payment is due to the Insurance Reimbursement Program by 4:00 p.m. on the 15th of the month. Reimbursement will be entered upon receipt of proof of payment and will be processed the fourth Thursday of the month. Generally, clients will receive their reimbursement check in the mail between Tuesday and Thursday of the following week. Proof of payment received after 4:00 p.m. on the 15th of the month will be
entered and processed with the next month’s voucher. Reimbursement to clients for employer-based insurance will only be made using nonfederal funds.

7.0 Information for Insurance Companies

7.1 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.

7.2 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. The RA will identify the client for whom the payment is being made, the period of coverage of the payment, the address to which the payment will be sent, and the policy identification number.

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.

CLIENT RIGHTS AND RESPONSIBILITIES

Civil Rights, Confidentiality, and Client Responsibilities
All individuals applying for and receiving benefits through ADAP are protected against discrimination based on race, color, national origin, sex, religion, age, disability, or association with a person with a disability.

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, family size, address, eligibility, health insurance coverage, Medicaid or Medicare coverage.

CONFIDENTIALITY

The AIDS/HIV Program staff members 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. 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 of the secure ADAP room.

All correspondence sent from ADAP staff are mailed in DHS envelopes marked “Confidential.” The return address does not identify ADAP or AIDS/HIV. 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. At the risk of email being 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 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. When full, staff accompany the recycling bin to the shredding company’s truck and remain with it until the material within is shredded.

**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.

**RESOURCES**

Health Resources and Services Administration (HRSA):

Wisconsin AIDS/HIV Drug Assistance Program website:
[https://www.dhs.wisconsin.gov/aids-hiv/adap.htm](https://www.dhs.wisconsin.gov/aids-hiv/adap.htm)

ForwardHealth Update announcing ADAP Claims Processing through interChange
[https://www.forwardhealth.wi.gov/kw/pdf/2012-60.pdf](https://www.forwardhealth.wi.gov/kw/pdf/2012-60.pdf)

ForwardHealth Update Medicaid Preferred Drug List

ForwardHealth Update ADAP Specific BIN

ForwardHealth Update NCPDP Payer Sheet
[https://www.dhs.wisconsin.gov/publications/p0/p00272.pdf](https://www.dhs.wisconsin.gov/publications/p0/p00272.pdf)
### APPENDIX A

**AGENCIES THAT ASSIST CLIENTS WITH ADAP APPLICATION PROCESSES**

- For questions about information requested in the ADAP Application/Recertification of SMRF, call the AIDS/HIV Program at 1-800-991-5532.
- For assistance in completing the Application/Recertification or SMRF, contact an AIDS/HIV case manager at one of the following organizations in your area:

<table>
<thead>
<tr>
<th>Wisconsin AIDS Service and Community-Based Organizations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City</strong></td>
<td><strong>Agency</strong></td>
</tr>
<tr>
<td>Appleton</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Beloit</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Eau Claire</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Green Bay</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Janesville</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Kenosha</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>La Crosse</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Superior</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
<tr>
<td>Wausau/Schofield</td>
<td>AIDS Resource Center of Wisconsin (ARCW)</td>
</tr>
</tbody>
</table>
APPENDIX B

ADAP STAFF CONTACT INFORMATION

Michael McFadden, HIV Care and Surveillance Supervisor
608-266-0682
michael.mcfadden@dhs.wisconsin.gov

Amy Wick, ADAP Coordinator
608-261-6952
amyr.wick@dhs.wisconsin.gov

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

Vacant, Client Eligibility Specialist/Insurance Coordinator
608-267-6875
xxx.xxx@dhs.wisconsin.gov

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

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

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.