

## **DC PHARMACY BENEFITS PROGRAM**

### DC AIDS Drug Assistance Program

---

Dr. Janis Jackson, Pharmacist, AIDS Drug Assistance Program  
February 14, 2023

# DC PHARMACY BENEFITS PROGRAM

## Overview of Services

- AIDS Drug Assistance Program (ADAP) - RW Part B Program
- PrEP Drug Assistance Program
- PEP Drug Assistance Program

## DC ADAP REQUIREMENTS

---

# DC PHARMACY BENEFITS PROGRAM

**RYAN WHITE  
HIV/AIDS PROGRAM  
MOVING FORWARD  
FRAMEWORK**



# DC PHARMACY BENEFITS PROGRAM

- **Program Description**

- **DC ADAP**- pays for medication for the treatment of HIV/AIDS and associated comorbidities.
- **Health Insurance Assistance**- pays for cost effective health insurance.

- **Population Served**

- ADAP serves HIV-infected District of Columbia residents that are **uninsured** or **underinsured** who meet established program eligibility criteria and is a “payor of last resort”.

# DC PHARMACY BENEFITS PROGRAM

## DC ADAP Program Requirements



# DC PHARMACY BENEFITS PROGRAM



## Residency Requirements Proof of Address

Lease	• Current
Mortgage Statement	• 90 days
Property Tax Statement	• 60 days
Driver's License	• Current
Voter Registration Card	• Current
Medicaid Notice Of Decision	• Current
Utility Bill	• 60 days
Rent Receipt	• 60 days
Renter's Insurance	• 60 days
DC Health Care Alliance Residency Form	• Current
Homeless	• Please Provide A Statement From Case Manager Or Facility Letterhead

# DC PHARMACY BENEFITS PROGRAM

## Financial Requirements Proof of Income



Wage Earners	Self Employed	Rental Income	Other Income	No income
<ul style="list-style-type: none"><li>• Paystubs (30 days)</li></ul>	<ul style="list-style-type: none"><li>• Most recent years individual 1040 tax return</li></ul>	<ul style="list-style-type: none"><li>• Copy of lease agreement and most recent years individual 1040 tax return</li></ul>	<ul style="list-style-type: none"><li>• Social Security award letter most recent</li><li>• Unemployment check (30 days)</li><li>• Pension check (30 days)</li></ul>	<ul style="list-style-type: none"><li>• DC Health Zero income statement</li><li>• If supported by others (letter from that friend or family stating how the applicant is supported)</li></ul>



# DC PHARMACY BENEFITS PROGRAM

## FINANCIAL REQUIREMENTS

500% < Federal Poverty Level

Size of Family	Monthly Allowable Income (Gross)	Annual Income (Gross)
1	\$5,358	\$67,950
2	\$7,250	\$87,200
3	\$9,141	\$109,700
4	\$11,033	\$132,300
5	\$12,916	\$155,000
6	\$14,816	\$177,800
7	\$16,708	\$200,500
8	\$18,583	\$223,000

# DC PHARMACY BENEFITS PROGRAM

## Diagnosis Requirements



### Positive HIV/AIDS Status

#### CD4 count

- within six months of application date (to the date)

#### Viral Load

- with in six months of application date (to the date)

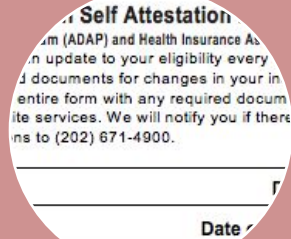
**Goal = Undetectable and Viral Suppression**

# DC PHARMACY BENEFITS PROGRAM

## DC ADAP PROGRAM REQUIREMENTS

Full  
Application

Required Annually



Recertification  
every six month



For Insured  
Applicants Open  
Enrollment Nov 1<sup>st</sup>  
- Jan. 31<sup>st</sup> s

# DC PHARMACY BENEFITS PROGRAM

## ELIGIBILITY AND ENROLLMENT ACTIVITIES

- PORTAL ACCESS FOUND ON THE ADAP WEBSITE

## HEALTH INSURANCE ASSISTANCE

---

# COPAY & DEDUCTIBLE ASSISTANCE

Ryan White Program funds are the payer of last resort, making it necessary for all other payers (Medicare Part D, Medicaid, private insurance, etc.) to be utilized first before using ADAP federal dollars.

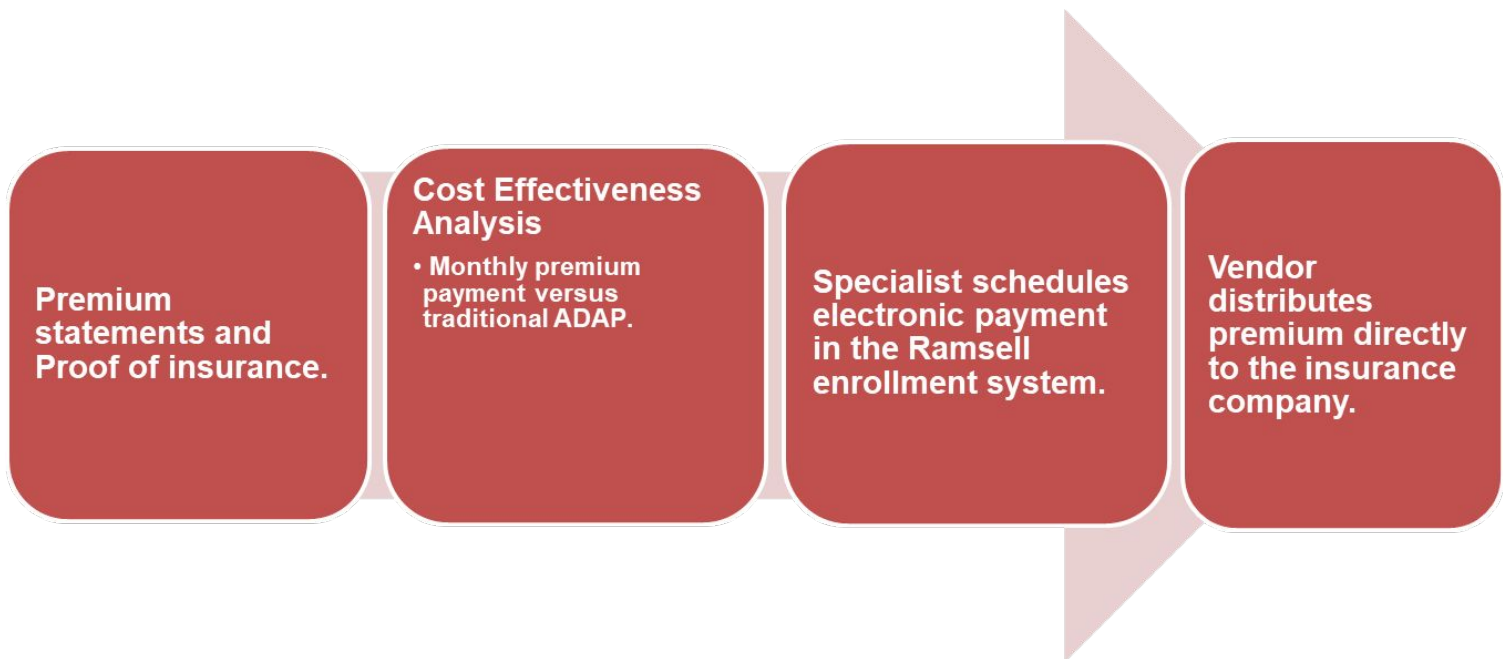
- DC ADAP pays the co-payments/deductibles for ADAP formulary drugs otherwise paid for under an individual's other source of coverage.
- DC ADAP pays for mail order copayments, and all mail order invoices should be submitted timely in order to ensure payments are received by invoice due dates.

# Health Insurance Assistance Program Requirements

- The client must have the most current invoice.
- The client's account should be paid in full prior to enrollment
- All Client's must apply for tax subsidies if applicable.
- DC ADAP will provide a maximum of \$1000 per month for premium assistance.
- Dental plans are not covered by ADAP except when the plan is bundled.

# Health insurance assistance program

## PROCESS FLOW





# ADAP Approval Letter (Sample)

- This letter is received after the client is approved for ADAP.
- The letter is sent via physical mail by Ramsell.
- The letter includes:
  - Client's 6 month eligibility end date
  - Client's membership ID number

# DC PHARMACY BENEFITS PROGRAM

## THINGS TO KNOW

- DC ADAP enrollment is voluntary
- A beneficiary can opt out at any time
- DC ADAP will not presume eligibility, therefore all documents must be provided for proof of eligibility
- All beneficiaries must recertify for the program biannually.

# ADAP Criteria across the EMA

RW Program Area	Enrollment	Data System	Eligibility Criteria	Links/Resources	Effective
WV Part B/ADAP			<ul style="list-style-type: none"> <li>• Be HIV infected</li> <li>• Be a resident of WV</li> <li>• Have a family income of less than 500% of the Modified Adjusted Gross Income</li> <li>• Have no other form of reimbursement such as Medicaid or full insurance coverage</li> </ul>	<a href="https://oeeps.wv.gov/rwp/pages/default.aspx">https://oeeps.wv.gov/rwp/pages/default.aspx</a>	
DC Part/B ADAP	Enroll annually, recertify 6-months	Ramsell	<ul style="list-style-type: none"> <li>• Proof of income (500% FPL), address, and insurance documentation must be dated within six months of certification</li> </ul>	DC ADAP P&P	Jun-17
MDH Part B/ADAP	Update in progress		<ul style="list-style-type: none"> <li>• HIV diagnosis (at enrollment only)</li> <li>• Proof of residency in the state of Maryland</li> <li>• Proof of household income under 500% of the Federal Poverty Level</li> </ul>		
VDH Part B/ADAP	24-months with client access reviews	Provide	<ul style="list-style-type: none"> <li>• Proof for VA residency</li> <li>• Household income at or below 500% of FPL</li> <li>• Insurance coverage status</li> <li>• One-time proof of a diagnosis with HIV disease</li> </ul>	<a href="https://vadoh.myresourcedirectory.com/index.php?option=com_cpx&amp;common_id=2426&amp;task=search.query&amp;all=RWHAP+B+client+eligibility+assessment&amp;name=Ryan-White-Part-B-Eligibility-Assessments">https://vadoh.myresourcedirectory.com/index.php?option=com_cpx&amp;common_id=2426&amp;task=search.query&amp;all=RWHAP+B+client+eligibility+assessment&amp;name=Ryan-White-Part-B-Eligibility-Assessments</a>	May-22

# Contact US

- DC ADAP hotline :202-671-4810
- DC ADAP fax number: 202-673-4365

# QUESTIONS?

# PRIVACY & SECURITY STATEMENT

The District of Columbia is committed to protecting the privacy of all visitors to any of our websites through the following practices.

## Collection and Use of Online Information

When you visit our website, certain data, such as your computer's unique Internet protocol (IP) address, will be automatically collected and sent to the servers that support our website system to help us provide better service and a more effective website. In addition, as part of these efforts, sections of this site may place a small text file (typically only a few bytes) on your hard drive to allow us to identify your computer. We will not attempt to read any additional information on your hard drive, and we do not combine collected information with other personal information to determine your identity or your email address.

In order to visit certain areas of this site, or to use certain services, you may be asked to provide personal information, such as your name, address, or gender. If you are making a payment, we may ask for your credit card number and billing address. If you decline to provide requested information, our ability to serve you may be limited. But you will still be able to visit the site and take advantage of the wealth of information it offers.

## Secure Transmissions

Please be assured that this site is equipped with security measures to protect the information you provide us. We encrypt credit card numbers and other data that must remain secure to meet legal requirements.

## Protection of Personal Information

Your individual identifying information will not be shared, sold, or transferred to any third party without your prior consent, or unless it is required by law. It is available to District web development employees only for the purpose of maintaining the DC.Gov web portal and improving the site visitor experience.

## Other Sites

The District of Columbia's privacy policy extends to District government websites only. If you access another organization's website through the [www.dc.gov/website](http://www.dc.gov/website), you should read that organization's privacy policy to determine its website practices.

Note: The District's Affordable Care Act website, DC Health Link, is found at [dchealthlink.com](http://dchealthlink.com). DC Health Link is operated by the DC Health Benefit Exchange Authority (the "Authority"). The DC Health Benefit Exchange Authority's privacy and security policies can be found at [hbx.dc.gov/node/716092](http://hbx.dc.gov/node/716092) and its privacy and security policies for exchange operations can be found at [hbx.dc.gov/node/716102](http://hbx.dc.gov/node/716102).

# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 [dchealth.dc.gov](https://dchealth.dc.gov)

 @\_DCHealth

 dchealth

 DC Health

 dchealth

For more information on the District's COVID-19 response, visit [coronavirus.dc.gov](https://coronavirus.dc.gov)