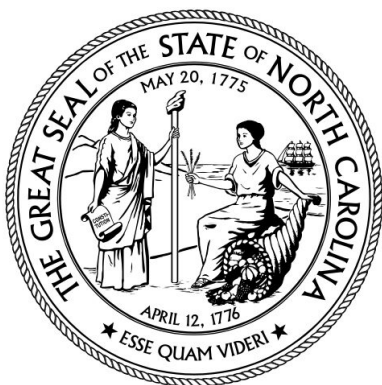# North Carolina HIV Medication Assistance Program
HMAP Manual, Updated on March 13, 2024

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

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Program Overview

The North Carolina HIV Medication Assistance Program (HMAP) is the federally 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.

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 enrolled in a Medicaid plan that provides medical and prescription coverage, employer sponsored health insurance or other coverage types described within the eligibility sections of this manual.

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.

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 HMAP enrollment when another coverage source is available. Case managers are required to screen applicants for all other sources of health coverage such as Medicaid and insurance. Any individual that appears eligible for another coverage source must apply for that coverage before applying for HMAP. Documentation may be requested during HMAP eligibility determination.

UMAP: Uninsured/Underinsured Medication Assistance Program

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 in the UMAP formulary. See Appendix D for the complete list of medications covered by UMAP.

UMAP Specific Eligibility:

Although UMAP is intended for uninsured individuals, underinsured individuals 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. 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).
- Medicaid Spend-down (Medicaid Deductible).

UMAP Prescription Processing and Regular Medication Dispensing

Walgreens is the contracted dispensing pharmacy for UMAP. Walgreens will dispense a 30-day supply of medication monthly to UMAP clients. Walgreens must make contact with each client or their case manager by phone before they can dispense medications.

Prescriptions can be sent to any Walgreens in the UMAP Pharmacy Network. See Appendix B for the UMAP Pharmacy Network. The fastest/preferred method is for prescriptions to be sent electronically to Walgreens store #16405 (Charlotte) or Walgreens store #16313 (Durham). Prescriptions are dispensed and shipped from the Walgreens locations in Charlotte, Durham, and Greensboro to verifiable client addresses or to a local Walgreens located in North Carolina. UMAP clients can also fill their medications in-person at any of the Walgreens locations in the UMAP Pharmacy Network.

Walgreens will contact new clients to confirm a residential shipping address or identify the Walgreens location for medication pick-up. Walgreens will contact existing clients before each prescription refill. Walgreens will make two attempts to contact clients. If a client does not respond, outreach will be made to the case manager. No Medication will be dispensed until the client or their case manager have confirmed the prescription and mailing address. UMAP clients must notify the pharmacy if there has been a change in contact information, mailing address, prescriptions, or refill preferences.

UMAP Delivery Exception Requests (DER)
Clients served through UMAP receive a 30-day supply of medications each month. UMAP clients can contact Walgreens to request a delivery exception if they want to refill a prescription early or receive a one-time dispense for more than 30 days of medications.

Walgreens will work with the HMAP office to get approval for delivery exception requests, decisions will be made on a case-by-case basis. The HMAP office may contact the client, case manager, or medical provider for more information. If approved by the HMAP office, Walgreens will make the appropriate arrangements with the client or their case manager.

UMAP will not allow dispenses past a clients' current enrollment end date. UMAP will not allow more than 90 days of medication in one dispense, without the prescriber's approval. UMAP will not allow more than two delivery exception requests during a 12-month coverage period. UMAP will not allow for more than 90 additional days of any one medication in a 12-month coverage period.

UMAP clients can also contact Walgreens to request a one-time dispense of medications to a temporary address if they are traveling, have been forced away from their home address (natural disasters, emergency situations, etc.), or are in need of a transitional prescription refill while relocating. Walgreens will seek approval from the HMAP office and will work with the client or case manager to arrange shipments, when approved. The only other states that medications can be shipped to are Florida, Georgia, and South Carolina. UMAP will not allow more than one out of state dispense during a 12-month coverage period.

<u>SPAP: State Pharmaceutical Assistance Program</u>
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 specific Hepatitis C medication 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 (copays and deductibles).

SPAP Specific Eligibility:

HMAP clients who are enrolled in a Medicare Part D Plan or Medicare Advantage Plan will be served through SPAP. HMAP clients who are eligible to enroll in a Medicare Part D Plan or Medicare Advantage Plan must enroll as soon as possible, see below for SPAP specific requirements.

- 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 will 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.
- 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 they are 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 150 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.
- 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 HMAP and will be served through SPAP because prescriptions are not covered by Medicaid for clients are dually enrolled in Medicaid and Medicare.

SPAP Prescription Processing and Regular Medication Dispensing

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 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 <u>also</u> 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.

Medicare Resources for SPAP Clients:
Medicare: www.medicare.gov, 1-800-633-4227
Social Security: www.ssa.gov, 1-800-772-1213
Seniors' Health Insurance Information Program: www.ncdoi.com/shiip, 1-855-408-1212

ICAP: Insurance Copayment Assistance Program

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 (QHP) purchased on the Federal Marketplace (healthcare.gov). There are no costs for medications covered by a QHP. 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 QHP. For example, if a specific diabetes medication 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 (copays and deductibles). ICAP does not cover dental or vision insurance premiums. ICAP cannot pay penalties that clients may receive for not having health insurance coverage at any point during the year.

ICAP Specific Eligibility

HMAP eligible clients who are enrolled in any QHP offered in North Carolina and purchased on the federal marketplace will be served through ICAP.

ICAP Prescription Processing and Regular Medication Dispensing Process
When an ICAP client fills a prescription for a covered medication, the pharmacy bills the QHP as a primary payer 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 QHP. The allowable days' supply dispensed, delivery address, or pharmacy used to fill the prescriptions are all dependent on the primary Qualified Health Plan's rules and limits.

PCAP: Premium & Copayment Assistance Program
PCAP is the sub-program within HMAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay monthly premiums as well as all out of pocket costs for all medications covered by a Qualified Health Plan (QHP) purchased on the Federal Marketplace (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 QHP. For example, if a specific blood pressure medication is on a client's Qualified Health Plan's formulary, then the QHP will pay first for that drug and PCAP will pay any left-over costs (copays and deductibles). PCAP does not cover dental or vision insurance premiums. PCAP cannot pay penalties that clients may receive for not having health insurance coverage at any point during the year.

PCAP Specific Eligibility

HMAP can pay for monthly insurance premiums through PCAP if a client uses the NC Navigator Consortium to enroll in a QHP. HMAP clients who work with the NC Navigator Consortium to enroll in a designated QHP will be served through PCAP, while clients that enroll on their own in any QHP will be served through ICAP. All clients who qualify for a tax credit will be required to apply it to their monthly premiums, the Navigators will ensure that this requirement is met. HMAP is required by federal regulation to vigorously pursue any premium tax credits paid to clients (tax refunds from the IRS).

Designated Qualified Health Plans (QHP) that PCAP will coordinate premium payments for:

- **Individual Plans:** PCAP can only make premium payments toward individual coverage plans. HMAP clients enrolled in a family plan can be served by ICAP but premium assistance is not available for clients enrolled in family plans. An exception may be possible if all covered persons in a family plan are enrolled in HMAP.
- **Insurance Metal Level:** PCAP will only make premium payments toward platinum, gold, and silver plans. HMAP clients enrolled in a bronze plan can be served by ICAP but premium assistance is not available for bronze plans.
- **Insurance Carriers:** Not all insurance carriers are willing to accept premium payments from HMAP/PCAP. PCAP can only make premium payments toward plans offered by Ambetter, AmeriHealth Caritas, Blue Cross Blue Shield, and Cigna. HMAP clients enrolled in a plan offered by another carrier can be served by ICAP but premium assistance is not available for plans offered by other insurance carriers.

Using the NC Navigator Consortium to Enroll in a Qualified Health Plan (QHP)

HMAP requires all clients enrolled in PCAP or enrolled UMAP or ICAP that want to be served by PCAP to use the NC Navigator Consortium to enroll in a QHP. The NC Navigator Consortium has a dedicated team of navigators that are PCAP specialists who know what plans and carriers PCAP can coordinate with and how to apply tax credits in accordance with HMAP/PCAP requirements. These navigators will enroll clients into a QHP and provide ongoing enrollment related services.

Scheduling an Appointment with the NC Navigator Consortium

Clients must be actively enrolled in HMAP to schedule an enrollment appointment with a Navigator. Case Managers must complete the electronic referral form to request an appointment for each client. The dedicated PCAP Navigators will contact the client to schedule the enrollment appointment. Navigators always introduce themselves as being with the NC Navigator Consortium and the PCAP program. The enrollment appointment can be completed via Zoom, over the phone, or in person. The navigators can include the case manager in the enrollment appointment, with the client's permission. Clients should be prepared for a one-hour enrollment appointment and should have a list of current

medications and medical providers readily available as well as information about their income and family size. Healthcare.gov has created a helpful checklist to help prepare for enrollment here: Get Ready to Apply for Marketplace Coverage.

Open Enrollment
Open enrollment for QHPs starts on November 1st and ends on January 15th. Referrals to schedule an appointment with the navigators should be completed in early October to ensure a timely enrollment appointment. Enrollment appointments must be completed by the end of the first week of December to ensure that insurance plans will begin on January 1st and the first premium (binder) payment will be made by PCAP before the end of the year. Clients that complete their enrollment appointment after the first week of December will likely have an insurance start date of February 1st. The HMAP Office will send reminders and instructions to case managers prior to open enrollment.

Navigator Consortium Technical Assistance & Questions
The NC Navigator Consortium has provided a dedicated PCAP email address where case managers may direct question: PCAPNavigators@legalaidnc.org.

Changes In Insurance
- Clients are required to contact their case manager and the navigators at the NC Navigator Consortium to notify them whenever a change occurs that would impact their marketplace plan enrollment or premium tax credit such as changes in employment or income.
- Case Managers must inform PCAP staff immediately when they become aware of a change in their client's insurance coverage or premiums as well as changes in employment or income.
- When the HMAP Office becomes aware of a PCAP client's QHP ending early, the client will be switched from PCAP to UMAP for the remainder of their HMAP coverage period. The client can be switched back to PCAP if they are able to re-enroll in a QHP through the navigators. The HMAP office always contacts the case manager whenever a change is made to a client's HMAP enrollment.

PCAP Prescription Processing and Regular Medication Dispensing Process
When a PCAP client fills a prescription for a covered medication, the pharmacy bills the QHP as a primary payer, and then bills PCAP as the secondary payer through Ramsell Corp. PCAP clients will receive a Supplemental Prescription Benefits Card from Ramsell after their PCAP coverage starts. 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 can also fill their prescriptions at any other pharmacy included in the PCAP pharmacy network (See Appendix C). PCAP clients that fill their prescriptions at pharmacies outside of the UMAP pharmacy network must provide their primary insurance card and their PCAP Supplemental Prescription Benefits Card from Ramsell to the pharmacist. PCAP 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 PCAP clients should be sent directly to a pharmacy in the PCAP Pharmacy Network that is also in the primary insurance plan's (Qualified Health Plan) pharmacy network.

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 QHP. The allowable days' supply dispensed, delivery address, or pharmacy used to fill the prescriptions are all dependent on the primary Qualified Health Plan's rules and limits.

PCAP Premium Payment Processing
PCAP will make insurance premium payments through Ramsell as long as the client remains HMAP eligible and recertifies for HMAP during the annual 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 annual renewal period, PCAP will no longer be able to pay the client's premium, and it will be the client's responsibility to make premium payments or risk losing their health insurance coverage.

PCAP clients may receive monthly invoices for insurance premiums from the insurance carriers. Clients enrolled in PCAP should not pay monthly premiums. To avoid complications with premium payments, PCAP clients should not enroll in automatic/recurring payments to the QHP.

HMAP Coverage Period and Annual Renewal Period
All HMAP subprograms operate on an annual cycle; the HMAP coverage period starts on October 1st and ends on September 30th. All clients are required to renew eligibility annually during the last three months of the coverage period (July 1st through September 30th) for the next coverage period. New applications approved during the first nine months of the coverage period (October 1st through June 30th) will be approved for coverage through September 30th of the current year. New applications approved during the last three months of the coverage period (July 1st through September 30th) will be approved for coverage through September 30th of the next year.

New Applications
A new application is defined as an application for an individual that is not currently enrolled in HMAP, regardless of prior HMAP enrollment history.

Annual Renewal Applications

A renewal application is defined as an application for an individual that is currently enrolled in HMAP and is applying to renew eligibility for the next coverage period. To avoid gaps in coverage, be sure to submit renewal applications before the priority deadline, described below. Clients who experience a gap in HMAP coverage because their renewal application was submitted late should pursue assistance from a medication manufacturer sponsored Patient Assistance Program (PAP) to secure medications during the HMAP coverage gap.

Schedule for the Annual Renewal Period
- **Renewal Period:** July 1st through September 30th
- **Priority Deadline:** August 15th

Renewal applications received by the priority deadline will be processed before the next coverage period starts.

Renewal applications received after the priority deadline may not be processed before the next coverage period starts, creating a gap in coverage.

Renewal applications that get pended during the renewal period may not be processed before the next coverage period starts, creating a gap in coverage.

Renewal applications that get denied during the renewal period because a client is no longer eligible for HMAP, will be terminated from HMAP immediately. The HMAP office always contacts the case manager whenever a change is made to a client's HMAP enrollment.

It is important to check the date of the signatures on the HMAP Application, otherwise known as the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form. Renewal Applications signed before the renewal period starts will not be accepted by the HMAP Office. Any application with signatures older than 60 days will not be accepted by the HMAP Office.

HMAP Application Process

The HMAP Application, otherwise known as the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form can be found on the HMAP Website. The program will not accept outdated versions of any forms. Applications must be submitted by an Interviewer, 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. Applications will be reviewed and processed by HMAP staff.

Application Requirements (New and Annual Renewal)
1. Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form
2. Documentation of Income
3. Documentation of NC Residency

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

Step 2: The Interviewer and Applicant complete and sign the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form.

Step 3: The Interviewer obtains the signature of the client's Medical Provider. 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: The Interviewer submits the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form and all required documentation to the applicable HMAP Subprogram email address (See Appendix A).

Step 5: HMAP applications will be reviewed and processed upon receipt. Once eligibility is determined, HMAP will send a Reply to Authorization Request (See Appendix H) to the client and the Interviewer notifying them of application status (approved, denied, pended). Interviewers may contact the HMAP office 15 business days after submission to check on its status if they have not received a Reply to Authorization Request Letter.

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

Section 1: Application Type
- Enter the HMAP Case Number for applicants that are currently enrolled in HMAP or are not currently enrolled but have a previous history of enrollment in HMAP. Enter "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 (See Appendix I)
  - New Application: HMAP does not allow retroactive approval, but applicants can request a delayed start date for the following reasons (with documentation of when and why the applicant will become eligible for HMAP):

- 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.
  - Annual Renewal
  - Incarcerated: If the applicant is incarcerated, enter the name of the county detention center. Individuals incarcerated in State or Federal prisons are not eligible for HMAP. 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.) are not eligible for HMAP.

Section 2: HMAP Sub-Program

It is very important to provide correct information for the appropriate sub-program to prevent delays in processing and/or denied/pended applications. Select only one.
- UMAP (Applicant/Client is Uninsured/Underinsured)
- SPAP (Applicant/Client is enrolled in Medicare Part D)
- ICAP (Applicant/Client is enrolled in a QHP on the Federal Marketplace seeking only assistance with medications copayments)
- PCAP (Applicant/Client is currently enrolled in PCAP and is completing an annual renewal)

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).
- Social Security Number is required from applicants that have a social security number. Enter a valid nine-digit Social Security Number, for all applicants that have a valid Social Security Number, in Section 3. If the applicant does not have a valid Social Security Number, list "NA". Do not provide an alternative ID number, incomplete social security numbers (last 4 digits), a fabricated social security number, or a social security number that is known to be false. Applicants that do not have a social security number are eligible for HMAP. Applicants that do have a social security number must provide it for eligibility to be determined.
- 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. 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 Form.
- Provide working telephone number(s) where the 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
- Select applicant's race from the list provided.
- Select applicant's race subcategory from the list provided, if applicable (e.g., if Asian or NH/PI was checked).
- Select applicant's ethnicity from the list provided.
- Select applicant's ethnic subcategory from the list provided, if applicable (e.g., if Hispanic was checked).
- Select all languages spoken by the client from the list provided. If "Other" is selected, indicate the language "Other" refers to.
- Select applicant's current gender from the list provided.

Section 5: Applicant Health Information
- Select HIV/AIDS Status from the list provided.
- 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 applicant must indicate how they are supported and their tax filing status and employment status from the lists provided. If the applicant is employed, they will have to provide proof of income. The applicant's 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.
- Applicants who do not file taxes and are not claimed as tax dependent, household size is the individual and the following (if living with the individual):
  - Spouse
  - Natural, adopted, and stepchildren (those under age 19, or at state option those under age 21 and full-time student)
  - If the 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), in accordance with guidance from The Health Resources and Services Administration (HRSA) HIV AIDS Bureau (HAB). MAGI uses Adjusted Gross Income and adds back certain forms of income. The number of household members and the household income is required to calculate MAGI and determine if the applicant is eligible for HMAP. HMAP requires proof of income for each source of income an applicant or a member of their household claims.

The definition of household income under MAGI includes the following forms of income:
- Salary/Wages/Commission/Tips
- Self-Employment Income
- Foreign earnings
- Interest (including both taxable and non-taxable)
- Unemployment benefits
- Pension/Annuity/IRA distributions (taxable amount only)
- Social Security (Retirement/Survivor's/Disability)
- Supplemental Security Income (SSI)
- Retirement Accounts
- Alimony Received
- Net Farming/Fishing, Rental/Royalty, Capital Gains, Lottery Winnings
- Scholarships/Grants (if used for living expenses, not tuition and fees)
- Taxable Refunds, Credits, or Offsets of state and local income taxes
- Veteran's Payments
- Other Taxable Income

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 SHIIP 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 health insurance 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 the Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form to assist application processors in verifying eligibility and medical expenses. Copies of all insurance cards must be submitted with the application.
- 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:
  o Section 2 must be checked PCAP.
  o 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.
  o 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 13 of the HMAP Manual.
    ▪ Before enrolling into the PCAP program, the NC Navigators (PCAP Coordinators) will ensure that the auto-draft feature is not selected.

Section 12: Terms and Conditions
HMAP requires 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
  o The Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form must be signed and dated by the applicant.
  o 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 Form.
    ▪ The Applicant attests they have provided complete and truthful facts.
- Interviewer
  o The Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form 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.
- The 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 Form 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).

Required Documentation of Income

Documentation of income is required with all new and renewal HMAP applications. HMAP cannot approve any application that is missing required documentation. Interviewers are required to verify all documentation for accuracy and legitimacy prior to submitting documents with the HMAP application. The guidance below provides the most common ways to satisfy the requirement to document income. HMAP staff are unable to waive this requirement but can help interviewers identify acceptable alternatives when necessary.

Preferred Documentation of Income

The best way to document income is to provide a copy of most recent IRS federal tax return such as the 1040. A tax return is required for each household member that files taxes and for self-employed applicants. If the applicant does not have a copy of the federal tax return, it can be requested from the IRS by calling 1-800-908-9946 or via www.irs.gov. The W2 form and 1099 form will not be accepted as documentation of income. Clients who do not file taxes may submit other acceptable income documentation described below.

Other Acceptable Forms of Documentation of Income for Employed Applicants
Applicants that are unable to provide a tax return, can submit one month of recent (within 60 days) pay stubs that show year to date income and deductions. HMAP will calculate annual income from pay stubs provided, based on the applicant's pay schedule (monthly, bi-weekly, weekly, etc.). Applicants that are paid weekly must submit the last four consecutive pay stubs. Applicants that are paid bi-weekly must submit the last two consecutive pay stubs. Applicants that are paid Monthly must submit the most recent pay stub.

Documentation of Income for Self-Employed Applicants
Individuals who are considered self-employed, as defined below, 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.

Individuals who are paid in cash for hired services and who do not file income taxes are not considered self-employed. 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.

Documentation of Income for Applicants with Other Sources of Income
Applicants that are unable to provide a tax return who have other sources of income (Unemployment, Pension/Annuity/IRA Distributions, Retirement Accounts, Alimony Received, Veteran's Payments, Social Security, Supplemental Security Income, Scholarships/Grants for living expenses) are required to submit a copy of the benefit award letter or other documentation of the amounts received on a regular basis. This requirement applies to the applicant and all adult countable family members.

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 homeless.
- is a migrant farm worker.
- 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).
- is a victim of theft, victim of loss/disaster, or had to flee from a high-risk situation. Applicants who use the Ryan White Part B/HMAP Income Signature Card for these reasons 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.

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 Appendix F 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 Form and the Ryan White Part B & HMAP Verification of No/Low Income Sheet; both documents can be found on the HMAP Website.

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 Ryan White Part B/HIV Medication Assistance Program Financial Eligibility and Authorization Request Form and the Ryan White Part B & HMAP Verification of No/Low Income Sheet; both documents can be found on the HMAP Website.

Required Documentation of Residence

Documentation of residence is required with all new and renewal HMAP applications. HMAP cannot approve any application that is missing required documentation. Interviewers are required to verify all documentation for accuracy and legitimacy prior to submitting documents with the HMAP application. The guidance below provides the most common ways to satisfy the requirement to document income. HMAP staff are unable to waive this requirement but can help interviewers identify acceptable alternatives when necessary.

Preferred Documentation of Residence
- If the name and address on the documentation of income provided matches the name and address provided in Section 3 of the HMAP application, then no additional documentation of residence is required.
- If the documentation of income provided is unable to be used as documentation of residence, applicants can provide a valid NC Driver's License or another State or Federal government (USA) issued identification card with a name and home

address that match the name and address provided in Section 3 of the HMAP application.

Other Acceptable Forms of Documentation of Residence
- A copy of a recent (within 30 days) utility bill, phone bill, or lease with a name and home address that match the name and address provided in Section 3 of the HMAP application.
- Any documents from the applicant's clinician, case management agency, pharmacy, or another provider of medical services, with a name and home address that match the name and address provided in Section 3 of the HMAP application.
- Any correspondence addressed to the client from the HMAP Office, the UMAP dispensing pharmacy, or the SPAP/ICAP/PCAP Pharmacy Benefits Manager with a name and home address that match the name and address provided in Section 3 of the HMAP application.

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 Form and all required documents. If more than one agency is involved in the applicant's 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 Form to coordinate with other agencies and submit the complete application. HMAP will not accept partial applications from multiple agencies.

Submission of HMAP Applications by Email
HMAP applications should be submitted by email. Each HMAP sub-program has a designated email address, see Appendix A.

Alternatives for Submitting Applications
The only way to ensure timely application processing is to submit applications by email. Applications received by mail or fax will be significantly delayed. Applications can be mailed to HMAP at 1907 Mail Service Center; Raleigh, NC 27699-1907, but email is preferred. Applications can be submitted by fax when necessary, please contact the appropriate HMAP staff before submitting applications by fax. Additional information may be requested by HMAP staff to determine eligibility. It is imperative that all forms are

complete, legible, signed and all boxes have been checked. Be sure to include all required documentation. Send each applicant's application and documents separately (one application packet per email, per envelope if sent by mail, or per fax if sent by fax).

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 submitting applications and documents by email, all emails must be sent securely. 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 contains IIHI, PHI, or PII will be reported to the DHHS Privacy and Security Office.

When submitting applications and documents by mail, 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 submitting applications and documents by fax, 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.

Reply to Authorization Request
HMAP will process all applications as soon as possible upon receipt. 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, or pended) 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 pended 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 email to the appropriate processor. As a last resort you may submit requested items by fax at 919-715-2993 or 919-715-5221, to the attention of the appropriate processor. If faxing the requested information, 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 if:

- More than 60 days have passed since the application was originally pended.
- The annual renewal period begins before the pended application is resolved.

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 Office. 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 Application Review Policy and Instructions

Case Managers can request an expedited application review if the applicant has a prescription for a medication on the HMAP formulary and has a documented need to fill that prescription immediately. Expedited applications may take up to two business days before eligibility determination is completed. If approved, access to medication should be available within two business days from approval. Please contact Debra Bost for assistance or if there are any questions.

Expedited Application Policy

Expedited applications are subject to all eligibility criteria and requirements described within this manual. Approval for an expedited application review does not change eligibility criteria, it only expedites the review process. Incomplete applications and ineligible applicants will not be approved. The decision to expedite the review of an application is at the discretion of the HMAP office. The HMAP Office may require a letter from a Clinician and/or other documentation, depending on the circumstances.

Expedited application review will be considered for the following reasons:

- Applicant is pregnant (no clinical documentation is required)
- Applicant has a new diagnosis of HIV and a documented need for immediate HIV related medication.
- Applicant has recently moved to North Carolina and has a documented need for immediate HIV related medication.
- Applicant is newly eligible for HMAP and has a documented need for immediate HIV related medication such as someone who was on an employer sponsored insurance plan and was taking HIV related medication but lost their job and insurance and is out of medication.
- Applicant has been admitted to a healthcare facility, appears eligible for HMAP, and has a documented need for immediate HIV related medication.
- Applicant has been released from incarceration, was receiving medications during incarceration, and has a documented need for immediate HIV related medication.
- Applicant was reengaged to HIV care after being out of care or lost to care and has a documented need for immediate HIV related medication.
- Applicant has a documented need for immediate HIV related medication and was denied for a patient assistance program and has no other access to medication.

Expedited application review will not be considered for the following reasons:

- Applicant was previously enrolled in HMAP but failed to submit a timely renewal application.

Process for requesting an expedited application review:

The Case Manager must email Debra.Bost@dhhs.nc.gov to request an expedited application review. Please contact Debra Bost for assistance or if there are any questions.

The email requesting expedited application review must include the following items:
1. The justification for expedited application review with documentation that the client has an immediate need for HIV related medication, in accordance with the policy described above.
2. Completed HMAP application with all required documentation such as proof of income and residency.
3. Proof of a prescription for a medication on the HMAP formulary to document the immediate need for expedited review.

If approved for expedited application review, Debra Bost will work with the appropriate processor to complete eligibility determination. Debra Bost will follow up with the case manager after the review is completed. If approved for HMAP, Debra Bost will coordinate with the case manager and pharmacy (Walgreens) to arrange for a medication dispense.

Incarcerated Individuals
Individuals incarcerated in a local detention center (jail) may be eligible for HMAP if the local detention center is unable to pay for HIV related medications and the client is not in the custody of the State or Federal prison system. Individuals housed in State or Federal prisons or housed in a local detention center under the custody of State or Federal prison are not eligible for HMAP because the State and Federal prison systems are required to provide medical care and treatment, including medication.

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.

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.

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 two business days. 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.

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 Form. 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 Form. If necessary, the HMAP Office will contact the detention center to obtain a new or updated Statement of Financial Need.

Applications for incarcerated clients and Statements of Financial Need must be submitted by email to Iris.Girard@dhhs.nc.gov.

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.

Existing HMAP clients who Become Incarcerated
Existing HMAP clients who become incarcerated do not need to reapply for HMAP until the next annual renewal period begins; clinical jail staff should contact Iris Girard at Iris.Girard@dhhs.nc.gov to confirm eligibility and coordinate HMAP services. 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.

Changes to Client Information

Interviewers are required to notify the HMAP office whenever there has been any change in client information. If a client has a change in name, address, phone number, employment, income, family size, insurance coverage, etc., the Interviewer must email a written request to update the information on file, with applicable documentation, to the appropriate processor immediately, see Appendix A for contact information.

Requesting a Correction for Incorrect Client Information

The Interviewer should email 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 When a Client Moves Out of North Carolina

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 out of state. The Interviewer must email a written request to update the information on file, with applicable documentation, to the appropriate processor immediately, see Appendix A for contact information. 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 Change in Income

HMAP has specific income requirements. Interviewers are required to inform the HMAP Office immediately when they become aware that a client has a change in income. The Interviewer must email a written request to update the information on file, with applicable documentation, to the appropriate processor immediately, see Appendix A for contact information. The HMAP Office will terminate the client's HMAP coverage as soon as they are made aware that a client's income exceeds the eligibility requirement.

Termination Due to New Insurance Coverage

HMAP is a payer of last resort. Individuals enrolled in other health insurance coverage that provides HIV related medications (Medicaid, employer sponsored insurance, etc.) are ineligible for HMAP. Interviewers are expected to inform the HMAP Office immediately when they become aware that a client has any new insurance coverage. The HMAP Office will terminate the client's HMAP coverage as soon as they are made aware of new insurance coverage that makes the client ineligible for HMAP.

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

HMAP clients who become eligible for Medicare are required to enroll in a Medicare Prescription Drug Plan or a Medicare Advantage Plan, clients will have 60 days to enroll. After 60 days, the HMAP office will notify the case manager of termination. Client terminated for not enrolling in a Part D plan can submit a new HMAP application after they have enrolled.

Switching Clients between HMAP Subprograms

Interviewers are expected to inform the HMAP office immediately when they become aware that a client's eligibility situation has changed, so the client can be switched to the appropriate HMAP sub-program or terminated from HMAP. Due to federal regulations, HMAP will vigorously pursue any funds the program has paid on the client's behalf when there is another payer source available. Interviewers are encouraged to remind clients of the importance of immediately notifying the HMAP office of changes in eligibility such as changes in income, insurance, and family size (as well as changes in address).

Clients served by SPAP, PCAP, or ICAP that lose insurance coverage can be switched to UMAP for the remainder of their HMAP coverage period.

Appendix A: HMAP Contact Information

HMAP Website: https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html
Client Hotline: In State (Toll Free): (877) 466-2232, Out of State: (919) 733-9161
Mailing Address: 1907 Mail Service Center; Raleigh NC 27699-1907
Fax Numbers: (919) 715-5221, (919) 715-2993

Name	Title	Phone	Email
Kyrah Alston	PCAP Processor	(984) 236-4126	kyrah.alston@dhhs.nc.gov
Beth Blaise	HMAP Operations Supervisor	(984) 236-4103	beth.blaise@dhhs.nc.gov
Debra Bost	Client Resources Coordinator	(919) 604-6460	debra.bost@dhhs.nc.gov
Gladys Derilus	UMAP Processor	(984) 236-4117	gladys.derilus@dhhs.nc.gov
Torey F. Dunlap	PCAP Coordinator	(206) 245-7821	torey.dunlap@dhhs.nc.gov
Christell Edwards	UMAP Processor	(984) 236-4106	christell.edwards@dhhs.nc.gov
John Furnari	HMAP Director	(984) 236-4134	john.furnari@dhhs.nc.gov
Meghan Furnari	HMAP Data Analyst	(984) 236-4102	meghan.furnari@dhhs.nc.gov
Iris Girard	HMAP Eligibility Specialist	(984) 236-1472	iris.girard@dhhs.nc.gov
Natalie Gupton	ICAP Coordinator	(984) 236-4108	natalie.gupton@dhhs.nc.gov
Nikki Harris	SPAP Processor	(984) 236-4101	charmaine.harris@dhhs.nc.gov
Kiwana Hayes	PCAP Processor	(984) 236-4110	kiwana.hayes@dhhs.nc.gov
Brittany M. Moore	PCAP Processor	(984) 236-4107	brittany.m.moore@dhhs.nc.gov
Addie Ramus	SPAP Coordinator	(984) 236-4128	mary.ramus@dhhs.nc.gov
Fabiola Sanchez	PCAP Epidemiologist	(984) 236-4104	fabiola.sanchez@dhhs.nc.gov
Kortney Simmons	PCAP Processor	(984) 236-4109	kortney.simmons@dhhs.nc.gov
Glenys Spencer	HMAP Operations Specialist	(984) 236-4100	glenys.spencer@dhhs.nc.gov
Michael Staples	UMAP Coordinator	(984) 236-4133	michael.staples@dhhs.nc.gov
Katina Turner	UMAP Processor	(984) 236-4124	katina.turner@dhhs.nc.gov
Judith Van-Scoter	UMAP Processor		judith.van-scoter@dhhs.nc.gov
David White	HMAP Special Projects Lead		david.a.white@dhhs.nc.gov

Walgreens (Contracted Dispensing Pharmacy for UMAP):
- Client Line: 1-800-573-3602
- Healthcare Professionals Line: 1-888-516-8003

Ramsell (Contracted Pharmacy Benefits Manager for SPAP, PCAP, ICAP):
- Pharmacy Help Desk: 1-888-311-7632

Submitting UMAP Applications by Email
Applicant's Last Name begins with the letters A-D: UMAPapplications_A-D@dhhs.nc.gov
Applicant's Last Name begins with the letters E-K: UMAPapplications_E-K@dhhs.nc.gov
Applicant's Last Name begins with the letters L-Q: UMAPapplications_L-Q@dhhs.nc.gov
Applicant's Last Name begins with the letters R-Z: UMAPapplications_R-Z@dhhs.nc.gov

Submitting SPAP Applications by Email
SPAPapplications@dhhs.nc.gov

Submitting ICAP Applications by Email
ICAPapplications@dhhs.nc.gov

Submitting PCAP Applications by Email
PCAPapplications@dhhs.nc.gov

For Questions about PCAP
PCAPQuestions@dhhs.nc.gov

Submitting Applications for Incarcerated Applicants by Email
Iris.Girard@dhhs.nc.gov

Submitting Requests for Expedited Application Review by Email
Debra.Bost@dhhs.nc.gov

Appendix B: UMAP Pharmacy Network

Store #9458	**Store #5761**	**Store #11396**
841 Merrimon Ave.	4701 South Blvd.	2200 W. Sugar Creek Rd.
Asheville, NC 28804	Charlotte, NC 28217	Charlotte, NC 28262
P (828) 225-5113	P (704) 523-3227	P (704) 494-4878
F (828) 225-5103	F (704) 523-8468	F (704) 494-8407
Store #16405*	**Store #16313***	**Store #12283**
1500 E. 3rd Street, Suite A	2816 Erwin Rd.	300 E. Cornwallis Dr.
Charlotte, NC 28204	Durham, NC 27705	Greensboro, NC 27408
P (704) 526-4651	P (919) 282-5553	P (336) 275-9471
F (704) 526-4653	F (919) 864-4900	F (336) 275-9477
Store #6579	**Store #16420**	**Store #7549**
671 S. Memorial Dr.	103 Commerce Dr., Suite 101	4408 New Bern Ave.
Greenville, NC 27834	Huntersville, NC 28078	Raleigh, NC 27610
P (252) 754-2099	P (704) 912-2045	P (919) 231-6419
F (252) 754-2774	F (704) 912-2047	F (919) 231-7568
Store # 1319	**Store #7397**	**Store #11692**
2130 S. 17th Street	2125 Cloverdale Ave.	500 Fincher Street
Wilmington, NC 28401	Winston-Salem, NC 27103	Monroe, NC 28112
P (910) 343-2988	P (336) 723-0561	P (704) 225-9010
F (910) 343-2950	F (336) 723-0882	F (704) 225-7179
Store # 21181		
123 Sunnybrook Rd. Suite 150, Raleigh NC 27610		
P (919) 326-3395		
F (919) 326-3396		

*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

Clients filling prescriptions through SPAP/ICAP/PCAP must use a pharmacy that is both:
1. In the primary insurance plan's pharmacy network: Contact the primary Medicare Part D or Advantage Plan or the Primary Qualified Health Plan to determine what pharmacies are in network.
2. And participating in the SPAP/ICAP/PCAP pharmacy network: Contact Ramsell at 1-888-311-7632 or use Ramsell's pharmacy locator at www.ramsellcorp.com/pharmacies/nc.aspx. All 13 Walgreens locations that serve UMAP are included in this network.

SPAP/ICAP/PCAP clients will need to:
- Confirm the pharmacy is in their primary plan's (Medicare Prescription Drug Plan, Medicare Advantage Plan, or Qualified Health Plan) pharmacy network.
- Confirm the pharmacy is participating in the SPAP/ICAP/PCAP 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 can contact Ramsell at 1-888-311-7632 if they have any questions about adjudicating claims through SPAP/ICAP/PCAP.

Appendix D: UMAP Formulary:

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

Antiretroviral Medications: Brand (Generic):
  Aptivus (Tipranavir)
  Atripla (Efavirenz, Emtricitabine, Tenofovir)
  Biktarvy (Bictegravir,Emtricitabine, Tenofovir)
  Cabenuva* (Cabotegravir, Rilpivirine)
  Cimduo (Lamivudine, Tenofovir)
  Combivir (Lamivudine, Zidovudine)
  Complera (Emtricitabine, Rilpivirine, Tenofovir)
  Delstrigo (Doravirine, Lamivudine, Tenofovir)
  Descovy (Emtricitabine, Tenofovir Alafenamide)
  Dovato (Dolutegravir, Lamivudine)
  Edurant (Rilpivirine)
  Emtriva (Emtricitabine)
  Epivir (Lamivudine 3TC)
  Epzicom (Abacavir, Lamivudine)
  Evotaz (Cobicistat, Atazanavir)
  Fuzeon (Enfuvirtide)
  Genvoya (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir Alafenamide)
  Intelence (Etravirine)
  Invirase (Saquinavir)
  Isentress (Raltegravir)
  Isentress HD (Raltegravir)
  Juluca (Dolutegravir, Rilpivirine)
  Kaletra (Lopinavir, Ritonavir)
  Lexiva (Fosamprenavir)
  Norvir (Ritonavir)
  Odefsey (Emtricitabine, Rilpivirine, Tenofovir Alafenamide)
  Pifeltro (Doravirine)
  Prezcobix (Cobicistat, Darunavir)
  Prezista (Darunavir)
  Rescriptor (Delavirdine)
  Retrovir (Zidovudine)
  Reyataz (Atazanavir Sulfate)
  Rukobia (Fostemsavir)
  Selzentry(Maraviroc)
  Stribild (Cobicistat, Elvitegravir, Emtricitabine, Tenofovir)
  Sustiva (Efavirenz)
  Symfi (Efavirenz, Lamivudine, Tenofovir)
  Symfi Lo (Efavirenz, Lamivudine, Tenofovir)

Symtuza (Darunavir, Cobicistat, Emtricitabine, Tenofovir)
Tivicay (Dolutegravir)
Triumeq (Abacavir, Dolutegravir, Lamivudine)
Trizivir (Abacavir, Lamivudine, Zidovudine)
Trogarzo(Ibalizumab-uiyk)
Truvada (Emtricitabine, Tenofovir)
Tybost (Cobicistat)
Videx (Didanosine ddI)
Viracept (Nelfinavir)
Viramune, Viramune XR (Nevirapine)
Viread (Tenofovir)
Ziagen (Abacavir)

Injectables cannot be shipped to clients. They must be shipped by the pharmacy to the provider for administration.

Antibiotics- Brand (Generic):
  Amoxil (Amoxicillin)
  Augmentin (Amoxicillin, Clavulanic acid)
  Avelox B (Moxifloxacin)
  Bactrim, Septra, Sulfatrim (Sulfamethoxazole/trimethoprim)
  Biaxin (Clarithromycin)
  Bicillin LA (Penicillin G Benzathine)
  Cipro (Ciprofloxacin)
  Ciprodex (Ciprofloxacin, Dexamethasone)
  Cleocin (Clindamycin)
  Dapsone (Dapsone, DDS)
  Doryx, Vibramycin, Vibra-Tabs (Doxycycline hyclate)
  Flagyl (Metronidazole)
  Humatin (Paromomycin)
  Keflex (Cephalexin Monohydrate)
  Levaquin (Levofloxacin)
  Mepron (Atovaquone)
  Minocin, Dynacin (Minocycline)
  NebuPent, Pentam (Pentamidine)
  Primaquine (Primaquine)
  Sulfadiazine
  Veetids, V-Cillin-K (Penicillin VK)
  Zithromax (Azithromycin)

Anticholesterol- Brand (Generic):
  Crestor (Rosuvastatin)
  Lipitor (Atorvastatin Calcium)
  Lopid (Gemfibrozil)

Mevacor, Altoprev (Lovastatin)
Pravachol (Pravastatin)
Tricor, Lofibra (Fenofibrate)
Trilipix (Fenofibric Acid)
Zetia (Ezetimibe)
Zypitamag, Livalo (Pitavastatin)

Anticonvulsants- Brand (Generic):
Carbatrol, Tegretol (Carbamazepine)
Depakote (Divalproex)
Dilantin (Phenytoin)
Keppra (Levetiracetam)
Luminal (Phenobarbital)
Lyrica (Pregabalin)
Neurontin (Gabapentin)

Antidiabetic- Brand (Generic):
Farxiga (Dapagliflozin)
Glipizide
Glipizide/Metformin
Glucophage, Glumetza, Riomet (Metformin)
Humalog KwikPen, Humalog Jr KwikPen (Insulin Lispro)
Humalog MIX 50/50, Humalog 75/25 KwikPen (Insulin NPL/Insulin Lispro)
Humulin R KwikPen (Insulin Reg Human Recomb)
Invokana (Canagliflozin)
Januvia (Sitagliptin Phosphate)
Lantus SoloStar (Insulin Glargine)
Novolog Flexpen (Insulin Aspart)
Novolog Mix 70/30 Flexpen (Insulin Aspart/Insulin Aspart Prot)
TRUEplus Pen Needles
Unifine Pentips

Antidiarrheals- Brand (Generic):
Imodium (Loperamide)
Lomotil (Diphenoxylate w/tropine)

Antiemetics- Brand (Generic):
Compazine (Prochlorperazine)
Phenergan (Promethazine)
Reglan (Metoclopramide)
Zofran (Ondansetron Hydrochloride)

Antifungals- Brand (Generic):
  Ancobon (Flucytosine)
  Canesten, Lotrimin, Mycelex (Clotrimazole)
  Diflucan (Fluconazole)
  Fungizone (Amphotericin B)
  Mycostatin, Nilstat (Nystatin)
  Nizoral (Ketoconazole)
  Onmel, Sporanox (Itraconazole)

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

Antineoplastics- Brand (Generic):
  Hydrea (Hydroxyurea)
  Megace (Megestrol)
  Wellcovorin (Leucovorin)

Antituberculosis- Brand (Generic):
  Myambutol (Ethambutol)
  Mycobutin (Rifabutin)
  Nydrazid (Isoniazid, INH)
  Rifadin, Rimactane (Rifampin)
  Tebrazid (Pyrazinamide)

Antivirals- Brand (Generic):
  Baraclude (Entecavir)
  Copegus, Virazole, Rebetol (Ribavirin)
  Cytovene (Ganciclovir)
  Famvir (Famciclovir)
  Foscavir (Foscarnet)
  Harvoni (Ledipasvir, Sofosbuvir)
  Hepsera (Adefovir)
  Infergen (Interferon Alfacon-1)
  Intron A (Interferon Alfa-2a)
  Mavyret (Glecaprevir/Pibrentasvir)
  Pegasys (Peginterferon alfa 2a)
  Peg-Intron (Peginterferon alfa 2b)
  Tamiflu (Oseltamivir Phosphate)
  Valcyte (Valganciclovir)
  Valtrex (Valacyclovir)
  Vistide (Cidofovir)
  Zepatier (Elbasvir, Grazoprevir)
  Zovirax (Acyclovir)

Digestive Enzymes- Brand (Generic):
  Creon (Pancrelipase)

Gastrointestinal Agents - Brand (Generic):
  Marinol (Dronabinol)
  Pepcid (Famotidine)
  Prevacid (Lansoprazole)
  Prevpac
  Prilosec (Omeprazole)
  Zantac (Ranitidine HCL)

Hematological Agents- Brand (Generic):
  Epogen, Procrit (Erythropoietin)
  Neupogen (Filgrastim)

Miscellaneous- Brand (Generic):
  Aldactone (Spironolactone)
  Androgel, Androderm, Testim, Depo- Testosterone (Testosterone)
  Egrifta SV (Tesamorelin)
  Estradiol, Delestrogen
  Premarin

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

Steroids- Brand (Generic):
  Decadron (Dexamethasone)
  Deltasone (Prednisone)

Topical Agents- Brand (Generic):
  Aldara, Zyclara (Imiquimod)

Uricosuric Agents- Brand (Generic):
  Probenecid (Probenecid)

Vaccines for Flu:**
  Fluarix, Fluvirin, Fluzone, Flucelvax, Fluad, Afluria

*** The influenza vaccine must be administered at one of the UMAP Pharmacy Network Locations
listed in Appendix B, it cannot be shipped to client's mailing address or the clinician's office.*

Appendix E: SPAP/ICAP/PCAP Formulary:

The SPAP/ICAP/PCAP formulary follows the primary insurance plan's formulary. As a secondary payer, SPAP, ICAP, and PCAP will pay all out of pocket costs (copays and deductibles) for all prescription medications covered by the primary insurance plan.

Appendix F - 2024 Federal Poverty Level (FPL) Guidelines:

Effective February 19, 2024.

Family Size	PL_100	PL_125	PL_150	PL_200	PL_250	PL_300
1	$15,060	$18,825	$22,590	$30,120	$37,650	$45,180
2	$20,440	$25,550	$30,660	$40,880	$51,100	$61,320
3	$25,820	$32,275	$38,730	$51,640	$64,550	$77,460
4	$31,200	$39,000	$46,800	$62,400	$78,000	$93,600
5	$36,580	$45,725	$54,870	$73,160	$91,450	$109,740
6	$41,960	$52,450	$62,940	$83,920	$104,900	$125,880
7	$47,340	$59,175	$71,010	$94,680	$118,350	$142,020
8	$52,720	$65,900	$79,080	$105,440	$131,800	$158,160
9	$58,100	$72,625	$87,150	$116,200	$145,250	$174,300
10	$63,480	$79,350	$95,220	$126,960	$158,700	$190,440
11	$68,860	$86,075	$103,290	$137,720	$172,150	$206,580
12	$74,240	$92,800	$111,360	$148,480	$185,600	$222,720
13	$79,620	$99,525	$119,430	$159,240	$199,050	$238,860
14	$85,000	$106,250	$127,500	$170,000	$212,500	$255,000

The federal poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) for the purpose of determining financial eligibility for certain federal programs.

Appendix G - HRSA/HAB Requirement to Vigorously Pursue Other Coverage

Before completing a new or renewal application for HMAP, case managers are required to screen every applicant for all other sources of health coverage such as Medicaid, insurance, or any other alternative payment sources. All applicants must be counseled about other health coverage available and the consequences for not pursuing other health coverage. Any individual that appears eligible for another coverage source must apply for that coverage before applying for HMAP. Documentation may be requested during HMAP eligibility determination.

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 RW clients. As implementation of the Affordable Care Act and Medicaid expansion continues, 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 13-01 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.
- 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.
- 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.
- Recertify client eligibility regularly, 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.
- 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. When a RW client is covered by another source of health coverage, 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 other health coverage.

HRSA/HAB requires grantees to:
- Maintain policies regarding the required process for the pursuit of enrollment in other health coverage for all clients.
- Document the steps during their pursuit of enrollment in other health coverage.
- Establish strong monitoring and enforcement of sub-grantee processes to ensure that clients are enrolled in other health coverage options for which they qualify.
- If after extensive documented efforts on the part of the grantee, the client remains unenrolled in other 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.

Documentation that a case manager or client 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 or a denial letter).
- 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.

RW coordination with other coverage sources could be a significant improvement for clients and their families, as it could provide more covered services than the RW program currently provides. In addition, moving individuals to other health coverage sources may enable RW providers to serve more people living with HIV. This Policy is updated regularly as additional information and requirements are made available by HRSA/HAB.

Appendix H - Example of Authorization Letter

REPLY TO AUTHORIZATION REQUEST

TO: PATIENT: *Name & Address listed here*

H2GA016

                                         D.O.B.   051

PROGRAM: PROGRAM 14
CASE #

FINANCIAL ELIGIBILITY: 03/23/2017 - 09/30/2017   REQUEST NUMBER: 201813585
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