

Agency or Case Manager Name: _____

Idaho Dept. of Health and Welfare
HIV/AIDS Drug Assistance
IDAGAP Application

ALL APPLICATION INFORMATION MUST BE PROVIDED. IF A QUESTION DOES NOT APPLY, PLEASE WRITE "NA" IN THE SPACE PROVIDED. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Client Identification Information: ADAP ID: _____

First Name: _____ Last Name: _____ DOB: ___/___/_____

Mailing Address: _____
Number and Street

_____ Contact Phone: _____
City, County, Zip Code

Programmatic Requirements:

- Applicant income is between 151% - 200% of FPL.
- The applicant does not qualify for Medicaid.
- Applicant has Medicare Part "A", or "A and B", and "D" Coverage.
- Applicant does not qualify for Low Income Subsidies.

Medicare Part D Insurance Plan Information: Please submit a current photocopy of both sides of your Medicare Part D card.

IDAGap provides payment of Medicare Part D Insurance co-pays to ensure continued access to your prescription medication. Your Idaho IDAGap pharmacy bills will be processed electronically through the Pharmacy Benefit Management (PBM) service provided by Magellan Rx Management.

Please be aware of the following:

- IDAGap clients will have a pharmacy Identification (ID) card which will give you access to your prescription benefits. Please present your card when you visit your pharmacy.
- Medications can be picked up from a local pharmacy or mail order service through Magellan Rx Management. Your Idaho IDAGap card will be accepted at most pharmacies in your area. If you need assistance in locating another pharmacy, please call Member Services at 1-800-424-5734.
- Magellan Rx Management will track your co-pay and coverage gap amounts until you have reached the catastrophic coverage portion of the Part D plan. When the catastrophic coverage portion of the Part D plan is reached, your IDAGap assistance will cease and you will be responsible for payment of Part D co-pays.

Client Sig. _____ C.M. _____