

Michigan Drug Assistance Program

User Guide

Table of Contents

Overview	4
Applicants	4
<i>Getting Started – MILogin for Applicants & Legal Representatives</i>	4
<i>User Registration for Applicant & Legal Representative</i>	12
<i>Michigan Drug Assistance Program Application</i>	18
Application Overview	18
Start & Submit a New MIDAP Application	19
Submit a Modification	28
Application Approval & Coverage Period Overview	31
Application Denied	33
<i>Change of Status</i>	34
Overview	34
Start & Submit a Change of Status	34
Application Approval	40
<i>MIDAP 30 day Medication Request</i>	42
Overview	42
Start & Submit a MIDAP 30 day Medication Request	42
Application Approval & Coverage Period Overview	46
<i>Six Month Verification</i>	47
Overview	47
Start & Submit a MIDAP Six Month Verification	47
Application Approval & Coverage Period Overview	51
Application Denied	53
<i>Annual Recertification Application</i>	54
Overview	54
Start & Submit a MIDAP Annual Recertification	54
Submit a Modification	64
Application Approval & Coverage Period Overview	68
Application Denied	70
Case Manager	71
<i>Getting Started - MILogin for Case Managers</i>	71

<i>User Registration for Case Managers</i>	80
Case Manager & Legal Representative	83
<i>Application Overview</i>	83
<i>Add New Applicant</i>	85
<i>Search Open Applicants</i>	90
<i>Search All Applicants</i>	91
<i>Assist Applicant</i>	93
<i>View Applicant Notes</i>	97
<i>Change Role</i>	98
Contact Us	103

Overview

Michigan Department of Health and Human Services (MDHHS) is pleased to announce the launch of the electronic application process for the Michigan Drug Assistance Program (MIDAP). This program is an online application that covers HIV-specific related medicines and vaccines available to eligible applicants.

Individuals are eligible for the program when they provide:

- Documentation of HIV disease,
- Proof of residency in the state of Michigan,
- Proof of gross income, which cannot exceed 500% of the Federal Poverty Level (FPL); FPL guidelines are in effect when MIDAP receives the completed application, and
- In some cases, you must have applied for public assistance (Medicaid and/or Adult Benefits Waiver program) with the Michigan Department of Health and Human Services (DHHS) within the past 90 days and have a pending, denial, or spend-down status.



Before an applicant registers...

Before you help an applicant register, ensure that he/she meets the eligibility criteria defined above. If he/she is ***not*** eligible but helping another individual, the following will help determine which role he/she needs to apply for:

1. Does the individual work for a case management or client advocacy agency?
 - a. If yes, he/she must select ***Case Manager*** as the role when registering.
 - b. For detailed steps, follow ***Getting Started - MILogin for Case Managers*** by selecting [here](#).
2. Is the individual the guardian of an individual living with HIV?
 - a. If yes, he/she must select ***Legal Representative*** as the role when registering.
 - b. For detailed steps, follow ***Getting Started – MILogin for Applicants & Legal Representatives*** by selecting [here](#).

Applicants

Getting Started – MILogin for Applicants & Legal Representatives

The Michigan Drug Assistance Program (MIDAP) is a resource available through a secure account created on MILogin, the State of Michigan's portal.

1. Applicants, or individuals eligible for Michigan Drug Assistance Program (MIDAP), can navigate to MILogin through the following URL (***Do not navigate to this website, if the individual is a Case Manager***): <https://milogin.michigan.gov/>

2. The MILogin Citizen Login page appears. User must select **Create New Account** button.

Home Help MI.gov

MILogin
for Citizens

Login to your account

* = Required Fields

*User ID

*Password

Login

[Forgot your User ID?](#)
[Forgot your Password?](#)
[Need Help?](#)

Don't have an account? **Create New Account**

Guest Services **Continue as Guest**

3. MILogin requires a three-step user account process. You are required to fill out any fields with a red asterisk.
- Step 1 asks for basic info such as your first name, last name, email address, and phone number. You will be required to complete a verification question and accept the terms and conditions.
 - It is ***highly recommended*** you enter your Legal name, a valid email address, and mobile number.
 - Once the form is completed, select the **Next** button.

Home Help MI.gov

MILogin
for Citizens

Create your account - Step 1 of 3

* = Required Fields

*First Name Middle Initial *Last Name Suffix

Justin Case

Email Address Confirm Email Address

jcase@michigan.gov jcase@michigan.gov

Mobile Number

517-888-9999

*Verification Question: What is forty six thousand and fifty eight as a number?

46,580

☒ I agree to the [terms & conditions](#).

Next Clear

4. Step 2 requires you to setup your user ID, password, and security questions.
 - a. Your **user ID** must be:
 - i. At least 6 characters
 - ii. Contain letters (a-z or A-Z), Number (0-9), and special character (!@#\$%^&*~+=><)
 - iii. Sample: smithj9999
 - b. Your **password** must be:
 - i. 8 character in length

- ii. Include 3 out of 4:
 - a. Upper case letter (A-Z)
 - b. Lower case letter (a-z)
 - c. Number (0-9)
 - d. Special Character (!@#\$%^&*-=><)
- iii. Should not be based on your user ID
- c. Your password and confirm password must match.

5. After you enter your User ID and Password, you are required to select 4 questions and provide the appropriate answer. These questions are used in resetting your password. Answers must not contain special characters.
6. Once all required questions and answers have been provided, select **Create Account** button.

Select four unique security questions. These questions will be used to restore access to your account in case you forget the password.

<p>*Secret Question #1</p> <p>--Select Question--</p>	<p>*Secret Answer #1</p> <p>Enter security answer #1</p>
<p>*Secret Question #2</p> <p>--Select Question--</p>	<p>*Secret Answer #2</p> <p>Enter security Answer #2</p>
<p>*Secret Question #3</p> <p>--Select Question--</p>	<p>*Secret Answer #3</p> <p>Enter security Answer #3</p>
<p>*Secret Question #4</p> <p>--Select Question--</p>	<p>*Secret Answer #4</p> <p>Enter security Answer #4</p>

7. A message appears when your account was successfully created and an email is sent to the email address entered on registration. To login, select **Login to your account** hyperlink.

Create your account - Step 3 of 3

☒ Your account has been successfully created.

[Login to your account.](#)

8. You must enter your User ID and password and select **Login** button.

Home Help MI.gov

MILogin

Login to your account

* = Required Fields

***User ID**

***Password**

[Forgot your User ID?](#)
[Forgot your Password?](#)
[Need Help?](#)

Don't have an account?

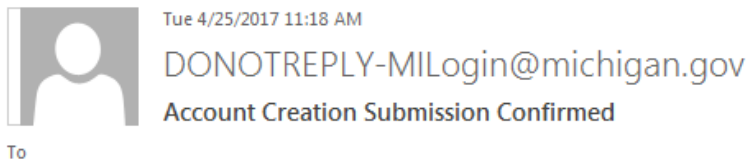
Guest Services

9. It may take a couple minutes for your account to be confirmed behind MILogin. If you receive the following error when you attempt to Login, your account has not been confirmed:

Error

- Invalid User ID or password

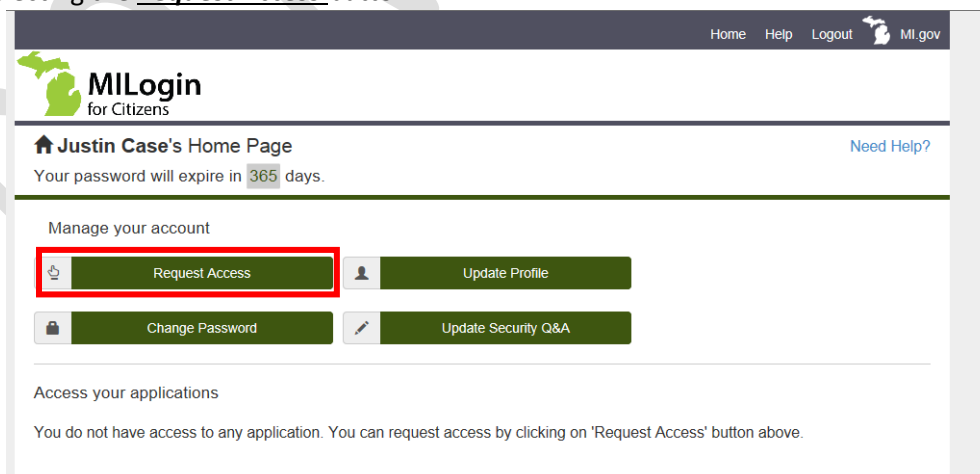
10. If you did not receive the error in step 9, continue to step 11. If you did receive the error in step 9, please login to your email account. MILogin will receive an email confirmation once your account has been confirmed. If an email does not come through, contact MILogin at 1-877-932-6424.



This is to confirm that your request for online account creation has been submitted successfully. Your User ID is:

If you are facing any issues, please contact MILogin Help Desk at 1.877.651.2502

11. Upon selecting login, you are redirected to the MI Login Citizen Homepage. By default, you ***will not*** have access to the Michigan Drug Assistance Program (MIDAP). You are required to request access by selecting the ***Request Access*** button.



12. You are redirected to the request access page. You may search for an application by keyword or select an agency to view its applications.
- Enter ***MIDAP*** in the application keyword textbox

Request Access

Request access guidelines:




1. Search for an application with a keyword **or** select an agency to view its applications
2. Choose an application
3. Confirm your application and click 'Request Access' to proceed

Step 1: Search for an application

midap

OR

Step 1: Select an agency to view its applications

 Michigan Department of Health & Human Services
 Michigan Department of Treasury
 Michigan Department of State

Step 2: Choose an application - Showing search results for 'midap'

Michigan Drug Assistance Program (MIDAP)

Step 3: Click on 'Request Access' button to proceed

OR

- b. Select the **Michigan Department of Health & Human Services** under the agency. A list of applications appears upon selection in step 2. You must select **Michigan Drug Assistance Program (MIDAP)**.

Step 1: Select an agency to view its applications

 Michigan Department of Health & Human Services
 Michigan Department of Treasury
 Michigan Department of State

Step 2: Choose an application - Showing search results for 'midap'

Michigan Drug Assistance Program (MIDAP)

13. Once the application is selected, the Michigan Drug Assistance Program (MIDAP) automatically appears within Step 3. You must select **Request Access** button:

Step 3: Application ready to be requested - Click on Request Access button to proceed

Michigan Drug Assistance Program (MIDAP)

The Michigan Drug Assistance Program (MIDAP) includes prescription copay/coinsurance coverage and the Premium Assistance Program.

14. You are required to agree to terms & conditions by selecting **I Accept** button.

* = Required Fields

Please confirm the name of the application to be requested before proceeding. By clicking on 'I Accept' you agree to the Terms & Conditions of this application.

App Name: **Michigan Drug Assistance Program (MIDAP)**

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and /or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

Note: Click 'Cancel' to go back to your homepage.

15. You are required to verify the email address and mobile number are valid by selecting the **Submit** button.

* = Required Fields

This application requires following attributes:

*Email Address

*Mobile Number

16. A message appears when your request access was successfully completed. You may now navigate to the Michigan Drug Assistance Program (MIDAP) by selecting the **Return to home page** hyperlink.

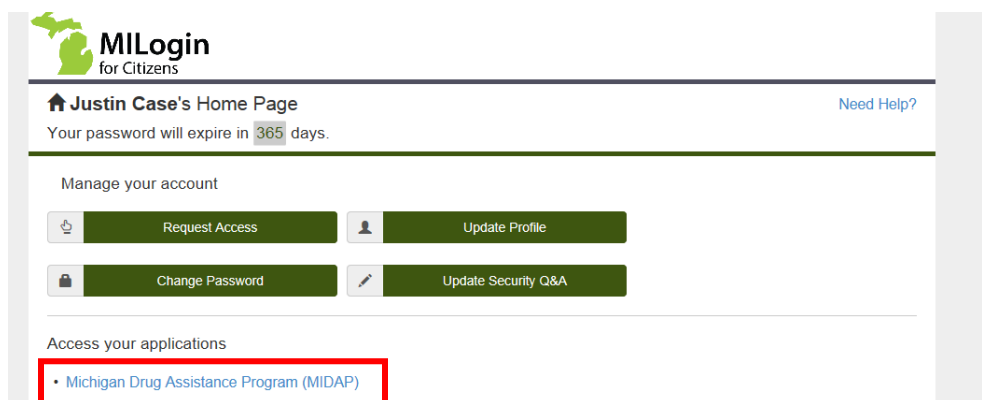
Request Access

☒ The request for your access has been successfully submitted.

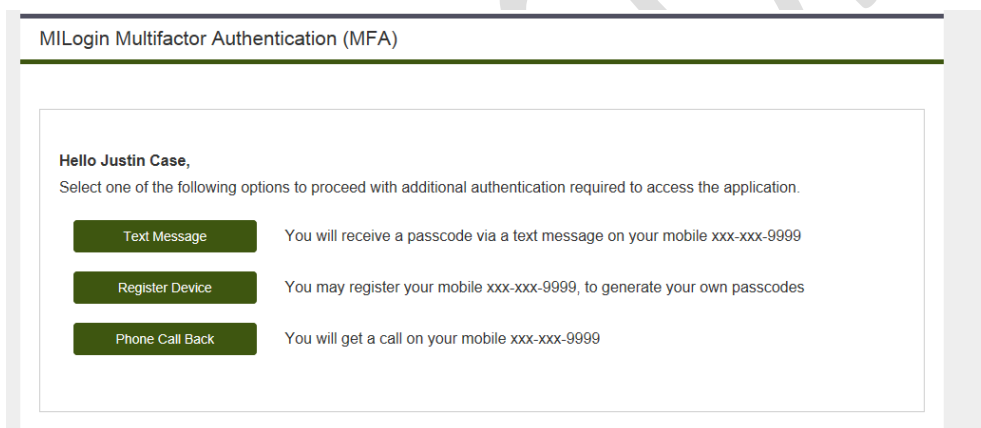
You will see the updated list of application(s) on your home page once it is processed.

[Return to home page](#)

17. You will be redirected to the MILogin Citizen Home page. You should see Michigan Drug Assistance Program (MIDAP) in your access:



18. If you do not see the application in your access, please logout and log back in. If this does not resolve the problem, repeat steps 9-13 or call MILogin at 1-877-932-6424.
19. Once you have ***Michigan Drug Assistance Program (MIDAP)*** under your access your applications, select the hyperlink. For security purposes, you are required to authenticate your account by selecting text message, registering a device or phone call. Select your preferred method:



20. You will be required to enter a passcode and select ***Submit*** button. You have approximately 5 minutes to enter the code and select submit. If you are unable to login or have questions, please contact MILogin at 1-877-932-6424.
21. You have successfully created an account on MILogin and authenticated your account. You will have access to the Michigan Drug Assistance Program application without authentication for 24 hours. If you close your Internet browser or exceed the 24 hour security window, you will be required to authenticate your account.
22. Once your account and authentication occurs in MILogin, you are required to register information for the Michigan Drug Assistance Program on your initial login.

User Registration for Applicant & Legal Representative

1. You will be automatically directed to the User Registration page after your MILogin Account has been created and authenticated for the first time.

User Registration
CREATE A NEW USER ACCOUNT

Instructions

- All boxes with a red asterisk (*) need to be filled to register.
- Please select Submit button after you are done.
- Before you start the application MDHHS needs to know if you are filing the application out on your own or are getting help from another person. If you select an option that needs to be changed or was not correct MIDAP can make a change for you, choose from below:
 - If you are applying for the MIDAP, select **Applicant**.
 - If you are applying for someone on their behalf for MIDAP, select **Legal Representative**. If you are helping a person under 18 apply for MIDAP, select this type.
 - If you are a **Case Manager**, select this type.

Registration

* = Required Fields

* First Name

Middle Name

* Last Name

* Phone Number
XXX-XXX-XXXX

2. You are required to fill out any fields with a red asterisk. Please review the instructions within the page for further guidance. It is your responsibility to determine your user account's role within the Michigan Drug Assistance Program. Your options include:
 - a. Applicant
 - b. Legal Representative
 - c. Case Manager (This option will not be available – if you are a Case Manager, select [here.](#))
3. Select **Applicant** in the user role selection.
 - a. By selecting this role, you have determined that you are eligible for the Michigan Drug Assistance Program.
 - b. You will be required to enter your Date of Birth and agree to a notice of privacy and security. Additional fields such as Social Security Number, Maiden Name, MIDAP ID, and Preferred Name are optional to complete but may be required entries during the application process.

* User Role Selection

User Roles

☐ Legal Representative☒ Applicant

The agency or medical provider
helping you with this application

Select an Agency

Applicant

Social Security Number

XXX-XX-XXXX

* Date of Birth

MM/DD/YYYY

Maiden Name

MIDAP ID

XXXXXXXX

Preferred Name

Notice of Privacy and Security

MDHHS will ensure the protection of your health information and maintain compliance with applicable federal and state confidentiality laws.

☐ I agree that the information I have provided is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MIDAP Instructions.

4. **OPTIONAL STEP** - If you are eligible for the Michigan Drug Assistance Program **AND** helping an individual submit an application, you may select the **Legal Representative** role in the user role selection.
 - a. **DO NOT SELECT LEGAL REPRESENTATIVE** if:
 - i. You are applying for Michigan Drug Assistance Program on your own,
 - ii. You are not the legal guardian or parent of a minor individual eligible for Michigan Drug Assistance Program, or
 - iii. You are a case management or client advocacy agency.
5. **OPTIONAL STEP** – If you are working with a case management or client advocacy agency, you may specify by selecting from the list of Agencies.
 - a. By determining the agency you are working with by selecting an Agency name in the dropdown, the Agency's staff will be able to help you complete your application.
6. Once all required fields as identified by the red asterisk have been filled out, select **Submit** button.
7. If you have missed a required field, an error message appears in red next to the field. You must fill in the required fields and select **Submit** button to complete the user registration:

* Mailing Address

The Mailing Address field is required.

8. Once all required fields are completed, a success message appears.

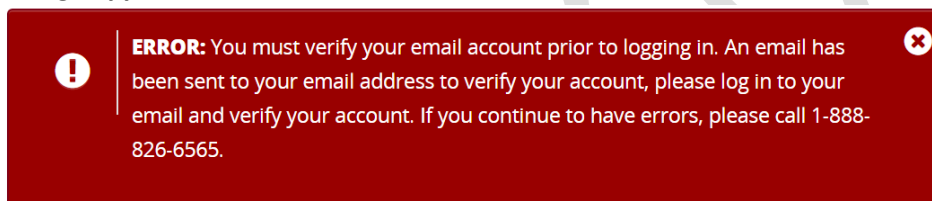


Registration Complete

Thank you for registering with the New Michigan Drug Assistance Program (MIDAP) Online Application System. You are required to verify the e-mail address on your account. Once verified, you may access the application.

9. The Michigan Drug Assistance Program requires that you validate the email address you entered in your user registration. This is to ensure that email notifications will be successfully sent out regarding your application.
10. Navigate to the email account that you entered within the user registration.

IMPORTANT NOTE: If you have not verified your email and select the Michigan Drug Assistance Program on MiLogin, you will receive multiple emails to verify your account and the following message appears:



Unauthorized Access

YOU ARE NOT AUTHORIZED TO VIEW THIS APPLICATION

Unable to authorize your user account.

11. Once within your email account, locate an email from noreply@michigan.gov. Once the email is located, open the email and read the information. You are required to **select the hyperlink** in your email to confirm your email address:



To

Thank you for submitting your registration for the Michigan Drug Assistance Program (MIDAP) online system. You are required to verify the e-mail address on your account. Please confirm your account by clicking [here](#)

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

12. Upon selecting the **hyperlink** in your email account, the MILogin Citizen Login page automatically appears. **IMPORTANT NOTE: The MILogin Citizen Login page that appears is the window you need to login to confirm your account. If you have another MILogin Citizen webpage or tab already open in another browser (e.g. Internet Explorer, Chrome) or device (mobile, tablet, etc), your account will not be confirmed. You must use the browser and device that the new MILogin Citizen Login page automatically appears on when you selected the hyperlink in your email account.**

13. You are required to enter your User ID and Password, and select the **Login** button.
14. Upon selection, you are automatically redirected to the MILogin Citizen Home page. Select the **Michigan Drug Assistance Program (MIDAP)** hyperlink.

15. A pop-up window appears with terms and conditions, select **I accept** button.
16. For security purposes, you are required to authenticate your account by selecting text message, registering a device or phone call. Select your preferred method:

MILogin Multifactor Authentication (MFA)

Hello Justin Case,
Select one of the following options to proceed with additional authentication required to access the application.

Text Message	You will receive a passcode via a text message on your mobile xxx-xxx-9999
Register Device	You may register your mobile xxx-xxx-9999, to generate your own passcodes
Phone Call Back	You will get a call on your mobile xxx-xxx-9999

17. You will be required to enter a passcode and select **Submit** button. You have approximately 5 minutes to enter the code and select submit. If you are unable to login or have questions, please contact MILogin at 1-877-932-6424.
18. You are automatically redirected into the Michigan Drug Assistance Program Application once your email account has been confirmed. (If you **do not** see this screen, please repeat steps 10-17).

MDHHS Michigan Drug Assistance Program

Home Applications

Welcome to Michigan Drug Assistance Program

Justin Case
Logged in as: Applicant

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

19. Congratulations! You have successfully registered your account and can complete an application.

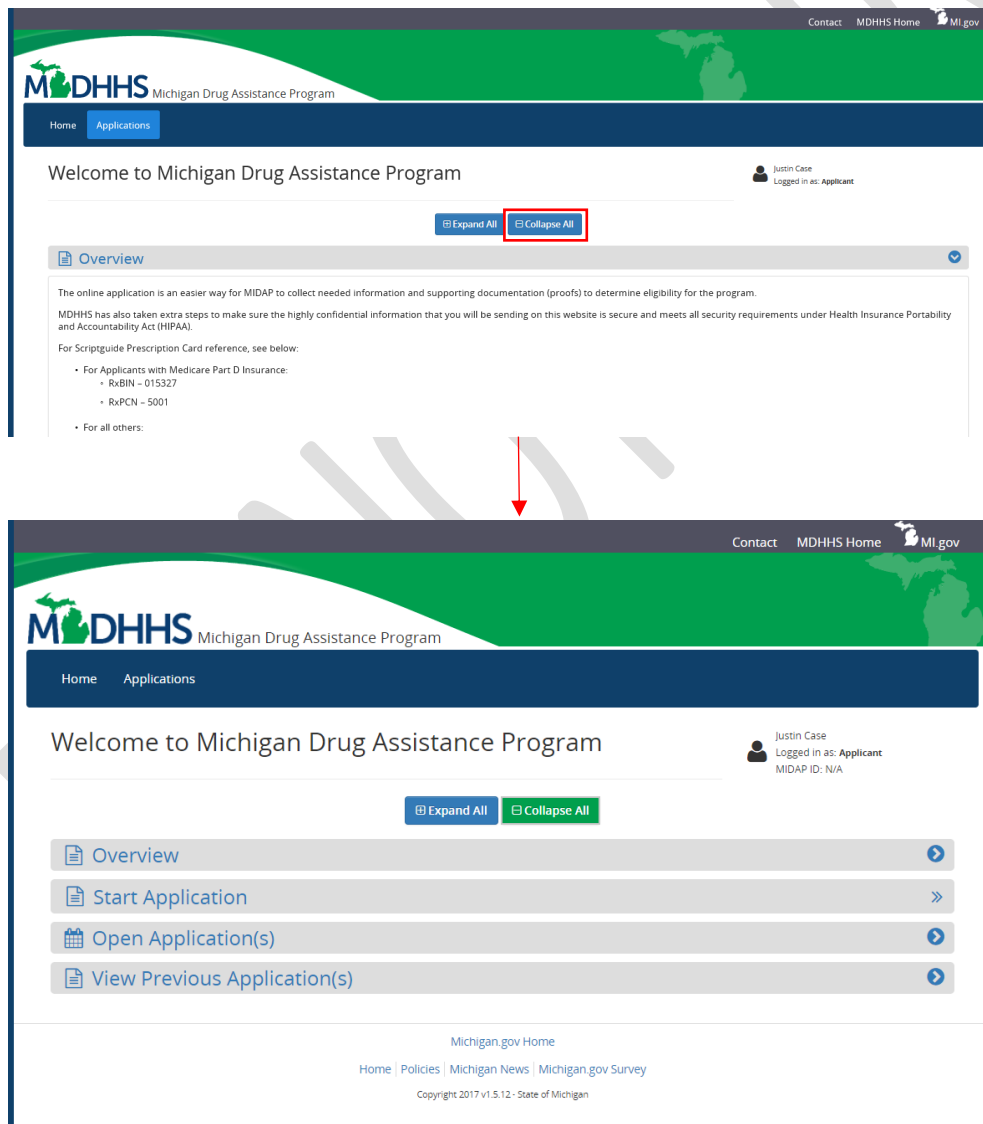
Michigan Drug Assistance Program Application

Application Overview

When you login as an Applicant, your home page contains the following information:

- Overview
- Start Application
- Open Application(s)
- View Previous Application(s)

By default, the home page has each section automatically expanded. You have the option to close the sections by selecting on the **Section Name** or select the **Collapse All** button.

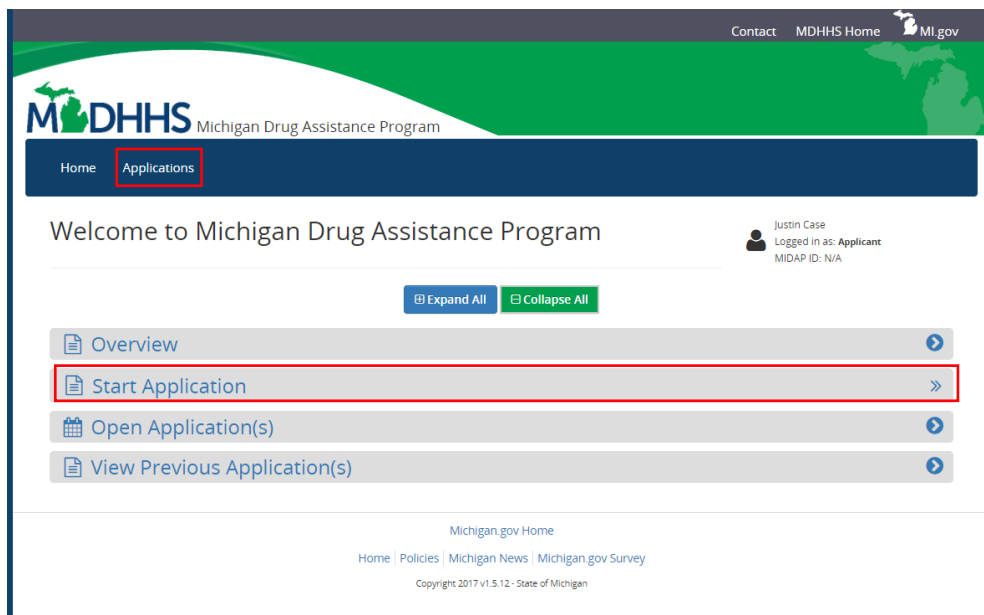


At this point, you will **not** have any applications submitted and should get started on your application.

If you are logging in as a Legal Representative, select [here](#).

Start & Submit a New MIDAP Application

1. To start an application, you may select **Start Application** in the home page or select the **Applications** navigation.



2. You are automatically redirected to the applications that you are eligible to apply. At this point, you are only eligible for the MIDAP New Application, select the **Start MIDAP New Application**.

The top screenshot shows the MDAP web application interface. At the top, there is a navigation bar with 'Contact', 'MDHHS Home', and 'MI.gov'. Below this is a green banner with the MDHHS logo and 'Michigan Drug Assistance Program'. A dark blue bar contains 'Home' and 'Applications'. The main content area is titled 'Application Menu' and includes a user profile for 'Justin Case' (Logged in as: Applicant, MIDAP ID: N/A). There are 'Expand All' and 'Collapse All' buttons. A 'Start Application' section contains a message: 'You may start a MIDAP Application (New Application and 6 Month Verification) by selecting the appropriate button.' Below this, a button labeled 'Start MIDAP New Application' is highlighted with a red box. A red arrow points from this button to the bottom screenshot.

The bottom screenshot shows the 'New Application' page. It has the same top navigation and banner. The main content area is titled 'New Application' with a sub-header 'SUBMIT A NEW APPLICATION'. It also includes the user profile and 'Expand All'/'Collapse All' buttons. The 'Application Details' section is expanded, showing the following information:

Application Name:	JustinCase-NewApplication-20170131
Application Status:	Application in Progress
Applicant Name:	Justin Case
Application Type:	New Application

Below this, the 'Application Forms' section is expanded, showing the '2017 Eligibility Criteria' section. The text reads: 'To receive prescription coverage from MIDAP, applicants must meet the following criteria:'.

3. You will automatically be redirected to the Application's Eligibility criteria.
4. For each application that you create, there is an **Application Details** section. It provides a summarized view of your application. If you experience difficulties, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program application:
 - a. Application Name
 - b. Application Status
 - c. Applicant Name
 - d. Application Type

2017 Eligibility Criteria

Michigan Drug Assistance Program

Home Applications

New Application

SUBMIT A NEW APPLICATION

Justin Case
Logged in as: Applicant

Expand All Collapse All

Application Details

Application Name: JustinCase-NewApplication-20170131
 Application Status: Application in Progress
 Applicant Name: Justin Case
 Application Type: New Application

Application Forms

5. You are required to acknowledge that you have reviewed the criteria by selecting the **checkbox** and selecting the **Save and Next** button.

In all instances, MIDAP is to be considered the payer of last resort. This means, as other programs become available that provide prescription assistance, MIDAP does require people to apply for other programs first to see if they can be used to cover the cost of prescription drugs.

An applicant **cannot be** eligible for MIDAP if they are:

1. Eligible for or are receiving benefits from Medicaid/Healthy Michigan Plan (MA/HMP) and/or the Adult Medical Program/Adult Benefits Waiver (AMP/ABW).
2. Eligible for or are receiving benefits from both Medicaid and Medicare at the same time and/or considered dual eligible under both Medicaid and Medicare.
3. Applicant lives in any other state than Michigan.

☐ I have read and reviewed the Eligibility Criteria. Myself, or the individual I am representing, by starting this application, certifies that I or they meet the qualifications to be eligible for MIDAP.

Previous Save and Next

In all instances, MIDAP is to be considered the payer of last resort. This means, as other programs become available that provide prescription assistance, MIDAP does require people to apply for other programs first to see if they can be used to cover the cost of prescription drugs.

An applicant **cannot be** eligible for MIDAP if they are:

1. Eligible for or are receiving benefits from Medicaid/Healthy Michigan Plan (MA/HMP) and/or the Adult Medical Program/Adult Benefits Waiver (AMP/ABW).
2. Eligible for or are receiving benefits from both Medicaid and Medicare at the same time and/or considered dual eligible under both Medicaid and Medicare.
3. Applicant lives in any other state than Michigan.

☒ I have read and reviewed the Eligibility Criteria. Myself, or the individual I am representing, by starting this application, certifies that I or they meet the qualifications to be eligible for MIDAP.

Previous Save and Next

6. An application is **not** created until you read and reviewed the eligibility criteria and selected **Save and Next** button. Once you have successfully completed this, you are automatically redirected to the Application form.

Application Details

Application Name: JustinCase-NewApplication-20170131

Application Status: Application in Progress

Applicant Name: Justin Case

Application Type: New Application

Application Forms

Instructions

- All boxes with a red asterisk (*) need to be filled to register.
- Please select **Save** once the form is completed.
- Failure to sign and date the application will result in a delay of processing and access to medications.**
- For copies of any MIDAP forms, you may access them at www.michigan.gov/dap
- If you need help filling out the application, please call your case manager or the MIDAP office at 1-888-826-6565. For a list of AIDS Service Organizations, case management, clinic and testing locations, please call 1-800-872-2437 or see website at www.michigan.gov/survivehiv.

Tell us about yourself

* - Required Fields

1.

* Have you ever been on MIDAP?
MIDAP is a State of Michigan program that provides HIV medication to people who qualify.

☒ Yes
☐ No

7. Some fields such as your Mailing Address, City, State, Zip Code, Date of Birth, Phone Number and Email Address, automatically populate on the application from the information you entered when you registered your account. You may update these fields if they are no longer the most accurate information.
8. Any fields with a red asterisk are required for you to fill in. Please complete all fields with a red asterisk and select **Save and Next** button.
9. If you have incorrectly completed a field (e.g. not a valid email address) or did not complete a field, an error message appears next to the field. You must correct the error and select **Save and Next** button.
10. Some fields are disabled unless a selection in another question is made. For example, if you identify your race as Asian, you are required to provide the origin:

18.

* Race (One or more categories may be selected)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian/Pacific Islander (Select one or more subcategories that apply below)

☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander

☐ Asian (Select one more more subcategories that apply below)

☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian

Please select at least one.

☒ Asian (Select one more more subcategories that apply below)

☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian

Please select at least one.

11. Any fields with a red asterisk are required for you to fill in. Please complete all fields with red asterisk and select **Save and Next** button.

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22

12. Once all required fields have been completed without errors, you are automatically redirected to the next page of the application. At this time, you are within the Status and Date of Disease section of the application.
 - a. You may choose to review the info you entered by selecting the **Previous** button to return to the previous page, or
 - b. You can complete the required fields as identified by the red asterisk, and select **Save and Next** button.

Application Forms

Status and Date of Disease

* = Required Fields

20. * Estimated HIV Positive Date/Diagnosis MM/DD/YYYY

21. * Disease Status

☐ HIV-positive, AIDS status unknown

☐ HIV-positive, not AIDS

☐ 3rd Stage HIV (CDC defined AIDS)

☐ Unknown

22. Estimated AIDS Positive Date, if applicable MM/DD/YYYY

[Previous](#) [Save and Next](#)

13. Once all required fields on the Status and Date of Disease have been completed and you selected **Save and Next** button, you are automatically redirected to income and insurance section of the application.
 - a. For individuals that have income, you are required to enter monthly totals in gross (before taxes) amount.
 - b. For individuals that **do not** have income, you are required to enter the MDHHS application info and a declaration of no income. You will not be required to provide proof of income.
 - c. For individuals that have insurance, you will be required to enter insurance specific information.
 - d. For individuals that **do not** have insurance, you will be required to declare insurance ineligibility. You will not be required to provide proof of insurance.
14. Complete all fields with a red asterisk and select **Save and Next** button.

Application Forms

Household Size and Income

*** = Required Fields**

23. *** Household Size**

MIDAP uses the number of people living in your house to help determine if you are eligible. Household size includes you, your spouse and any dependents under that age of 19 who live with you.

*** Does your household have income?** ☒ Yes ☐ No

Health Care and Drug Insurance

24.

*** Do you have prescription coverage/medical insurance through (any of the following) that require you to pay a copay and/or deductible at the pharmacy?** ☒ Yes ☐ No health insurance of any kind

- ☐ Private - Employer (Employer Sponsored Insurance)
- ☐ COBRA
- ☐ Private - Individual (Paid for by you or other entity)
- ☐ Qualified Health Plan (Marketplace)
- ☐ Medicare Part A (Hospitalization)
- ☐ Medicare Part B (Medical)
- ☐ Medicare Part C (Advantage)
- ☐ Medicare Part D (Prescription)
- ☐ Veteran's Administration Benefits (VA)
- ☐ Medicaid/Healthy Michigan Plan
- ☐ Indian Health Services (IHS)
- ☐ Other

Previous

Save and Next

15. Once all insurance and income information has been completed with no errors, you are automatically redirect to upload the required documentation.

Application Forms

Proofs

- All boxes with a red asterisk (*) need to be filled to register.
- Please select **Save and Next** once the form is completed.

*** = Required Fields**

*** Please attach your proof of residency.** This can include any of the following:

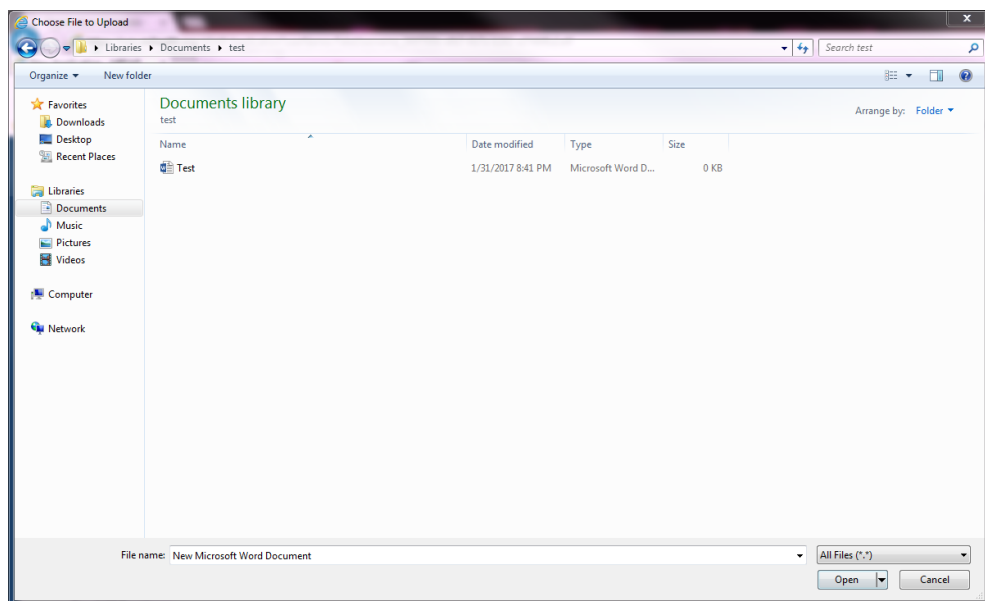
- Current Michigan ID or Driver's License
- Utility bill in your name showing address
- Benefits award letter (Department of Human Services (DHS)/Social Security Administration (SSA) with your name and address)
- Lease or mortgage in your name showing address
- Voter registration card
- Declaration of residency

Proof Of Residency

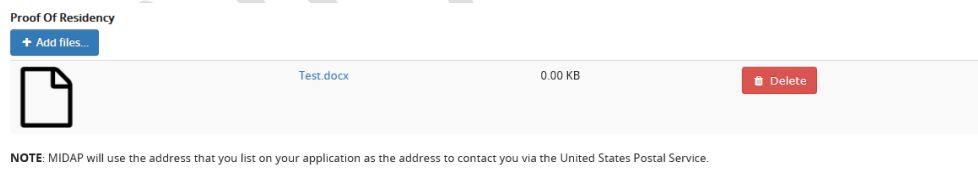
Add files...

NOTE: MIDAP will use the address that you list on your application as the address to contact you via the United States Postal Service.

16. Each proof has accepted documentation types and any proofs that are required are identified by the red asterisk. To add files, select **Add Files...** button.
17. Navigate to where you stored your proof file, select the file and select **Open**.



18. When the file successfully uploads, you will be able to view a preview of the document, document name, document size, and ability to remove the upload.



19. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .gif, .png), and Adobe PDF.
20. You are allowed to upload multiple proof of documents. If you upload multiple, the total file size must not exceed 25MB. Each individual file upload must be less than 5 MB.
21. Once all your required uploads have been attached, select the **Save and Next** button.
22. You are automatically redirected to the signature page. You are required to agree to the terms and conditions and enter your initials.

Application Forms

Signature

*** Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services - HIV/AIDS Drug Assistance Program (MDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MDAP and/or other programs that I may be eligible for.

I understand that if I become enrolled in a health insurance program, prescription coverage program or if I qualify for medical assistance through other federal, state or county medical benefit programs, I must immediately notify MDAP in addition to my case manager, pharmacist and physician.

I understand and agree to submit periodic information regarding my continued eligibility for MDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to reconfirm as eligible for MDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

I understand that if any of the information provided on this application changes, that I must notify MDAP immediately. In addition, I understand that failure to report changes and/or reporting of inaccurate information will affect MDAP coverage and program eligibility.

I understand that by utilizing MDAP for medication assistance and by filing prescriptions, using my SGR/MDAP card that I have read all of the MDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MDAP Instructions and have followed the necessary steps that are required for me to be eligible for MDAP.

This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

☐ I have read the information above and agree to the terms and conditions. I authorize the release of information.

*** Initials**

Are there any additional notes that you would like MDHHS to be aware of when considering your application?

Previous **Submit to MIDAP** **Save and Next**

Application Forms

Signature

*** Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services - HIV/AIDS Drug Assistance Program (MDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MDAP and/or other programs that I may be eligible for.

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I understand and agree to submit periodic information regarding my continued eligibility for MDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to reconfirm as eligible for MDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

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I understand that by utilizing MDAP for medication assistance and by filing prescriptions, using my SGR/MDAP card that I have read all of the MDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MDAP Instructions and have followed the necessary steps that are required for me to be eligible for MDAP.

This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

☒ I have read the information above and agree to the terms and conditions. I authorize the release of information.

*** Initials**

Are there any additional notes that you would like MDHHS to be aware of when considering your application?

Previous **Submit to MIDAP** **Save and Next**

23. **OPTIONAL STEP** – If there is any specific information you would like the State of Michigan to know regarding your application (e.g. anticipated to receive labs in 30 days, etc.), please add this information in the additional notes textbox.
24. If you would like to review all the information you have submitted, you may select the **Previous** button and review each section individually.
25. If you have all the required information and are ready to submit, select the **Submit to MIDAP** button. Once this is completed, you receive a success message and are returned back to your home page.
26. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Submitted / In Review**.

27. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.



Welcome to Michigan Drug Assistance Program

Justin Case
 Logged in as: **Applicant**
 MIDAP ID: N/A

Expand All

Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns

All

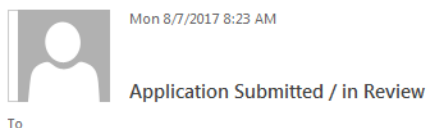
Open Application Search Terms ?

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
JustinCase-NewApplication-20170802	New Application	Application Submitted / In Review	8/2/2017 9:22:38 AM	Justin Case	Henry Ford Health System (HFHS)	Rick

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

28. An email is sent to email address entered on your application. You may use this as verification that your application has been submitted. The email states the following:



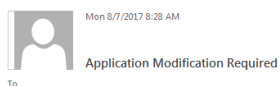
Your New Application has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

29. No further action is required from you at this time. The Michigan Drug Assistance Program staff will be reviewing your information.

Submit a Modification

1. While reviewing your application, the Michigan Drug Assistance Program may notice you submitted incorrect documentation or need further information from you. An email is sent your email address when modifications are required.
2. Select the [hyperlink](#) in the email for your modification.



Your New Application has been reviewed by the Michigan Drug Assistance Program staff. More information is needed in order to process and complete your application. Please log into your account to see what is needed [here](#). If you have any questions please call 1-888-826-6565.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

3. When you select the [hyperlink](#) in the email, you are automatically redirected to the Status History of the application. (Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)

MDHHS Michigan Drug Assistance Program

Home Applications

Application Status History

Justin Case
Logged in as: Applicant
MIDAP ID: N/A

Application Name: JustinCase-NewApplication-20170802

<< Return To Application

Application Status	Date	Name	Role	Notes
Application in Progress	8/2/2017	Justin Case	Applicant	
Application Submitted/In Review	8/7/2017	Justin Case	Applicant	
Application Modification Required	8/7/2017	Rick	MDHHS Reviewer	The proof of residency uploaded does not match the residency address entered within the application. Please re-upload the correct document or change the address.

4. The notes provide a detailed selection of what needs to be updated. If you have questions, contact the MIDAP Staff at 1-888-826-6565. To make the changes on your application, select **Return to Application** hyperlink.

Application Status History

Justin Case
Logged in as: Applicant
MIDAP ID: N/A



Application Name: JustinCase-NewApplication-20170802

<< Return To Application

Status History

Application Status	Date	Name	Role	Notes
Application in Progress	8/2/2017	Justin Case	Applicant	
Application Submitted/In Review	8/7/2017	Justin Case	Applicant	
Application Modification Required	8/7/2017	Rick	MDHHS Reviewer	The proof of residency uploaded does not match the residency address entered within the application. Please re-upload the correct document or change the address.

5. All of the information that you originally submitted to the Michigan Drug Assistance Program automatically populates in your application. Make the appropriate changes as requested to your application as noted in the **Status History**.
6. All fields with a red asterisk are required to be completed. You may navigate through your application by selecting **Save and Next** button.
7. Once you have corrected any errors, the last page of your application is the signature form.
8. **OPTIONAL STEP** – It is suggested to add notes on the changes or further clarification the Michigan Drug Assistance Program staff requested in the notes textbox (e.g. uploaded a new proof of residency).

 Application Forms 

Signature

*** = Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services – HIV/AIDS Drug Assistance Program (MIDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MIDAP and/or other programs that I may be eligible for.

I understand that if I become enrolled in a health insurance program, prescription coverage program or if I qualify for medical assistance through other federal, state or county medical benefit programs, I must immediately notify MIDAP in addition to my case manager, pharmacist and physician.

I understand and agree to submit periodic information regarding my continued eligibility for MIDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MIDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MIDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to recertify as eligible for MIDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

I understand that if any of the information provided on this application changes, that I must notify MIDAP immediately. In addition, I understand that failure to report changes and/or reporting of inaccurate information will affect MIDAP coverage and program eligibility.


I understand that by utilizing MIDAP for medication assistance and by filling prescriptions, using my SGRX/MIDAP card that I have read all of the MIDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MIDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MIDAP Instructions and have followed the necessary steps that are required for me to be eligible for MIDAP.


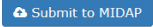
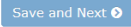
This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

 I have read the information above and agree to the terms and conditions. I authorize the release of information.

*** Initials**

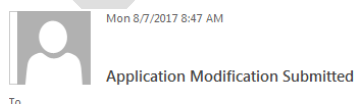
Are there any additional notes that you would like MDHHS to be aware of when considering your application?

9. Select **Submit to MIDAP** button. Once this is completed, you receive a success message and are returned back to your home page. 3



10. An email is sent to your email account confirming that the modification was submitted.



Your New Application has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

11. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Modification Submitted**.

Welcome to Michigan Drug Assistance Program

Justin Case
Logged in as: Applicant
MIDAP ID: N/A

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns: All

Open Application Search Terms

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
JustinCase-NewApplication-20170802	New Application	Application Modification Submitted	8/2/2017 9:22:38 AM	Justin Case	Henry Ford Health System (HFHS)	Rick

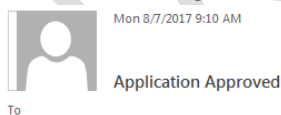
Showing 1 to 1 of 1 entries

First Previous 1 Next Last

12. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.
13. No further action is required for you at this time.

Application Approval & Coverage Period Overview

1. When the Michigan Drug Assistance Program approves your application, you will be notified by email.



Your New Application has been approved. If you have any questions, please call 1-888-826-6565.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

2. Your coverage period is available for review at any point after the application has been approved. To view coverage period, you must login to the application by navigating to <https://milogin.michigan.gov>

(Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)

- Once logged in, your application will be available in the **View Previous Application(s)** section.



The screenshot displays the Michigan Drug Assistance Program (MDHHS) web application. The user is logged in as Justin Case (MIDAP ID: 44444444). The interface includes a navigation bar with 'Home' and 'Applications' links. The main content area is divided into sections: 'Overview', 'Start Application', 'Open Application(s)', and 'View Previous Application(s)'. The 'View Previous Application(s)' section is highlighted with a red box and contains a table of past applications.

View Previous Application(s) Table:

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	08/02/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 1 of 1 entries

- OPTIONAL STEP** - You may review any information submitted to the Michigan Drug Assistance Program by selecting the **Application Name**.
- Your **Coverage Period Start Date** and **Coverage Period End Date** appear in the **Coverage Period** column. This is available in the **View Previous Application(s)** section.

 View Previous Application(s) 

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns:

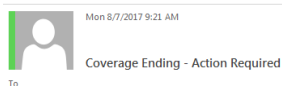
Previous Application Search Terms:

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	08/02/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

6. The Michigan Drug Assistance Program automatically sends you an email when you have less than 1 month of coverage. When you receive this email, you are required to complete your 6 month verification or annual recertification. Failure to do so may result in coverage loss.



Your coverage period for New Application is about to expire for the Michigan Drug Assistance Program (MIDAP). Please login and apply for your next eligible coverage period:
<https://midapnqa.michigan.gov/>

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

7. At this time, no further actions are required by you unless one of the following situations occurs in the next six months:
- Legal Name Change
 - Address Change
 - Household Size Change
 - Income Change
 - Insurance Change
 - Contact Change
8. If any of the above situations apply, you are required to report these changes to the Michigan Drug Assistance Program during your approved coverage period. You are required to submit a **Change of Status**.
9. If none of those situations apply to you, no further action is required.

Application Denied

When the Michigan Drug Assistance Program denies your application, you are notified by email. If your eligibility changes, you may reapply for the Michigan Drug Assistance Program. For additional information, please call 1-888-826-6565.

Change of Status

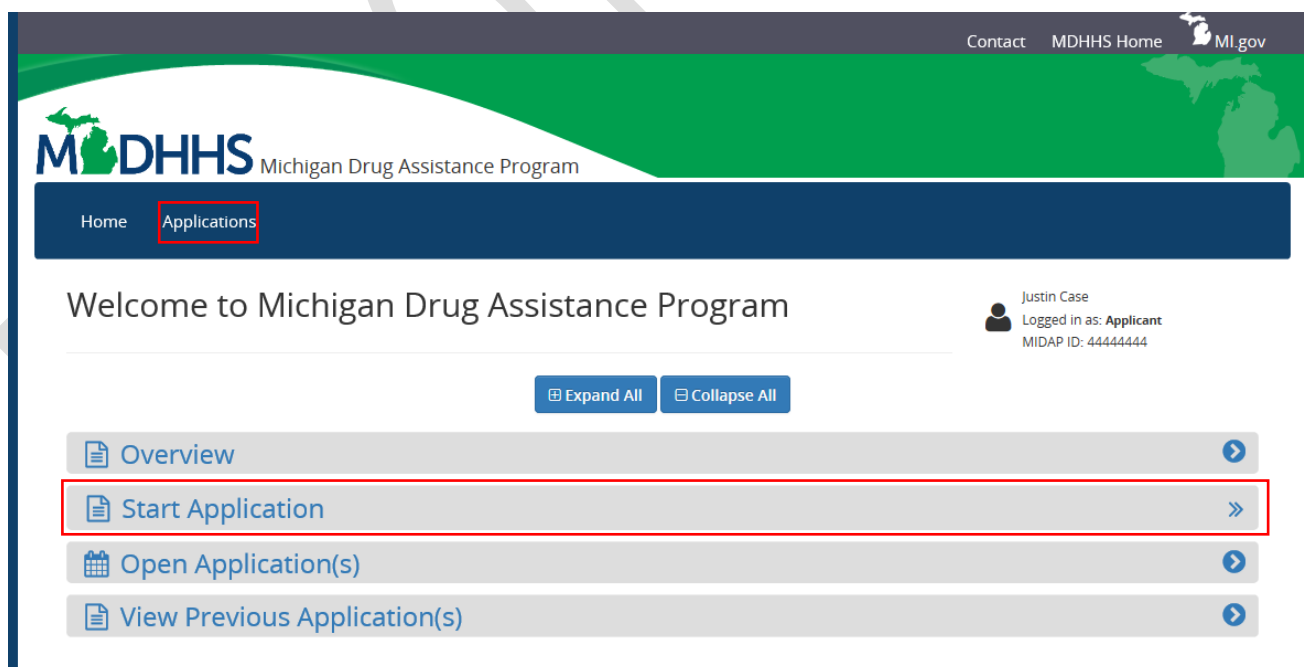
Overview

A change of status application is available to any approved applicants that are enrolled in the Michigan Drug Assistance Program. The application **does not** impact your approved coverage period, but as an applicant you are required to provide the Michigan Department of Health and Human Services the most up to date information while approved in the program.

An applicant must report any change(s) within the standard six month coverage period. Applicants may report multiple change of statuses if their name, address, household size, income, insurance or contact information have changed.

Start & Submit a Change of Status

1. A change of status is required to be submitted to the Michigan Drug Assistance Program once you have an **approved application** and meet one of the following criteria:
 - a. Legal Name Change
 - b. Address Change
 - c. Household Size Change
 - d. Income Change
 - e. Insurance Change
 - f. Contact Change
2. To initiate an application, you may select **Start Application** in the home page or select the **Applications** navigation.



3. You are automatically redirected to the applications that you are eligible to apply. To start a change of status select the **Start Change of Status** button.

The screenshot shows the 'Application Menu' page. At the top, there's a navigation bar with 'Home' and 'Applications'. Below it, the 'Application Menu' section displays a list of options. The 'Start Change of Status' button is highlighted with a red box. The button is located at the bottom of a list of options: 1. Change of Legal Name, 2. Address Change, 3. Household Size Change, 4. Income Change, 5. Insurance Change, 6. Contact Change.

4. The Change of Status application appears automatically when the **Start Change of Status** button is selected.
5. For each Change of Status you create, there is a **Change of Status Details**. It provides a summarized view of your application. If you have issues with your application, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program:
- Application Name
 - Application Status
 - Applicant Name
 - Application Type

The screenshot shows the 'Change Of Status' application page. The 'Change of Status Details' section is highlighted with a red box. This section displays the following information: Application Name: JustinCase.ChangedOfStatus.20170201, Application Status: Application in Progress, Applicant Name: Justin Case, and Application Type: Change of Status. Below this, there is a 'Change of Status Forms' section with a 'Reason for Change of Status' dropdown menu. The dropdown menu is open, showing a list of reasons: Legal Name Change, Address Change, Household Size Change, Income Change, Insurance Change, and Contact Change. The 'Previous' and 'Save and Next' buttons are visible at the bottom.

6. You are required to select at least one reason for change.
7. When a reason for change is selected, additional fields appear with the values entered on your approved application automatically populated.

Change of Status Forms

* = Required Fields

Reason for Change of Status

☐ Legal Name Change
☐ Address Change
☐ Household Size Change
☐ Income Change
☐ Insurance Change
☐ Contact Change

[Previous](#) [Save and Next](#)

Change of Status Forms

* = Required Fields

Reason for Change of Status (Select all that apply below):

☒ Legal Name Change
☐ Address Change
☐ Household Size Change
☐ Income Change
☐ Insurance Change
☐ Contact Change

Legal Name Change

* MIDAP ID: 44444444
 XXXXXXXX

* First Name: Justin

Middle Name:

* Last Name: Case

Maiden Name:

Preferred Name:

Legal First Name:

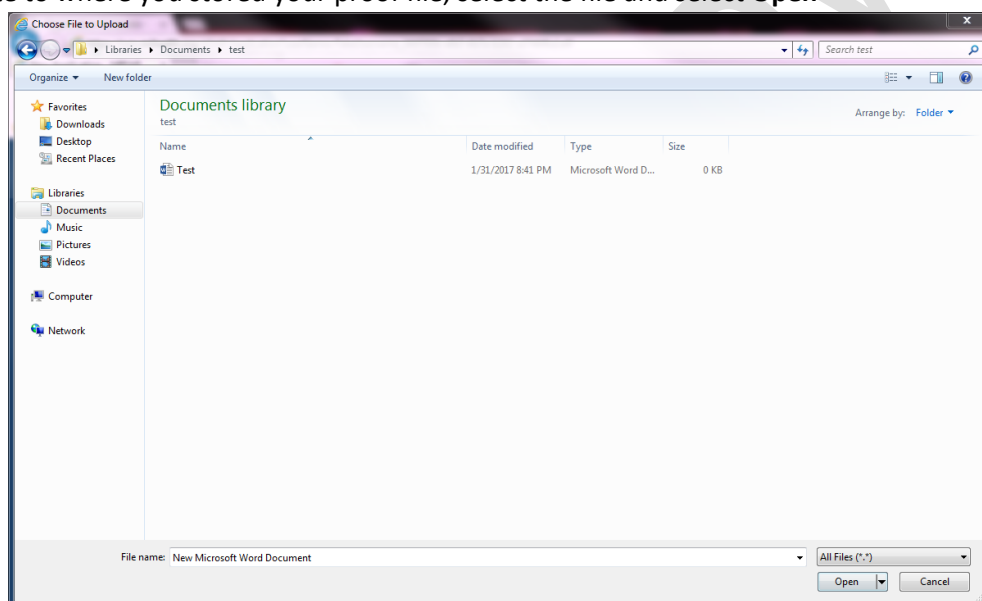
Legal Middle Name:

Legal Last Name:

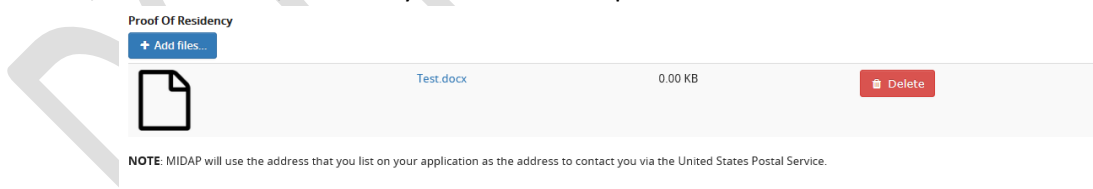
[Previous](#) [Save and Next](#)

8. You may alter the information entered, but are still required to complete any fields with a red asterisk.
9. Once you have successfully reported the reason for change, you may select **Save and Next** button.

10. If you have incorrectly completed a field (e.g. not a valid email address) or did not complete a field, an error message appears next to the field. You must correct the error and select **Save and Next** button.
11. Once all required fields have been completed without errors, you are automatically redirected to the next page of the application. You may choose to review the info you entered by selecting the **Previous** button to return to the previous page, or complete all fields with a red asterisk and select **Save and Next** button.
12. You are required to update documentation based on the select reason for change. Each proof has accepted documentation. Any proof that is required is identified by a red asterisk. To add files, select **Add Files...** button.
13. Navigate to where you stored your proof file, select the file and select **Open**



14. When the file successfully uploads, you will be able to view a preview of the document, document name, document size, and ability to remove the upload.



15. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .giff, .png), and Adobe PDF. You are allowed to upload multiple proof of documents. If you upload multiple, the total file size must not exceed 25MB. Each individual file upload must be less than 5 MB.
16. Once all your required uploads have been attached, select the **Submit to MIDAP** button.

Proofs

- All boxes with a red asterisk (*) need to be filled to register.
- Please select **Submit to MIDAP** once the form is completed.

* Proof of Name Change

If your name has changed, list your former name and your new name. You must provide proof of name change. This can include any of the following:

- Marriage Certificate
- Divorce Decree
- Court Record

Legal Name Change

+ Add files...

* Proof of Residency

If your address has changed, a proof of Residency must be submitted and can include any of the following:

- Current Michigan ID or Driver's License
- Utility bill in your name showing address
- Benefits award letter (Department of Human Services (DHS)/Social Security Administration (SSA) with your name and address)
- Lease or mortgage in your name showing address
- Voter registration card
- Declaration of residency

Address Change

+ Add files...

* Proof of Household Income

You may upload your previous year's W-2 or 1040 form, or choose one or more of the following options to be uploaded as your proof of household income:

- The most recent month's pay stubs (a 4 week, 30 day period)
- Notice of award for SSI or SSDI
- Notice of award for DHS or SSA
- A signed letter from your employer showing gross pay for the last 30 days
- Unemployment benefits award letter
- Corrections releases papers within 30 days of release

Previous Year's W2 or 1040 form, or

+ Add files...

Proof of household income

+ Add files...

* Please provide Prescription Coverage/Medical Insurance Coverage.

If your prescription/medical insurance coverage has changed, indicate the change and attach a copy of your insurance card (do not upload a ScriptGuide Prescription Card or Rx America Card).

Prescription Coverage/Medical Insurance Card (Do not upload a ScriptGuide Prescription Card or Rx America Card)

+ Add files...

Previous

Submit to MIDAP

Save and Next

17. Once the application is submitted, you are redirected to the home page with a success message. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Submitted / In Review**.

MDHHS Michigan Drug Assistance Program

Home Applications

SUCCESS: Change of Status form has been submitted to MIDAP.

Welcome to Michigan Drug Assistance Program

Justin Case
Logged in as: Applicant
MIDAP ID: 44444444

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns: All

Open Application Search Terms:

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
JustinCase-ChangeofStatus-20170807	Change of Status	Application Submitted / In Review	8/7/2017 9:26:49 AM	Justin Case	Henry Ford Health System (HFHS)	Rick

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns: All

Previous Application Search Terms:

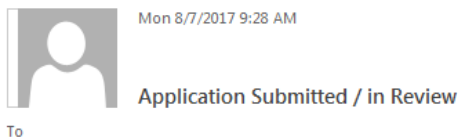
Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	08/02/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

18. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.

19. An email is sent to email address entered on your application. You may use this as verification that your application has been submitted. The email states the following:



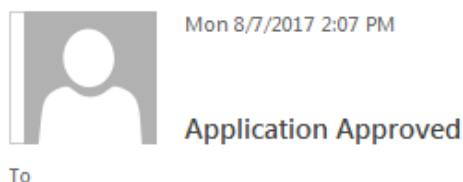
Your Change of Status has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

20. No further action is required from you at this time. The Michigan Drug Assistance Program staff will be reviewing your information.

Application Approval


1. An email is sent when your Change of Status is approved for the Michigan Drug Assistance Program.



Your Change of Status has been approved. If you have any questions, please call 1-888-826-6565.


DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

2. There is no action required from you if your Change of Status application was approved.
3. If you would like to review your coverage period at any point after the application has been approved, you must login to the application by navigating to <https://milogin.michigan.gov> (Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)
4. Your Change of Status application will be available in the **View Previous Application(s)** section:


MDHHS Michigan Drug Assistance Program

[Home](#)
[Applications](#)

Welcome to Michigan Drug Assistance Program



Justin Case
 Logged in as: **Applicant**
 MIDAP ID: 44444444

[Expand All](#)
[Collapse All](#)

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

For Approved Applicants: You must initiate a [Change of Status](#) if you have any of the following:

- Legal Name Change
- Address Change
- Household Size change
- Income Change
- Insurance Change
- Contact Change

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns

Open Application Search Terms

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
No data available in table						

Displaying 0 to 0 of 0

First Previous Next Last

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns



Previous Application Search Terms

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	08/02/2017 - 02/28/2018	Henry Ford Health System (HFHS)


Showing 1 to 2 of 2 entries


First Previous **1** Next Last








5. **OPTIONAL STEP** - You may review any information submitted to the Michigan Drug Assistance Program by selecting the **Application Name**.
6. Your **Coverage Period Start Date** and **Coverage Period End Date** appear in the **Coverage Period** column. **Your Change of Status application does not impact your coverage period. Therefore, it is indicated by not applicable (N/A) in the table.**

 View Previous Application(s) 

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns Previous Application Search Terms 

All 

Application Name 	Application Status 	SubmittedBy 	Date Modified 	Modified By 	Coverage Period 	Agency 
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	08/02/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 2 of 2 entries First Previous **1** Next Last

7. At this time, no further actions are required by you. You are required to submit a new Change of Status if one of the following situations occurs after you have submitted your previous Change of Status and are not eligible for the six month verification application:
 - a. Legal Name Change
 - b. Address Change
 - c. Household Size Change
 - d. Income Change
 - e. Insurance Change
 - f. Contact Change
8. If none of the situations apply to you, no further action is required.

MIDAP 30 day Medication Request

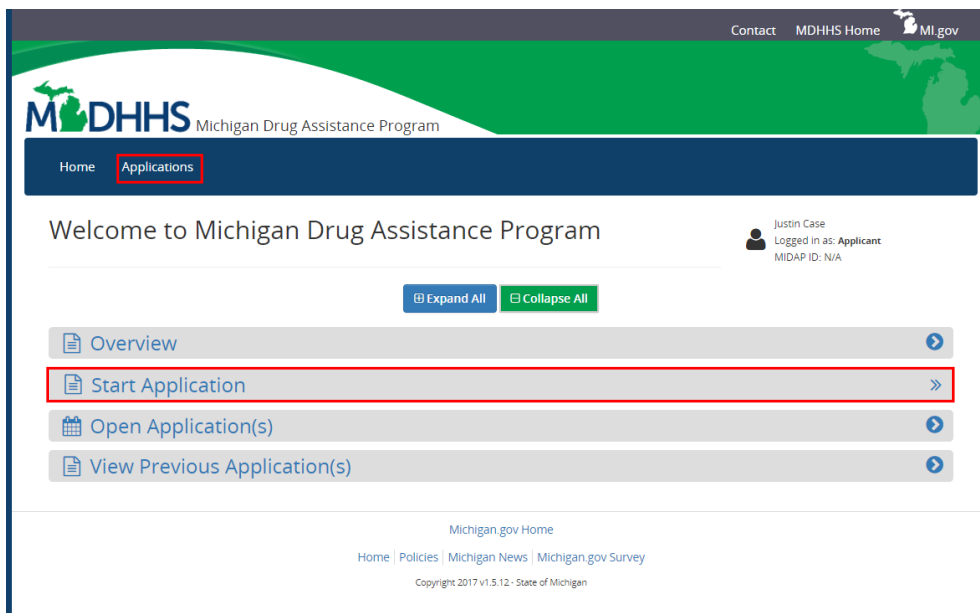
Overview

The MIDAP 30-Day Medication Request is available for applicants that have previously been enrolled in the Michigan Drug Assistance program that failed to recertify on time. This may be used **once in a 12 month period**. This should be used as a **last resort** and is **not a substitute** for the Annual Recertification or 6-Month Verification. It provides 30 days of coverage for approved applicants, and may be submitted within 60 days of MIDAP coverage expiring.

Start & Submit a MIDAP 30 day Medication Request

1. To start a MIDAP 30 day Medication Request, you must
 - a. Have an approved application,
 - b. Have a coverage period that has expired, and

- c. Have not submitted your 6 month or annual recertification application.
2. If you meet the criteria above, you must select **Start Application** in the home page or select the **Applications** navigation.



3. You are automatically redirected to the applications that you are eligible to apply. Dependent on if your last approved application is a six month verification or annual recertification, **you should start the appropriate applications**. However, if you are in dire need of coverage and cannot wait for the application to be processed, you may select **Start a MIDAP 30-day Medication Request**.

Michigan Drug Assistance Program

Home Applications

Application Menu

Justin Case
Logged in as: Applicant
MIDAP ID: 44444444

Expand All Collapse All

Start Application

You may start a MIDAP Application (New Application and 6 Month Verification) by selecting the appropriate button.

Start MIDAP 6 Month Verification

Start Change of Status

You may start a Change of Status by selecting the button below. A change of status is required if any of the following has changed since your last approved application:

1. Change of Legal Name
2. Address Change
3. Household Size Change
4. Income Change
5. Insurance Change
6. Contact Change

Start Change of Status

Start MIDAP 30-day Medication Request

You may start a MIDAP 30-day Medication Request by selecting the button below. The MIDAP 30-Day Medication Request is available for applicants that have previously been enrolled in the Michigan Drug Assistance program that failed to recertify on time. This may be used once in a 12 month period. This should be used as a last resort and is not a substitute for the Annual Recertification or 6-Month Verification. It provides 30 days of coverage for approved applicants, and may be submitted within 60 days of MIDAP coverage expiring.

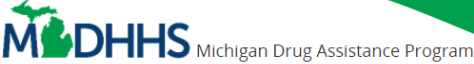
Start a MIDAP 30-day Medication Request

Michigan.gov Home

Home Policies Michigan News Michigan.gov Survey

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4. The MIDAP 30-day Medication Request application appears automatically when the **Start a MIDAP 30-day Medication Request** button is selected.
5. There is an **Application Details**. It provides a summarized view of your application. If you have issues with your application, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program:
 - a. Application Name
 - b. Application Status
 - c. Applicant Name
 - d. Application Type



[Home](#)
[Applications](#)

New MIDAP 30 Day Medication request

[SUBMIT A MIDAP 30 DAY MEDICATION REQUEST](#)



Justin Case
 Logged in as: Applicant
 MIDAP ID: 44444444

[Expand All](#)
[Collapse All](#)

Application Details

Application Name: JustinCase-MIDAP30Day-20170807
Application Status: Application in Progress
Applicant Name: Justin Case
Application Type: MIDAP 30 Day

Medication Request Forms

Instructions

- Any fields with an asterisk (*) are required.
- Please select **Save** once the form is completed.
- This form must be used to request assistance from MIDAP for a **one-time only prescription refill in any given calendar year of prescribed medication(s) after MIDAP certification has expired**. Prescription refill is limited to a 30 day supply of medication(s) after MIDAP certification has expired. This request is **NOT a substitute** for the MIDAP 6 month Verification or Annual Recertification form.

* = Required Fields

Client Information

*** MIDAP ID**
XXXXXXXX

*** First Name**

Middle Name

*** Last Name**

*** Phone Number**
XXX-XXX-XXXX

*** Email Address**

*** Can MIDAP contact you about your application?**
☐ Yes
☐ No

Medical Information

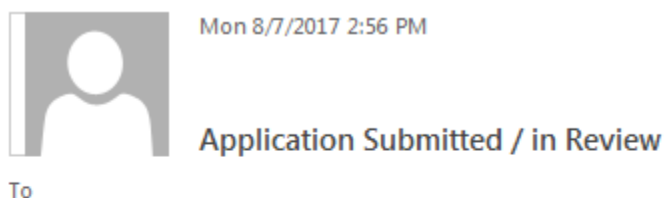
*** Medication Requested**

*** Quantity Left**

[Add additional medication](#)

*** Date Requested**

6. You are required to fill out any fields with a red asterisk. Once this is completed, select **Submit to MIDAP**.
7. If you have incorrectly completed a field (e.g. not a valid email address) or did not complete a field, an error message appears next to the field. You must correct the error and select **Submit to MIDAP**.
8. Once all required fields have been completed without errors, you are automatically redirected to your home page with a success message. An email is also sent to the email address provided.

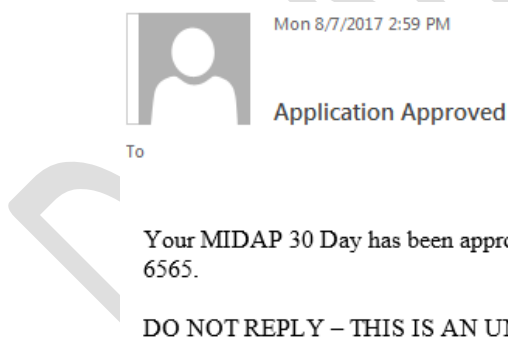


Your MIDAP 30 Day has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

Application Approval & Coverage Period Overview

1. When the Michigan Drug Assistance Program approves your MIDAP 30 day Medication Request application, you will be notified by email.



2. The MIDAP 30 day Medication Request is a temporary coverage period. You will need to complete your next application (see Start and submit an application steps by [selecting here](#)).
3. The MIDAP 30 day Medication Request is only approved once per calendar year. This is not used in place or substitute of completing a full application and should only be used in emergency situations. MIDAP can deny you the extended coverage period if you failed to complete your application in time. For questions, contact MIDAP staff at 1-888-826-6565.

4. Your **Coverage Period Start Date** and **Coverage Period End Date** appear in the **Coverage Period** column of **View Previous Application(s)** section.

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns

Previous Application Search Terms ?

Application Name	Application Status	SubmittedBy	Date Modified	Modified By	Coverage Period	Agency
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-MIDAP30Day-20170807	Application Approved	Justin Case	8/7/2017 2:59:23 PM	Rick	08/07/2017 - 09/06/2017	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	01/02/2017 - 07/31/2017	Henry Ford Health System (HFHS)

Showing 1 to 3 of 3 entries

First Previous **1** Next Last

Six Month Verification

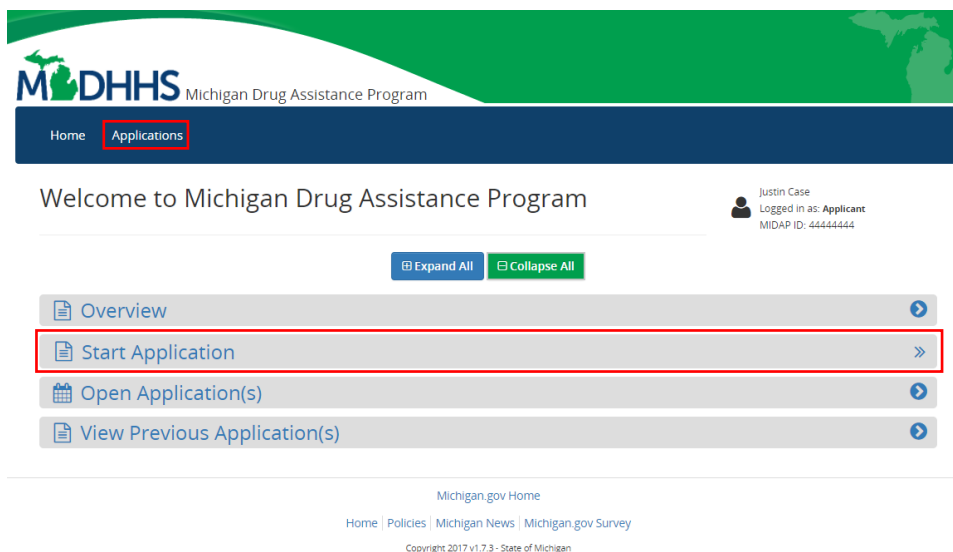
Overview

The MIDAP 6 Month Verification is available for applicants that are enrolled in the Michigan Drug Assistance Program. It is available for applicants that coverage period is expiring on their previously submitted new application or annual recertification.

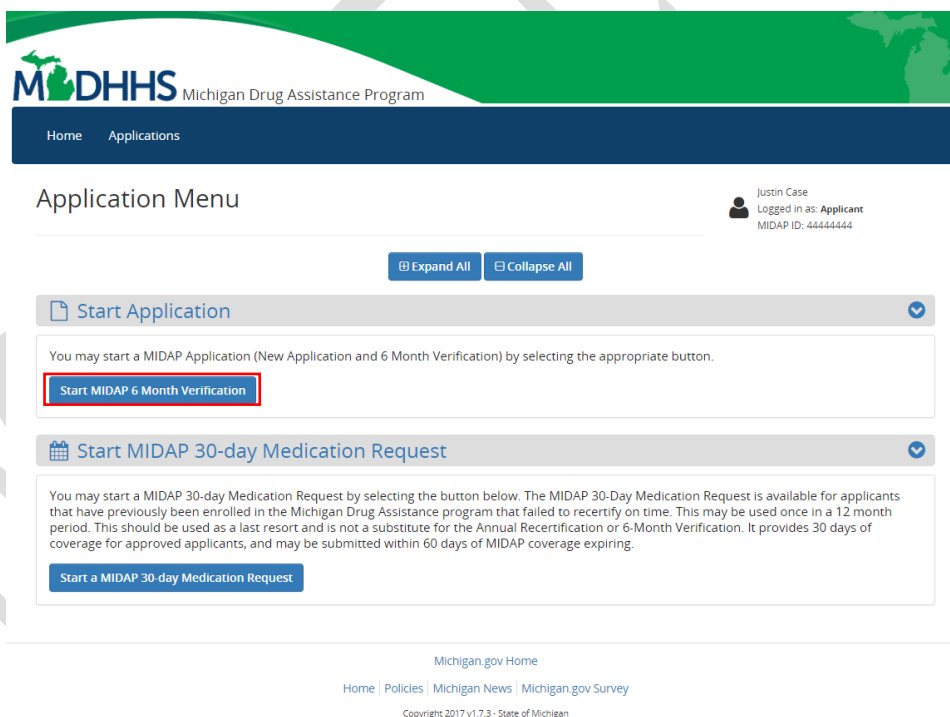
The application is available 6 weeks prior to the coverage period expiring. If an applicant's coverage period expires, they have 2 months to submit the 6 month verification. If they do not complete it within the 2 months, the applicant is at risk from being removed from the Michigan Drug Assistance Program.

Start & Submit a MIDAP Six Month Verification

- To start a Six Month Verification, the applicant must:
 - Have an approved application,
 - Does not have a pending Change of Status application,
 - Have a coverage period that has expiring in less than 6 weeks, or
 - Have an expired coverage period that ended less than 2 months from the current date.
- If the applicant meets the criteria above, you must select **Start Application** in the home page or select the **Applications** navigation.



3. You are automatically redirected to the applications that you are eligible to apply. Select **Start MIDAP 6 Month Verification** (Note: If you do not have this button available, you do not meet the criteria to start a six month. Eligibility to start a six month is referenced in step 1).



4. The user is automatically redirected to the Six Month Verification application. There is an **Application Details**. It provides a summarized view of your application. If you have issues with your application, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program:
- Application Name
 - Application Status

- c. Applicant Name
- d. Application Type

MDHHS Michigan Drug Assistance Program

Home Applications

Six Month Verification

JUSTIN CASE
Logged in as: Applicant
MIDAP ID: 44444444

SUBMIT A SIX MONTH VERIFICATION

Expand All Collapse All

Application Details

Application Name:	JustinCase-SixMonthVerification-20170808
Application Status:	Application in Progress
Applicant Name:	Justin Case
Application Type:	Six Month Verification

View Status History

5. You are required to fill out any fields with a red asterisk. Once this is completed, select **Save and Next**.
6. If you have incorrectly completed a field or did not complete a field, an error message appears next to the field. You must correct the error and select **Save and Next**.
7. When your **address** or **contact** changes, you must have a selection of **Yes** for the question, 'Has your address or contact information changed in the last six months?' **Continue to 7b.**
 - a. If your **address** or **contact** did not change, please sure you have a selection of **No** for the question, 'Has your address or contact information changed in the last six months?' **Skip to step 8.**
 - b. When you select the **Save and Next** button, you are automatically redirected to a page where you can update the address and contact information. Please update the appropriate fields, and select **Save and Next**. You will be required to upload a new **proof of residency**.
8. When your **income** or **household size** changes, you must have a selection of **Yes** for the question, 'Has your income or household size changed in the last six month?' **Continue to 8b.**
 - a. If your **income** or **household size** did not change, please sure you have a selection of **No** for the question, 'Has your income or household size changed in the last six month?' **Skip to step 9.**
 - b. When you select the **Save and Next** button, you are automatically redirected to a page where you can update the income and household size. Please update the appropriate fields, and select **Save and Next**. You will be required to upload a new **proof of income**.
9. When your **insurance** status changes, you must have a selection of **Yes** for the question, 'Has your insurance status changed in the last six month?' **Continue to 9b.**
 - a. If your **insurance** did not change, please sure you have a selection of **No** for the question, 'Has your insurance status changed in the last six month?' **Skip to step 10.**
 - b. When you select the **Save and Next** button, you are automatically redirected to a page where you can update the insurance information. Please update the appropriate fields, and select **Save and Next**. You will be required to upload a new **proof of insurance**.

10. When no changes occurred (or you have completed your updates for address, contact, income, household size, or insurance status), the user is automatically redirected to the **signature page**.

Application Details

Application Name: JustinCase-SixMonthVerification-20170808
 Application Status: Application in Progress
 Applicant Name: Justin Case
 Application Type: Six Month Verification
[View Status History](#)

Application Forms

Signature

*** = Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services – HIV/AIDS Drug Assistance Program (MIDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MIDAP and/or other programs that I may be eligible for.

I understand that if I become enrolled in a health insurance program, prescription coverage program or if I qualify for medical assistance through other federal, state or county medical benefit programs, I must immediately notify MIDAP in addition to my case manager, pharmacist and physician.

I understand and agree to submit periodic information regarding my continued eligibility for MIDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MIDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MIDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to recertify as eligible for MIDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

I understand that if any of the information provided on this application changes, that I must notify MIDAP immediately. In addition, I understand that failure to report changes and/or reporting of inaccurate information will affect MIDAP coverage and program eligibility.

I understand that by utilizing MIDAP for medication assistance and by filling prescriptions, using my SGRX/MIDAP card that I have read all of the MIDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MIDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MIDAP Instructions and have followed the necessary steps that are required for me to be eligible for MIDAP.

This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

☒ I have read the information above and agree to the terms and conditions. I authorize the release of information.

* Initials

Are there any additional notes that you would like MDHHS to be aware of when considering your application?

[Previous](#)
[Submit to MIDAP](#)
[Save and Next](#)

11. **OPTIONAL STEP** – If there is any specific information you would like the State of Michigan to know regarding your application (e.g. anticipated to receive labs in 30 days, etc.), please add this information in the additional notes textbox.

12. If you would like to review all the information you have submitted, you may select the **Previous** button and review each section individually.
13. If you have all the required information and are ready to submit, select the **Submit to MIDAP** button. Once this is completed, you receive a success message and are returned back to your home page.
14. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Submitted / In Review**.
15. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns

All

Open Application Search Terms

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
JustinCase-SixMonthVerification-20170808	Six Month Verification	Application Submitted / In Review	8/8/2017 9:04:17 AM	Justin Case	Henry Ford Health System (HFHS)	Rick

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns

All

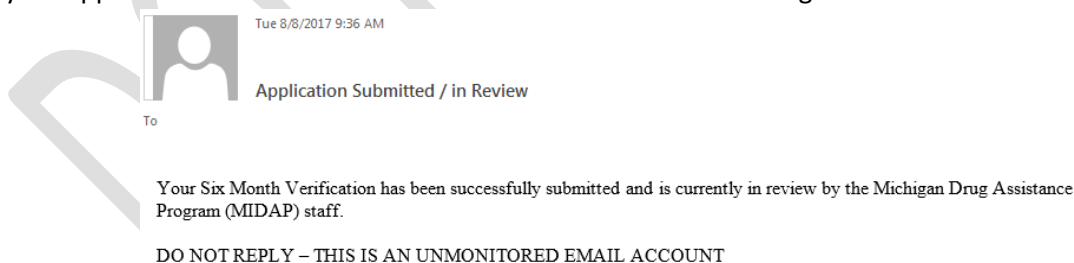
Previous Application Search Terms

Application Name	Application Status	SubmittedBy	Date Modified	Modified By	Coverage Period	Agency
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-MIDAP30Day-20170807	Application Approved	Justin Case	8/7/2017 2:59:23 PM	Rick	08/07/2017 - 09/06/2017	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	01/02/2017 - 07/31/2017	Henry Ford Health System (HFHS)

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

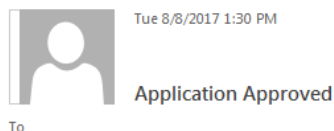
16. An email is sent to email address entered on your application. You may use this as verification that your application has been submitted. The email states the following:



17. No further action is required from you at this time. The Michigan Drug Assistance Program staff will be reviewing your information.

Application Approval & Coverage Period Overview

1. When the Michigan Drug Assistance Program approves your MIDAP 6 month verification application, you will be notified by email.



Your Six Month Verification has been approved. If you have any questions, please call 1-888-826-6565.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

2. Your coverage period is available for review at any point after the application has been approved. To view coverage period, you must login to the application by navigating to <https://milogin.michigan.gov> (Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)
3. Once logged in, your application will be available in the **View Previous Application(s)** section.

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns: All Previous Application Search Terms:

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-MIDAP30Day-20170807	Application Approved	Justin Case	8/7/2017 2:59:23 PM	Rick	08/07/2017 - 09/06/2017	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	01/02/2017 - 07/31/2017	Henry Ford Health System (HFHS)
JustinCase-SixMonthVerification-20170808	Application Approved	Justin Case	8/8/2017 9:36:19 AM	Justin Case	08/08/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 4 of 4 entries

First Previous **1** Next Last

4. **OPTIONAL STEP** - You may review any information submitted to the Michigan Drug Assistance Program by selecting the **Application Name**.
5. Your **Coverage Period Start Date** and **Coverage Period End Date** appear in the **Coverage Period** column.

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns:

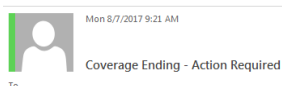
Previous Application Search Terms:

Application Name	Application Status	SubmittedBy	Date Modified	Modified By	Coverage Period	Agency
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-MIDAP30Day-20170807	Application Approved	Justin Case	8/7/2017 2:59:23 PM	Rick	08/07/2017 - 09/06/2017	Henry Ford Health System (HFHS)
JustinCase-NewApplication-20170802	Application Approved	Justin Case	8/7/2017 8:47:11 AM	Justin Case	01/02/2017 - 07/31/2017	Henry Ford Health System (HFHS)
JustinCase-SixMonthVerification-20170808	Application Approved	Justin Case	8/8/2017 9:36:19 AM	Justin Case	08/08/2017 - 02/28/2018	Henry Ford Health System (HFHS)

Showing 1 to 4 of 4 entries

First Previous **1** Next Last

6. The Michigan Drug Assistance Program automatically sends you an email when you have less than 1 month of coverage. When you receive this email, you are required to complete your 6 month verification or annual recertification. Failure to do so may result in coverage loss.



Your coverage period for New Application is about to expire for the Michigan Drug Assistance Program (MIDAP). Please login and apply for your next eligible coverage period:
<https://mlopmqa.michigan.gov/>

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

7. At this time, no further actions are required by you unless one of the following situations occurs in the next six months:
- g. Legal Name Change
 - h. Address Change
 - i. Household Size Change
 - j. Income Change
 - k. Insurance Change
 - l. Contact Change
8. If any of the above situations apply, you are required to report these changes to the Michigan Drug Assistance Program during your approved coverage period. You are required to submit a **Change of Status**.
9. If none of those situations apply to you, no further action is required.

Application Denied

When the Michigan Drug Assistance Program denies your application, you are notified by email. If your eligibility changes, you may reapply for the Michigan Drug Assistance Program. For additional information, please call 1-888-826-6565.

Annual Recertification Application

Overview

The MIDAP Annual Recertification is available for applicants that are enrolled in the Michigan Drug Assistance Program. It is available for applicants that coverage period is expiring on their previously submitted new application or six month verification application.

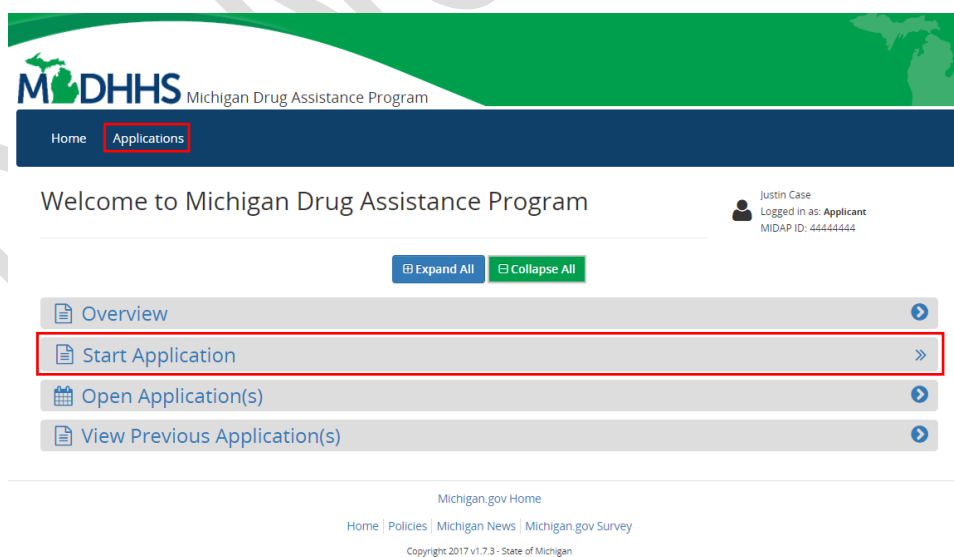
An applicant automatically skips their six month verification application to an annual recertification application if they did not successfully submit a six month verification application in the specified time range.

The annual recertification application is available 6 weeks prior to the most recent approved application coverage period expiring. If an applicant's coverage period expires, the applicant is required to complete all required fields. If an applicant's coverage period has not yet expired, the applicant is required to verify that the previously submitted information is still accurate.

If they do not complete the annual recertification application, the applicant is at risk from being removed from the Michigan Drug Assistance Program.

Start & Submit a MIDAP Annual Recertification

- To start a MIDAP Annual Recertification, the applicant must:
 - Have an approved MIDAP New application,
 - Does not have a pending Change of Status or 6 month verification application,
 - Have a coverage period that has expiring in less than 6 weeks, or
 - Have an expired coverage period on a new application or six month verification.
- If the applicant meets the criteria above, you must select **Start Application** in the home page or select the **Applications** navigation.



3. You are automatically redirected to the applications that you are eligible to apply. Select **Start MIDAP Annual Recertification** (Note: If you do not have this button available, you do not meet the criteria to start an annual recertification application. Eligibility to start an annual recertification is referenced in step 1).

MIDHHS Michigan Drug Assistance Program

Home Applications

Application Menu

Justin Case
Logged in as: Applicant
MIDAP ID: 44444444

Expand All Collapse All

Start Application

You may start a MIDAP Application (New Application and 6 Month Verification) by selecting the appropriate button.

Start MIDAP Annual Recertification

Start Change of Status

You may start a Change of Status by selecting the button below. A change of status is required if any of the following has changed since your last approved application:

1. Change of Legal Name
2. Address Change
3. Household Size Change
4. Income Change
5. Insurance Change
6. Contact Change

Start Change of Status

Start MIDAP 30-day Medication Request

You may start a MIDAP 30-day Medication Request by selecting the button below. The MIDAP 30-Day Medication Request is available for applicants that have previously been enrolled in the Michigan Drug Assistance program that failed to recertify on time. This may be used once in a 12 month period. This should be used as a last resort and is not a substitute for the Annual Recertification or 6-Month Verification. It provides 30 days of coverage for approved applicants, and may be submitted within 60 days of MIDAP coverage expiring.

Start a MIDAP 30-day Medication Request

4. The user is automatically redirected to the Annual Recertification application. There is an **Application Details**. It provides a summarized view of your application. If you have issues with your application, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program:
- a. Application Name
 - b. Application Status
 - c. Applicant Name
 - d. Application Type

MDHHS Michigan Drug Assistance Program

Home Applications

Annual Recertification

SUBMIT AN ANNUAL RECERTIFICATION

Justin Case
Logged in as: Applicant
MIDAP ID: 44444444

[Expand All](#) [Collapse All](#)

Application Details

Application Name: JustinCase-AnnualRecertification-20171102
 Application Status: Application in Progress
 Applicant Name: Applicant User-01
 Application Type: Annual Recertification

[View Status History](#)

For applicants that coverage period expired, you are required to re-submit all fields to MDHHS Michigan Drug Assistance Program. You will have to review eligibility and continue forward. **Please skip onward to step 5.**

Application Details

Application Name: JustinCase-AnnualRecertification-20171102
 Application Status: Application in Progress
 Applicant Name: Applicant User-01
 Application Type: Annual Recertification

[View Status History](#)

Application Forms

2017 Eligibility Criteria

To receive prescription coverage from MIDAP, applicants must meet the following criteria:

- A. Applicant must live in Michigan.
- B. In some cases, applicant must have applied for public assistance (Medicaid and/or the Healthy Michigan Plan) with the Department of Health and Human Services (DHHS) within the past 90 days and have a pending, denial, or spend-down status.
- C. Your household's monthly/annual gross income cannot be more than 500% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines (see chart below) in effect when MIDAP received your completed application. For assistance determining if you are below 138% FPL, please visit www.michigan.gov/dap for more information.

MIDAP 2017 Federal Poverty Guidelines (500%)		
Persons in Household	Household Monthly Income	Household Annual Income
1	\$5,025	\$60,300
2	\$6,765	\$81,200
3	\$8,510	\$102,100
4	\$10,250	\$123,000
5	\$11,990	\$143,900
6	\$13,735	\$164,800
7	\$15,475	\$185,700
8	\$17,215	\$206,600

In all instances, MIDAP is to be considered the payer of last resort. This means, as other programs become available that provide prescription assistance, MIDAP does require people to apply for other programs first to see if they can be used to cover the cost of prescription drugs.

An applicant **cannot be eligible** for MIDAP if they are:

- Eligible for or are receiving benefits from Medicaid/Healthy Michigan Plan (MA/HMP) and/or the Adult Medical Program/Adult Benefits Waiver (AMP/ABW).
- Eligible for or are receiving benefits from both Medicaid and Medicare at the same time and/or considered dual eligible under both Medicaid and Medicare.
- Applicant lives in any other state than Michigan.

☒ I have read and reviewed the Eligibility Criteria. Myself, or the individual I am representing, by starting this application, certifies that I or they meet the qualifications to be eligible for MIDAP.

[Previous](#) [Save and Next](#)

For [applicants that coverage period has not yet expired](#), you need to verify the previously submitted information is still accurate for MDHHS Michigan Drug Assistance Program. You are automatically redirected to the annual recertification.

Address or contact changes

- When your **address** or **contact** changes, you will be required to enter your new address and contact information. To do this, you must have a selection of **Yes** for the question, ‘has your address or contact information changed?’

* Has your address or contact information changed?

☒ Yes
☐ No

* What is your current housing status?

☒ I live in permanent housing
☐ I live in temporary housing (staying with a friend, hotel, college dorm)
☐ I am homeless/live in a shelter
☐ Other

Do you rent or own your permanent house?

☒ Rent
☐ Own

* Mailing Address

123 Test ST

Apartment Number

1

* City

Marshall

* State

Michigan

* Zip Code

49068
XXXXX or XXXXX-XXXX

* County

Calhoun

- If your **address** or **contact** did not change, you cannot alter any address or contact fields and must have a selection of **No** for the question, ‘has your address or contact information changed?’

* Has your address or contact information changed?

☐ Yes
☒ No

* What is your current housing status?

☒ I live in permanent housing
☐ I live in temporary housing (staying with a friend, hotel, college dorm)
☐ I am homeless/live in a shelter
☐ Other

Do you rent or own your permanent house?

☒ Rent
☐ Own

* Mailing Address

123 Test ST

Apartment Number

1

* City

Marshall

* State

Michigan

* Zip Code

49068
XXXXX or XXXXX-XXXX

* County

Calhoun

Insurance changes

- When your **insurance status** changes, you will be required to enter your new insurance information. To do this, you must have a selection of **Yes** for the question, ‘has your insurance status changed?’

* Has your insurance status changed? ☒ Yes ☐ No

* Do you have prescription coverage/medical insurance through (any of the following) that require you to pay a copay and/or deductible at the pharmacy?

☒ Yes
☐ No health insurance of any kind

- ☐ Private - Employer (Employer Sponsored Insurance)
☐ COBRA
☐ Private - Individual (Paid for by you or other entity)
☐ Qualified Health Plan (Marketplace)
☐ Medicare Part A (Hospitalization)
☐ Medicare Part B (Medical)
☐ Medicare Part C (Advantage)
☒ Medicare Part D (Prescription)

- If your **insurance status** did not change, you cannot alter any insurance field and must have a selection of **No** for the question, ‘has your insurance status changed?’

* Has your insurance status changed? ☐ Yes ☒ No

* Do you have prescription coverage/medical insurance through (any of the following) that require you to pay a copay and/or deductible at the pharmacy?

☒ Yes
☐ No health insurance of any kind

- ☐ Private - Employer (Employer Sponsored Insurance)
☐ COBRA
☐ Private - Individual (Paid for by you or other entity)
☐ Qualified Health Plan (Marketplace)
☐ Medicare Part A (Hospitalization)
☐ Medicare Part B (Medical)
☐ Medicare Part C (Advantage)
☒ Medicare Part D (Prescription)

- You are required to fill out any fields with a red asterisk. Once this is completed, select **Save and Next**.
- If you have incorrectly completed a field or did not complete a field, an error message appears next to the field. You must correct the error and select **Save and Next**.
- Once all application information has been completed with no errors, you are automatically redirected to upload the required documentation.

Application Forms

Proofs

- All boxes with a red asterisk (*) need to be filled to register.
- Please select **Save and Next** once the form is completed.

*** = Required Fields**

*** Please attach your proof of residency.** This can include any of the following:

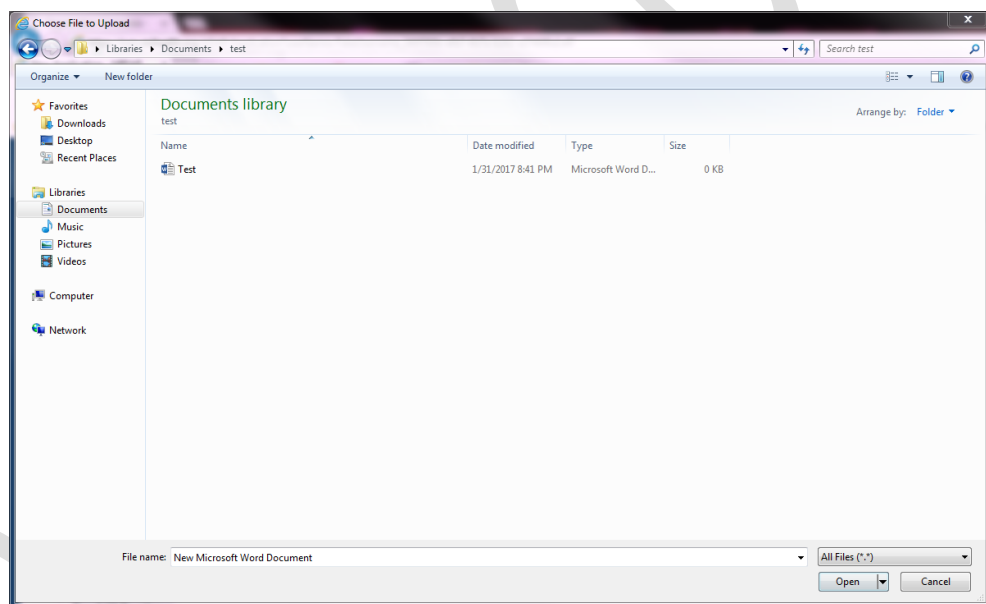
- Current Michigan ID or Driver's License
- Utility bill in your name showing address
- Benefits award letter (Department of Human Services (DHS)/Social Security Administration (SSA) with your name and address)
- Lease or mortgage in your name showing address
- Voter registration card
- Declaration of residency

Proof Of Residency

+ Add files...

NOTE: MIDAP will use the address that you list on your application as the address to contact you via the United States Postal Service.



- Each proof has accepted documentation types and any proofs that are required are identified by the red asterisk. To add files, select **Add Files...** button.
- Navigate to where you stored your proof file, select the file and select **Open**.



- When the file successfully uploads, you will be able to view a preview of the document, document name, document size, and ability to remove the upload.


Proof Of Residency


+ Add files...

	Test.docx	0.00 KB	 Delete
---	-----------	---------	--

NOTE: MIDAP will use the address that you list on your application as the address to contact you via the United States Postal Service.

11. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .giff, .png), and Adobe PDF.
12. You are allowed to upload multiple proof of documents. If you upload multiple, the total file size must not exceed 25MB. Each individual file upload must be less than 5 MB.
13. Once all your required uploads have been attached, select the **Save and Next** button.
14. You are automatically redirected to the signature page. You are required to agree to the terms and conditions and enter your initials.

 Application Forms



Signature

*** = Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services – HIV/AIDS Drug Assistance Program (MIDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MIDAP and/or other programs that I may be eligible for.

I understand that if I become enrolled in a health insurance program, prescription coverage program or if I qualify for medical assistance through other federal, state or county medical benefit programs, I must immediately notify MIDAP in addition to my case manager, pharmacist and physician.

I understand and agree to submit periodic information regarding my continued eligibility for MIDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MIDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MIDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to recertify as eligible for MIDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

I understand that if any of the information provided on this application changes, that I must notify MIDAP immediately. In addition, I understand that failure to report changes and/or reporting of inaccurate information will affect MIDAP coverage and program eligibility.

I understand that by utilizing MIDAP for medication assistance and by filling prescriptions, using my SGRX/MIDAP card that I have read all of the MIDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MIDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MIDAP Instructions and have followed the necessary steps that are required for me to be eligible for MIDAP.

This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

☐ I have read the information above and agree to the terms and conditions. I authorize the release of information.

*** Initials**

Are there any additional notes that you would like MDHHS to be aware of when considering your application?

Previous

Submit to MIDAP

Save and Next

15. **OPTIONAL STEP** – If there is any specific information you would like the State of Michigan to know regarding your application (e.g. anticipated to receive labs in 30 days, etc.), please add this information in the additional notes textbox.
18. If you would like to review all the information you have submitted, you may select the **Previous** button and review each section individually.
19. If you have all the required information and are ready to submit, select the **Submit to MIDAP** button. Once this is completed, you receive a success message and are returned back to your home page.

☒ I have read the information above and agree to the terms and conditions. I authorize the release of information.

* Initials

Are there any additional notes that you would like MDHHS to be aware of when considering your application?

[Previous](#) [Submit to MIDAP](#) [Save and Next](#)

20. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Submitted / In Review**.

✓ **SUCCESS:** Application has been submitted.
✕

Welcome to Michigan Drug Assistance Program

Justin Case
 Logged in as: **Applicant**
 MIDAP ID: 44444444

Expand All
Collapse All

📄 Overview
⌵

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

📄 Start Application
»

📅 Open Application(s)
⌵

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns

All

Open Application Search Terms ?

Application Name ⌵	Application Type ⌵	Application Status ⌵	Status Date ⌵	Submitted By ⌵	Agency ⌵	Reviewer ⌵
JustinCase-AnnualRecertification-20171102	Annual Recertification	Application Submitted / In Review	11/2/2017 12:38:06 PM	Justin Case	CareFirst Community Health Services	MDHHS

Showing 1 to 1 of 1 entries

First
Previous
1
Next
Last

21. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.
22. An email is sent to email address entered on your application. You may use this as verification that your application has been submitted. The email states the following:



Thu 11/2/2017 1:49 PM

Application Submitted / in Review

To

Your Annual Recertification has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

Confidentiality Notice: This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy any and all copies of the original message.

23. No further action is required from you at this time. The Michigan Drug Assistance Program staff will be reviewing your information.

Submit a Modification

1. While reviewing your application, the Michigan Drug Assistance Program may notice you submitted incorrect documentation or need further information from you. An email is sent your email address when modifications are required.

 Reply
  Reply All
  Forward
  IM



Thu 11/2/2017 2:06 PM

Application Modification Required

To

Your Annual Recertification has been reviewed by the Michigan Drug Assistance Program staff. More information is needed in order to process and complete your application. Please log into your account to see what is needed [here](#). If you have any questions please call 1-888-826-6565.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

Confidentiality Notice: This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy any and all copies of the original message.

When MIDAP Staff adds notes related to your application, an **Action required** email is also distributed.



Thu 11/2/2017 2:06 PM

Action Required

To

MDHHS added a note related to the Michigan Drug Assistance Program application. Please select the following to log in and review the information [here](#).

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Confidentiality Notice: This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy any and all copies of the original message.

3. When you select the **hyperlink** in either email, you are automatically redirected to the Status History of the application. (Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)

Application Status History

Justin Case
 Logged in as: **Applicant**
 MIDAP ID: 11111111

Application Name: JustinCase-AnnualRecertification-20171102

[<< Return To Application](#)

Status History

Application Status	Date	Name	Role	Notes
Application in Progress	11/2/2017	Justin Case	Applicant	
Application Submitted/In Review	11/2/2017	Justin Case	Applicant	
Application Modification Required	11/2/2017	MDHHS	MDHHS Reviewer	The proof of residency provided does not match the address information submitted. Please update either the proof of residency documentation or address information to be accurate.

4. The notes provide a detailed selection of what needs to be updated. If you have questions, contact the MIDAP Staff at 1-888-826-6565. To make the changes on your application, select **Return to Application** hyperlink.

Application Status History

Justin Case
 Logged in as: **Applicant**
 MIDAP ID: 11111111

Application Name: JustinCase-AnnualRecertification-20171102



[<< Return To Application](#)

Status History

Application Status	Date	Name	Role	Notes
Application in Progress	11/2/2017	Justin Case	Applicant	
Application Submitted/In Review	11/2/2017	Justin Case	Applicant	
Application Modification Required	11/2/2017	MDHHS	MDHHS Reviewer	The proof of residency provided does not match the address information submitted. Please update either the proof of residency documentation or address information to be accurate.

5. All of the information that you originally submitted to the Michigan Drug Assistance Program automatically populates in your application. Make the appropriate changes as requested to your application as noted in the **Status History**.
6. All fields with a red asterisk are required to be completed. You may navigate through your application by selecting **Save and Next** button.
7. Once you have corrected any errors, the last page of your application is the signature form.

8. **OPTIONAL STEP** – It is suggested to add notes on the changes or further clarification the Michigan Drug Assistance Program staff requested in the notes textbox (e.g. uploaded a new proof of residency).

 Application Forms 

Signature

*** = Required Fields**

By signing this consent, I authorize the Michigan Department of Health and Human Services – HIV/AIDS Drug Assistance Program (MIDAP) to share, receive, disclose, and discuss medical information related to the care and treatment of my HIV infection with any health insurance or government health insurance program, case manager, physician, infectious disease doctor, or other individuals required.

I understand that the information I have provided on this application will be shared with other government agencies, health insurance companies and/or the contracted pharmacy benefits manager for the purpose of verifying the accuracy of the information provided and in determining my eligibility in MIDAP and/or other programs that I may be eligible for.

I understand that if I become enrolled in a health insurance program, prescription coverage program or if I qualify for medical assistance through other federal, state or county medical benefit programs, I must immediately notify MIDAP in addition to my case manager, pharmacist and physician.

I understand and agree to submit periodic information regarding my continued eligibility for MIDAP, including proof of income, proof of residency, health insurance coverage, and general updates on forms provided by the MIDAP program. I understand that changes in my situation will be evaluated to determine my continued eligibility for MIDAP.

I understand it is my responsibility to provide a medical update and proof of income every six months to recertify as eligible for MIDAP to receive assistance with my medications. I understand that if I submit an application that is determined to be incomplete in fulfilling the requirements for approval, I will not be eligible for assistance until all of the requirements are met.

I understand that if any of the information provided on this application changes, that I must notify MIDAP immediately. In addition, I understand that failure to report changes and/or reporting of inaccurate information will affect MIDAP coverage and program eligibility.


I understand that by utilizing MIDAP for medication assistance and by filling prescriptions, using my SGRX/MIDAP card that I have read all of the MIDAP Policies and Procedures and I am agreeing to abide by them.

I understand that MIDAP is not insurance and is not valid outside the State of Michigan.

The information that I have provided on this application is true and complete to the best of my knowledge. I certify that I meet the eligibility requirements as specified in the MIDAP Instructions and have followed the necessary steps that are required for me to be eligible for MIDAP.


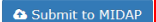
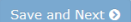
This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

Incomplete application and/or missing information will not be accepted and will delay processing. All incomplete applications will only be held for 45 days.

 I have read the information above and agree to the terms and conditions. I authorize the release of information.

*** Initials**

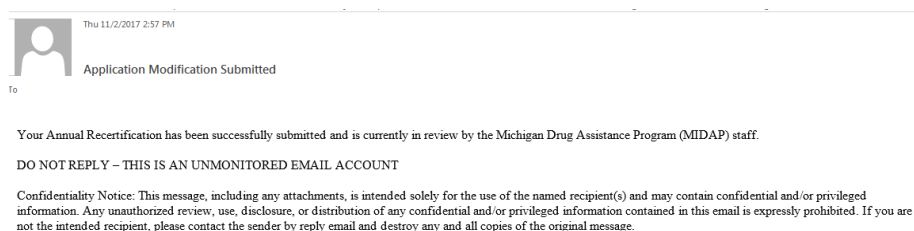
Are there any additional notes that you would like MDHHS to be aware of when considering your application?

9. Select **Submit to MIDAP** button. Once this is completed, you receive a success message and are returned back to your home page. 3



10. An email is sent to your email account confirming that the modification was submitted.



11. Within your homepage, you may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Modification Submitted**.

Welcome to Michigan Drug Assistance Program

Justin Case
Logged in as: Applicant
MIDAP ID: 11111111

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program. MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns: All

Open Application Search Terms

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
JustinCase-AnnualRecertification-20171102	Annual Recertification	Application Modification Submitted	11/2/2017 12:38:06 PM	Justin Case	CareFirst Community Health Services	MDHHS

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

12. You will be able to view the information you submitted by selecting the **Application Name**, but you cannot edit your application as the State of Michigan is reviewing the information.
13. No further action is required for you at this time.

Application Approval & Coverage Period Overview

1. When the Michigan Drug Assistance Program approves your MIDAP Annual recertification application, you will be notified by email.



Thu 11/2/2017 3:03 PM

Application Approved

To

Your Annual Recertification has been approved. If you have any questions, please call 1-888-826-6565.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

Confidentiality Notice: This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this email is expressly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy any and all copies of the original message.

2. Your coverage period is available for review at any point after the application has been approved. To view coverage period, you must login to the application by navigating to <https://milogin.michigan.gov> (Note: You will be required to enter your MILogin information and pass the security authentication to view your application.)

3. Once logged in, your application will be available in the **View Previous Application(s)** section.

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

For Approved Applicants: You must initiate a [Change of Status](#) if you have any of the following:

- Legal Name Change
- Address Change
- Household Size change
- Income Change
- Insurance Change
- Contact Change

Start Application

Open Application(s)

Select the **Application Name** to navigate to applications that require your actions.

Open Application Table Columns

Open Application Search Terms

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
No data available in table						

Displaying 0 to 0 of 0

First Previous Next Last

View Previous Application(s)

You may view any past created applications by selecting the application under the **Application Name** column.

Previous Application Table Columns

Previous Application Search Terms



Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-NewApplication-20170922	Application Approved	Case Manager-02	9/25/2017 7:15:15 AM	Case Manager-02	09/08/2016 - 03/31/2017	CareFirst Community Health Services
JustinCase-SixMonthVerification-20170925	Application Approved	Case Manager-02	9/25/2017 8:14:11 AM	Case Manager-02	03/01/2017 - 09/30/2017	CareFirst Community Health Services
JustinCase-AnnualRecertification-20171102	Application Approved	Justin Case	N/A	N/A	10/01/2017 - 04/30/2018	CareFirst Community Health Services

Showing 1 to 3 of 3 entries


First Previous 1 Next Last


4. **OPTIONAL STEP** - You may review any information submitted to the Michigan Drug Assistance Program by selecting the **Application Name**.

5. Your **Coverage Period Start Date** and **Coverage Period End Date** appear in the **Coverage Period** column.

 **View Previous Application(s)** 

You may view any past created applications by selecting the application under the **Application Name** column.

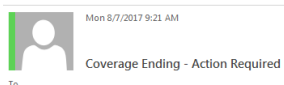
Previous Application Table Columns **Previous Application Search Terms** 

All 

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
JustinCase-NewApplication-20170922	Application Approved	Case Manager-02	9/25/2017 7:15:15 AM	Case Manager-02	09/08/2016 - 03/31/2017	CareFirst Community Health Services
JustinCase-SixMonthVerification-20170925	Application Approved	Case Manager-02	9/25/2017 8:14:11 AM	Case Manager-02	03/01/2017 - 09/30/2017	CareFirst Community Health Services
JustinCase-AnnualRecertification-20171102	Application Approved	Justin Case	N/A	N/A	10/01/2017 - 04/30/2018	CareFirst Community Health Services

Showing 1 to 3 of 3 entries First Previous **1** Next Last

6. The Michigan Drug Assistance Program automatically sends you an email when you have less than 1 month of coverage. When you receive this email, you are required to complete your 6 month verification or annual recertification. Failure to do so may result in coverage loss.



Your coverage period for New Application is about to expire for the Michigan Drug Assistance Program (MIDAP). Please login and apply for your next eligible coverage period:
<https://midapnqa.michigan.gov/>

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

7. At this time, no further actions are required by you unless one of the following situations occurs in the next six months:
- m. Legal Name Change
 - n. Address Change
 - o. Household Size Change
 - p. Income Change
 - q. Insurance Change
 - r. Contact Change
8. If any of the above situations apply, you are required to report these changes to the Michigan Drug Assistance Program during your approved coverage period. You are required to submit a **Change of Status**.
9. If none of those situations apply to you, no further action is required.

Application Denied

When the Michigan Drug Assistance Program denies your application, you are notified by email. If your eligibility changes, you may reapply for the Michigan Drug Assistance Program. For additional information, please call 1-888-826-6565.

Case Manager

Getting Started - MILogin for Case Managers

The Michigan Drug Assistance Program (MIDAP) is a resource available through a secure account created on MILogin, the State of Michigan's portal.

1. As a Case Manager, you need to navigate to the following site: <https://milogintp.michigan.gov/>
2. The MILogin Third Party Login page appears. User must select **Sign up** button.

3. MILogin requires a three-step registration process. You are required to fill out any fields with a red asterisk.
 - a. Step 1 asks for profile information. This includes your first name, last name, email address, work phone number, and mobile number. You will be required to complete a verification question and accept the terms and conditions.
 - b. It is ***highly recommended*** you enter your Legal name, a valid email address, and valid phone number.
 - c. Once the form is completed, select the **Next** button.

Michigan.gov

HELP CONTACT US

MILogin for Third Party

HOME

Create Your Account

1 Profile Information 2 Security Setup 3 Confirmation

Profile Information

Enter your profile information

* Required

* First Name Middle Initial * Last Name Suffix

* Email Address * Confirm Email Address

* Work Phone Number Mobile Number

* Verification Question: Which word from list "carload, exact, assail, portfolio" contains the letter "p"?

☐ I agree to the terms & conditions.

NEXT RESET

Michigan.gov

HOME | HELP | CONTACT US | POLICIES

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4. Step 2 is a security setup. It requires you to create your user ID, password, and security questions.
 - a. Your **user ID** must be:
 - i. Unique value
 - ii. Last Name, First Initial and any 4 numbers
 - iii. No spaces
 - iv. Sample: smithj9999
 - b. Your **password** must be:
 - i. 8 characters in length
 - ii. Include 3 out of 4:
 - a. Upper case letter (A-Z)
 - b. Lower case letter (a-z)
 - c. Number (0-9)
 - d. Special Character (!@#\$%^&*~+=><)
 - iii. Should not be one of the last 3 used passwords
 - iv. Should not be based on your user ID

Create Your Account



Security Setup

Provide user id and password information to complete your profile

* Required

* User ID

* Password

* Confirm New Password

1 User ID guideline:

- Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password Guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@-^&*_-+=<>)
- Should not be one of the last 3 used passwords
- Should not be based on your User ID

* Security Options

To choose your preferred password recovery method(s), please click on the buttons below. Multiple options can be selected.



CREATE ACCOUNT

BACK

Security Setup

Provide user id and password information to complete your profile

* Required

* User ID

✓ This User ID is available

* Password

* Confirm New Password

1 User ID guideline:

- Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password Guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@-^&*_-+=<>)
- Should not be one of the last 3 used passwords
- Should not be based on your User ID

5. If you did not follow the User ID or password guideline, the following are common errors:
- User ID is already in use. You must enter a new unique 4 number.

***User ID**



✗ This User ID is taken. Choose another.

- You did not create a user id that is setup to have your last name and first initial. It must be the last name and first initial entered on Step 1:

***User ID**



✗ User ID is invalid. Follow User ID guideline.

- You entered two different passwords

The following errors have occurred:

- ✗ Invalid password specified
- ✗ Passwords don't match

***User ID**



✓ This User ID is available

***Password**


***Confirm New Password**


User ID guideline:

- Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password Guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (!\$#,%@-~^&* _+=><)
- Should not be one of the last 3 used passwords
- Should not be based on your User ID

6. For security purposes, you are required to determine security recovery methods. These are the approved methods to recover your account if you forget your password. You are required to select at least one option, but you may select multiple:

***Security Options**

To choose your preferred password recovery method(s), please click on the buttons below. Multiple options can be selected.



7. Select the security option(s) you'd like to use and select **Create Account** button once all required fields have been completed.
 - a. Please note, if you select email as your only security option, you will receive a phone call during the authentication process.
 - b. If you enter a mobile number, you will be required to enter a PIN.
8. A message appears when your account was successfully created and an email is sent to the email address entered on registration. To login, select **Login** button.

Michigan.gov

HELP CONTACT US

MILogin for Third Party

HOME

Create Your Account

1 Profile Information 2 Security Setup 3 Confirmation

Confirmation

✓ Success
Your account has been successfully created.

LOGIN

9. You must enter your User ID and password and select **Login** button.

Michigan.gov

HELP CONTACT US

MILogin for Third Party

Login to your account

User ID
managerc1949

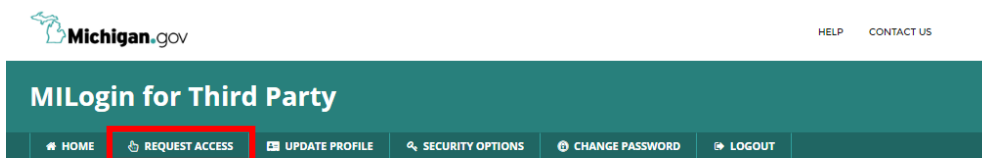
Password

LOGIN

SIGN UP

Forgot your User ID? Need Help? Forgot your password?

10. Upon selecting login, you are redirected to the MI Login Third Party Homepage. By default, you **will not** have access to the Michigan Drug Assistance Program (MIDAP). You are required to request access by selecting the **Request Access** button.



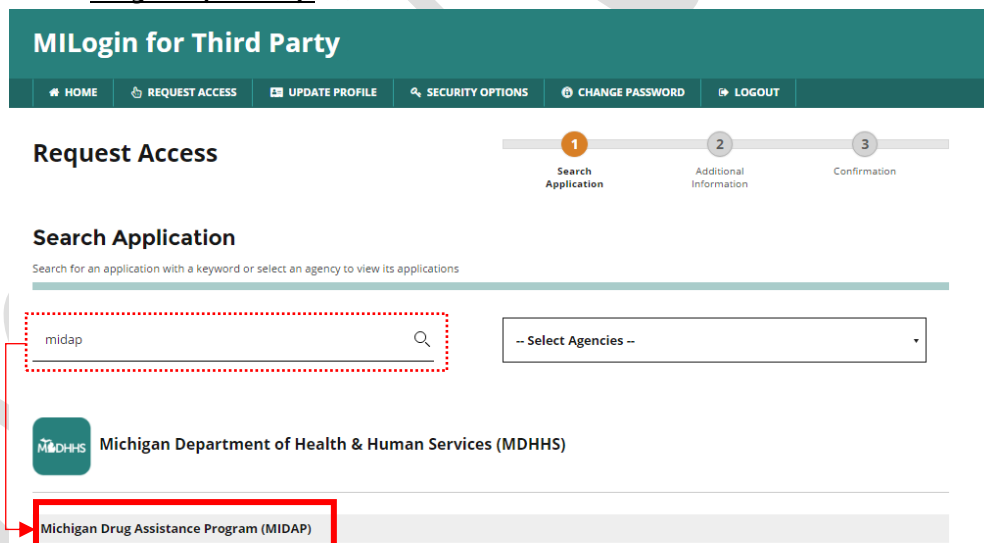
Case Manager's Home Page

🔒 Your password will expire in **365** days

Access your applications by clicking on the application links below

You do not have access to any application. You can request access by clicking on [Request Access](#) link.

11. You are redirected to the request access page. You may search for an application by keyword or select an agency to view its applications.
- Enter **MIDAP** in the application keyword textbox.
 - As you type in the application keyword, the system automatically hints applications you may be looking for. In this case, you are looking for the **Michigan Drug Assistance Program (MIDAP)**.
 - Select enter or the search arrow once you have found **Michigan Drug Assistance Program (MIDAP)**:



OR

- b. Select the **Michigan Department of Health & Human Services** under the agency. A list of applications appears upon selection in Step 2. You must select **Michigan Drug Assistance Program (MIDAP)**.

Michigan.gov

MILogin for Third Party

Request Access

Search Application

Search application

Select Agencies

- Center for Educational Performance and Information (CEPI)
- DTMB, Center for Shared Solutions (CSS)
- Department of Environmental Quality (DEQ)
- Michigan Department of Health & Human Services (MDHHS)
- Michigan Department of Social Services (MDSS)
- Michigan Department of Transportation (MDOT)
- Michigan Department of Treasury
- Michigan Gaming Control Board (MGCB)
- Michigan State Police (MSP)
- Other Department

Michigan.gov

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Michigan Breast and Cervical Cancer Control System

Michigan Disease Surveillance System

Michigan Drug Assistance Program (MIDAP)

Michigan Statistical Information System

Michigan Syndromic Surveillance System

12. Once the **Michigan Drug Assistance Program (MIDAP)** has been selected, a pop-up window appears with Terms & Conditions. The user must select **I agree to the terms & conditions** and **Request access button**. Note: The request access button is not available for selection unless the terms & conditions are agreed upon.

Michigan Drug Assistance Program (MIDAP)

The Michigan Drug Assistance Program (MIDAP) includes prescription copay/coinsurance coverage and the Premium Assistance Program.

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format

☐ I agree to the terms & conditions
☒ I do not agree

CANCEL **REQUEST ACCESS**

Michigan Drug Assistance Program (MIDAP)

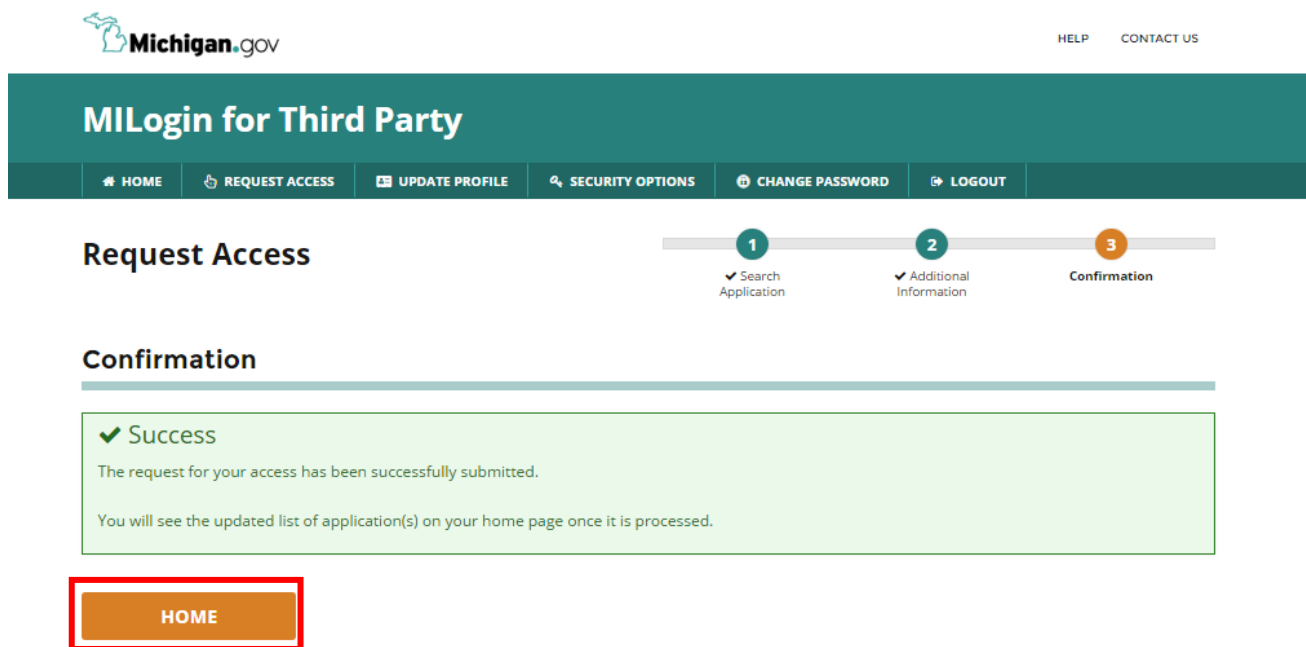
The Michigan Drug Assistance Program (MIDAP) includes prescription copay/coinsurance coverage and the Premium Assistance Program.

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format

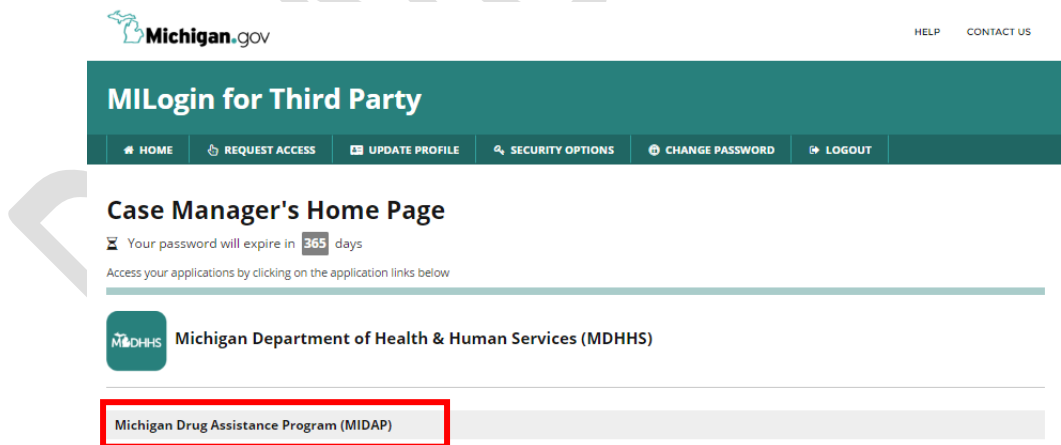
☒ I agree to the terms & conditions
☐ I do not agree

CANCEL **REQUEST ACCESS**

13. You are required to verify the email address and work phone number are valid by selecting the **Submit** button.
14. A message appears when your request access was successfully completed. You may now navigate to the Michigan Drug Assistance Program (MIDAP) by selecting the **Home** button.

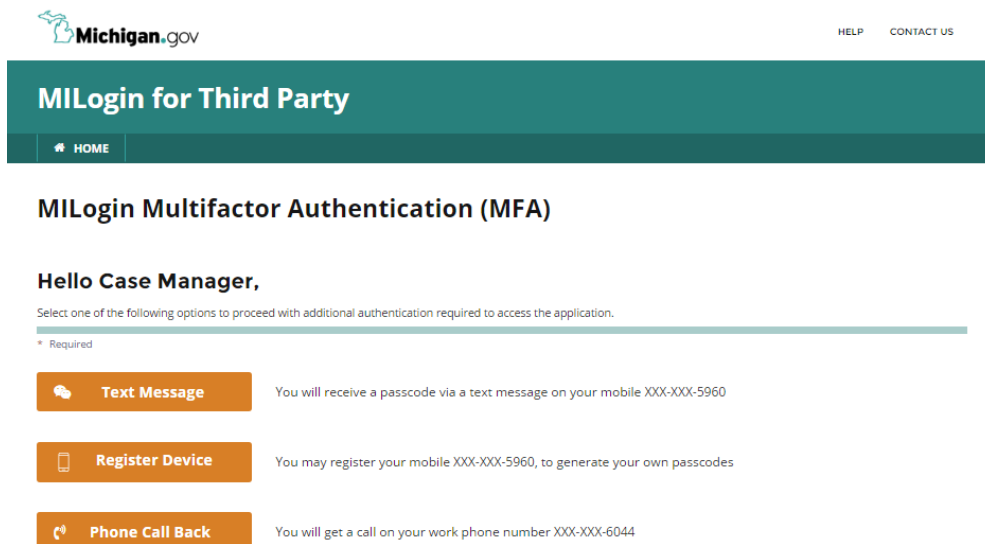



15. You will be redirected to the MILogin Third Party Home page. You should see Michigan Drug Assistance Program (MIDAP) in your access:



16. If you do not see the Michigan Drug Assistance Program (MIDAP) after you have requested access, please log out and log back in.
17. Once the application is available, select **Michigan Drug Assistance Program (MIDAP)** hyperlink. You will be required to acknowledge/agree to the terms and conditions.

18. For security purposes, you are required to authenticate your account by selecting text message, registering a device or phone call. Select your preferred method:



 [HELP](#) [CONTACT US](#)

MILogin for Third Party




[HOME](#)

MILogin Multifactor Authentication (MFA)

Hello Case Manager,

Select one of the following options to proceed with additional authentication required to access the application.

* Required

 Text Message	You will receive a passcode via a text message on your mobile XXX-XXX-5960
 Register Device	You may register your mobile XXX-XXX-5960, to generate your own passcodes
 Phone Call Back	You will get a call on your work phone number XXX-XXX-6044

19. You will be required to enter a passcode and select **Submit** button. You have approximately 5 minutes to enter the code and select submit. If you are unable to login or have questions, please contact MILogin at 1-877-932-6424.
20. You have successfully created an account on MILogin and authenticated your account. You will have access to the Michigan Drug Assistance Program application without authentication for 24 hours. If you close your Internet browser or exceed the 24 hour security window, you will be required to authenticate your account.
21. Once authentication in MILogin, you are required to register information for the Michigan Drug Assistance Program.

User Registration for Case Managers

1. You will be automatically directed to the User Registration page after your MILogin Account has been created and authenticated for the first time.

User Registration
CREATE A NEW USER ACCOUNT

Instructions

- All boxes with a red asterisk (*) need to be filled to register.
- Please select Submit button after you are done.
- Before you start the application MDHHS needs to know if you are filing the application out on your own or are getting help from another person. If you select an option that needs to be changed or was not correct MIDAP can make a change for you. Choose from below:
 - If you are applying for the MIDAP, select **Applicant**.
 - If you are applying for someone on their behalf for MIDAP, select **Legal Representative**. If you are helping a person under 18 apply for MIDAP, select this type.
 - If you are a **Case Manager**, select this type.

Registration

* Required Fields

* First Name

Middle Name

* Last Name

* Phone Number
XXX-XXX-XXXX

Phone Number Extension

* Email

- You are required to fill out any fields with a red asterisk.
- Select **Case Manager** in the user role selection. By selecting this role, you confirm that you work for a valid case management or client advocacy agency and assist applicants on their Michigan Drug Assistance Program.
- You are required to determine the verified agency that you are employed.
 - If you do not locate the agency that you work for, you may select **Other** in the dropdown. You will be required to provide the agency's information and can be denied access to the application if the agency is not verified.

* User Role Selection

User Roles

Case Manager

* Agency

Select an Agency

The field Agency is required.

- Once all required fields, as identified by the red asterisk (*), have been filled out, select **Submit** button.
- If you have missed a required field, an error in red appears next to the field. You must fill in the required fields and select Submit again to complete the registration:

* Mailing Address

The Mailing Address field is required.

- Once all required fields are completed, a success message appears.

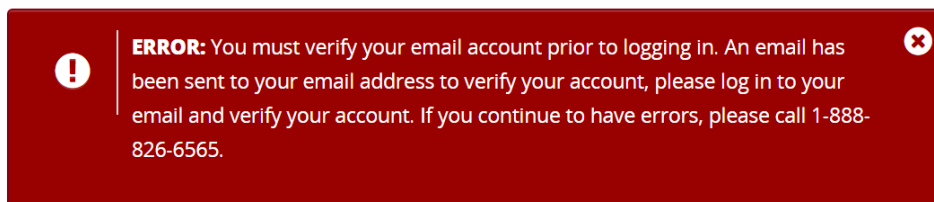
✓ **SUCCESS:** Registration has been submitted. ✕

Registration Complete

Thank you for registering with the New Michigan Drug Assistance Program (MIDAP) Online Application System. You are required to verify the e-mail address on your account. Once verified, you may access the application.

8. The Michigan Drug Assistance Program requires that you validate the email address you entered in your user account as notifications are sent out regarding your application status. Navigate to the email account that you entered within the user registration.

IMPORTANT NOTE: If you have not verified your email and select the Michigan Drug Assistance Program on MiLogin, you will receive multiple emails to verify your account and the following message appears:

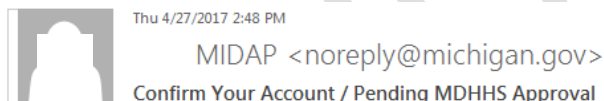


Unauthorized Access

YOU ARE NOT AUTHORIZED TO VIEW THIS APPLICATION

Unable to authorize your user account.

9. Once within your email account, locate an email from noreply@michigan.gov. Once the email is located, open the email and read the information. You are required to **select the hyperlink** in your email to confirm your email address:

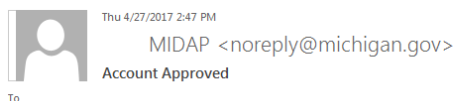


Thank you for submitting your registration for the Michigan Drug Assistance Program (MIDAP) online application. You are required to verify the e-mail address on your account. Please confirm your account by clicking [here](#). Once verified, MDHHS will review your registration information. This step may take several days to approve.

DO NOT REPLY- THIS IS AN UNMONITORED EMAIL ACCOUNT

10. Upon selecting the **hyperlink** in your email account, the MiLogin Third Party Login page automatically appears. **IMPORTANT NOTE: The MiLogin Third Party Login page that appears is the window you need to login to confirm your account. If you have another MiLogin Third Party webpage or tab already open in another browser (e.g. Internet Explorer, Chrome) or device (mobile, tablet, etc), your account will not be confirmed. You must use the browser and device that the new MiLogin Third Party Login page automatically appears on when you selected the hyperlink in your email account.**
11. You are required to enter your User ID and Password, and select the **Login** button. Upon selection, you are automatically redirected to the MiLogin Third Party Home page.

12. At this time, you ***will not*** automatically be redirected to the Michigan Drug Assistance Program. This is because the Michigan Drug Assistance Program staff must approve you as the case manager role prior to accessing the application.
13. Once you are approved to the application, you will receive an email notification. If you are denied access, you will also receive an email. At this time, no further action is required from you and please check your email until approved or denied.



This is an automated email. Your account has been approved for the Michigan Drug Assistance Program (MIDAP) online application. You may access the application by clicking on the following link <https://mi.logintp.michigan.gov/midap>. If you have any questions, please call 1-888-826-6565.

DO NOT REPLY- THIS IS AN UNMONITORED EMAIL ACCOUNT

14. You may contact the Michigan Drug Assistance Program if you have submitted information and have not yet been approved or denied at 1-888-826-6565.

Case Manager & Legal Representative

Application Overview

When you login as a Case Manager or Legal Representative, your home page contains the following information:

- Overview
- Add New Applicant
- Search Open Applicants
- Search All Applicants



Welcome to Michigan Drug Assistance Program

Case Manager-01
Logged in as: Case Manager

[Expand All](#) [Collapse All](#)

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN – 015327
 - RxPCN – 5001
- For all others:
 - RxBIN – 015202
 - RxPCN – SGRX

+ Add New Applicant

Q Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search Open Applicant Table Columns

All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Frank	Applicant	54555454	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Aaron	Applicant	66666666	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Denise	Applicant	36548646	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Daniel	Berrien	32323232	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Katherine	Marie	98765432	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant

Showing 1 to 5 of 5 entries

First Previous **1** Next Last

Q Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search All Applicant Table Columns

All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	Case Manager-01	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes

For **Case Manager**, any applicants that appear within the search applicants table are applicants that have been approved and work with your verified agency. In some cases, there may be no applicants tied to your agency upon initial login.

For **Legal Representatives**, you will **not** have any applicant tied to your account. Applicants are tied to your account on an individual basis.

Add New Applicant

1. You must have an applicant tied to your account to create an application, this is completed by selecting the **Add New Applicant**.
2. Prior to adding an applicant, please verify the applicant does not already exist by using the **Search All Applicant**.

Q Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search All Applicant Table Columns

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	Case Manager-01	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes
Aaron	Applicant	66666666	New Application	Legal Representative-01	09/01/2017 - 10/12/2017	N/A	Berrien County Health Department	Assist Applicant View Notes
Frank	Applicant	54555454	Six Month Verification	Case Manager-01	10/01/2017 - 04/30/2018	N/A	Berrien County Health Department	Assist Applicant View Notes
Daniel	Berrien	32323232	Six Month Verification	Case Manager-01	11/06/2017 - 05/31/2018	N/A	Berrien County Health Department	Assist Applicant View Notes
Katherine	Marie	98765432	Six Month Verification	MDHHS Reviewer-01	10/23/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes

Showing 1 to 6 of 6 entries

First Previous 1 Next Last

3. You may search by entering the Applicant's First Name and/or Applicant's Last Name in the **Applicant Search Terms**. If no search results return, the applicant is not tied to your account.

4. To add a new applicant, select the **Add New Applicant:**

MDHHS Michigan Drug Assistance Program

Home

Welcome to Michigan Drug Assistance Program

Case Manager-01
Logged in as: Case Manager

[Expand All](#) [Collapse All](#)

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program. MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

+ Add New Applicant

Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.

Search Open Applicant Table Columns: All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Frank	Applicant	54555454	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Aaron	Applicant	66666666	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Denise	Applicant	36548646	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Daniel	Berrien	32323232	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Katherine	Marie	98765432	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant

Showing 1 to 5 of 5 entries

First Previous **1** Next Last

Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.


Search All Applicant Table Columns: All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	Case Manager-01	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes

5. You are automatically redirected to **Assist Applicant – Add New Applicant Page**. You will be required to complete any fields with a red asterisk.

Assist Applicant

 Case Manager
Logged in as: Case Manager

ADD NEW APPLICANT

Applicant Information

* First Name

Middle Name

* Last Name

* Phone Number

XXX-XXX-XXXX

Phone Number Extension

Email

* Mailing Address

Apartment Number

* City

* State

Michigan

* County

Select a County

* Zip Code

XXXXX or XXXXX-XXXX

Social Security Number

XXX-XX-XXXX

* Date of Birth

MM/DD/YYYY

Maiden Name

MIDAP ID

XXXXXXXX

Alias

Agency

Henry Ford Health System (HFHS)

Add Applicant

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6. **OPTIONAL STEP AS LEGAL REPRESENTATIVE** – If the applicant you are representing is working with a case management or client advocacy agency, you may optionally select the agency. By selecting the agency, you are **allowing** any case manager approved for that agency access to view the applicant's

details. As a Case Manager, you ***will not*** be able to alter the agency as it must be set to the agency you were approved with by the Michigan Drug Assistance Program.

Assist Applicant

Charlie Manager
Logged in as: Case Manager

ADD NEW APPLICANT

Applicant Information

* = Required Fields

* First Name	<input type="text" value="Jane"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text" value="Doe"/>
* Phone Number	<input type="text" value="517-648-5211"/> <small>XXX-XXX-XXXX</small>
Phone Number Extension	<input type="text"/>
Email	<input type="text"/>
* Mailing Address	<input type="text" value="6643 Main Street"/>
Apartment Number	<input type="text"/>
* City	<input type="text" value="Leelanau"/>
* State	<input type="text" value="Michigan"/>
* County	<input type="text" value="Leelanau"/>
* Zip Code	<input type="text" value="98461-5632"/> <small>XXXXX or XXXXX-XXXX</small>
Social Security Number	<input type="text"/> <small>XXX-XX-XXXX</small>
* Date of Birth	<input type="text" value="10/01/1988"/> <small>MM/DD/YYYY</small>
Maiden Name	<input type="text"/>
MIDAP ID	<input type="text"/> <small>XXXXXXXX</small>
Preferred Name	<input type="text"/>
Agency	<input type="text" value="Henry Ford Health System (HFHS)"/>

Add Applicant

- Once all required fields have been completed, select ***Add Applicant***.
- If you have incorrectly completed a field (e.g. not a valid email address) or did not complete a field, an error message appears next to the field. You must correct the error and select ***Save and Next*** button.

9. Once all required fields have been completed without errors, you will receive a success message that the Applicant has been added. You are automatically redirected to your home page.
10. The applicant that you added automatically appears within your **Search All Applicant**. In the test example, the first and last name were Jane Doe but you should see legal names within the **Search All Applicant**.

MDHHS Michigan Drug Assistance Program

Home

SUCCESS: Applicant has been added.

Welcome to Michigan Drug Assistance Program

Case Manager-01
Logged in as: Case Manager

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program. MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

+ Add New Applicant

Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.

Search Open Applicant Table Columns: All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Frank	Applicant	54555454	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Aaron	Applicant	66666666	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Denise	Applicant	36548646	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Daniel	Berrien	32323232	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Katherine	Marie	98765432	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant

Showing 1 to 5 of 5 entries

First Previous 1 Next Last

Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.

Search All Applicant Table Columns: All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	N/A	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	Case Manager-01	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes

Search Open Applicants

The **Search Open Applicants** is a table available for Case Manager and Legal Representatives that displays an applicants that are tied to their account that require attention. This could include any applicants that:

- Do not have an application submitted,
- Have an application that requires a modification, or
- Coverage period expiring in 30 days and does not have an application submitted.

It is located on the Case Manager and Legal Representative's home page:

Welcome to Michigan Drug Assistance Program

Case Manager-01
Logged in as: Case Manager

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program. MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).
For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

+ Add New Applicant

Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search Open Applicant Table Columns: All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Frank	Applicant	54555454	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Aaron	Applicant	66666666	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Denise	Applicant	36548646	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Daniel	Berrien	32323232	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant
Katherine	Marie	98765432	Berrien County Health Department	New Application coverage period expiring, Six Month Verification coverage period expiring	Assist Applicant

Showing 1 to 5 of 5 entries

First Previous 1 Next Last

Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search All Applicant Table Columns: All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	10/10/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes

Search All Applicants

The **Search All Applicants** is a table that displays all applicants that the user who is logged in has permission to view and help. For example, a case manager sees all applicants that are tied to their agency. All legal representatives see applicants tied to their account. Applicants do not have access to this table as they are not permitted to view each other's information.

The **Search All Applicants** allows users to quickly search, sort, and locate applicants. This is important when a user needs to help an applicant to start or update an existing application for the Michigan Drug Assistance Program. It is located at the bottom of each user's home page:

MDHHS Michigan Drug Assistance Program

Home

Welcome to Michigan Drug Assistance Program

Case Manager-01
Logged in as: Case Manager

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program. MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

+ Add New Applicant

Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.

Search Open Applicant Table Columns: All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Frank	Applicant	54555454	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Aaron	Applicant	66666666	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Denise	Applicant	36548646	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Daniel	Berrien	32323232	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant
Katherine	Marie	98765432	Berrien County Health Department	New Application coverage period expiring. Six Month Verification coverage period expiring	Assist Applicant

Showing 1 to 5 of 5 entries

First Previous 1 Next Last

Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button. To view an applicant's info, select their last name.

Search All Applicant Table Columns: All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646	Six Month Verification	Case Manager-01	10/10/2017 - 10/31/2017	N/A	Berrien County Health Department	Assist Applicant View Notes

Question regarding Search All Applicant

1. Can any other user see the applicant I added?

When you are approved as a **Case Manager** for a case management agency or client advocacy agency in the Michigan Drug Assistance Program, you are automatically approved to see all information pertaining to your agency.

When you are approved as a **Legal Representative**, you only see Applicants tied to your individual account.

2. If I am tied to an applicant, can they start an application by themselves?

Yes, but please contact the Michigan Drug Assistance Program if you added an applicant and the applicant has requested access to their electronic application.

3. What do the values in the search all applicants mean? What is the N/A?

When an applicant **does not** have an approved application, the table automatically defaults the value to N/A, the abbreviation for not applicable. When an application has not yet been submitted, the following fields default to N/A for the applicant: MIDAP ID, Most Recent Approved Application, Submitted By, Coverage Period, and Reviewer.

A **MIDAP ID** is a unique identifier for the applicant and is given when that applicant is approved for the Michigan Drug Assistance Program.

The **most recent approved application** displays the application that was approved for the Michigan Drug Assistance Program. This includes: New Application, 6 month verification, Annual Recertification and MIDAP 30 day medication request (if applicable).

The **submitted by** displays the individual who submitted the application.

The **coverage period** displays the start and end date that the applicant has coverage.

The **reviewer** is the MDHHS staff who is automatically assigned to review your application. They will be your point of contact if you have questions related to a specific applicant.

The **agency** is the case management agency tied to the applicant. As a case manager, you will only see applicant's tied to your agency.

4. How can I see the applicant's application? Or how do I start an application for an applicant?

You may view the applicant's application or start one by following the steps in [Assist Applicant](#)

5. I receive an error that states "email is currently in use"? What can I do?

As there are emails being distributed regarding a specific applicant's application for the Michigan Drug Assistance Program, MDHHS requires that each user account have a unique email address. Please work with your applicant to create an email account.

Assist Applicant

- To view or help an applicant with their applications, you must locate the applicant in the **Search Open Applicants** or **Search All Applicants** table. Once the applicant is located, select **Assist Applicant** in the actions.

The screenshot shows the Michigan Drug Assistance Program (MDHHS) interface. The user is logged in as Case Manager-03. The 'Search Open Applicants' table is displayed, showing a single entry for Alicia Applicant. The 'Assist Applicant' button is highlighted in the 'Action' column. A red arrow points from this button to the 'Assist Applicant' button in the 'Search All Applicants' table below it. Below the 'Search All Applicants' table, a green success message states: 'SUCCESS: Assisting Alicia Applicant.' The interface then shows the 'Open Application(s)' section, which is currently empty, and the 'View Previous Application(s)' section, which shows a single entry for Alicia Applicant.

Search Open Applicants Table:

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Alicia	Applicant	99887766	Henry Ford Health System (HFHS)	New Application coverage period expiring	Assist Applicant

Search All Applicants Table:

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Alicia	Applicant	99887766	New Application	Case Manager-03	04/04/2017 - 10/31/2017	N/A	Henry Ford Health System (HFHS)	Assist Applicant View Notes

Open Application(s) Table:

Application Name	Application Type	Application Status	Status Date	Submitted By	Agency	Reviewer
No data available in table						

View Previous Application(s) Table:

Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
AliciaApplicant-NewApplication-20171031	Application Approved	Case Manager-03	N/A	N/A	04/04/2017 - 10/31/2017	Henry Ford Health System (HFHS)

Welcome to Michigan Drug Assistance Program

Case Manager-03
Logged in as: Case Manager

Expand All Collapse All

Overview

+ Add New Applicant

Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search Open Applicant Table Columns

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Alicia	Applicant	99887766	Henry Ford Health System (HFHS)	New Application coverage period expiring	Assist Applicant

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search All Applicant Table Columns

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Alicia	Applicant	99887766	New Application	Case Manager-03	04/04/2017 - 10/31/2017	N/A	Henry Ford Health System (HFHS)	Assist Applicant View Notes

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

MDHHS Michigan Drug Assistance Program

Home Applications

SUCCESS: Assisting Alicia Applicant.

Welcome to Michigan Drug Assistance Program

Charlie Manager
Logged in as: Case Manager
Viewing as: Alicia Applicant
MIDAP ID: 99887766
Return to home page

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.
MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RuBIN - 015327
 - RuPCN - 5001
- For all others:
 - RuBIN - 015202
 - RuPCN - 5GRX

Start Application

Open Application(s)

- You are automatically redirected to the specific applicant selected home page. It is important to note, it is specified in the top right corner that you are still logged in as your **Case Manager** or **Legal Representative** role and viewing as the Applicant. The applicant's first and last name appear in this section.

MDHHS Michigan Drug Assistance Program

Home Applications

SUCCESS: Assisting Alicia Applicant.

Welcome to Michigan Drug Assistance Program

Charlie Manager
Logged in as: Case Manager
Viewing as: Alicia Applicant
MIDAP ID: 99887766
[Return to home page](#)

Expand All Collapse All

3. When assisting an applicant, you have all the same capabilities to start and submit an application for an applicant by following the same steps as an applicant (if you need assistance on how to do this, please navigate [here](#)). Any action that you perform on the applicant's account is recorded.
4. If you have completed all the tasks that you need for that specified applicant and would like to help another applicant or return to your homepage, you must select **[Return to home page](#)** hyperlink. This is located at the top right of your screen.

The image displays two screenshots of the Michigan Drug Assistance Program (MDHHS) user interface. The top screenshot shows a success message "SUCCESS: Assisting Alicia Applicant." and a "Return to home page" link highlighted with a red box. The bottom screenshot shows the "Home" page with a success message "SUCCESS: Assistance ended for Alicia Applicant." and a red arrow pointing to the "Home" link in the navigation bar.

5. You are automatically redirected to your home page. A success message appears that notifies you that your assistance on a specific applicant has ended.

View Applicant Notes

The Michigan Drug Assistance Program staff may communicate with your applicant related to an application by adding notes. When a note is sent to the applicant, they automatically receive an email stating that Action is required.

1. Case Manager and Legal Representative can see all note correspondence from MDHHS by selecting the **View Notes** button on the action of an applicant in the **Search All Applicants** table.

Welcome to Michigan Drug Assistance Program

Case Manager-03
Logged in as: Case Manager

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

+ Add New Applicant

Q Search Open Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search Open Applicant Table Columns

All

Search Open Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Agency	Action Required	Action
Alicia	Applicant	99887766	Henry Ford Health System (HFHS)	New Application coverage period expiring	Assist Applicant

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Q Search All Applicants

To help an applicant with their application(s), select the Assist Applicant button.
To view an applicant's info, select their last name.

Search All Applicant Table Columns

All

Search All Applicant Terms

Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Alicia	Applicant	99887766	New Application	Case Manager-03	04/04/2017 - 10/31/2017	N/A	Henry Ford Health System (HFHS)	Assist Applicant View Notes

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

- The user is automatically redirected to the Notes page. Within the page, the Case Manager or legal representatives can view any notes that are tied to the applicant's applications.

Notes

Case Manager-03
Logged in as: Case Manager

Notes

Applicant: Alicia Applicant

Note Columns

All

Note Search Terms

Note	Created By	Date Created	Application
Please re-upload Pay Stubs, the first 3 were blurry. Please upload 4 consistent Pay Stubs that look like the last Pay Stub you sent in. If you have any questions please call Paul at 517-335-5473. Thanks!	MDHHS Reviewer-01	10/31/2017	AliciaApplicant-SixMonthVerification-20171031
JUST STARTED NEW JOB 3 WEEKS AGO. SINCE SHE ONLY GAVE ME 3 PAY STUBS, I ONLY GAVE HER ONE WEEK OF COVERAGE UNTIL SHE CAN PROVIDE ADDITIONAL INFORMATION/POI. HER NEW EMPLOYMENT ALSO PROVIDES INSURANCE BUT SHE NEEDS TO WAIT 3 MONTHS BEFORE SHE CAN GET COVERAGE. IF SHE PROVIDES ADDITIONAL PROOF OF INCOME I WILL EXTEND HER COVERAGE 3 MONTHS SO SHE WILL HAVE COVERAGE UNTIL SHE GETS EMPLOYER INSURANCE. IF YOU HAVE ANY QUESTIONS PLEASE CALL PAUL AT 517-3355473. THANKS.	MDHHS Reviewer-01	10/31/2017	AliciaApplicant-SixMonthVerification-20171031

Showing 1 to 2 of 2 entries

First
 Previous
 1
 Next
 Last

- No action is required by the Case Manager or Legal representative. If they have questions related to any notes, they may contact MIDAP at 1-888-826-6565.

Change Role

- Change Role is a functionality only available to individuals that registered and were approved to have an account as an **Applicant** and **Legal Representative**. This scenario should only apply if an individual is eligible for the Michigan Drug Assistance Program (MIDAP) and also the guardian of a minor that is eligible for MIDAP.
- If approved for dual roles, you are prompted on login to specify which role you'd like to login in as.
 - Select **Applicant** if you would like to Start and submit your application.
 - Select **Legal Representative** if you would like to Start and submit an application for another individual.
- Once the appropriate role is selected, select the **Submit** button.

Michigan Drug Assistance Program

Home Applications Change Role

Change Role Access

Amanda Applicant
Logged in as:

Your account has been approved for multiple roles within the Michigan's Drug Assistance Program.

Please determine the role you would like to access the Michigan's Drug Assistance Program:

☐ Legal Representative

☒ Applicant

[Submit](#)

[Michigan.gov Home](#)

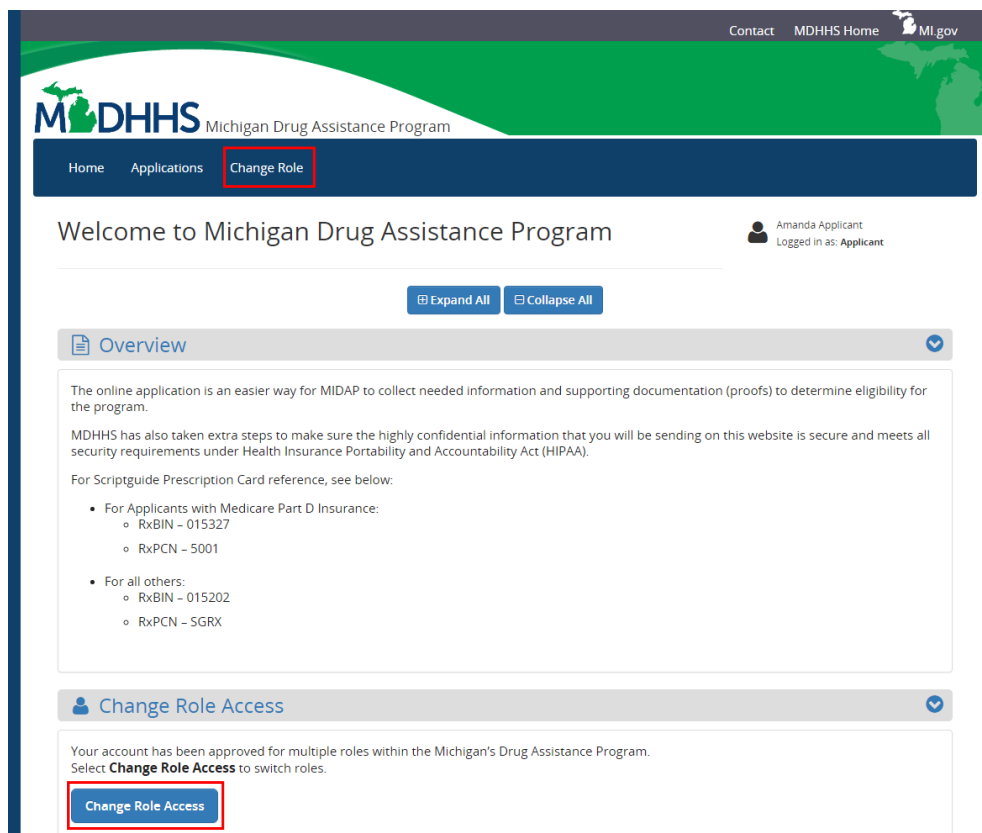
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4. You are automatically redirected to the homepage of the role you selected. You can review the role you selected by looking at the “Logged in as” details located in the top right. Below is the view as an **Applicant**:

The screenshot displays the Michigan Drug Assistance Program (MDAP) web application. At the top, there is a navigation bar with links for 'Contact', 'MDHHS Home', and 'MI.gov'. Below this, the MDHHS logo and 'Michigan Drug Assistance Program' text are visible. A dark blue navigation bar contains 'Home', 'Applications', and 'Change Role' links. The main content area starts with a 'Welcome to Michigan Drug Assistance Program' message. To the right of this message, a red box highlights a user profile: 'Amanda Applicant' with the text 'Logged in as: Applicant'. Below the welcome message are 'Expand All' and 'Collapse All' buttons. The 'Overview' section provides information about the online application process and lists RxPCN codes for Medicare Part D and other applicants. The 'Change Role Access' section states that the user's account is approved for multiple roles and includes a 'Change Role Access' button.

5. You can switch your view by selecting the **Change Role** navigation item or selecting the **Change Role Access** button.



MDHHS Michigan Drug Assistance Program

Home Applications **Change Role**

Welcome to Michigan Drug Assistance Program

Amanda Applicant
Logged in as: Applicant

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

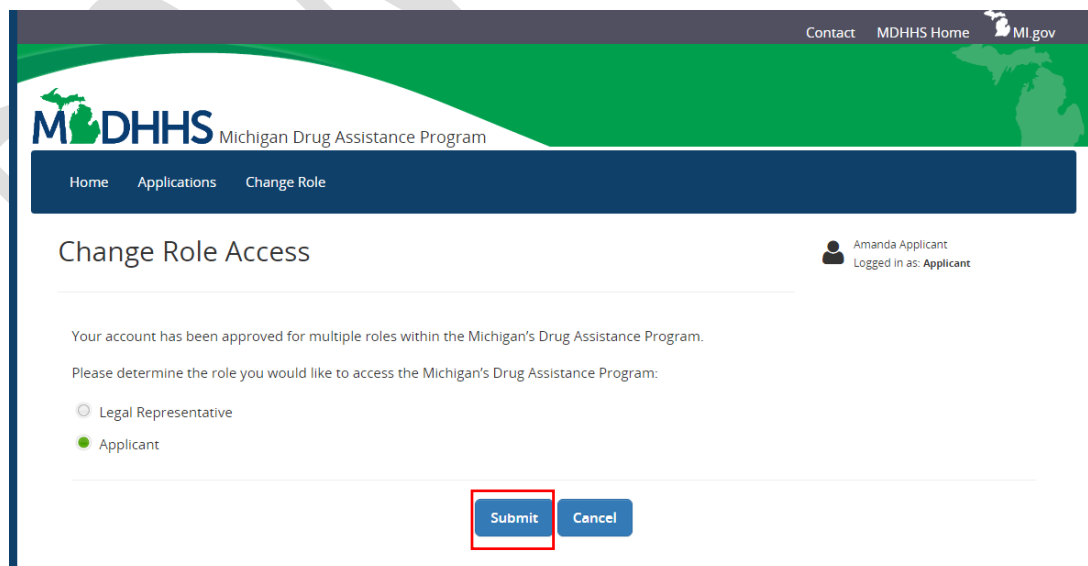
- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

Change Role Access

Your account has been approved for multiple roles within the Michigan's Drug Assistance Program.
Select **Change Role Access** to switch roles.

Change Role Access

6. You are redirected to determine your role. By default, the current role you are logged in as is selected.
 - a. Select **Applicant** if you would like to start and submit your application.
 - b. Select **Legal Representative** if you would like to start and submit an application for another individual.
7. Once the role is determined, you must select **Submit** button to apply.



MDHHS Michigan Drug Assistance Program

Home Applications Change Role

Change Role Access

Amanda Applicant
Logged in as: Applicant

Your account has been approved for multiple roles within the Michigan's Drug Assistance Program.
Please determine the role you would like to access the Michigan's Drug Assistance Program:

☐ Legal Representative

☒ Applicant

Submit **Cancel**

8. Once selected, you are automatically redirected to the home page of the role selected. You can review the role you selected by looking at the “Logged in as” details located in the top right. Below is the view as an **Legal Representative**:

The screenshot shows the MDHHS Michigan Drug Assistance Program home page. At the top, there is a navigation bar with links for 'Contact', 'MDHHS Home', and 'MI.gov'. Below this is a dark blue header with the MDHHS logo and the text 'Michigan Drug Assistance Program'. A secondary navigation bar contains 'Home' and 'Change Role' links. The main content area features a welcome message: 'Welcome to Michigan Drug Assistance Program'. To the right of the welcome message, it indicates the user is 'Amanda Applicant' and 'Logged in as: Legal Representative'. Below the welcome message are two buttons: 'Expand All' and 'Collapse All'. The page is divided into three main sections: 'Overview', 'Change Role Access', and 'Add New Applicant'. The 'Overview' section contains text about the online application process and a list of Scriptguide Prescription Card references. The 'Change Role Access' section states that the account has been approved for multiple roles and provides a 'Change Role Access' button. The 'Add New Applicant' section is partially visible at the bottom.

MDHHS Michigan Drug Assistance Program

Home Change Role

Welcome to Michigan Drug Assistance Program

Amanda Applicant
Logged in as: Legal Representative

Expand All Collapse All

Overview

The online application is an easier way for MIDAP to collect needed information and supporting documentation (proofs) to determine eligibility for the program.

MDHHS has also taken extra steps to make sure the highly confidential information that you will be sending on this website is secure and meets all security requirements under Health Insurance Portability and Accountability Act (HIPAA).

For Scriptguide Prescription Card reference, see below:

- For Applicants with Medicare Part D Insurance:
 - RxBIN - 015327
 - RxPCN - 5001
- For all others:
 - RxBIN - 015202
 - RxPCN - SGRX

Change Role Access

Your account has been approved for multiple roles within the Michigan's Drug Assistance Program. Select **Change Role Access** to switch roles.

Change Role Access

+ Add New Applicant

Contact Us

The Michigan Department of Health and Human Services understands that you may have questions during the process. The following resources are available to assist you:

- For assistance on information required in the application or how to complete an application, contact MIDAP Staff at 1-888-826-6565.
- For issues logging into the application, contact MILogin Customer Service at 1-877-932-6424.

DO NOT COPY