North Carolina HIV Medication Assistance Program
HMAP Manual, Updated on August 03, 2026

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 (Ryan White Part B) funds to provide eligible low-income residents of North Carolina with essential medications for the treatment of HIV, related conditions, other co-morbidities, and 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 medication 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 to be 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.
- 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 normally 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 will 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 delivery exceptions that would exceed:

- a client's current enrollment end date.
- 90 days of medication in one dispense.
- two exceptions during a 12-month coverage period.
- 15 months 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.

SPAP: State Pharmaceutical Assistance Program

SPAP is the sub-program within HMAP that uses a Pharmacy Benefits Manager (Ramsell Corp.) to pay out of pocket costs (copays/deductibles) 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/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.
- A client may have additional private/employer insurance if the private/employer insurance **does not cover medications.**
- 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 who 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 who fill their prescriptions outside of the UMAP pharmacy

network should opt into that pharmacy's refill reminder program because they will not receive monthly calls from Walgreens. Prescriptions for SPAP clients should be sent directly to a pharmacy in the SPAP Pharmacy Network that is also in the primary insurance plan's (Medicare Prescription Drug Plan or Medicare Advantage Plan) pharmacy network.

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

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 out of pocket costs (copays/deductibles) for all medications covered by a Qualified Health Plan (QHP) purchased on the Federal Marketplace (healthcare.gov).

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 QHP's formulary, then the QHP will pay first for that drug and ICAP will pay any left-over costs (copays/deductibles). ICAP cannot pay penalties that clients may receive for not having health insurance coverage at any point during the year. ICAP clients are responsible for paying their monthly insurance premiums and non-pharmacy copays/deductibles.

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

Using the NC Navigator Consortium to Enroll in a Qualified Health Plan (QHP)
HMAP requires all enrolled clients that want to be served by ICAP or PCAP to use the NC Navigator Consortium to enroll in a QHP. The NC Navigator Consortium has a dedicated team of navigators who are ICAP and PCAP specialists who know what plans and carriers ICAP and PCAP can coordinate with and how to apply tax credits in accordance with HMAP 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 and recertified 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.

- If a case manager bypasses the Navigators and attempts to enroll their client in ICAP directly in REEDS, the client will be approved for ICAP and given a 60-day deadline to meet with the Navigators to officially place them on ICAP. Clients who fail to meet with the Navigators within the 60-day deadline will be terminated from HMAP.

The Navigators will contact the client to schedule the enrollment appointment. Navigators always introduce themselves as being with the NC Navigator Consortium and the HMAP 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.

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 who 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 who 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 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 QHP'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 out of pocket costs (copays/deductibles) for all medications covered by a Qualified Health Plan (QHP) purchased on the Federal Marketplace (healthcare.gov). PCAP also covers monthly insurance premiums for QHPs purchased on the Federal Marketplace that meet the following criteria:

- **Insurance Carriers:** Not all insurance carriers are willing to accept premium payments from HMAP/PCAP. PCAP will only cover monthly insurance premiums for plans offered by Ambetter, AmeriHealth Caritas, Blue Cross Blue Shield, and Cigna. HMAP clients enrolled in a QHP offered by any other carrier can be served by ICAP but premium assistance is not available for plans offered by other insurance carriers.
- **Insurance Metal Level:** PCAP will only cover monthly insurance premiums for 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.
- **Individual Plans:** PCAP will only cover monthly insurance premiums for plans that cover one person (not family 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.
- **Advanced Premium Tax Credits (APTC):** PCAP is limiting enrollment to clients who receive an advanced premium tax credit that is applied to their monthly insurance premium as a subsidy. As always, PCAP clients are required to take all tax credits as up front subsidies toward their monthly premiums, when they enroll in insurance with the Navigators. Clients will be allowed to remain on PCAP for the entire calendar year regardless of subsidy changes during the year, as long as they remain eligible for HMAP. However, if a subsidy changes due to an offer of Employer Sponsored Insurance (ESI), the client will not be eligible to stay on PCAP. This change is a result of decreased subsidies from the federal government that have significantly increased premiums in 2026. This change will also give HMAP the flexibility to adjust to the changing landscape of the ACA. Requiring PCAP clients to be eligible for a subsidy will mean the number of clients eligible for PCAP will change as the federal government increases or decreases support for subsidies. PCAP clients must meet with a Navigator to enroll in a QHP. During this meeting, the Navigator will review the client's information to determine if they are eligible for ICAP or PCAP and enroll them in the appropriate program.

The PCAP formulary follows the primary insurance plan (See Appendix E). As a secondary payer, PCAP will pay out of pocket costs (copays/deductibles) 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 QHP's formulary, then the QHP will pay first for that drug and PCAP will pay any left-over costs (copays/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 clients are responsible for paying their non-pharmacy copays/deductibles, such as copays for a doctor's visit.

PCAP Specific Eligibility

HMAP will 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 ICAP or PCAP. 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 during QHP enrollment. HMAP is required by federal regulations to vigorously pursue any premium tax credits paid to clients (tax refunds from the IRS).

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

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

- If a case manager bypasses the Navigators and attempts to enroll their client in PCAP directly in REEDS, the client will be approved for ICAP and given a 60-day deadline to meet with the Navigators to determine if they are eligible for PCAP. Clients who fail to meet with the Navigators within the 60-day deadline will be terminated from HMAP.

The Navigators will contact the client to schedule the enrollment appointment. Navigators always introduce themselves as being with the NC Navigator Consortium and the HMAP 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.

ACA Marketplace Open Enrollment

Annual 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 who 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 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.

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 who 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 who 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 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 QHP's rules and limits.

PCAP Premium Payment Processing

PCAP will make insurance premium payments 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 January 1st and ends on December 31st. All clients are required to renew eligibility annually between July 1st and September 30th. Clients can still renew eligibility after September 30th but they may experience delays in the last three months of the year, especially if they are being served by PCAP and ICAP. It is in everyone's best interest to complete the annual renewal between July 1st and September 30th.

New applications approved during the first six months of the coverage period (January 1st through June 30th) will be approved for coverage through December 31st of the current year. New applications approved during the last six months of the coverage period (July 1st through December 31st) will be approved for coverage through December 31st of the following 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 a client who 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 September 30th. 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.

HMAP Application Process

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 of Care, a local health department, an AIDS Service Organization or the HMAP Office. Applications will be reviewed and processed by HMAP staff.

Documentation of Verbal Consent

If a client gives verbal consent, a case manager or interviewer can sign their NC HMAP documents on their behalf. They must:

- Print the client's name.
  AND
- Note that the client gave verbal consent.

NC HMAP accepts this as a valid substitute for a client's signature.

NC REEDS
The North Carolina Ryan White Part B Eligibility and Enrollment Determination Solution (NC REEDS) was implemented on October 1, 2024. NC REEDS is a web-based electronic eligibility determination portal for interviewers to submit applications on behalf of individuals who want to enroll in HMAP and/or Ryan White Part B services. Interviewers must complete an application in NC REEDS and submit required documentation through NC REEDS.

Detailed instructions on how to use NC REEDS can be found in the NC REEDS Case Manager User Manual, which can be found on the HMAP Website.

Required Documentation of Income
Documentation of income is required with all new and renewal 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 who files taxes and for self-employed applicants. If the applicant does not have a copy of their 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 for UMAP, ICAP, or PCAP. A 1099 form can be accepted as documentation of income for SPAP clients. Clients who do not file taxes may submit other acceptable income documentation described below. All applicants and clients are required to provide names income documentation for all countable family members, including dependents.

Other Acceptable Documentation of Income for Employed Applicants
Applicants who 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. Annual income will be calculated from pay stubs provided, based on the applicant's pay schedule (monthly, bi-weekly, weekly, etc.). Applicants who are paid weekly must submit the last four consecutive pay stubs. Applicants who are paid bi-weekly must submit the last two consecutive pay stubs. Applicants who 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 who 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 in their household.

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 on the Ryan White Part B & HMAP Verification of No/Low Income Sheet, which 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 on the Ryan White Part B & HMAP Verification of No/Low Income Sheet, which 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, 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.

Other Acceptable 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.
- 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.
- 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.

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 with Contributions from Multiple Agencies
NC REEDS requires applications to be completed and submitted by one Interviewer. The Interviewer submitting the applications through NC REEDS is required to attest to the terms and conditions of the application. It is the responsibility of the Interviewer to collect, verify, and submit all required information and documentation. If more than one agency is

involved in the applicant's application, it is the responsibility of the Interviewer that signs the application in NC REEDS to coordinate with other agencies and submit the complete application. HMAP will not accept partial applications from multiple agencies.

Pended Applications
Applications will be pended in NC REEDS if the submission is incomplete, missing appropriate documentation, or inaccurate. Pended applications will have a comment in NC REEDS that explains why it was pended and how to resolve the issue. Pended applications must be resolved within 30 days. Case managers must submit all requested information (corrections, documents, etc.) via NC REEDS within 30 days. Pended applications will be automatically cancelled in NC REEDS if they are not resolved after 30 days. After a pended application has been cancelled, the case manager will be required to submit a new/complete application. Detailed instructions on how to use NC REEDS can be found in the NC REEDS Case Manager User Manual, which 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.

Incarcerated Individuals

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

All jails are required to document that they are unable to pay for HIV related medications before they can coordinate with HMAP. Jails must submit a Financial Statement of Need (FSON) explaining why the facility cannot provide HIV related medications. The FSON must be printed on the facility's letterhead and signed by an authorized official (Jail Health Administrator, Medical Director, Lead Clinician, Financial Officer, Operations Manager, etc.) on an annual basis. An FSON must be on file with HMAP prior to submitting an

HMAP application for an incarcerated individual or providing services to an HMAP client that becomes incarcerated.

Jails are expected to coordinate medication deliveries with HMAP's contracted dispensing pharmacy. Jail staff are required to follow the instructions within this manual with regards to completing and submitting applications for new applicants and renewing eligibility for existing clients. Clinical jail staff can serve as an Interviewer. The Interviewer must submit required information and documentation through NC REEDS. The Interviewer should indicate that the applicant is incarcerated and include the name of the jail and use the jail's address as the client's mailing address, in NC REEDS. If necessary, the HMAP Office will contact the jail to obtain a new or updated FSON. Jail staff 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.

Individuals who are enrolled in HMAP at the time of incarceration can continue to receive assistance from HMAP if they meet the jail eligibility requirements listed below.

Individuals who are not enrolled in HMAP at the time of incarceration can apply for HMAP while they are incarcerated in a jail if they meet the jail eligibility requirements listed below.

HMAP Jail Eligibility Requirements:

- The individual is eligible for HMAP (HIV+, NC resident, income at/below 300% of the federal poverty guidelines)
- The Individual is incarcerated in a jail
- The individual is not in custody of the state or federal prison system
- The jail has submitted an FSON to HMAP within twelve months

The NC HMAP's policy for serving individuals incarcerated in a jail is based on the following assumptions:

- Incarceration in a jail is temporary (impermanent or for an unknown amount of time).
- Individuals incarcerated in a jail are in transition and will either be released back to the community or transferred into the state or federal prison system.
- Most jails 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 jail that documents inadequate funding for HIV related medications have no other means of obtaining medication.

The HMAP Office will access the Department of Public Safety's 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 jail staff as necessary.

After Release from Jail:

- Clients who are Transferred to a state or federal Prison are no longer eligible for HMAP and will be disenrolled from HMAP upon notice of transfer.
- Clients who are released to the community and remain eligible for HMAP will stay enrolled until the end of the current coverage period. These clients will need to recertify to remain on HMAP beyond the current coverage period. The jail staff should assist with linking the HMAP client to care services in the community or work with HMAP staff to do so.
- Clients who are released to the community and become ineligible for HMAP due to income, residence or access to other coverage such as Medicaid or insurance will be disenrolled from HMAP upon notice of release. These clients may still be eligible for some services through the Ryan White Part B program. The jail staff should assist with linking the HMAP client to care services in the community or work with HMAP staff to do so.

Questions about HMAP and incarceration should be sent to Iris Girard by email to Iris.Girard@dhhs.nc.gov.

Changes to Client Information

Case managers must immediately notify HMAP if there is a change in a client's eligibility information. Case managers are required to submit an application update in NC REEDS whenever they identify incorrect information in NC REEDS or if there has been a change in client information that could impact eligibility or how clients are served such as updates to name, address, phone number, employment status, income, family size, insurance/Medicaid coverage, etc. Detailed instructions on how to use NC REEDS can be found in the NC REEDS Case Manager User Manual, which can be found on the HMAP Website.

Switching Clients between HMAP Subprograms

Case managers are required to submit an application update in NC REEDS when they become aware that a client's insurance eligibility/coverage has changed, so the client can be switched to the appropriate HMAP sub-program or terminated from HMAP. Detailed instructions on how to use NC REEDS can be found in the NC REEDS Case Manager User Manual, which can be found on the HMAP Website. Due to federal regulations, HMAP will vigorously pursue any funds the program has paid on the client's behalf if another payer source becomes available. Clients served by SPAP, PCAP, or ICAP who lose insurance coverage can be switched to UMAP for the remainder of their HMAP coverage period.

Termination Due to Death

Case managers are required to submit an application update in NC REEDS when they become aware that a client has passed away. Detailed instructions on how to use NC

REEDS can be found in the NC REEDS Case Manager User Manual, which can be found on the HMAP Website.

Appendix A: HMAP Contact Information

Name	Title	Phone	Email
Kyrah Alston	Eligibility Processor	(984) 236-4126	kyrah.alston@dhhs.nc.gov
Gladys Derilus	Eligibility Processor	(984) 236-4117	gladys.derilus@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 Jail Coordinator	(984) 236-1472	iris.girard@dhhs.nc.gov
Natalie Gupton	HMAP Program Consultant	(984) 236-4108	natalie.gupton@dhhs.nc.gov
Sydney Guthrie	PCAP Epidemiologist	(984) 236-1431	sydney.guthrie@dhhs.nc.gov
Nikki Harris	Eligibility Processor	(984) 236-4101	charmaine.harris@dhhs.nc.gov
Kiwana Hayes	NC REEDS Specialist	(984) 236-4110	kiwana.hayes@dhhs.nc.gov
Josh Mongillo	HMAP Operations Manager	(984) 236-4135	joshua.mongillo@dhhs.nc.gov
Brittany Moore	Eligibility Processor	(984) 236-4107	brittany.m.moore@dhhs.nc.gov
Addie Ramus	SPAP Coordinator	(984) 236-4128	mary.ramus@dhhs.nc.gov
Fabiola Sanchez	NC REEDS Epidemiologist	(984) 236-4104	fabiola.sanchez@dhhs.nc.gov
Glenys Spencer	HMAP Program Specialist	(984) 236-4100	glenys.spencer@dhhs.nc.gov
Michael Staples	UMAP Coordinator	(984) 236-4133	michael.staples@dhhs.nc.gov

HMAP Website: https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html

HMAP Client Questions: Clients must leave a message that includes their name and phone number; messages are checked twice daily.

- (877) 466-2232

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, ICAP, PCAP):

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

For Questions about NC REEDS: ncreedshelp@dhhs.nc.gov

For Questions about PCAP: PCAPQuestions@dhhs.nc.gov

For Questions about Incarcerated clients: NCHMAPJail@dhhs.nc.gov

Appendix B: UMAP Pharmacy Network

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

Anticoagulants- Brand (Generic):
Coumadin (Warfarin)

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

Antidiabetic- Brand (Generic):
Farxiga (Dapagliflozin)
Glucotrol (Glipizide)
(Glipizide/Metformin) *generic only*
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)
Tradjenta (Linagliptin)
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)

Antigout- Brand (Generic):
(Allopurinol) *generic only*
Mitigare (Colchicine)

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)

Antiparasitic- Brand (Generic):
(Pyrimethamine) *generic only*
Alinia (Nitazoxanide)

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)

Bisphosphonates- Brand (Generic)
Fosamax (Alendronate)
Boniva (Ibandronate)

Bronchodilators- Brand (Generic)
Advair (Wixela)
Symbicort *brand only*
Ventolin (Albuterol Inhalers)

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

Gastrointestinal Agents - Brand (Generic):
Marinol (Dronabinol)
Pepcid (Famotidine)
Prevacid (Lansoprazole)
Prevpac (Lansoprazole, Amoxicillin, Clarithromycin)
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)
Atarax (Hydroxyzine)
Delestrogen (Estradiol)
Egrifta WR (Tesamorelin)
Premarin (Conjugated Estrogen)

Nonsteroidal Anti-Inflammatory Agents:
Advil (Ibuprofen)

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)

Substance Use Agents- Brand (Generic)
(Buprenorphine, Naloxone Film) *generic only*
(Naloxone) *generic only*
(Naltrexone) *generic only*
(Varenicline) *generic only*

Topical Agents- Brand (Generic):
Aldara, Zyclara (Imiquimod)
(Triamcinolone) *generic only*

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/deductibles) for all prescription medications covered by the primary insurance plan.

Appendix F - 2026 Federal Poverty Level (FPL) Guidelines:

Effective January 21, 2026

Family Size	PL_100	PL_125	PL_150	PL_200	PL_250	PL_300
1	$15,960	$19,950	$23,940	$31,920	$39,900	$47,880
2	$21,640	$27,050	$32,460	$43,280	$54,100	$64,920
3	$27,320	$34,150	$40,980	$54,640	$68,300	$81,960
4	$33,000	$41,250	$49,500	$66,000	$82,500	$99,000
5	$38,680	$48,350	$58,020	$77,360	$96,700	$116,040
6	$44,360	$55,450	$66,540	$88,720	$110,900	$133,080
7	$50,040	$62,550	$75,060	$100,080	$125,100	$150,120
8	$55,720	$69,650	$83,580	$111,440	$139,300	$167,160
9	$61,400	$76,750	$92,100	$122,800	$153,500	$184,200
10	$67,080	$83,850	$100,620	$134,160	$167,700	$201,240
11	$72,760	$90,950	$109,140	$145,520	$181,900	$218,280
12	$78,440	$98,050	$117,660	$156,880	$196,100	$235,320
13	$84,120	$105,150	$126,180	$168,240	$210,300	$252,360
14	$89,800	$112,250	$134,700	$179,600	$224,500	$269,400

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 – Medicaid Policy for Ryan White Part B and HMAP

In alignment with the HRSA/HAB requirement to pursue other sources of health coverage, HMAP requires all case managers to screen all applicants/clients for any other health coverage options and counsel them about the potential impact of not pursuing other health coverage before submitting an application for HMAP. Any individual who appears eligible for another coverage source must apply for that coverage before applying for HMAP.

All RW Part B and HMAP applicants/clients with income at/below 140% FPL who are not enrolled in a Medicare Part D Plan or Medicare Advantage Plan are required to apply for Medicaid before applying for or renewing for RW Part B and/or HMAP unless they are otherwise ineligible for Medicaid due to an inability to satisfy Medicaid eligibility requirements (such as the insurance status, citizenship, or income requirements).

All Case Managers must submit the Medicaid Documentation Form to document that an applicant/client with income at/below 140% FPL either applied for Medicaid or was screened for Medicaid Eligibility and determined to be ineligible within three months. This form must be complete, legible, and signed within 30 days. The Medicaid Documentation Form can be found on the HMAP Website.

HMAP will no longer accept or ask for any other documents from Medicaid such as a Medicaid Application, Medicaid Approval/Denial/Exemption letter, Epass documents, DSS or Navigator documents, a letter from the Case Manager, etc. The Medicaid Documentation Form is the only required and acceptable document.