

# North Carolina HIV Medication Assistance Program

## Program Manual

NC Department of Health and Human Services  
Division of Public Health, Epidemiology Section  
Communicable Disease Branch

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## **Program Overview**

The North Carolina HIV Medication Assistance Program (HMAP) is the government funded AIDS Drug Assistance Program (ADAP) for the state of North Carolina. HMAP uses a combination of state and federal funds to provide eligible low-income residents of North Carolina with essential medications for the treatment of HIV, related conditions, and other co-morbidities, as well as prevention and/or treatment of related opportunistic infections.

### **Payer of Last Resort**

HMAP is intended to fill gaps in HIV treatment and serve as the payer of last resort. Federal guidelines do not allow any item or service to the extent that payment has been made or can reasonably be expected to be made by another payment source.

### **HMAP Eligibility Requirements**

To be eligible for HMAP, individuals must:

- be HIV positive,
- reside in North Carolina,
- have a modified adjusted gross family income that is equal to or less than 300 percent of the Federal Poverty Guidelines (see Appendix F).

HMAP is not available for individuals with private health insurance\*, employer sponsored health insurance, or Medicaid\*.

\*See explanations and exceptions under the UMAP Specific Eligibility section below.

### **HMAP Sub-Programs**

There are four sub-programs within HMAP that pay for medications:

1. **UMAP**: The **U**ninsured/**U**nderinsured **M**edication **A**ssistance **P**rogram purchases medications directly from a contracted Pharmaceutical Wholesaler (Cardinal Health) and distributes medications through a contracted Dispensing Pharmacy (Walgreens).
2. **SPAP**: The **S**tate **P**harmaceutical **A**ssistance **P**rogram uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Medicare Prescription Drug Plans to pay all out of pocket costs for any medications covered by the primary Medicare Prescription Drug Plan (Medicare Part D Plan or Medicare Advantage Plan).
3. **ICAP**: The **I**nsurance **C**opayment **A**ssistance **P**rogram uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Qualified Health Plans purchased on the Federal Marketplace (Healthcare.gov) to pay all out of pocket costs for any medications covered by the primary Qualified Health Plan.
4. **PCAP**: The **P**remium and **C**opayment **A**ssistance **P**rogram uses a Pharmacy Benefits Manager (Ramsell Corp.) to coordinate with Qualified Health Plans purchased on the Federal Marketplace (Healthcare.gov) to pay all out of pocket costs for any medications covered by the primary Qualified Health Plan, as well as the monthly insurance premiums.

## **The Uninsured/Underinsured Medication Assistance Program (UMAP)**

UMAP is the sub-program within HMAP that serves clients who are uninsured or underinsured. UMAP uses a dispensing pharmacy (Walgreens) to distribute medications to clients. There is no cost for medications on the UMAP formulary but UMAP clients are responsible for the full cost of medications not included on the UMAP formulary. See Appendix D for the complete list of medications covered by UMAP.

### **UMAP Specific Eligibility:**

Although UMAP is intended for uninsured clients, underinsured clients may also be eligible. Underinsured is defined as a lack of other resources to pay for prescribed HIV medications, or documented gaps in third party coverage for medications (See Appendix G).

Individuals with the following types of insurance are eligible for HMAP and will be served through UMAP:

- Insurance plans with no prescription coverage.
- Insurance plans that only offer a prescription discount card.
- Insurance plans that do not cover HIV medications.
- Insurance plans with prescription caps at or below \$1,200.
- Insurance plans with prescription caps greater than \$1,200, but only after the individual has spent down the benefit to below \$1,200 dollars.
- Medicaid benefits that do not include prescription coverage (e.g. Medicaid Family Planning Waiver (FPW)).
- Medicaid Spend-down (Medicaid Deductible)

### **UMAP Prescription Processing and Regular Medication Dispensing Process**

Walgreens is the contracted dispensing pharmacy for UMAP. UMAP prescriptions are filled and mailed from Walgreens locations in Durham and Charlotte. UMAP clients can also pick up their medications at any of the Walgreens locations in the UMAP pharmacy network. See Appendix B for the list of Walgreens locations in the UMAP Pharmacy Network.

Upon enrollment, Walgreens will contact new clients to establish a mailing address or identify a medication pick-up location. The regular medication dispensing process is for Walgreens to dispense a 30-day supply of medications on a monthly basis. Walgreens will call each UMAP client before filling prescriptions and mailing/dispensing monthly medications. Walgreens will not dispense to clients if they are unable to reach the client by phone. Walgreens will make two attempts to reach clients before reaching out to the client's case manager. Walgreens will only mail medications to verifiable addresses in North Carolina. UMAP clients should notify the pharmacy if there has been a change in contact information, mailing address, prescriptions, or refill preferences.

Prescriptions for UMAP clients can be sent to any Walgreens Pharmacy in the UMAP Pharmacy Network but the fastest/preferred method would be for prescribers to send prescriptions electronically to Walgreens Store # 16405. See Appendix B for the UMAP Pharmacy Network.

## **UMAP Delivery Exception Requests (DER)**

These are defined as any dispense different from the usual 30-day supply delivered each month. UMAP clients or their case manager should notify the pharmacy in advance if they are requesting a DER.

### **DER Categories**

#### **Early Refill – Request for refill *before* regularly scheduled dispense date.**

- Lost Medication
- Stolen medication
- Damaged medication – example; medication accidentally thrown away or flushed
- Other temporary situations – domestic violence, weather-related emergency

#### **Reshipment – Package never received or received damaged**

- Medication shipped to and received by client; found to be damaged on receipt (crushed box, etc.)
- Medication shipped out but not received by client

#### **Out of State Shipment – Client on vacation, family emergency, work training**

- Medication shipped to location within the United States
- Medication *cannot* be shipped outside the United States

#### **Greater than 30-day supply – Maximum allowance 90 days per 6-month coverage period** (unless there are documented extenuating circumstances and request has been approved by HMAP coordinator).

- Leaving United States for extended vacation
- Relocating, transitional fill requested
- Visiting with family for extended period (shipped out of state or picked up from a UMAP Pharmacy Network location prior to departure)

#### **Note:**

The program will not allow dispenses past a clients' current enrollment end date. The program will not approve multiple requests during a 6-month coverage period. Decision to approve, pend, or deny DER made case by case

- Denial ex: DER extends beyond eligibility period and client not reauthorized.

## **The State Pharmaceutical Assistance Program (SPAP)**

SPAP is the sub-program within HMAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for all medications covered by a Medicare Part D Plan or Medicare Advantage Plan. There are no costs for medications covered by a Medicare Prescription Drug Plan or Medicare Advantage Plan. SPAP clients are responsible for paying their monthly Medicare insurance premiums and non-pharmacy copayments/deductibles. The SPAP formulary follows the primary insurance plan (See Appendix E). As a secondary payer, SPAP will pay all out of pocket costs for any prescription drug (not just HIV drugs) which is allowed by the primary insurance plan.

For example, if a Hepatitis C drug is on a client's Medicare Part D plan formulary, then Medicare will pay first for that drug and SPAP will pay any left-over costs.

### **SPAP Specific Eligibility:**

- HMAP eligible clients who are also eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan or a Medicare Advantage Plan. Clients have 60 days to enroll in a Medicare Part D plan once identified as eligible but not enrolled in a Medicare Part D plan. HMAP staff will notify the client's case manager via telephone and/or email regarding the need to enroll in a Part D plan. HMAP staff will also mail a notification letter to the client.
- Clients who drop or lose their Medicare Part D coverage that were previously allowed 60 days for enrollment will only receive 5 days to re-enroll in a Medicare Part D plan once identified as no longer enrolled in a Medicare Part D plan.
- Clients who fail to enroll or re-enroll in a Medicare Prescription Drug Plan or a Medicare Advantage Plan within the specified deadlines will be terminated from HMAP. Clients will not be allowed back on the program until enrolled or re-enrolled in a Medicare Prescription Drug Plan or Medicare Advantage Plan.
- HMAP eligible clients who are also eligible for Medicare and have income at/below 125 percent of the Federal Poverty Guidelines are required to apply for the Low-Income Subsidy (LIS) or 'Extra Help', if they are not automatically eligible, through the Social Security Administration. Individuals who are eligible for both Medicare and Medicaid are automatically eligible for LIS. More information about the LIS is available at [www.ssa.gov](http://www.ssa.gov).
- Individuals with Medicaid benefits that assist with Medicare premiums but do not assist with prescription coverage (Medicare Savings Program) are eligible for HMAP and will be served through SPAP.
- Clients who have both Medicare and Medicaid ("Dual Eligible") are eligible for SPAP.

### **SPAP Prescription Processing and Regular Medication Dispensing Process**

When an SPAP client fills a prescription for a covered medication, the pharmacy bills the primary insurance plan (Medicare Prescription Drug Plan or Medicare Advantage Plan), and then bills SPAP as the secondary payer through Ramsell Corp.

SPAP clients will receive a Supplemental Prescription Benefits Card from Ramsell after their SPAP coverage starts. SPAP clients filling prescriptions at one of the Walgreens locations included in the UMAP pharmacy network (See Appendix B) will receive monthly calls from Walgreens before receiving a 30-day supply of medications. Walgreens will not dispense to clients if they are unable to contact the client by phone. Walgreens will make two attempts to reach clients before reaching out to the client's case manager.

SPAP clients can also fill their prescriptions at any other pharmacy included in the SPAP pharmacy network (See Appendix C). SPAP clients that fill their prescriptions at

Revised December 09, 2020

pharmacies outside of the UMAP pharmacy network must provide their primary insurance card and their SPAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist. SPAP clients that fill their prescriptions outside of the UMAP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens.

Prescriptions for SPAP clients should be sent directly to a pharmacy in the SPAP Pharmacy Network that is also in the primary insurance plan's (Medicare Prescription Drug Plan or Medicare Advantage Plan) pharmacy network.

### **SPAP Prescription Processing Exceptions**

As a secondary payer, SPAP will pay the out of pocket costs for any pharmacy claim allowed by the SPAP client's Medicare Prescription Drug Plan. The allowable days' supply, delivery address, or pharmacies used to fill the prescriptions are all dependent on the primary insurance plan's (Medicare Prescription Drug Plan or Medicare Advantage Plan) rules and limits.

### **The Insurance Copayment Assistance Program (ICAP)**

ICAP is the sub-program within HMAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay all out of pocket costs for all medications covered by a Qualified Health Plan purchased on the Federal Marketplace ([healthcare.gov](https://www.healthcare.gov)). There are no costs for medications covered by a Qualified Health Plan. ICAP clients are responsible for paying their monthly insurance premiums and non-pharmacy copayments/deductibles. The ICAP formulary follows the primary insurance plan (See Appendix E). As a secondary payer, ICAP will pay all out of pocket costs for any prescription drug (not just HIV drugs) which is allowed by the primary insurance plan. For example, if a Hepatitis C drug is on a client's Qualified Health Plan's formulary, then the QHP will pay first for that drug and ICAP will pay any left-over costs.

### **ICAP Specific Eligibility**

HMAP eligible clients who are enrolled in a Qualified Health Plan purchased on the federal marketplace are eligible for ICAP.

### **ICAP Prescription Processing and Regular Medication Dispensing Process**

When an ICAP client fills a prescription for a covered medication, the pharmacy bills the primary insurance plan (Qualified Health Plan) and then bills ICAP as the secondary payer through Ramsell Corp. ICAP clients will receive a Supplemental Prescription Benefits Card from Ramsell after their ICAP coverage starts. ICAP clients filling prescriptions at one of the Walgreens locations included in the UMAP pharmacy network (See Appendix B) will receive monthly calls from Walgreens before receiving a 30-day supply of medications. Walgreens will not dispense to clients if they are unable to contact the client by phone. Walgreens will make two attempts to reach clients before reaching out to the client's case manager. ICAP clients can also fill their prescriptions at any other pharmacy included in the ICAP pharmacy network (See Appendix C).

ICAP clients that fill their prescriptions at pharmacies outside of the UMAP pharmacy network must provide their primary insurance card and their ICAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist. ICAP clients that fill their prescriptions outside of the UMAP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens.

Prescriptions for ICAP clients should be sent directly to a pharmacy in the ICAP Pharmacy Network that is also in the primary insurance plan's (Qualified Health Plan) pharmacy network.

### **ICAP Prescription Processing Exceptions**

As a secondary payer, ICAP will pay the out of pocket costs for any pharmacy claim allowed by the ICAP client's Qualified Health Plan. The allowable days' supply dispensed, delivery address, or pharmacy used to fill the prescriptions are all dependent on the primary insurance plan's (Qualified Health Plan) rules and limits.

### **The Premium & Copayment Assistance Program (PCAP)**

PCAP is the sub-program within HMAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay monthly premiums and out of pocket costs for all medications covered by a Qualified Health Plan (QHP) purchased on the Federal Marketplace ([healthcare.gov](http://healthcare.gov)). There are no costs for medications covered by a QHP. PCAP clients are responsible for paying their non-pharmacy copayments/deductibles, such as copays for a doctor's visit. The PCAP formulary follows the primary insurance plan (See Appendix E).

As a secondary payer, PCAP will pay all out of pocket costs for any prescription drug (not just HIV drugs) which is allowed by the primary insurance plan. For example, if a Hepatitis C drug is on a client's QHP's formulary, then the QHP will pay first for that drug and PCAP will pay any left-over costs. PCAP does not cover dental or vision insurance premiums. PCAP will not pay penalties that clients may receive for not having health insurance coverage at any point during the year.

### **PCAP Specific Eligibility**

HMAP eligible clients who are enrolled in a QHP purchased on the federal marketplace and have a modified adjusted gross income (MAGI) between 0-300% of the Federal Poverty Level (FPL) are eligible for PCAP.

### **PCAP Payment Processing**

PCAP will make insurance premium payments through Ramsell as long as the client remains HMAP eligible and recertifies during each renewal period. For PCAP to pay premiums, it is important that a client does not have a lapse in HMAP coverage. If a client does not renew their HMAP application within the scheduled renewal periods, PCAP will no longer pay the client's premium and it will be the client's responsibility to make premium payments or risk losing their health insurance coverage.

Once approved, PCAP clients may still receive monthly invoices for insurance premiums; clients don't need to pay the invoices as long as they are HMAP eligible and authorized for services. Clients should keep the invoices for their records. The client's chosen insurance plan (QHP) will be billed as the primary payer and PCAP will be billed as the secondary payer through Ramsell Corp. To ensure payments are processed in a timely manner and without interruption, PCAP clients should remove the auto-draft feature from their billing account prior to enrolling in PCAP.

### **PCAP Prescription Processing and Regular Medication Dispensing Process**

When a PCAP client fills a prescription for a covered medication, the pharmacy bills the primary insurance plan (QHP) first, and then bills PCAP as the secondary payer through Ramsell Corp. PCAP clients will get a prescription card from their QHP **and** a Supplemental Prescription Benefits Card from Ramsell after their PCAP coverage starts. It is very important that clients picking up medications at a retail pharmacy take **both** cards with them so the pharmacy can bill the claim properly. Otherwise, the client may be asked to pay a co-payment because the pharmacy is unaware that the client has a secondary payer. If the client has both cards and the claim is billed correctly, the client will have a \$0 co-pay.

PCAP clients filling prescriptions at one of the Walgreens locations included in the UMAP pharmacy network (See Appendix B) will receive monthly calls from Walgreens before receiving a 30-day supply of medications. Walgreens will not dispense to clients if they are unable to contact the client by phone. Walgreens will make two attempts to reach clients before reaching out to the client's case manager.

PCAP clients that fill their prescriptions at pharmacies outside of the UMAP pharmacy network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens.

Prescriptions for PCAP clients should be sent directly to a pharmacy that is in the primary insurance plan's (QHP's) pharmacy network **and** in the PCAP Pharmacy Network. **This is very important.** If the prescriptions are sent to a pharmacy in the QHP's network but that pharmacy is not a pharmacy in the PCAP network, the claim will not go through properly. The reverse is also true; if the prescription is sent to a pharmacy in the PCAP pharmacy network, but that pharmacy is not in the QHP's network, the claim will not go through properly. *It is very important for clients who are filling at a retail pharmacy to have both cards with them when they pick up their medications.* Pharmacy networks are an important consideration when selecting a QHP.

### **PCAP Prescription Processing Exceptions**

As a secondary payer, PCAP will pay the out of pocket costs for any pharmacy claim allowed by the PCAP client's Qualified Health Plan. The allowable days' supply dispensed, delivery address, or pharmacies used to fill the prescriptions are all dependent on the primary insurance plan's (Qualified Health Plan) rules and limits.

## Plan Selection

PCAP clients must enroll in an **Individual** QHP purchased on the Federal Marketplace. Clients can sign up for any QHP that is offered in North Carolina. There is no restriction on metal level (bronze, silver, gold, platinum) or insurance carrier (Blue Cross Blue Shield, Cigna, Ambetter).

- **Individual vs. Family Plan:** PCAP will only enroll and make premium payments toward individual coverage plans. An exception may be made if all covered persons in a family plan are PCAP clients.

## Insurance Documentation

Interviewers are expected to inform the HMAP Office immediately when they become aware that a client's insurance situation has changed:

- The client now has insurance that they previously did not have
- The client has lost insurance (no longer has insurance)
- The client's premium amount has changed (increased or decreased)

In addition to standard HMAP application materials, interviewers must also submit documentation for proof of insurance **and** insurance premium amount for potential PCAP clients.

Examples of acceptable documentation include:

- Copy of insurance card (preferred)
- Copy of invoice from insurance carrier (preferred)
- Copy of enrollment verification letter from insurance carrier
- Copy of Marketplace enrollment verification

## Advance Premium Tax Credits (APTC)

All PCAP clients that are eligible for an APTC when applying for a QHP on the Federal Marketplace, are required to apply the **full** credit to the premium amount *at the time of application* (instead of receiving the credit on a federal tax return at the end of the calendar year).

- HMAP requires PCAP clients who receive the APTC to provide federal tax information such as a tax return.
- Due to federal regulations, HMAP will vigorously pursue any excess premium tax credit a client receives from the IRS.

## HMAP Recertification

A renewal application is defined as an application for a client that is currently enrolled in HMAP and is applying to renew their eligibility for the next coverage period. All current enrollees are required to renew eligibility twice yearly, between January and March and

between July and September, regardless of when they first applied for HMAP. Even clients that enrolled in HMAP days before the next renewal period begins are required to renew once the next renewal period starts.

### **Important points to remember:**

- For PCAP to pay premiums, it is important that a client does not have a lapse in HMAP coverage.
- **If a client does not renew their HMAP application within the scheduled renewal periods, PCAP will cease payments of the client's premium.**
- *It will be the client's responsibility to make premium payments until HMAP coverage is restored or risk losing their health insurance coverage.*

The HMAP office will contact the case manager of record regarding client termination of coverage. If a client loses insurance coverage for any reason, they can return to UMAP enrollment immediately, assuming proper recertification and meeting eligibility requirements. However, it is important for the client to understand that UMAP only pays for medications; UMAP is **not** insurance and will not pay for doctor visits, lab work, etc.

### **Reporting Changes**

Once a client is on PCAP, it is important to report any change in insurance premium amount to the HMAP office **immediately**. This will ensure that the appropriate premium payment is made to the insurance carrier or that payments stop if the client loses coverage through the Marketplace. Important life changes should also be reported to the Marketplace. The HMAP office will require appropriate documentation for the change.

A client's premium and/or subsidy amount can change due to:

- Changes in income or household size
- Marriage or divorce, pregnancy, having a child, adoption/placing a child for adoption, gaining/losing a dependent, or moving.
- Getting health coverage through a job or a program like Medicare or Medicaid.

### **Switching Clients between UMAP, SPAP, ICAP, and PCAP**

Interviewers are expected to inform the HMAP Office immediately when they become aware that a client's insurance situation has changed, so the client can be transitioned to the appropriate HMAP sub-program. Due to federal regulations, HMAP will vigorously pursue (recoup payment) any funds the program has made on the client's behalf when there was another payer source available. (See the "Terms and Conditions for Applicant" on the HMAP application).

## **HMAP Application Process**

HMAP processors determine eligibility and authorizes services for programs administered through the North Carolina Department of Health and Human Services' Division of Public Health. Applications must be submitted by an Interviewer, and not by the applicant. The Interviewer may be the applicant's HIV case manager, social worker, clinician, or anyone else working in an official capacity on the applicant's behalf. An individual who wants to apply for HMAP should contact their clinician, their HIV case manager, one of NC's HIV Regional Networks, a local health department, an AIDS Service Organization or the HMAP Office.

*Step 1:* The Applicant produces all required documentation of income and NC residency and then meets with the Interviewer.

*Step 2:* The Interviewer, with the assistance of the Applicant, will complete the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request. The current version of this form can be found on the [HMAP Website](#); the program will not accept outdated versions of any forms. The Interviewer, Applicant, and Medical Provider must sign the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request. **Every box must be checked off or the application will remain Pended until corrected.**

*Step 3:* The Interviewer obtains the signature of the client's Medical Provider after review of the application. A Medical Provider is defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or other health care professional certified in their jurisdiction to provide medical care and prescribe medications.

*Step 4:* Applications for every HMAP sub-program must be mailed to the HMAP office at the following address: 1907 Mail Service Center; Raleigh, NC 27699-1907. *Applications faxed without prior approval will not be reviewed.*

It is imperative that the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request is filled out completely. All requested signatures and documentation are to be included. It is critical that all forms and documents be complete and legible. Applications for each individual must include a completed Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request, all required documentation, and be stapled together separately from applications for other clients being mailed at the same time. Additional information may be requested by the program to determine eligibility.

*Step 5:* HMAP will determine eligibility within 45 days of receipt of an application. Once eligibility is determined, HMAP will send a Reply to Authorization Request (Appendix H) to the client and the Interviewer notifying them of application status (approved, denied, pended, or wait listed if a waiting list has been implemented). Interviewers may call the HMAP office 15 business days after applying to check on its status if they have not

received a Reply to Authorization Request Letter. HMAP staff will respond to voicemails within 24 hours.

### **New Applications**

A new application is defined as an application for an individual that is not currently enrolled in HMAP, regardless of prior enrollment history. Individuals previously enrolled but not currently enrolled in HMAP are considered new applicants. Depending on when an application is processed, new applicants may be approved for up to nine months for the first coverage period.

### **New Application Requirements**

1. Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request
2. Documentation of Income
3. Documentation of NC Residency

### **Renewal Applications**

An application is considered a renewal if the following apply:

- The client is currently enrolled in HMAP and
- Is applying to renew eligibility for the next coverage period.
  - All current enrollees are required to renew eligibility **twice** yearly, between January and March and between July and September, regardless of when they first applied for HMAP.
  - Even clients that enrolled in HMAP *days before* the next renewal period begins are *required to renew once the next renewal period starts*.

During renewal periods, it is particularly important to include the client's HMAP Case Number on the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request to ensure the application is processed as a renewal. The client's HMAP case number can be found on the Reply to Authorization Request Letter for the previous application. Case managers may call the HMAP office if a client's case number is unknown.

Renewal applications must be signed and dated by the client during the renewal period dates (between January 1 and March 31 during Winter Recertification and between July 1 and September 30 during Summer Recertification) and be within 60 days upon receipt by HMAP office. Renewal applications signed and dated by client, interviewer or clinician before or after the renewal period dates will not be accepted.

## Schedule for Renewal Periods and Corresponding Coverage Periods

Renewal Period	Renewal Period Dates	Priority Deadline	Coverage Period Dates
Winter Recertification	Jan. 1 to March 31	Feb. 15	April 1 to Sept. 30
Summer Recertification	July 1 to Sept. 30	Aug. 15	Oct. 1 to March 31

Renewal applications received **by the priority deadline** will be processed and approved before the next coverage period starts, *provided they are complete, correct, and determined to be eligible.*

Submissions received by the priority deadline may not be approved before the next coverage period starts if the applications are Pended because they are incorrect or incomplete.

Some of the most common reasons applications are Pended are:

- Incompleteness (e.g. missing the Medical Provider's signature, missing documentation of residency or insurance information, leaving boxes blank, no letters from the client's insurer documenting that their insurance has terminated).
- Using old forms (always download the newest version from the HMAP website).

Pended renewal applications that are not resolved by the priority deadline might not be processed before the next coverage period starts.

There is no guarantee that applications received **after** the priority deadline will be processed before the next coverage period starts.

Clients who experience a gap in HMAP coverage should pursue assistance from a medication manufacturer sponsored Patient Assistance Program (PAP) or another medication assistance program.

If a client is **Denied** during the Recertification process, the current authorization is also immediately terminated (i.e. if during Summer Recertification the program processes an application on July 12<sup>th</sup> and denies the Recertification, then not only is the client's authorization for 10/1/XXXX denied, their current authorization of 7/1/XXXX – 9/30/XXXX is also immediately terminated).

### Renewal Requirements during Summer Recertification

The requirements for summer recertification are the same as the requirements for new applications.

1. Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request
2. Documentation of Income
3. Documentation of Residence

## Renewal Requirements during Winter Recertification

The requirements for Winter Recertification differ from the requirements for new applications and Summer Recertification applications. The requirements for Winter Recertification are dependent on each client's situation.

1. If there has been no change in income, residency, or insurance since the last reauthorization period, the client will submit the North Carolina Ryan White Pt.B/HMAP Recertification Self-Attestation Form(found on the HMAP Website).
2. If there has been a change in income, residency, or insurance since the last reauthorization period, the client will submit the North Carolina Ryan White Pt.B/HMAP Recertification Self-Attestation Form and supporting documentation.

## Determining if Income Has Changed for Winter Recertification

Supporting documentation is required during Winter Recertification **only if** there has been a change in income, as defined by the table below.

Supporting documentation is not required **if there has not been a change** in income, as defined by the table below.

Income on Previous Application MAGI % FPL	Income at time of Winter Recertification MAGI % FPL	Change in Income Occurred?	Income Documentation Required
<100%	<100%	No	No
<100%	100% - 300%*	Yes	Yes
101% - 200%	101% - 200%	No	No
101% - 200%	<101% or >200%	Yes	Yes
201% - 300%	201% - 300%*	No	No
201% - 300%	<201%	Yes	Yes

\*If a client's income increases to greater than 300% FPL, they are no longer eligible for HMAP.

## Determining if Residence Has Changed for Winter Recertification

Supporting documentation is required during Winter Recertification **only if** there has been a change in the client's address. To determine if the client's address has changed:

- Compare the client's address from their last application to their current address.
- The address on the documentation of residence provided during Summer Recertification must match the address provided on North Carolina Ryan White Pt.B/HMAP Recertification Self-Attestation Form. If it does not, supporting documentation will be required for Winter Recertification.

## Late Renewal Applications

Renewal applications that have been completed, signed, and dated during the renewal period dates (between January 1 and March 31 during Winter Recertification and between July 1 and September 30 during Summer Recertification) and received after the renewal deadline will be accepted and processed during the first 30 days of the next

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coverage period. After 30 days, new applications are required.

## **Completing the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request**

The following information will help Interviewers complete the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.

### **Section 1: Application Type**

- Enter **original /HMAP Case Number** for applicants previously participating in the program and **“NA” for applicants with no previous HMAP** enrollment. If applicants were previously enrolled but their case number is not known, enter **“Unknown”**.
- Select the appropriate type of coverage. Select only one.
  - **Emergency/Expedited** (Immediate Coverage) \*see page 32 of this manual for more details
  - **New Application**
  - **New Application** (Delayed Start Date): HMAP does not allow retroactive approval, but applicants can request a **delayed start date** for the following reasons:
    - The applicant has prescription coverage through a private insurance plan, an employer sponsored insurance plan, Medicaid, a clinical trial, or another medication assistance program on the date they apply for HMAP and can **provide proof that the prescription coverage will expire within 30 days of the application date**.
    - The applicant is incarcerated (in prison or a county detention facility) on the date they apply for HMAP and can provide proof that they will be released within 30 days of the application date.
    - Requests for a **delayed start date** require documentation clearly stating the date the applicant becomes eligible for HMAP. Provide an explanation and the requested start date. Application processors may request additional information before eligibility can be determined.
  - **Summer Renewal** (the service period is from October 1 through March 31)
  - **Winter Renewal** (the service period is from April 1 to September 30)
  - **Incarcerated**
    - If the applicant is incarcerated; enter the name of the county detention center. For more information, see page 33 within this manual regarding Incarcerated Individuals.
    - **Not Eligible:** Individuals incarcerated in State or Federal prisons. Individuals housed in a local detention center but in custody of the State or Federal system (NC Department of Public Safety, ICE, US Marshalls, etc.)

### **Section 2: HMAP Sub-Program**

It's very important to provide correct information for the appropriate sub-program to avoid Denied or Pended applications and to not interfere with any insurance premium

payments. Select only one.

HMAP sub-program information is as follows:

- **UMAP** (Uninsured/Underinsured\*)
- **SPAP** (Medicare Part D)
- **ICAP** (QHPs on the Federal Marketplace/Pays co-pays for medications only)
- **PCAP** (QHPs on the Federal Marketplace/Pays premiums and co-pays for medications only)

\*An example of an underinsured client would be someone who has health insurance that doesn't provide a prescription drug benefit.

### Section 3: Applicant Information

- Provide **applicant's full name** to include middle initial. If no middle initial, enter "**NMI**". The applicant must provide their name as it appears on the documentation of income and residence that is submitted with the application.
- Enter the client's correct date of birth (DOB).
- Enter a **valid Social Security Number**. Applicants with a valid Social Security Number are required to enter it in Section 3. If the client does not have a valid Social Security Number, list "**NA**". Do ***NOT*** create a number or enter an alternate ID number.
- Housing Status: Application processors and HMAP do not require this information but some Interviewers find it helpful to record the housing arrangement here for Ryan White Part B eligibility purposes.
- Provide applicant's residential street address. The address provided must match the documentation of residence submitted with the application. For further guidance on documentation of residence, see page 28 within this manual. If the applicant is not a NC resident, **they are not eligible for HMAP**.
- Obtain the county code from page seven (7) of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.
- Provide working telephone number(s) where applicant can be contacted. Confidential information cannot be discussed or left on a cell number.
- Mailing address vs. Residential address: If a client has privacy concerns about receiving mail from HMAP at their residential street address, the only way to prevent mail from being sent to that address, is to **provide an alternate address** where mail can be received. A P.O. Box, a case manager's address, medical provider's address, or other address the client chooses may be used as an alternate address.

### Section 4: Applicant Demographics

- Include applicant's racial affiliation.
- Provide client's race subcategory if applicable (e.g. if Asian or NH/PI was checked).
- Provide client's ethnicity.
- Provide client's ethnic subcategory if applicable (e.g. if Hispanic was checked)
- Check all languages spoken by the client. If "Other" is selected, indicate the

language “Other” refers to.

- List applicant’s **current** gender. Five options are given: Male, Female, Transgender Male to Female, Transgender Female to Male, and Transgender Unknown.

### **Section 5: Applicant Health Information**

- HIV/AIDS Status: This is for the client’s current status. This should be based on the most current laboratory report(s).
- First HIV/AIDS Diagnosis Date: The applicant is **required** to provide their HIV diagnosis date (month and year) to the best of their ability (approximate date). If they cannot provide an approximate date, select “Unknown”.
- Hepatitis C: Applicant is **required** to indicate if they are currently diagnosed with Hepatitis C. A current diagnosis for Hepatitis C is defined as ‘actively infected’, with a detectable Hepatitis C viral load. Patients, who had a prior diagnosis that cleared naturally or were treated and reached cure (SVR12), should select “No”.
- Tobacco use: The applicant is **required** to indicate if they have used tobacco products four or more times per week in the past six months.

### **Section 6: Household Information**

The client must indicate how he/she is supported and their tax filing status. If the client is employed, he/she will have to provide proof of income. The clients’ spouse, will also have to provide proof of income.

The definition and composition of household under MAGI rules is as follows:

- Tax filing unit: individual plus anyone for whom individual claims personal exemption.
- For individuals who do not file a tax return and are not claimed as tax dependent, household size is the individual and the following (if living with the individual):
  - Spouse
  - Natural, adopted, and step children (those under age 19, or at state option those under age 21 and full-time student)
  - If applicant is a child, the parent’s income is considered if said parent is residing in the same household. A child applicant is a person under the age of 18, living with his or her parent(s) and/or stepparent

### **Section 7: Household Income Information**

HMAP assesses income based on household Modified Adjusted Gross Income (MAGI). The Health Resources and Services Administration (HRSA) HIV AIDS Bureau (HAB) has strongly encouraged all states to align the Ryan White HIV/AIDS Program (RWHAP) eligibility requirements with MAGI. MAGI is equivalent to one’s Adjusted Gross Income with certain forms of income added back. HMAP aligns with Medicaid rules for counting MAGI, meaning that additional forms of income are further excluded. MAGI is a tax-based calculation, but applicants do not need to file taxes in order to be eligible for HMAP. However, they must follow MAGI-based income and household

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calculation rules. The number of household members and the household income is what helps to determine if the client qualifies for the program.

HMAP requires proof of income for each source of income an applicant or a member of their household claims. Detailed information on types of income accepted for each income source are on page 25.

The definition of household income under MAGI (per Medicaid rules) includes the following forms of income:

- Salary/Wages/Commission/Tips
- Self-Employment Income
- Any foreign earnings
- Interest (including both taxable and non-taxable)
- Unemployment benefits
- Pension/annuity/IRA distributions (taxable amount only)
- Social Security (Retirement/Survivor's/Disability) (including non-taxable part of benefits)
- Retirement accounts
- Alimony received
- Net farming/fishing
- Net rental/royalty
- Net capital gain
- Scholarships/grants (only count as income if used for living expenses, not tuition and fees)
- Business income/capital gain
- Rental real estate, royalties, partnerships, S corporations, trusts
- Taxable refunds, credits, or offsets of state and local income taxes

## Section 8: Assistance Information

- If applicant answered, “No Income/Deductions”, the applicant **must** select all applicable means of meeting basic living needs. This must correspond with any other explanations provided with documentation of income submitted.
- Other Types of Assistance: All applicants are required to apply for any other assistance they may be eligible for, including Medicaid, Medicare, and the Social Security Low Income Subsidy (Extra Help) for Medicare. The status of these applications must be indicated in Section 8.

## Section 9: Medicare Insurance Policy Information

- If the client is not eligible for Medicare Part D, check N/A.
- If the client is eligible but has not enrolled in Medicare Part D, refer them to NC SHIP at 855-408-1212 (toll free). There is a link to the NC Department of Insurance on the HMAP website under the Medicare and Medicaid section.
- If the client is already enrolled in a Medicare Part D plan
  - Section 2 must be checked SPAP.
  - Enter the insurance information in Section 9 and submit a copy of the Medicare Part D or Medicare Advantage Plan card with the application.

## Section 10: Qualified Health Insurance Information

HMAP does not cover applicants with private insurance plans that have high deductibles or copays for medication (other than Medicare Part D, Medicare Advantage Plans and Qualified Health Plans purchased on the Federal Marketplace).

- If the applicant or any countable family members have active insurance, documentation of current eligibility must accompany the application. Even if the applicant is not covered by the policy, all countable family members’ health insurance information must be recorded on DHHS Form 3014/3056 to assist application processors in verifying eligibility and medical expenses. Copies of all insurance cards must be submitted with DHHS Form 3014/3056.
- If client is seeking assistance with medication copays from a Qualified Marketplace Health Plan **ONLY**:
  - Section 2 must be checked ICAP.
  - Section 10 must be completed.
    - Documentation must be submitted when an insurance plan either does not include prescription coverage or includes capped prescription coverage. This can be documented by a letter from the insurance company or relevant language from the insurance policy. HMAP will cover applicants with a prescription coverage cap of \$1,200 or less. Prescription coverage caps greater than \$1,200 must be spent down to below \$1,200 before an applicant is eligible for HMAP. Documentation, including proof of capped coverage and the amount expended towards the cap, is required.

## **Section 11: Qualified Health Insurance PREMIUM Information**

- If the client is seeking assistance with medication copays and monthly health insurance premiums from a Qualified Marketplace Health Plan:
  - Section 2 must be checked PCAP.
  - Section 10 must be completed.
    - Documentation must be submitted when an insurance plan either does not include prescription coverage or includes capped prescription coverage. This can be documented by a letter from the insurance company or relevant language from the insurance policy. HMAP will cover applicants with a prescription coverage cap of \$1,200 or less. Prescription coverage caps greater than \$1,200 must be spent down to at least \$1,200 before an applicant is eligible for HMAP. Documentation, including proof of capped coverage and the amount expended towards the cap, is required.
  - Section 11 must be completed.
    - Include monthly premium amount at time of application completion.
    - PCAP clients' premiums must be paid up to date. Please include the date when the next payment is due.
    - PCAP clients must be enrolled in a medical insurance plan only. No exceptions.
    - Indicate whether the client's current medical plan is an individual or family plan. If a family plan; please see page 12 of the HMAP Manual.
    - Before enrolling into the PCAP program, clients must remove the auto-draft feature if applicable.
    - Documentation showing applied tax credit, premium amount, and copy of the insurance card must be submitted at time of submission.

## **Section 12: Terms and Conditions**

HMAP/ requires recent signatures (within the last 60 days). Acceptable signature/format includes: (1) stamped signatures from medical providers, (2) electronic signatures from applicants, interviewers, and medical providers. A date must appear in the electronic signature. HMAP will deny applications with unacceptable signature format: signature(s) dated 60 days or more before date of the application receipt by HMAP, or a combination of electronic signature and handwritten date.

- Applicant
  - The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request must be signed and dated by the applicant.
  - By signing:
    - The Applicant attests they understand and agree to terms and conditions described in Section 12 of the Ryan White Part B/ HIV Medication

Assistance Program Financial Eligibility and Authorization Request.

➤ The Applicant attests they have provided complete and truthful facts.

- Interviewer
  - The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request must be signed and dated by the Interviewer.
  - The Interviewer attests that they have explained the terms and conditions of the application/program, and that they have witnessed the client's signature.
  - Interviewer must provide their name, agency, contact information and corresponding county code for their agency/practice location (see page 7 of the application for county codes).
  - Pharmacy or HMAP Office staff may contact Interviewer on file if there is a client-specific issue or concern.
  - Interviewer should provide an alternate clinical/professional contact's name and phone number if they prefer the pharmacy or HMAP Office staff to call someone else at their agency for client-specific inquiries.
  
- Medical provider: A medical provider is defined as a physician, physician assistant, nurse practitioner, clinical nurse specialist, or other health care professional certified to prescribe medication.
  - The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request must be signed and dated by the Medical Provider.
  - The medical provider attests that the applicant is HIV positive.
  - The medical provider attests a prescription has been written for a medication on the UMAP Formulary (See Appendix D). Prescriptions must be written and sent to the pharmacy in order to prevent delays in applicants accessing medication.
  - The Interviewer must list the medical provider's name, agency, contact information and the county code of the county where their agency is located (see page 7 of the application for county codes).

### **Completing the Ryan White Part B/ HMAP Recertification Self-Attestation Form**

The following information will help Interviewers complete the Ryan White Part B/ HMAP Self Attestation Form:

#### **Section 1: Application Type**

- It's very important to provide correct information for the appropriate sub-program to avoid Denied or Pended applications and to not interfere with any insurance premium payments. Select only one.  
HMAP sub-program information is as follows:
  - **UMAP** (Uninsured/Underinsured\*)
  - **SPAP** (Medicare Part D)

- **ICAP** (QHPs on the Federal Marketplace/Pays co-pays for medications only)
- **PCAP** (QHPs on the Federal Marketplace/Pays premiums and co-pays for medications only)

## **Section 2: Applicant Information**

- Provide **applicant's full name** to include middle initial. If no middle initial, enter "NMI". The applicant must provide their name as it appears on the documentation of income and residence that is submitted with the application.
- Enter the client's correct date of birth (DOB).
- Provide applicant's residential street address. The address provided must match the documentation of residence submitted during Summer Recertification. If the applicant is not a NC resident, **they are not eligible for HMAP**.
- Obtain the county code from page seven (7) of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.
- Provide working telephone number(s) where applicant can be contacted. Confidential information cannot be discussed or left on a cell number.
- Mailing address vs. Residential address: If a client has privacy concerns about receiving mail from HMAP at their residential street address, the only way to prevent mail from being sent to that address, is to **provide an alternate address** where mail can be received. A P.O. Box, a case manager's address, medical provider's address, or other address the client chooses may be used as an alternate address.

## **Section 3: Household Income Information**

- Please check appropriate box for client.
- If client income has changed since last recertification, please include appropriate documentation of a tax return form, paystubs, Social Security award letter, or other documentation to prove updated income.

## **Section 4: Insurance Policy Information**

- Please check appropriate box for client.
- If client insurance has changed since last recertification, please include appropriate documentation of insurance card.
- If client is seeking monthly premium assistance for any ACA Marketplace Plan please fill out the full HMAP application.

## **Section 5: Terms and Conditions for Applicant**

- Please read terms and conditions.

## **Section 6: Signatures**

HMAP/ requires recent signatures (within the last 60 days). Acceptable signature/format includes: handwritten signatures or electronic signatures from applicants, and interviewers. A date must appear in the electronic signature. HMAP will deny applications with unacceptable signature format: signature(s) dated 60 days or

more before date of the application receipt by HMAP, or a combination of electronic signature and handwritten date.

### **Required Documentation**

HMAP requires documentation of income and residence for all new applicants and Summer Recertification applicants. During Winter Recertification, HMAP only requires proof of income and/or residence if either has changed during the previous coverage period. HMAP cannot approve any application that is missing required documentation.

This section of the manual describes the most common ways to meet the documentation requirements. Scenarios may arise that are not easy to document; HMAP will address these situations on a case by case basis. HMAP is unable to waive any documentation requirements but can help interviewers identify acceptable documents.

In cases where any documentation provided by the applicant is questionable, the Interviewer should attempt to verify the documentation before submitting to HMAP. Verification is a process whereby the validity of the documents presented is checked through another source (employer verification of wages, local DSS office verification, additional documentation, etc.).

## **1. Documentation of Income**

### ***Preferred Documentation of Income for Employed Applicants***

**1. Copy of most recent IRS federal tax return:** A tax return is required for each household member that files taxes **and** for self-employed applicants. If the client doesn't have a copy of the federal tax return form, it can be obtained directly from the IRS by either calling 1-800-908-9946, submitting the form 4506-T to the IRS by mail, online at [www.irs.gov](http://www.irs.gov)., or possibly in person at the client's local IRS Tax Office.

Clients who do not file taxes may submit other forms of income documentation as listed below.

**2. Current Pay Stubs from Employment:** (showing year to date income and deductions) Current pay stubs are dated within 60 days of client signature in section 13 of Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request. HMAP may determine income eligibility by calculating the gross earnings reported on pay stubs. HMAP requires 1 months' worth of pay stubs in order to see a better picture of the monthly household income. HMAP calculates the monthly income as shown below.

- Client is paid weekly: copies of 4 current, consecutive pay stubs are required. HMAP will find the average of the gross earnings reported on the pay stubs and multiply the average by 52 (weeks).

Weekly:  $\$456 + \$123 + \$789 + \$321 = \$1689 \div 4 = \$422.25 \times 52 = \$21,957$

- Client is paid biweekly or semi-monthly: copies of 2 current, consecutive pay stubs are required. HMAP will find the average of the gross earnings reported on the pay stubs and multiply the average by 26 weeks (bi-weekly) or 24 weeks (semi-monthly because the client is only paid 2 times a month).

Biweekly:  $\$456 + \$123 = \$579 \div 2 = \$289.50 \times 26 = \$7,527$

Semi-Monthly:  $\$456 + \$123 = \$579 \div 2 = \$289.50 \times 24 = \$6,948$

- Client is paid monthly: a copy of 1 current pay stub is required if the pay period is complete (for example: June 1, 2018 thru June 31, 2018). HMAP will find the gross earnings reported on the pay stub and multiply by 12 (months).

Monthly:  $\$2400 \times 12 = \$28,000$

*\*Often, clients will submit a copy of their first pay stub from a new job. Depending on the client's hire date and pay schedule, the first pay stub may not reflect a complete work period. Consequently, a pay stub reporting an incomplete work period will not reflect the clients' usual monthly income. The client may submit the first pay stub received, however, it is possible an extra pay stub will be requested in order to calculate the clients' usual monthly earnings.*

**3. Disabled/Veteran/Retired:** A copy of applicant's and spouse's benefit award letter or any other official document showing the amount received on a monthly basis. These awards might come from RSDI, SSI, SSDI, VA, DARS, or other agencies.

**4. Alimony or Child Support:** A copy of applicant's benefit award letter or any other official document showing the amount received on a regular basis from Alimony or Child Support.

**5. Unemployment Benefits/Income:** A copy of applicant's benefit award letter or any other official documentation showing the amount received on a regular basis.

### ***Applicants with No Income (Zero Income)***

Unemployed applicants and applicants declaring zero income must describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, clothing, and other basic needs in Section 8 on DHHS Form 3014/3056 and the Ryan White Part B & HMAP Verification of No/Low Income Sheet; both documents can be found on the [HMAP Website](#).

### ***Applicants with Low Income (125% of the Federal Poverty Guidelines)***

Low income is defined as income at or below 125% of the Federal Poverty Guidelines (See the section on Eligibility within this manual for the Federal Poverty Guidelines). Applicants declaring low income must describe their living circumstances and how they obtain basic living necessities such as food, shelter, medical care, clothing, and other basic needs in Section 8 on the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request and the Ryan White Part B & HMAP

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Verification of No/Low Income Sheet; both documents can be found on the [HMAP Website](#).

### ***Applicants with No Existing Documentation of Income***

The Ryan White Part B/HMAP Income Signature Card should be used when income cannot be documented. When using this method to document income, Interviewers must rely on professional judgment to ensure that it is consistently applied across all applicants with similar economic situations. The Ryan White Part B/HMAP Income Signature Card will be accepted when the applicant cannot provide any other proof of income because the applicant:

- is a victim of theft\*, loss\*, or disaster\*.
- is homeless.
- is a migrant farm worker.
- had to flee from a high-risk situation\* (victim of domestic violence or refugee) and subsequently left behind all documentation.
- is paid in cash and has no proof of income and/or employment.
- has an employer(s) who will not or cannot document the individual's income and/or employment.
- has very low income that cannot be documented (payment for odd jobs such as babysitting).

\*Applicants who use the Ryan White Part B/HMAP Income Signature Card because they were a victim of theft, victim of loss, victim of disaster, or had to flee a high-risk situation will be expected to provide a preferred or other acceptable form of income documentation by the next renewal period, unless they can document continued extenuating circumstances. Applicants who use the Income Signature Card for any other allowable reason are allowed to submit the Ryan White Part B/HMAP Income Signature Card more than once.

The Ryan White Part B/HMAP Income Signature Card will not be accepted for the following reasons:

- Failure to provide existing documentation of income. When an individual reports income but forgets or fails to bring existing proof of income, the individual is ineligible to receive Ryan White Part B and/or HMAP services until they provide existing documents. Income eligibility determination cannot be completed until existing documentation of income is provided.
- Zero Income or Low Income. If no income or low income is reported, the Verification of No/Low Income sheet should be used to document how basic living needs are met.

### ***Documentation of Income for Self-Employed Individuals***

Self-employed individuals are required to document income and may need to provide proof of self-employment to determine eligibility. It is critical that applicants who claim to be self-employed understand the implications of that claim. For the purpose of documenting income, an individual is considered 'Self-employed' if either of the following is true;

- The individual owns their own business of which they are also the primary or sole operator and can provide documentation to prove this.

- The individual is recognized as an ‘Independent Contractor’ by the IRS\* and can provide documentation to prove this.

\*The earnings of a person who is working as an Independent Contractor are recognized as Self-Employed by the Internal Revenue Service. Individuals who are in an independent trade, business, or profession in which they offer their services to the general public are generally considered Independent Contractors. However, whether they are recognized as an Independent Contractor or an employee depends on specific details. The Internal Revenue Service’s general rule is that an individual is an Independent Contractor if the payer only controls or directs the result of the work and not what will be done or how it will be done. Individuals are not recognized as an Independent Contractor if they perform services that can be controlled by an employer (what will be done and how/when it will be done). What matters is that an employer controls the details of how the services are performed. If an employer-employee relationship exists (regardless of what the relationship is called), the individual is not recognized as an Independent Contractor, and therefore they are not recognized as Self-Employed (even if they refer to themselves as self-employed).

It is important to remember that individuals who are paid in cash for hired services and who do not pay income taxes are not considered self-employed. These individuals should report undocumented income using the Income Signature Card (see the section on applicants with no existing documentation of income within this manual for more information about reporting undocumented income).

Individuals who are considered self-employed, as defined above, are **required** to provide their most recent tax return **and** complete the Verification of Self-Employment Income for Ryan White Part B/HMAP, which can be found on the [HMAP Website](#).

## **2. Documentation of Residence**

If the documentation of income provided includes the applicant’s name and current address and they match the name and address provided in Section 3 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request, it will be sufficient for documentation of residence. Refer to the list below if documentation of residence *is not* established by the documentation of income.

### ***Preferred Documentation of Residence***

If documentation of income does not also prove documentation of residence as described above, then a copy of a valid NC Driver’s License or another State or Federal government (USA) issued identification card with name and home address is the best documentation of residence. The name and address must match the name and address provided in Section 3 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.

### ***Other Acceptable Forms of Documentation***

If an applicant cannot provide a NC Driver’s License or another State or Federal government issued identification card, they should provide:

- A copy of a recent (within 30 days of signing the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request) utility bill, phone bill, or lease with the applicant’s name and current address. The name and address must match the name and address provided in Section 3 of

the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.

- Any documents from the applicant's clinician, case management agency, pharmacy, or other medical provider with the applicant's name and current address. The name and address must match the name and address provided in Section 3 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.
- Any correspondence addressed to the client from the HMAP Office, the HMAP dispensing pharmacy, or the SPAP/ICAP Pharmacy Benefits Manager that contain the applicant's name and current address. The name and address must match the name and address provided in Section 3 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request.

### ***When No Documentation of Residence Exists***

When a client reports that they reside in North Carolina but there is no documentation of residence, the Declaration of Residence for Ryan White Part B/HMAP must be used to document the situation. Applicants that submit the Declaration of Residence for Ryan White Part B/HMAP will be required to provide preferred or other acceptable documentation of residence by the next renewal period, unless there are documented extenuating circumstances. The Declaration of Residence for Ryan White Part B/HMAP can be found on the [HMAP Website](#).

### **Applications Completed by Multiple Agencies**

It is the responsibility of the Interviewer to ensure the HMAP office receives the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request and all required documents. If more than one agency is involved in the applicant's care/application, it is the responsibility of the Interviewer that signs Section 13 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request to coordinate with other agencies and submit the complete application. HMAP will not accept partial applications from multiple agencies.

### **HMAP Mail and Fax Policy**

The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request and all required documentation must be mailed directly to the HMAP office. The address is 1907 Mail Service Center, Raleigh NC 27699-1907.

When mailing multiple applications concurrently, each individual application must have the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request, and all accompanying documentation bound together and separated from other applications. Applications cannot be faxed to HMAP unless Interviewers are instructed to do so by the HMAP Office. Applications faxed without prior approval will not be reviewed. It is critical that all forms and documents be complete and legible.

The ONLY items that HMAP will accept by fax are:

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- Expedited/Emergency applications (Notify the appropriate staff first).
- Applications for pregnant applicants (Notify the appropriate staff first).
- Documents requested to resolve a pending application. Only fax the items requested and the Reply to Authorization Request (Appendix H) with a fax cover sheet. Be sure to put the client's name, date of birth, and HMAP Case Number on all pages. Do not send information from multiple clients in one fax transmission.
- Documents/applications specifically requested by the HMAP Office to be faxed.

### **Patient Confidentiality**

All documents containing IIHI (Individually Identifiable Health Information), PHI (Protected Health Information), or PII (Personally Identifiable Information) must be handled in a manner consistent with the policies of the agency managing the information and sending the application. Common forms of IIHI, PHI, and PII include name, date of birth, social security number, phone number, address, diagnosis, and driver's license number.

When mailing documents containing IIHI, PHI, or PII, the Interviewer must act in a manner consistent with the policies of their agency. At a minimum, all documents should be placed in a sealed envelope, addressed to the HMAP office and include a return name and address. When mailing multiple applications in a single envelope, separate and staple each individual application.

When faxing documents containing IIHI, PHI, or PII to the HMAP Office, the Interviewer must act in a manner consistent with the policies of their agency. At a minimum, all faxes must include a fax cover sheet and all pages must include client's name, date of birth, and HMAP Case Number on all pages. Do not include more than one applicant/client's information in one fax transmission.

Never include IIHI, PHI, or PII in unsecure emails. All emails to and from state employees become public record. Any **unsecure** email to HMAP that contain IIHI, PHI, or PII will be reported to the DHHS Privacy and Security Office. When emailing about an applicant or client, it is best to only include the HMAP Case Number. If the HMAP Case Number is unknown do not send an email.

The HMAP Office has secure landlines and voicemails. Interviewers can call to discuss applicant/client specific information or to leave messages with confidential information.

## **Reply to Authorization Request**

The Division of Public Health's administrative rules require HMAP to process all applications within 45 days, but the program typically responds in less than 30 days. HMAP will send a Reply to Authorization Request (Appendix H) to the applicant and the Interviewer notifying them of the status of the application (approved, denied, pended, or wait listed if a waiting list has been implemented) after the application has been processed. Receipt of a Reply to Authorization Request does not automatically mean the applicant is approved; recipients should read the entire letter. The Reply to Authorization Request also specifies the applicant's HMAP Case Number, authorization number, and the coverage dates (Requested Date(s) of Service) for approved clients. The Reply to Authorization Request for pended and denied applications will include brief notes explaining why the application was pended or denied.

Interviewers can call the HMAP office 15 business days after submitting an application to check on the status if they have not received a Reply to Authorization Request. HMAP staff will respond to voicemails within 24 hours.

## **Pended Applications**

The Reply to Authorization Request for pended applications provides brief explanations as to why the application was pended. Interviewers should call the processor who reviewed the application for further information and/or guidance (See Appendix A for contact information). The processor will respond to voicemails within 48 hours. Applicants/Clients should work directly with the Interviewer to resolve a pending application or call the HMAP Office for assistance.

Pended applications must be resolved within 60 days of the date they were originally pended. In order to resolve a pended application, the Interviewer must:

- Submit all items requested within 60 days of the date it was originally pended.
- Send all requested items (corrections, documents, etc.) to the program office via fax at 919-715-2993 or 919-715-5221, to the attention of the appropriate processor.
- Only fax the requested items and a copy of the Reply to Authorization Request.
- Use a fax cover sheet and include the client's name, date of birth and HMAP Case Number on all pages of the fax (one fax per pended application).

The Interviewer must prepare and submit a new application packet if:

- More than 60 days have passed since the application was originally pended.
- A new renewal period begins before the pended application is resolved (Winter Recertification starts on January 1, and Summer Recertification starts on July 1).

Clients who experience a gap in HMAP coverage should pursue assistance from a medication manufacturer sponsored Patient Assistance Program (PAP) or another medication assistance program/foundation. Information about Patient Assistance

Programs can be found on the [HMAP Website](#).

### **Client Grievance Policy**

New applicants or existing clients who experience difficulties during the application process or eligibility renewal process should contact the interviewer that prepared and submitted their application. Clients served through UMAP who experience difficulties filling prescriptions should contact Walgreens. Clients served through ICAP, SPAP, or PCAP who experience difficulties filling prescriptions should contact the pharmacy that fills their medications. All applicants and clients are encouraged to contact the HMAP Office if they ever have questions, concerns, or need assistance of any kind. Clients with complaints are encouraged to contact the HMAP Coordinator directly. Formal grievances can be submitted to the HMAP Office in writing and should include a summary of the complaint and a list of unresolved problems that need to be addressed.

### **Expedited Applications for Emergency Situations**

An Expedited Checklist is available on the [HMAP Website](#) and Appendix I.

**Expedited applications are considered for the following reasons:**

- **Applicant is pregnant.**
- **All applicants with urgent documented need for medication access**

Note: Late/Missed renewal applications are not considered for expedited processing unless directly requested by medical provider

HMAP Office staff evaluates expedited applications based upon unusual circumstances: and immediate need for medication.

#### **Pregnant client:**

- Fax application to Debra Bost at (919) 715-2993. Then, call Debra at (919) 546-1698 to ensure receipt.
- Application will be processed immediately.
- Case Manager/Interviewer will be notified by HMAP staff once application is approved.
- Walgreens will reach out to client for medication delivery arrangements.

#### **All other Expedited Applications:**

##### **Responsibility of Interviewer/Case Manager:**

- Contact Debra Bost at HMAP Office by phone (919) 546-1698 or email [debra.bost@dhhs.nc.gov](mailto:debra.bost@dhhs.nc.gov)
- Briefly explain reason(s) for request.
- Ask to submit application and required documents to the HMAP Office for review.

HMAP Office staff review application with documentation for accuracy and confirm all clinical information included as requested.

HMAP Office staff may require a letter from a Clinician, and/or proof that the Interviewer pursued a PAP, depending on circumstances.

- PAP is not required if client is *prescribed more than one medication from the HMAP formulary*

Documentation of prescriptions must be faxed to **Debra Bost at the HMAP office at (919) 715-5221 or (919) 715-2993**. The only time prescriptions are required is when a client's application is requested for expedited status.

Applications approved for expedited processing will be reviewed within 24 hours.

### **Medications should be available within 48 hours**

Medication delivery method must be identified and provided when application submitted.

#### **Options for medication delivery:**

- Delivery to residence
- Delivery to clinic
- Pick up from one of Walgreens located in UMAP Pharmacy Network stores.
- Pick up from local Walgreens closest to client residence. Medication will be shipped to the location as directed.

HMAP staff must confirm prescriptions are included on Walgreens patient profile.

**\*\*Any prescriptions not on file will delay application approval and medication delivery to client.**

#### **HMAP Staff will confirm authorization.**

- Collaborate with Walgreens Pharmacy to arrange medication delivery by quickest method available.
- Notify Case Manager/Interviewer
- Walgreens will contact client to confirm delivery.

### **Incarcerated Individuals**

The State and Federal prison systems are responsible for providing medical care and treatment, including medication, for incarcerated individuals; individuals in State or Federal prisons are not eligible for HMAP. Individuals detained by a local detention center may be eligible for HMAP, but individuals that are housed in a local detention center and in State or Federal custody are not eligible for HMAP.

The North Carolina HIV Medications Assistance Program's policy for serving individuals incarcerated in a local detention center is based on the following assumptions:

- Incarceration in a local detention center is temporary (impermanent or for an unknown amount of time).

- Individuals incarcerated in a local detention center are in transition (either back into the community or into the state or federal prison system).
- Most Local Detention Centers are not adequately funded to pay the high cost of medication for the treatment of HIV, related conditions, and other co-morbidities as well as prevention and/or treatment of related opportunistic infections.
- Individuals that meet all HMAP eligibility criteria and are incarcerated in a local detention center that documents inadequate funding for HIV related medications have no other means of obtaining medication.

The HMAP Office will evaluate new applicants and existing clients in local detention centers on a case-by-case basis. Local detention centers participating with HMAP must provide a Statement of Financial Need that documents the facility's inability to pay for HIV-related medications. The Statement of Financial Need must explain why the facility cannot provide HIV-related medications and must be printed on the facility's letterhead and signed by an authorized official (Jail Health Administrator, Medical Director, clinician, Financial Officer, Operations Manager, etc.). The HMAP Office will review and approve Statements of Financial Need submitted by local detention centers within 48 hours. The Statement of Financial Need will cover all individuals incarcerated at that facility for up to 12 months from the date it was signed. Each local detention center is required to provide a new Statement of Financial Need annually (based on the date the previous Financial Statement of Need was signed). The HMAP Office will contact participating local detention centers on a monthly basis when it is time for them to renew the Statement of Financial Need. It is important for local detention centers participating in the HMAP program to have current Statement of Financial Needs on file at HMAP because incarcerated HMAP clients are unable to receive medications if the participating local detention center does not have a current Statement of Financial Need.

All new applications must be mailed to the HMAP office. Applications for incarcerated clients will not be expedited. Clinical jail staff can serve as an Interviewer. The Interviewer must submit the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request with required documentation of income and residence. The Interviewer should indicate that the applicant is incarcerated and include the name of the detention center in Section 1 of the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request. The Interviewer should use the detention center's address in Section 3 on the Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request. If necessary, the HMAP Office will contact the detention center to obtain a new or updated Statement of Financial Need.

Existing HMAP clients who become incarcerated do not need to reapply for HMAP until the appropriate eligibility renewal period begins. Existing HMAP clients cannot receive medications in a local detention center until the HMAP Office verifies that a Statement of Financial Need is on file for that facility.

Local Detention Centers are expected to coordinate medication deliveries with HMAP's contracted dispensing pharmacy when a client is deemed eligible to receive medications while housed in that facility. The Detention Center staff is required to follow the instructions within this manual with regards to completing and submitting applications for new applicants and renewing eligibility for existing clients. The Detention Center must inform the HMAP Office when an incarcerated client is released to the community, or custody is transferred to the State or a Federal system.

When processing applications for incarcerated individuals, HMAP screens for the standard eligibility criteria listed in the HMAP Eligibility Requirements section of this manual and screens for the Local Detention Center's inability to pay for HIV-related medications and the individual's incarceration/custody status. The HMAP Office uses the Department of Public Safety's Offender Public Information Search Portal as the primary source for determining if an individual is housed in the NC State prison system, specifically the "inmate status". The HMAP Office keeps a record of all Financial Statements of Need from Local Detention Centers. The HMAP Office will access the DPS Offender Public Information Search Portal and a variety of other inmate/offender search portals to identify and/or confirm incarceration/custody status on a regular basis and follow up directly with the Local Detention Centers as necessary.

### **Changes to Client Information**

Interviewers are required to notify the appropriate HMAP staff if there has been any change in client information. HMAP is responsible for updating client data. If a client has a change in name, address (in state), phone number, employment, income, family size, etc., the Interviewer should mail or fax a written request to update the information on file, with applicable documentation, to the appropriate processor immediately. See Appendix A for contact information.

### **Correcting Client Information**

HMAP is responsible for correcting client information. The Interviewer should mail or fax a written request to correct the information on file (spelling of name, date of birth, etc.) with applicable documentation, to the appropriate processor. See Appendix A for contact information.

### **Termination of HMAP Coverage**

#### **Termination When a Client Moves Out of NC**

North Carolina residence is an eligibility requirement for HMAP. Interviewers are required to inform the HMAP Office immediately when they become aware that a client has moved to another state. The HMAP Office will terminate the client's HMAP coverage as soon as they are made aware that a client no longer resides in North Carolina.

#### **Termination Due to Other Insurance**

Revised December 09, 2020

HMAP is a payer of last resort. Individuals on any source of insurance, including Medicaid, that includes prescription coverage are ineligible for HMAP. Interviewers are expected to inform the HMAP Office immediately when they become aware that a client has enrolled in any source of insurance that covers medications. The HMAP Office will terminate the client's HMAP coverage as soon as they are made aware of another source of insurance coverage.

#### **Termination Due to Death**

Interviewers are expected to inform the HMAP Office immediately when they become aware that a client has passed away. The HMAP Office will terminate the client's HMAP coverage as soon as they are made aware of the client's death.

#### **Termination Due to Failure to Enroll in Medicare Part D**

Once 60 days have lapsed, the HMAP staff will notify the case manager of termination via telephone and/or email. The client can enroll in a Part D plan and submit a new HMAP application for approval outside of open enrollment.

## Appendix A – HMAP Contact Information and Resources

**Website:** <http://epi.publichealth.nc.gov/cd/hiv/adap.html>

**Client Hotline:** In State (Toll Free): 1-877-466-2232

Out of State: 919-733-9161

**Address:** 1907 Mail Service Center; Raleigh NC 27699-1907

**Fax Number:** (919) 715-5221, (919) 715-2993

### **HMAP Staff**

**Debra Bost, HMAP Client Resources Coordinator** *(Contact Debra for: Delivery Exception Request (DERs), Emergency Applications, Bulk Site, HMAP Terminations due to death and relocation)*

- (919) 546-1698, [debra.bost@dhhs.nc.gov](mailto:debra.bost@dhhs.nc.gov)

**Gladys Derilus, UMAP Processing Assistant**

- (919) 546-1745, [gladys.derilus@dhhs.nc.gov](mailto:gladys.derilus@dhhs.nc.gov)

**Christell Edwards, UMAP Processor**

- (919) 546-1751, [christell.edwards@dhhs.nc.gov](mailto:christell.edwards@dhhs.nc.gov)

**Nicole Fields-Pierre, UMAP Coordinator** *(Contact Nicole for: UMAP Inquiries, Rapid ART)*

- (919) 546-1749, [nicole.fields-pierre@dhhs.nc.gov](mailto:nicole.fields-pierre@dhhs.nc.gov)

**Iris Girard, HMAP Eligibility Specialist** *(Contact Iris for: Client Status/Eligibility Checks, Jail Applications & Terminations, Pended/Reauthorization Client lists)*

- (919) 546-1702, [iris.girard@dhhs.nc.gov](mailto:iris.girard@dhhs.nc.gov)

**Natalie Gupton, ICAP/PCAP Coordinator** *(Contact Natalie for: ICAP/PCAP, Private Insurance)*

- (919) 546-1741, [natalie.gupton@dhhs.nc.gov](mailto:natalie.gupton@dhhs.nc.gov)

**Mary Hardin, ICAP/PCAP Processor** *(Contact Mary for: ICAP/PCAP & Sickle Cell Applications & Status Checks)*

- (919) 546-1743, [mary.hardin@dhhs.nc.gov](mailto:mary.hardin@dhhs.nc.gov)

**Nikki Harris, SPAP Processor** *(Contact Nikki for: SPAP Applications & Status Checks, Medicare & Medicaid Checks, Medicaid Terminations)*

- (919) 546-1744, [charmaine.harris@dhhs.nc.gov](mailto:charmaine.harris@dhhs.nc.gov)

**Abigail Johnson, ICAP/PCAP Processing Assistant**

- (919) 546-1752, [abigail.johnson@dhhs.nc.gov](mailto:abigail.johnson@dhhs.nc.gov)

**Detra Purcell, HMAP Manager** *(Contact Detra for: Program Management Inquiries, Invoices and CERs, Program Manual Updates/Questions, HMAP Website Updates/Questions)*

- (919)546-1691, [detra.purcell@dhhs.nc.gov](mailto:detra.purcell@dhhs.nc.gov)

**Addie Ramus, PharmD, SPAP Coordinator** *(Contact Addie for: SPAP Inquiries, Formulary Questions, Pharmacy Network Requests, SPAP Switches/Terminations, Program Manual Updates/Questions)*

- (919) 546-1714, [mary.ramus@dhhs.nc.gov](mailto:mary.ramus@dhhs.nc.gov)

**Kristina Robinson, ICAP/PCAP Processing Assistant**

- (919) 546-1699, [kristina.m.robinson@dhhs.nc.gov](mailto:kristina.m.robinson@dhhs.nc.gov)

**Ivette Saravia, UMAP Processor**

- (919) 546-1750, [ivette.saravia@dhhs.nc.gov](mailto:ivette.saravia@dhhs.nc.gov)

Revised December 09, 2020

**Eleana Sessoms, Assistant HMAP Coordinator** (Contact Eleana for: Formulary Questions, List of Eligible Clients outside of Reauthorization periods, Weekly HMAP Demographics)

- (919) 546-1696 or [eleana.sessoms@dhhs.nc.gov](mailto:eleana.sessoms@dhhs.nc.gov)

**Glenys Spencer, UMAP Processor**

- (919) 546-1746, [glenys.spencer@dhhs.nc.gov](mailto:glenys.spencer@dhhs.nc.gov)

**Fonda Townsend, UMAP Processing Assistant**

- (919) 546-1747, [fonda.townsend@dhhs.nc.gov](mailto:fonda.townsend@dhhs.nc.gov)

**Conlan Wynn, ICAP/PCAP Processing Assistant**

- (919) 546-1742, [conlan.wynn@dhhs.nc.gov](mailto:conlan.wynn@dhhs.nc.gov)

**Walgreens:**

- Client Line: 1-800-573-3602
- Healthcare Professionals Line: 1-888-516-8003

**Ramsell** (SPAP & ICAP Pharmacy Benefits Manager)

- Pharmacy Help Desk: 1-888-311-7632

**Information about Medicare Part D and the Low-Income Subsidy (LIS)**

- Medicare: <http://www.medicare.gov> or 1-800-633-4227
- Social Security: [www.ssa.gov](http://www.ssa.gov) or 1-800-772-1213
- Seniors' Health Insurance Information Program (SHIIP):  
<http://www.ncdoi.com/shiip/Default.aspx> or 1-855-408-1212
- Information about Qualified Health Plans available on the Federal Marketplace
- [www.Healthcare.gov](http://www.Healthcare.gov)  
<https://careacttarget.org/ace/tools-and-resources>

## Appendix B - UMAP Pharmacy Network

The UMAP Pharmacy Network is restricted to the following Walgreens Locations

<b>Store #9458</b> 841 Merrimon Ave. Asheville, NC 28804 P (828) 225-5113 F (828) 225-5103	<b>Store #5761</b> 4701 South Blvd. Charlotte, NC 28217 P (704) 523-3227 F (704) 523-8468	<b>Store #11396</b> 2200 W. Sugar Creek Rd. Charlotte, NC 28262 P (704) 494-4878 F (704) 494-8407
<b>Store #16405*</b> 1500 E. 3 <sup>rd</sup> Street, Suite A Charlotte, NC 28204 P (704) 526-4651 F (704) 526-4653	<b>Store #16313*</b> 2816 Erwin Rd. Durham, NC 27705 P (919) 282-5553 F (919) 864-4900	<b>Store #12283</b> 300 E. Cornwallis Dr. Greensboro, NC 27408 P (336) 275-9471 F (336) 275-9477
<b>Store #6579</b> 671 S. Memorial Dr. Greenville, NC 27834 P (252) 754-2099 F (252) 754-2774	<b>Store #16420</b> 103 Commerce Dr., Suite 101 Huntersville, NC 28078 P (704) 912-2045 F (704) 912-2047	<b>Store #7549</b> 4408 New Bern Ave. Raleigh, NC 27610 P (919) 231-6419 F (919) 231-7568
<b>Store # 1319</b> 2130 S. 17 <sup>th</sup> Street Wilmington, NC 28401 P (910) 343-2988 F (910) 343-2950	<b>Store #7397</b> 2125 Cloverdale Ave. Winston-Salem, NC 27103 P (336) 723-0561 F (336) 723-0882	<b>Store #11692</b> 500 Fincher Street Monroe, NC 28112 P (704) 225-9010 F (704) 225-7179

*\*UMAP prescriptions delivered by mail will be shipped from Store #16405 or #16313.*

*UMAP clients can pick up medications at any of these locations; arrangements should be made in advance by calling Walgreens at 1-800-573-3602 (Client Line) or 1-888-516-8003 (Healthcare Professional Line).*

## Appendix C – SPAP/ICAP/PCAP Pharmacy Network

The SPAP/ICAP/PCAP Pharmacy Network are restricted to the following pharmacies.

Pharmacy	Address	Phone	Fax
*Accredo	1620 Century Center Pkwy, Memphis, TN 38134	901-385-3600	901-385-3780
*Aetna	503 Sunport Lane, Orlando, FL 32809	407-513-6400	866-329-2779
Beddingfield Drugs LLC	95 Springbrook Ave #101, Clayton, NC	919-553-6224	919-553-7805
CMC CarolinaCARE	1001 Blythe Boulevard, Charlotte, NC 28203	704-512-6057	704-512-6058
CMC Rx Medical Center	1001 Blythe Boulevard, Charlotte, NC 28203	704-355-6900	704-355-6903
CMC Rx Morrocroft	4525 Cameron Valley Pkwy, Charlotte, NC 28211	704-512-6040	704-512-6041
CMC Rx Pavilion	920 Church Street North, Concord, NC 28025	704-403-1568	704-403-1784
*CVS Caremark Specialty	105 Mall Plaza Blvd, Monroeville, PA 15146	412-380-7021	412-825-8633
CVS Retail Locations	<a href="http://www.cvs.com/stores/">www.cvs.com/stores/</a>		
ECU	101 Heart Drive, Greenville, NC 27834	252-744-4680	252-744-3804
Family Care Specialty	10227-B University City Blvd, Charlotte, NC, 28213	704-688-5330	704-510-4311
Gurley's/NC Vedic	114 W Main St, Durham, NC 27701	919-606-7574	919-688-8072
Health Park Pharmacy	8300 Health Park Ste 227, Raleigh NC 27615	919-847-7645	919-847-7641
Holly Springs Pharmacy	648 Holly Springs Road, Holly Springs, NC 27540	919-346-6689	919-346-6691
Josefs Pharmacy	2100 New Bern Ave, Raleigh, NC 27610	919-212-2555	919-212-2550
Josefs Pharmacy 2	3421 North Roxboro St, Durham, NC 27704	919-680-1540	919-680-1541
Main Street Pharmacy	213 W Main Street, Durham, NC 27701	919-688-1368	919-682-3191
MedExpress Pharmacy	1431 West Innes Street, Salisbury, NC 28144	800-633-3977	800-615-0075
Morrisville Pharmacy and Compounding	3500 Davis Drive, Morrisville, NC 27560	919-463-7990	919-463-7992
Nuestra Farmacia	516 Waughtown St, Winston-Salem, NC 27127	336-793-2090	336-419-4406
*OPTUMRX	6800 West 115TH Ste 600, Leawood, KS 66211	913-253-0600	913-253-0643
Randleman Plaza Pharmacy	3230 Randleman Road, Greensboro, NC 27406	336-763-6878	336-763-2789
Rx Clinic Pharmacy	7308 E Independence Blvd, Charlotte NC 28227	704-537-0909	704-537-0947
Rx Clinic Pharmacy #2	6010 E WT Harris Blvd, Charlotte, NC 28215	704-900-2832	704-869-2821
Starmount Pharmacy	4601 W. Market Street, Greensboro, NC 27407	336-516-9060	336-419-4560
Triad Choice Pharmacy	658 Waughtown St, Winston-Salem, NC 27107	336-893-6286	336-893-6288
UNC Ambulatory Pharmacy	102 Mason Farm Road, Chapel Hill, NC 27599	984-974-5705	984-974-5864
UNC Central Outpatient	101 Manning Drive, Chapel Hill, NC 27514	984-974-2374	984-974-8586
UNC Employee Pharmacy	101 Manning Drive, Chapel Hill, NC 27514	919-966-5415	866-511-0334
UNC Shared Services Center	4400 Emperor Blvd, Chapel Hill, NC 27514	919-957-6900	866-511-0334
Walgreens Retail Locations	<a href="http://www.walgreens.com/storelocator">www.walgreens.com/storelocator</a>		
APP Walgreens Location	See APP Pharmacy Network List		

*\*Specialty Mail Order Pharmacies; prescriptions filled at these locations must be delivered by mail.*

SPAP/ICAP/PCAP clients can fill prescriptions at any of the pharmacies above, provided that the pharmacy chosen is included in the client's primary insurance pharmacy network.

SPAP/ICAP/PCAP clients must:

- Confirm the pharmacy is in their primary plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) pharmacy network.

- Provide their primary insurance plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) insurance card to the pharmacist.
- Provide their SPAP/ICAP/PCAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist.

Pharmacists should contact Ramsell at 1-888-311-7632 if they have any questions about adjudicating claims

## **Appendix D - UMAP Formulary**

If available, generic medications are dispensed. The brand names listed below are neither recommended nor required.

### **Antiretroviral Medications- Brand (Generic):**

Aptivus (Tipranavir)	Prezista (Darunavir)
Atripla (Efavirenz, Emtricitabine, Tenofovir)	Prezcobix (Cobicistat, Darunavir)
Biktarvy (Bictegravir, Emtricitabine, Tenofovir)	Pifeltro (Doravirine)
Cimduo (Lamivudine, Tenofovir)	Rescriptor (Delavirdine)
Combivir (Lamivudine, Zidovudine)	Retrovir (Zidovudine)
Complera (Emtricitabine, Rilpivirine, Tenofovir)	Reyataz (Atazanavir Sulfate)
Delstrigo (Doravirine, Lamivudine, Tenofovir)	Rukobia (Fostemsavir)
Descovy (Emtricitabine, Tenofovir Alafenamide)	Selzentry (Maraviroc)
Dovato (Dolutegravir, Lamivudine)	Stribild (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir)
Edurant (Rilpivirine)	Sustiva (Efavirenz)
Emtriva (Emtricitabine)	Symfi (Efavirenz, Lamivudine, Tenofovir)
Epivir (Lamivudine 3TC)	Symfi Lo (Efavirenz, Lamivudine, Tenofovir)
Epzicom (Abacavir, Lamivudine)	Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir)
Evotaz (Cobicistat, Atazanavir)	Tivicay (Dolutegravir)
Fuzeon (Enfuvirtide)	Triumeq (Abacavir, Dolutegravir, Lamivudine)
Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)	Trizivir (Abacavir, Lamivudine, Zidovudine)
Intelence (Etravirine)	Truvada (Emtricitabine, Tenofovir)
Invirase (Saquinavir)	Trogarzo (Ibalizumab-uiyk)
Isentress (Raltegravir)	Tybost (Cobicistat)
Isentress HD (Raltegravir)	Videx (Didanosine ddl)
Juluca (Dolutegravir, Rilpivirine)	Viracept (Nelfinavir)
Kaletra (Lopinavir, Ritonavir)	Viramune, Viramune XR (Nevirapine)
Lexiva (Fosamprenavir)	Viread (Tenofovir)
Norvir (Ritonavir)	Vitekta (Elvitegravir)
Odefsey (Emtricitabine, Rilpivirine, Tenofovir Alafenamide)	Ziagen (Abacavir)

### **Antibiotics- Brand (Generic):**

Amoxil (Amoxicillin)	Doryx, Vibramycin, Vibra-Tabs (Doxycycline hyclate)
Augmentin (Amoxicillin, Clavulanic acid)	Flagyl (Metronidazole)
Avelox B (Moxifloxacin)	Humatin (Paromomycin)
Bactrim, Cotrim, Septra, Sulfatrim (Sulfadiazine Sulfamethoxazole/trimethoprim)	Keflex (Cephalexin Monohydrate)
Biaxin (Clarithromycin)	Levaquin (Levofloxacin)
Bicillin LA (Penicillin G Benzathine)	Mepron (Atovaquone)
Cipro (Ciprofloxacin)	Minocin, Dynacin (Minocycline)

Ciprodex (Ciprofloxacin, Dexamethasone)	NebuPent, Pentam (Pentamidine)
Cleocin (Clindamycin)	Primaquine (Primaquine)
Dapsone (Dapsone, DDS)	Veetids, V-Cillin-K (Penicillin VK)
Daraprim (Pyrimethamine)	Zithromax (Azithromycin)

**Anticholesterol- Brand (Generic):**

Crestor (Rosuvastatin)	Tricor, Lofibra (Fenofibrate)
Lipitor (Atorvastatin Calcium)	Trilipix (Fenofibric Acid)
Lopid (Gemfibrozil)	Zetia (Ezetimibe)
Mevacor, Altoprev (Lovastatin)	Zypitamag (pitavastatin)
Pravachol (Pravastatin)	

**Anticonvulsants- Brand (Generic):**

Depakote (Divalproex)	Lyrica (Pregabalin)
Dilantin (Phenytoin)	Neurontin (Gabapentin)
Keppra (Levetiracetam)	Carbatrol, Tegretol (Carbamazepine)
Luminal (Phenobarbital)	

**Antidiabetic- Brand (Generic):**

Farxiga (Dapagliflozin)	Humulin R KwikPen (Insulin Reg Human Recomb)
Glipizide	Invokana (Canagliflozin)
Glipizide/Metformin	Januvia (Sitagliptin Phosphate)
Glucophage, Glumetza, Riomet (Metformin)	Levemir Flextouch (Insulin Detemir)
Humalog MIX 50/50, Humalog 75/25 KwikPen (Insulin NPL/Insulin Lispro)	Novolog Flexpen (Insulin Aspart)
Humalog KwikPen, Humalog Jr KwikPen (Insulin Lispro)	Novolog Mix 70/30 Flexpen (Insulin Aspart/Insulin Aspart Prot)
TRUEplus Pen Needles	Unifine Pentips

**Antidiarrheals- Brand (Generic):**

Imodium (Loperamide)	Lomotil (Diphenoxylate w/tropine)
Mytesi (Crofelemer)	

**Antiemetics- Brand (Generic):**

Compazine (Prochlorperazine)	Reglan (Metoclopramide)
Phenergan (Promethazine)	Zofran (Ondansetron Hydrochloride)

**Antifungals- Brand (Generic):**

Ancobon (Flucytosine)	Mycostatin, Nilstat (Nystatin)
Diflucan (Fluconazole)	Nizoral (Ketoconazole)

Revised December 09, 2020

Fungizone (Amphotericin B)	Onmel, Sporanox (Itraconazole)
Canesten, Lotrimin, Mycelex (Clotrimazole)	

**Antihypertensives- Brand (Generic):**

Azor (Amlodipine/Olmesartan)	Lopressor, Toprol (Metoprolol)
Benicar (Olmesartan),	Lotensin (Benazepril)
Benicar HCT (Olmesartan/HCTZ)	Lotrel (Amlodipine/Benazepril)
Calan, Isoptin (Verapamil)	Norvasc (Amlodipine)
Catapres (Clonidine)	Tenormin (Atenolol)
Diovan (Valsartan)	Tribenzor (Amlodipine/Olmesartan/HCTZ)
Diovan HCT (Valsartan/HCTZ)	Prinzide, Zestoretic (Lisinopril HCTZ)
Exforge (Amlodipine/Valsartan)	Vasotec (Enalapril Maleate)
Exforge HCT (Amlodipine/Valsartan/HCTZ)	Zestril, Prinivil (Lisinopril)
HCTZ (Hydrochlorothiazide)	

**Antineoplastics- Brand (Generic):**

Hydrea (Hydroxyurea)	Wellcovorin (Leucovorin)
Megace (Megestrol)	

**Antituberculosis- Brand (Generic):**

Myambutol (Ethambutol)	Rifadin, Rimactane (Rifampin)
Mycobutin (Rifabutin)	Tebrazid (Pyrazinamide)
Nydravid (Isoniazid, INH)	

**Antivirals- Brand (Generic):**

Baraclude (Entecavir)	Pegasys (Peginterferon alfa 2a)
Copegus, Virazole, Rebetol (Ribavirin)	Peg-Intron (Peginterferon alfa 2b)
Cytovene (Ganciclovir)	Tamiflu (Oseltamivir Phosphate)
Daklinza (Daclatasvir)	Technivie (ombitasvir, paritaprevir, ritonavir)
Famvir (Famciclovir)	Valtrex (Valacyclovir)
Foscavir (Foscarnet)	Valcyte (Valganciclovir)
Harvoni (Ledipasvir, Sofosbuvir)	Viekira Pak (ombitasvir, paritaprevir, ritonavir; dasabuvir)
Hepsera (Adefovir)	Vistide (Cidofovir)
Infergen (Interferon Alfacon-1)	Zepatier (elbasvir, grazoprevir)
Intron A (Interferon Alfa-2a)	Zovirax (Acyclovir)
Mavyret (glecaprevir/pibrentasvir)	

**Digestive Enzymes- Brand (Generic):**

Creon (Pancrelipase)	
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**Gastrointestinal Agents - Brand (Generic):**

Marinol (Dronabinol)	Prevpac
Pepcid (Famotidine)	Prilosec (Omeprazole)
Prevacid (Lansoprazole)	Zantac (Ranitidine HCL)

**Hematological Agents- Brand (Generic):**

Epogen, Procrit (Erythropoietin)	Neupogen (Filgrastim)
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**Miscellaneous- Brand (Generic):**

Aldactone (Spironolactone)	Egrifta SV (Tesamorelin)
Androgel, Androderm, Testim, Depo-Testosterone (Testosterone)	Estradiol, Delestrogen
Chantix B (Varenicline)	Premarin

**Psychotropics- Brand (Generic):**

Aventyl, Pamelor (Nortriptyline)	Olanzapine (Generic Only)
BuSpar (Buspirone)	Paxil (Paroxetine)
Celexa (Citalopram Hydrobromide)	Remeron (Mirtazapine)
Desyrel, Olepro (Trazodone)	Risperdal (Risperidone)
Duloxetine (Generic only)	Seroquel (Quetiapine Fumarate)
Effexor, Effexor XR (Venlafaxine)	Sinequan (Doxepin)
Elavil (Amitriptyline)	Forfivo XL, Wellbutrin (Bupropion HCL)
Fluoxetine (Generic only)	Zoloft (Sertraline)
Lexapro (Escitalopram)	

**Steroids- Brand (Generic):**

Deltasone (Prednisone)	Decadron (Dexamethasone)
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**Topical Agents- Brand (Generic):**

Aldara, Zyclara (Imiquimod)	
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**Uricosuric Agents- Brand (Generic):**

Probenecid (Probenecid)	
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**Vaccines:**

Influenza Vaccine*: Fluarix, Fluvirin, Fluzone, Flucelvax, Fluad, Afluria
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\*The influenza vaccine cannot be shipped to clients or clinicians; it must be administered at one of the UMAP Pharmacy Network Locations listed in Appendix B.

## **Appendix E – SPAP/ICAP/ PCAP Formulary**

The SPAP, ICAP, and PCAP formulary follow the primary insurance plan. As a secondary payer, SPAP, ICAP, and PCAP will pay all out of pocket costs for any prescription drug (not just HIV drugs) which is allowed by the primary insurance plan.

For example, if a Hepatitis C drug is on a client's Medicare Part D plan formulary, then Medicare will pay first for that drug and SPAP will pay any left-over costs; if a Hepatitis C drug is on a client's Qualified Health Plan's formulary, then the QHP will pay first for that drug and ICAP or PCAP will pay any left-over costs.

## Appendix F – 2020 Federal Poverty Level

Fam_Sz	PL_100	PL_125	PL_150	PL_200	PL_250	PL_300
1	\$12,760	\$15,950	\$19,140	\$25,520	\$31,900	\$38,280
2	\$17,240	\$21,550	\$25,860	\$34,480	\$43,100	\$51,720
3	\$21,720	\$27,150	\$32,580	\$43,440	\$54,300	\$65,160
4	\$26,200	\$32,750	\$39,300	\$52,400	\$65,500	\$78,600
5	\$30,680	\$38,350	\$46,020	\$61,360	\$76,700	\$92,040
6	\$35,160	\$43,950	\$52,740	\$70,320	\$87,900	\$105,480
7	\$39,640	\$49,550	\$59,460	\$79,280	\$99,100	\$118,920
8	\$44,120	\$55,150	\$66,180	\$88,240	\$110,300	\$132,360
9	\$48,600	\$60,750	\$72,900	\$97,200	\$121,500	\$145,800
10	\$53,080	\$66,350	\$79,620	\$106,160	\$132,700	\$159,240
11	\$57,560	\$71,950	\$86,340	\$115,120	\$143,900	\$172,680
12	\$62,040	\$77,550	\$93,060	\$124,080	\$155,100	\$186,120
13	\$66,520	\$83,150	\$99,780	\$133,040	\$166,300	\$199,560
14	\$71,000	\$88,750	\$106,500	\$142,000	\$177,500	\$213,000

SOURCE: Federal Register, January 17, 2020

For families/households with more than 8 persons, add \$4,480 for each additional person.

## **Appendix G- HRSA/HAB Requirement to Vigorously Pursue Other Sources of Health Coverage**

According to Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act, Ryan White (RW) funds may not be 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. RW grantees and sub grantees must make reasonable efforts to secure non-RW funds whenever possible for services to individual clients. As implementation of the Affordable Care Act continues and states address Medicaid expansion, HRSA/HAB has clarified several policies related to the RW program as a “Payer of Last Resort” and the need for RW grantees and sub grantees to vigorously pursue other sources of health coverage to ensure that RW funds are used in accordance with HRSA/HAB regulations and to extend finite RW grant resources to new clients and/or needed services.

As outlined in HRSA/HAB Policy Clarification Notices 1301 to 1401, HRSA/HAB expects RW grantees and sub grantees to:

- Vigorously pursue Medicaid enrollment for individuals who are likely to be eligible for Medicaid.
- Seek payment from Medicaid when they provide a Medicaid covered service for Medicaid beneficiaries.
- Back-bill Medicaid for RW funded services provided for all Medicaid eligible clients upon determination of Medicaid eligibility.
- Vigorously pursue enrollment into health care coverage for individuals who may be eligible for Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance.
- Ensure eligible uninsured RW clients expeditiously enroll in private health insurance plans whenever possible and inform clients about any consequences for not enrolling (specifically related to penalties).
- If a client misses the open enrollment period and does not qualify for a special enrollment period, make every reasonable effort to ensure the client enrolls into a private health plan upon the next open enrollment period.
- If a client misses the open enrollment period and qualifies for a special enrollment period, make every effort to ensure the client enrolls in a private health plan before the special enrollment period closes.
- Recertify client eligibility at least every six months, including verification of other health coverage (e.g., Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.).

- Collect and maintain documentation verifying client eligibility for other health coverage or a certificate of exemption from the Marketplace, IRS or other applicable entity.
- If a grantee or sub grantee is using RW funds to assist with insurance premiums, reconcile advance premium tax credits with the client and/or the IRS after they file their taxes for the year they received insurance premium assistance.

Not all RW clients will be eligible for other sources of health coverage. RW clients who obtain a certificate of exemption may continue to receive RW services. When a RW client is insured, RW funds may only be used to pay for RW services not covered or partially covered by a RW client's private health plan. RW will continue to be the payer of last resort and will continue to provide those RW services not covered, or partially covered, by public or private health insurance.

HRSA/HAB requires grantees to:

- Maintain policies regarding the required process for the pursuit of enrollment for all clients.
- Document the steps during their pursuit of enrollment for all clients.
- Establish stronger monitoring and enforcement of sub grantee processes to ensure that clients are enrolled in coverage options for which they qualify.
- If after extensive documented efforts on the part of the grantee, the client remains unenrolled in health coverage, the client may continue to receive services through RW.

Sub grantees that use RW funds to purchase insurance must determine how to operationalize the health insurance premium and/or cost-sharing assistance program, including the methodology used to: (1) assure they are buying health insurance that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the HHS Clinical Guidelines for the Treatment of HIV/AIDS, as well as appropriate primary care services; and (2) assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate primary care services.

#### NC Ryan White Part B/HMAP Policy

Documentation that a sub-grantee has vigorously pursued other health coverage includes copies of or notes in the client's chart about:

- Screening for coverage eligibility for other health coverage.
- Proof that the client is not eligible to obtain other health coverage (including but not limited to proof of an exemption).

- Detailed efforts to educate the client about other health coverage options (including Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)
- Informational letters, brochures or other materials provided to the client to educate about other health coverage options.
- Client's acknowledgement of education and their decision about enrollment.
- Detailed efforts to enroll/apply or referral for assistance with enrollment/applications for other health coverage options (including Medicaid, Medicare, employer-sponsored health insurance coverage, Qualified Health Plans through the Marketplace and/or other private health insurance, etc.)
- Details and calculations that document the client cannot afford other health coverage available, which may include affordability of co-payments or deductibles.

Clients should be regularly screened (during the semi-annual eligibility recertification process) for eligibility for other types of health coverage (or any other alternative payment source). All clients must be counseled about all possible health coverage available and the consequences (including possible penalties and financial impact) for not applying/pursuing health coverage. These penalties may also include possible future denial of access to RW funded services should HRSA/HAB institute such requirements.

RW coordination with other coverage sources could be a significant improvement for clients and their families, as it could provide for more covered services than the RW program currently provides. In addition, moving individuals onto other health coverage sources may enable RW providers to serve HIV-positive individuals that they otherwise would not have the resources to assist.

This Policy Statement will be updated as additional information and requirements are made available by HRSA/HAB.

# Appendix H-Example of Authorization Letter

SEP-21-2017 03:00AM FROM-

T-691 P.002/002 F-503

DIHS Controller's Office  
1907 Mail Service Center  
Raleigh, N.C. 27699-1907

## REPLY TO AUTHORIZATION REQUEST

TO:

PATIENT: *Name & Address  
listed here*

H2GA016

D.O.B.

051

PROGRAM: PROGRAM 14  
CASE #

REQUEST NUMBER: 201813585

FINANCIAL ELIGIBILITY: 03/23/2017 - 09/30/2017

AUTHORIZATION STATUS : **PENDING.**

PLEASE SEE EXPLANATION BELOW.

REQUESTED DATE(S) OF SERVICE:

10/01/2017 THRU 03/31/2018

REQUESTED SERVICE: DRUGS (REFER TO PROGRAM FORMULARY)

DESCRIPTION OF SERVICE: (BELOW) ; DIAGNOSIS: B20  
ADAP PENDING; PLEASE SEND COPY OF LATEST PAYSTUB.

*Case Manager/ Interviewer Name  
& Address listed here*

PROVIDERS: WALGREEN PHARMACY 11692

500 FINCHER ST  
MONROE NC 28112.

INSURANCE INFORMATION (BELOW) ;

MEDICAID #:

EXPLANATION:

SEE DESCRIPTION OF SERVICE

Mail Additional Information to:  
Purchase of Medical Care Services  
1907 Mail Service Center  
Raleigh, N.C. 27699-1907 (Tel: 919-855-3701)

## Appendix I- Expedited Application Checklist

Case # or Agency

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### Medical Criteria (Check all that apply and attach required supporting documentation)

- Acute HIV infection
- New diagnosis
- High viral load
- Low CD4 count
- Opportunistic infection(s) (OI)
- Already on ART and out of medications
- Other \_\_\_\_\_

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- Hard copies of prescriptions
- Submit/Verify that Walgreens has received prescriptions. HMAP staff will confirm.

### Additional Required Criteria/Documents

- The Ryan White Part B/ HIV Medication Assistance Program Financial Eligibility and Authorization Request (DHHS Form 3014/3056).
- Documentation of Income (Proof of income is required for the applicant, spouse and dependents claimed on taxes (children). See the manual for important guidance regarding documentation as this is a checklist only.

### Preferred/Acceptable documentation:

- Current Pay Stubs from Employment: (showing year to date income and deductions). HMAP requires 1 months' worth of pay stubs. \*If the client has just started a new job, refer to the Manual.
- Disabled/Veteran/Retired: A copy of applicant's and spouse's benefit award letter or any other official document showing the amount received on a monthly basis.
- Alimony and Child Support: A copy of applicant's benefit award letter or any other official document showing the amount received on a regular basis from Alimony and Child Support.
- Unemployment Benefits/Income: A copy of applicant's benefit award letter or any other official documentation showing the amount received on a regular basis.
- Copy of IRS Tax Return Form: If self-employed, a copy of the Tax Return Form for the most recent year will be required. If the client doesn't have a

copy of the tax return form, see the Manual for how to obtain one.

1. Applicants with Low Income (defined as at or below 125% of the Federal Poverty Guidelines):
  - Ryan White Part B/HMAP “Verification of No/Low Income” sheet (For HMAP Applicants only)
2. Applicants with No Income:
  - Ryan White Part B/HMAP “Verification of No/Low Income” sheet
3. Applicants with No Existing Documentation of Income:
  - Ryan White Part B/HMAP Income Signature Card

Documentation of Residence (Proof of North Carolina Residency is required for all applicants whose current name and address are not included on their proof of income).  
Preferred documentation:

Copy of valid NC Driver’s License or government-issued identification card with name and home address.

Other acceptable forms of documentation:

Copy of a utility bill or lease with applicant’s name and current address.

Copy of a recent (within 30 days of signing the Ryan White Part B/HMAP Financial Eligibility and Authorization Request) utility bill, phone bill, or lease with the applicant’s name and current address.

Any documents from the applicant’s clinician, case management agency, pharmacy, or other medical provider with the applicant’s name and current address.

Any correspondence from the HMAP Office, the HMAP dispensing pharmacy, or the SPAP/ICAP Pharmacy Benefits Manager that contain the applicant’s name and current address.

Last resort for documentation of Residence:

Anything with applicant name and home address or the Ryan White Part B & HMAP Declaration of Residency (clients will be expected to provide a preferred or other acceptable documentation of residency by the next renewal period unless there are documented extenuating circumstances)

Documentation of Insurance or Medicare/Medicaid:

Copy of insurance card(s) for all family members.

If there is an insurance cap, letter/summary from insurance company or specific proof from the insurance policy.

Copy of Medicare card (If income is at or below 150% of the Federal Poverty Guidelines, client must apply for Social Security’s low-income subsidy (LIS) also known as “extra help”)

Copy of Medicare Part D plan card (this is different from the Medicare card)

Copy of Medicaid card

Application Signed by the client, interviewer and medical provider

## Appendix J- Instructions for Completing the Expedited Checklist

### Interviewers:

1. **Refer to the HMAP Manual (page 32) and follow the guidance regarding Expedited Applications.**
2. Interviewers should pursue assistance from a medication manufacturer sponsored Patient Assistance Program or another medication assistance foundation/program before requesting an expedited application. Information about Patient Assistance Programs can be found on the HMAP Website.
3. **If the applicant is pregnant:**  
Requests for expedited processing for pregnant applicants should be directed to Debra Bost (see Appendix A). HMAP staff will process these applications as a top priority.
4. For all other Expedited Applications:
  - 1) The Interviewer should contact Debra Bost, HMAP Client Resources Project Coordinator, at the HMAP Program Office at (919) 546-1698 to briefly explain the situation and request approval to fax the client's application.
  - 2) If approved for expedited processing, Debra will ask the Interviewer to fax a copy of the application and required documents to the HMAP Office for review. Use the Expedited Application Checklist (which can be found on the HMAP Website) to ensure that you have all the required documents, including hard copies of all prescriptions.  
  
The HMAP Office may also require a letter from a Clinician, and/or proof that the Interviewer pursued a PAP, depending on the situation.
  - 3) Make sure that the application is completed accurately, the protocol for Expedited procedures is followed, and all documentation is provided before faxing to the HMAP Office.
  - 4) Fax the completed HMAP application and all required documents to Debra Bost at (919) 715-5221 or (919) 715-2993.

