

# Massachusetts HIV Drug Assistance Program (HDAP)

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**Anne Callachan**

Senior Health Insurance Enrollment  
Specialist

**Brittany Morgan**

Senior Health Insurance Enrollment  
Specialist



***BRIDGE = Benefits, Resources, & Infectious Disease Guidance  
and Engagement***

# Training Overview

- What is HDAP (HIV Drug Assistance Program)?
- What is CHII (Comprehensive Health Insurance Program)?
- HDAP/CHII Program eligibility and enrollment process
- Application Tips and Requirements
- BRIDGE Team Overview

# HDAP BRIDGE Team

(Benefits Resources Infectious Disease Guidance & Engagement)

## **Goal:**

Enroll and retain HIV positive MA residents and those at risk for HIV in comprehensive health insurance with access to affordable care and medications.

## **Main Objectives:**

1. Assist MA residents in our HDAP and PrEPDAP programs to access health insurance
2. Assist case managers and other providers in helping their clients navigate and access health insurance
3. Reduce turnaround time of HDAP applications by referring insurance-related requests for assistance to specialized staff

# HDAP BRIDGE Team

(Benefits Resources Infectious Disease Guidance & Engagement)

## Training and Technical Assistance:

- Train case managers, financial benefits staff, other providers, peer advocates, and consumers
- Provide individualized assistance to clients and case managers
- Group case consultations
- Webinars and Q&A sessions
- Reviewing the most effective ways to communicate changes in health insurance and benefits programs to provider and consumer populations
- “Did you know...” information and tips email communications series

# HDAP/CHII 101

# What is HDAP?

## HIV Drug Assistance Program (HDAP):

- Statewide program, federally-funded through Ryan White Treatment Modernization Act
- Administered by Community Research Initiative of New England (CRI) on behalf of the MA Department of Public Health Office of HIV/AIDS



# What is CHII?

The Comprehensive Health Insurance Initiative (CHII) is an HDAP program that can assist with paying the cost of health insurance premiums for people living with HIV. The CHII program helps people who do not have health insurance or who already have insurance but can no longer afford to pay for it.

# What does HDAP/CHII cover?



Provides medication co-pay assistance to MA residents living with HIV



Provides temporary 100% medication assistance for eligible uninsured clients pending insurance enrollment



Pays health insurance **premiums** through the Comprehensive Health Insurance Initiative (CHII)



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**A premium is the amount of money one must pay for their health insurance plan on a weekly, biweekly, monthly, or quarterly basis.**



# What does CHII Cover?



Through the Comprehensive Health Insurance Initiative (CHII), HDAP is generally able to pay for most health insurance premiums for enrolled clients. CHII helps cover the cost of **premiums** for:

- MassHealth
- Medicare Part B (in limited circumstances)
- Medicare Part D prescription drug coverage
- Medicare Part C (with prescription coverage)
- Private/non-group plans, including plans purchased through the MA Health Connector (such as ConnectorCare and Qualified Health Plans [QHPs])
- Employer-sponsored premiums
- Self-employed insurance
- COBRA
- Dental Insurance (in limited circumstances)

# HDAP/CHII eligibility and requirements

## Eligibility:

- MA residents living with HIV
- US citizenship/legal immigration status is **NOT** required (for clients without a social security number use 999-99-9999)
- Individuals with a gross annual income of up to 500% FPL (\$64,400 in 2021 plus \$4,540 more per dependent)
- Must recertify with HDAP every 6 months
- Must Apply to or renew MassHealth every twelve months
  - Applicants over 65 who have applied to MassHealth using the SACA 2 form and received a determination letter do NOT need to reapply every year



# HDAP/CHII Restrictions

- While HDAP covers most medications a client needs in addition to their HIV medications, there are a few drugs excluded from coverage under HDAP (such as cosmetic medications and herbal medications). Please see our formulary exclusions list for a complete list of excluded medications on our website.
- HDAP cannot make any payments directly to clients
- HDAP can only pay for deductibles in limited circumstances.
  - Contact BRIDGE if clients are enrolled in a high deductible plan
- Medications must be covered by a client's insurance for HDAP to pay the medication co-pay. HDAP cannot pay for drugs that are not covered by the client's insurance.
  - HDAP/CHII cannot cover costs of other health care expenses, such as medical visit charges.

# Payer-of-Last-Resort

As mandated, HDAP is the **Payer-of-Last Resort**. This means that all other potential payer sources, including MassHealth, should be identified and billed for services before HDAP will make payments. Clients must enroll into any form of subsidized health coverage that they may be eligible for. In order to prove that HDAP would be the payer-of-last-resort, clients must apply for MassHealth, **even if they do not anticipate being eligible**.

# HDAP is the Payer-of-Last Resort

Clients who are active in the following coverage types have satisfied HDAP's payer-of-last-resort requirement and do not need to submit a MassHealth determination with their application:

- MassHealth (Standard, Family Assistance, CommonHealth, etc.)
- Clients (age 65+) who previously submitted the MassHealth SACA-2 application and were denied due to income and/or assets.
- MIC (MA Insurance Connection)
- ConnectorCare 1, 2 or 3 plan through the Health Connector

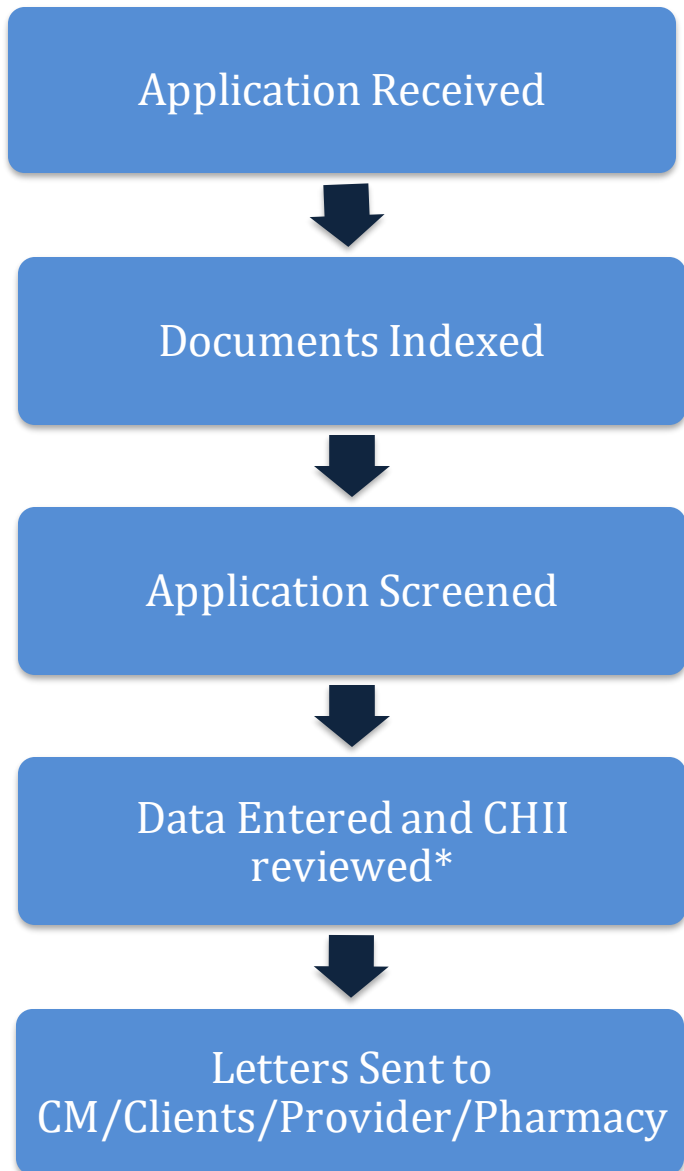
Clients should submit proof of their coverage with their HDAP application.

# Questions?

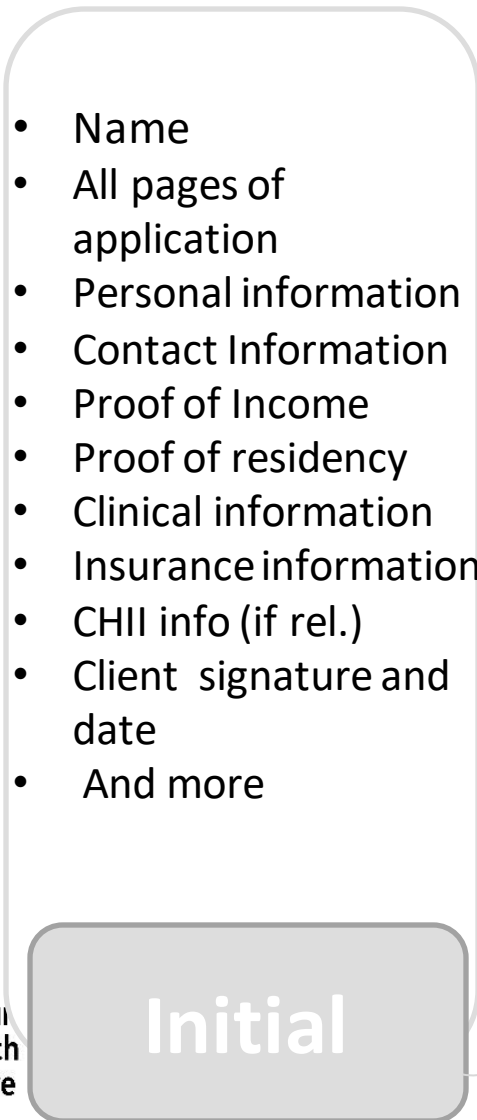
# HDAP/CHII Application Process & Requirements

# HDAP Processing Workflow

When an application is received, it is indexed and then screened for completion by enrollment staff. Afterwards, it is Data Entered by enrollment staff. Finally, a pharmacy approval letter is faxed to the client's requested pharmacy and an HDAP approval letter is sent to the client or the client's representative.

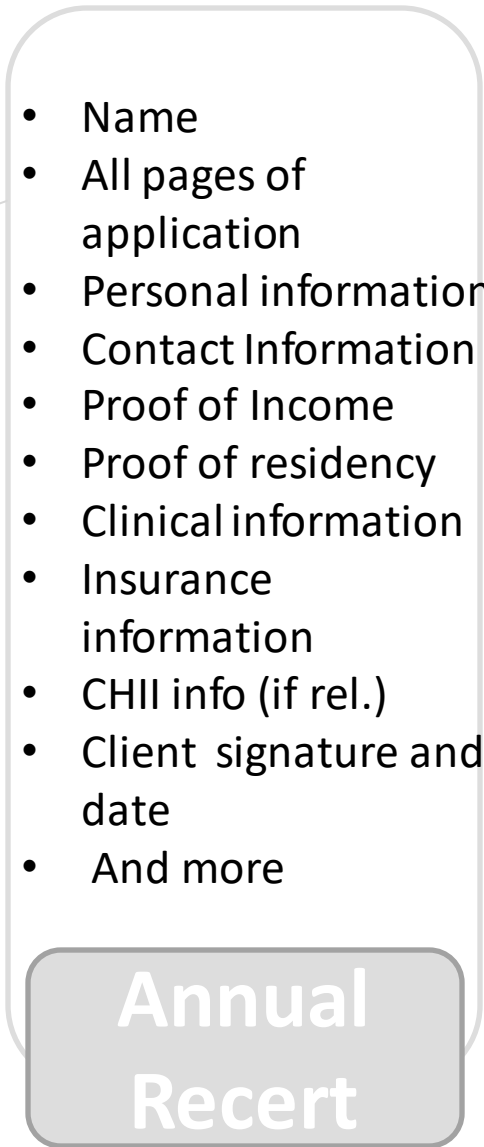






## 6 Month Recert

- Name
- Date of birth
- SS#
- Contact information
- Mark where to send mail
- Client or CM signature and date



## Annual Recert

# HDAP/CHII Application Requirements- Supplemental Documents

Must provide proof of:



Current MA residency



Proof of current income or source of support



Medical eligibility (to be completed by a medical provider)



Insurance status



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# Proof of Residency



## Application Tips:

- Proof of income with correct address can be used as proof of residency

Residency documents must be dated within **6 months**

- If no formal proof of address:
  - provide case manager letter with residential address
- If homeless:
  - provide case manager letter stating where client usually resides including **city, state, and zip code**
  - **All case manager letters must be written on agency letterhead, signed and dated**

★ **NOTE:** PO boxes and envelopes are **not** accepted as proof of MA residency.

# Proof of Residency



## **Acceptable Documents**

- Utility Bill
- Patient Demographic Sheet
- Current Lease
- Current Driver's License/MA ID Card (not expired)
- Award Letters from Social Security Administration or the Department of Transitional Assistance (MDTA)
- Recent bank statement (with identifiers)
- MassHealth/Health Connector documents
  - NEHEN or Virtual Gateway printouts (if they show that "member is eligible")
- School letter on letterhead

# Proof of Residency



HDAP also accepts documents from MassHealth, the MA Health Connector and the Dept. of Transitional Assistance (DTA) as proof of residency:

- Determination letters
- Premium statements
- NEHEN, Virtual Gateway, and Passport print-outs showing **active** coverage (i.e. MassHealth or Health Safety Net)

# Proof of Income



## Acceptable documents

- Two paystubs from different pay periods showing gross income for each job
- If receiving unemployment compensation:
  - Award letter or bank statement showing UC deposits (with identifiers)
- If receiving monthly pension, SSI/SSDI, SSP, long-/short-term disability, and/or worker's comp:
  - Statement for the **current benefit year**; or
  - Bank Statement that shows the source and deposit amount

NOTE: Paystubs, unemployment compensation and bank statements must be dated within the last 6 months

# Proof of Income



## Acceptable documents

- If no formal documentation of wages:
  - submit a case manager letter stating client's weekly, monthly, or yearly gross income and its source
- If client has NO income:
  - submit a case manager letter stating client has \$0 income and **identify source of support** (i.e. family, friends, church, community resources, savings, etc.)

## Sample Case Manager Letter

(Organization Letterhead)

Dear HDAP Staff:

This is in regards to my client: \_\_\_\_\_ HDAP # \_\_\_\_\_

### Insurance Documentation

- In regards to health insurance:
- He/she is currently enrolled in MassHealth.
  - He/she applied for MassHealth on \_\_\_\_\_ and is waiting for an approval/denial letter.
  - He/she received a MassHealth denial within the past 12 months (*attach copy of denial letter*).

### Income Documentation

- In regards to income: (*If available documentation does not meet HDAP requirements for proof of income, please fill out this section. Please do not report SSI/SSDI income on this form. Application must include a recent copy of a benefit letter, check, or bank deposit for SSI/SSDI*).
- He/she does not receive any income from work or government assistance and is receiving financial support from \_\_\_\_\_. (*indicate source of support, i.e. friends, family, community resources*)
  - He/she is working, but has no formal record of payment. He/she is paid in cash and receives \$ \_\_\_\_\_ per \_\_\_\_\_. (*indicate amount per week or month*)

### Residency Documentation

- In regards to residence: (*Must be a street address and must match address listed in residential address section on application*).
- He/she does not have written proof of residence. He/she is currently residing at:  
Address line 1 \_\_\_\_\_ Apt # \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
City/State/Zip code \_\_\_\_\_
  - He/she is homeless and does not have a permanent address. He/she is currently residing at:  
City/State/Zip code \_\_\_\_\_

- Other (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,

Name of Case Manager \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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# HDAP Application – page 3

## Section 3: Optional Alternate Contact and Signature

- This section is for a client who wants to designate a family member or friend as an alternate contact
  - HDAP staff cannot speak with any alternate representative (spouse, friend, family member, etc.) without permission from the client, unless that person is listed as an alternate presentative.
- Do not add a case manager; they are already designated as a contact in Section 4 – Provider Information

# Medical Eligibility



## Section 4 – Provider Information

- Provide your contact information as a case manager
- Questions #26-34 should be completed by a healthcare provider with a medical license # (RN, NP, DO, MD, PA)
- Lab results must be included and should be from within the past **12 months**
  - Recertifying clients do not need to submit new CD4 labs
  - New clients and clients that have been inactive for two or more years must submit CD4 labs
  - All clients must submit Viral Load lab results dated within 12 months

# Section 5 - Pharmacy Information



- Clients need to designate a primary pharmacy
- If a second pharmacy is needed, please inform HDAP staff of which pharmacy the client is using
- Inform HDAP immediately of pharmacy changes to ensure co-pay coverage

# Section 6 - Insurance Status



## Insurance Coverage/Co-pay Coverage

- Application to MassHealth is required **every 12 months** (regardless of income), except for those:
  - currently enrolled in MassHealth or ConnectorCare;
  - previously denied MassHealth due to income and/or assets (65+);
  - enrolled in MIC (MA Insurance Connection).
- Make sure that the maximum medication co-pay or co-insurance amount on the application is accurate. Discrepancies may result in clients be charged at the pharmacy.
- If denied MassHealth in the past 12 months, submit a copy of the denial letter
- Check all applicable boxes relating to current active insurance types

# Requesting CHII Coverage



## Application Tips:

- For premium assistance, check insurance type at question #36 (pg 7) **and** include:
  - **copy of all pages of a recent premium bill or employer premium deduction letter (EPDL).**
- If receiving CHII assistance at time of HDAP recertification, submit a recent premium bill (even if it shows \$0 owed) with application.
- Clients who are requesting CHII coverage may be asked to provide additional documentation. For premium assistance, clients should indicate that they would like assistance paying for health insurance on their application and include a copy of a recent premium bill. Clients who are approved for CHII must send premium bills to HDAP/CHII staff monthly.

# Retaining CHII coverage

★ Clients should send their monthly premium statements

To HDAP/CHII every month, even if there is no change in the rate.

- Premiums can be scanned and emailed securely\* to [CHII@crine.org](mailto:CHII@crine.org) for faster processing.
- Insurance policies are at risk of cancellation if CHII does not receive monthly premium statements.
- Health Connector premium bills are now two pages long. CHII requires that both pages are sent to them on a monthly basis.

# Health Connector Premium Payments

★ Health Connector premium bills are due to HDAP/CHII by **the 16<sup>th</sup> of the month.**

- If a premium statement is not available, HDAP/CHII will accept the following for payment of the first month's coverage:
  - Copy of "my enrollment" page showing plan selection;
  - Case manager letter outlining the exact premium amount owed with plan information.
- Copy of premium bill is required for subsequent payments.
- The 23<sup>rd</sup> of each month is the Health Connector cut-off for receipt of payment – there are NO exceptions

Member: Cure H. Ivy  
ID: 700002103891

Payments

Make a Payment

AutoPay

Scheduled Payments

Payment History

Payment Methods

# Make a Payment

Make a payment for any of the plans below. You can select more than one plan if you'd like to pay for multiple plans at one time.

Billing status indicates whether a client's payments are up to date or behind. If a billing status shows "delinquent" they should contact CHII Immediately.

Billing Status: Good Standing  
Effective: 01/01/2021

AllWays Health Partners  
Select ConnectorCare 2



Current Payment Due  
**(\$662.00)**

Due by  
January 23, 2021

Effective date shows the date that the coverage began.

Name of the current plan the client is enrolled in.

The amount that needs to be paid to the Health Connector

Date the payment must be made by.



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You or your client can view their current coverage or submit a payment by visiting the Health Connector's payment portal

at: <https://member.mahealthconnector.org/account/payments/locate-account>



# CHII Coverage of Employer Sponsored Insurance



**Employer Premium Deduction Letter (EPDL)** must be written by benefits administrator/HR, on company letterhead, confirming:

- employment status;
- employer-based insurance policy;
- \$ amount that the client contributes;
- employer agreement to accept third-party payment;
- when and where to send payment, including the contact information for staff receiving/processing the payment.

Clients and case managers are now able to request a fillable Premium Deduction Letter PDF template for employers to complete.

# Application Tips

# Receiving Secure Documents via Email

- All communications sent by HDAP staff will be sent via secure email.
- This requires all email recipients to create an account using HDAP's secure email portal, ZixCorp.
- You will need to create a login to view communications sent by CRI staff.
- Once you have created an account you will be able to continue logging in using your same information.
  - You will not need to create a new account each time you receive a new communication.
- You can also respond to emails sent by CRI staff through the portal.
- All email communications will expire after two weeks, after which you will not be able to access the communication.

All secure communications must be sent through the ZIX portal. Messages sent to our secure ZIX addresses through regular email (i.e. Outlook, Gmail, etc. ) will **NOT** be received by staff. You may also use your site's secure internal provider portal to send secure documents and communications, if one is available.

# Sending Secure Documents via Email

Case Managers and clients should not send sensitive or confidential documents to HDAP staff via unsecure email. You may send documents securely by using HDAP's ZixCorp Portal.

1. Visit <https://web1.zixmail.net/s/login?b=crine>
2. Login to your account or create an account if it's your first time using the portal
  - You may need to periodically update your password
3. Select the "Compose" tab
4. Select the team you are trying to contact in the drop down (HDAP, BRIDGE, CHII etc.)
5. Write your message and attach all relevant documents
6. Click "Send"

# Rapid Eligibility Determination (RED)

- The one-page Rapid Eligibility Determination form (RED) was created to provide quick access to lifesaving HIV medications for newly diagnosed clients.
- Currently, anyone who is new to HDAP may submit a RED as their first application.
- RED **must** be completed in full and signed by both the client and a clinician.
- No supporting documentation is required.
- RED is processed urgently by HDAP.
- Client receives temporary HDAP coverage and must submit a full HDAP application, with supporting documents, to receive full coverage.
- Case managers should **always contact HDAP when submitting a RED**. Secure emails should be clearly titled as Urgent/RED. Call our main number regarding any RED sent by fax.

# When to Contact

<b>HDAP</b> 617-502-1700	<b>BRIDGE</b> BRIDGEteam@crine.org press "1", then press "5"	<b>CHII</b> CHII@crine.org press "1", then press "3"
<ul style="list-style-type: none"><li>• Questions about how to apply to HDAP/CHII</li><li>• Questions about eligibility</li><li>• Application status inquiries</li><li>• Assistance with coverage for uninsured clients</li></ul>	<ul style="list-style-type: none"><li>• Questions about how to enroll in health insurance</li><li>• Assistance enrolling in and choosing a health plan</li><li>• Difficulties with the Health Connector or insurance coverage</li><li>• Questions regarding premium tax credits</li></ul>	<ul style="list-style-type: none"><li>• Inquiries on insurance premium payments</li><li>• Receiving premium refunds</li><li>• Request for new or urgent insurance premium payments</li></ul>

# How to Contact Us

**Anne Callachan**

Senior BRIDGE Health Insurance Enrollment Specialist

[acallachan@crine.org](mailto:acallachan@crine.org)

617.502.1750

**Brittany Morgan**

Senior BRIDGE Health Insurance Enrollment Specialist

[bmorgan@crine.org](mailto:bmorgan@crine.org)

617.502.1758

**Massachusetts HIV Drug Assistance Program**

c/o CRI of New England

The Schrafft City Center

529 Main Street, Suite 301

Boston, MA 02129

[www.crine.org](http://www.crine.org)

617.502.1700 (phone)

800.228.2714 (toll-free)

617.502.1703 (fax)



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# Questions?