

Michigan Drug Assistance Program

User Guide

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Version History

Date of Change	Version	Changed By	Change Reason
05/10/2018	5.0	Rick Pniewski	Change to Client Interface Updates
03/29/2019	6.0	Rick Pniewski	Added Premium Assistance coverage
Version 1.0 Summary: <ul style="list-style-type: none"> Section 1.0 <ul style="list-style-type: none"> Initial Version 			
Version 5.0 Summary <ul style="list-style-type: none"> Updated all sections where the Client Interface functionality has been changed. Replaced Screen shots to show Coverage Status banners and Client Action banners 			
Version 6.0 Summary <ul style="list-style-type: none"> Added Premium Assistance section to describe the coverage. Updated all sections where the client can request Premium Assistance. 			

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.

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.

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MILogin
for Citizens

Create your account - Step 1 of 3

* = Required Fields

*First Name	Middle Initial	*Last Name	Suffix
<input type="text" value="Justin"/>	<input type="text"/>	<input type="text" value="Case"/>	<input type="text"/>

Email Address	Confirm Email Address
<input type="text" value="jcase@michigan.gov"/>	<input type="text" value="jcase@michigan.gov"/>

Mobile Number

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

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

4. Step 2 requires you to setup your user ID, password, and security questions.
- Your **user ID** must be:
 - At least 6 characters
 - Contain letters (a-z or A-Z), Number (0-9), and special character (!@#%&*~+=><)
 - Sample: smithj9999
 - Your **password** must be:
 - 8 characters in length
 - Include 3 out of 4:
 - Upper case letter (A-Z)
 - Lower case letter (a-z)
 - Number (0-9)
 - Special Character (!@#%&*~+=><)
 - Should not be based on your user ID
 - Your password and confirm password must match.

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MILogin
for Citizens

Create your account - Step 2 of 3

* = Required Fields

*User ID
Enter a User ID

*Password
Enter password

*Confirm Password
Confirm password

User ID guideline: User ID must be at least 6 characters and can contain letters (a-z or A-Z), numbers (0-9), and the following symbols (!@#%&*~+=><)

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 based on your User ID

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MILogin
for Citizens

Create your account - Step 2 of 3

* = Required Fields

*User ID
casej0001 ✓

*Password
***** ✓

*Confirm Password
***** ✓

User ID guideline: User ID must be at least 6 characters and can contain letters (a-z or A-Z), numbers (0-9), and the following symbols (@.-)

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 based on your User ID

Create Account Back

- 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.
- 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.

*Secret Question #1 --Select Question-- ✓	*Secret Answer #1 Enter security answer #1
*Secret Question #2 --Select Question-- ✓	*Secret Answer #2 Enter security Answer #2
*Secret Question #3 --Select Question-- ✓	*Secret Answer #3 Enter security Answer #3
*Secret Question #4 --Select Question-- ✓	*Secret Answer #4 Enter security Answer #4

Create Account Back

- 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

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

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MILogin
for Citizens

Login to your account

* = Required Fields

*User ID
casej0001

*Password
.....

Login

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

Don't have an account? [Create New Account](#)

Guest Services [Continue as Guest](#)

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.



Tue 4/25/2017 11:18 AM

DONOTREPLY-MILogin@michigan.gov

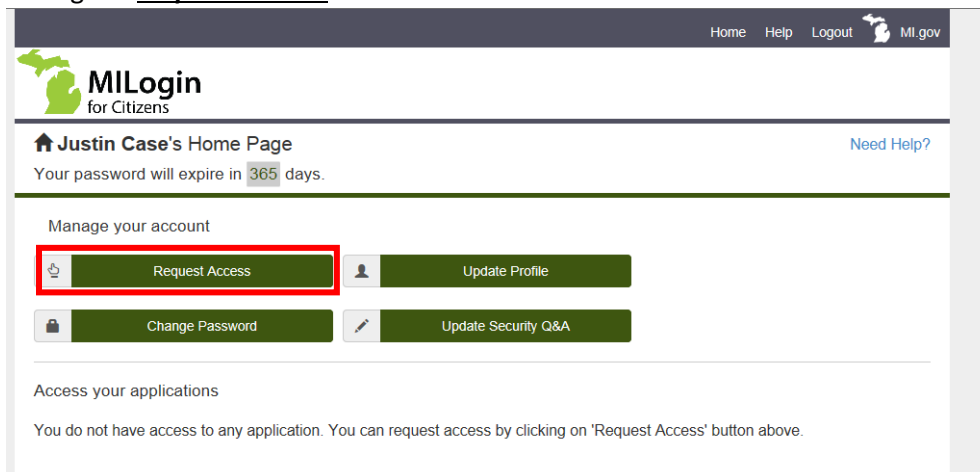
Account Creation Submission Confirmed

To

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

OR

- 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.

Request Access

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 for 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.

I Accept **Cancel**

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**

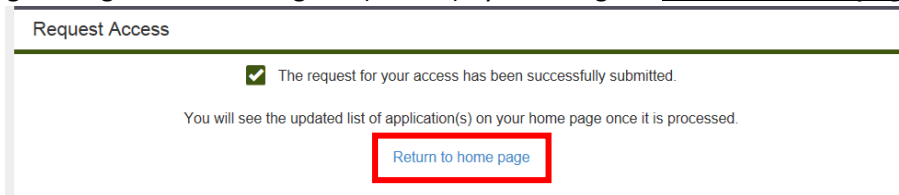
This application requires following attributes:

***Email Address**

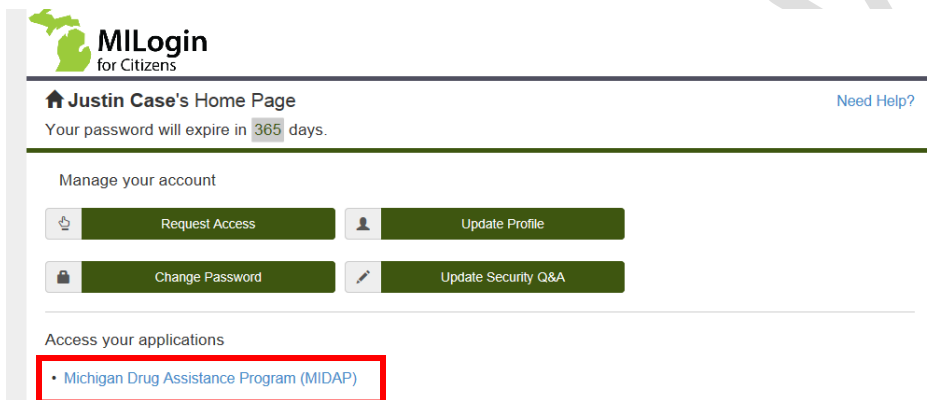
***Mobile Number**

Submit **Clear**

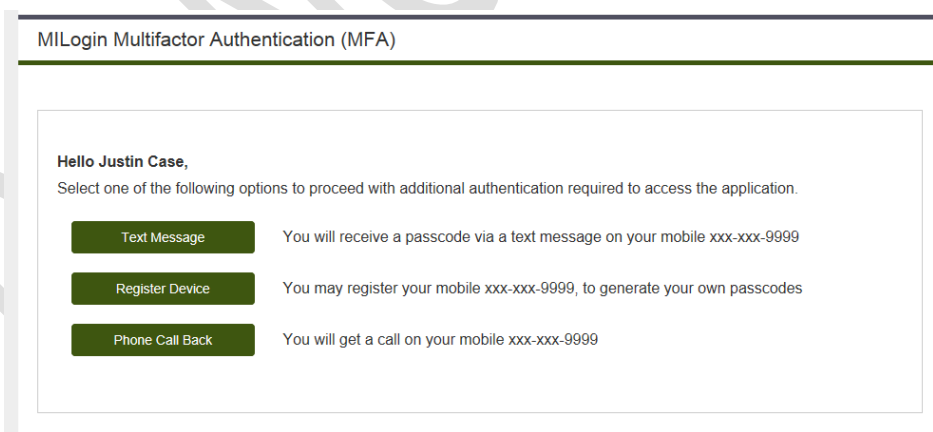
16. A message appears when your request access was successfully completed. You may now navigate to the Michigan Drug Assistance Program (MIDAP) by selecting the **Return to home page** hyperlink.



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. Please note the MIDAP ID is the unique identifier if you have previously been on the Michigan Drug Assistance Program.

* 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

* Have you ever been on Michigan Drug Assistance Program (MIDAP)?

☐ Yes

☐ No

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.

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.
4. **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. Determine 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.
5. Once all required fields as identified by the red asterisk have been filled out, select **Submit** button.
6. 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.

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

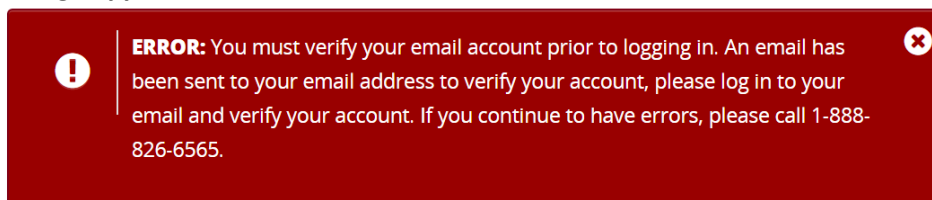
 **SUCCESS:** Registration has been submitted. 

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 registration. This is to ensure that email notifications will be successfully sent out regarding your application.
9. 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.

10. 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 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

11. 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.**

Home Help MI.gov

MILogin
for Citizens

Login to your account

* = Required Fields

*User ID
casej0001

*Password
.....

Login

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

Don't have an account? [Create New Account](#)

Guest Services [Continue as Guest](#)

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

MILogin
for Citizens

Justin Case's Home Page [Need Help?](#)

Your password will expire in 365 days.

Manage your account

[Request Access](#) [Update Profile](#)

[Change Password](#) [Update Security Q&A](#)

Access your applications

• [Michigan Drug Assistance Program \(MIDAP\)](#)

14. A pop-up window appears with terms and conditions, select **I accept** button.
15. 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

16. 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.
17. 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).
18. Congratulations! You have successfully registered your account and can complete an application.

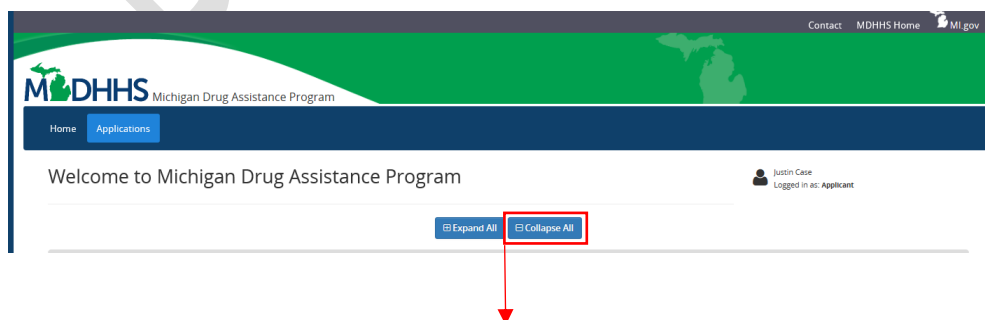
Michigan Drug Assistance Program Application

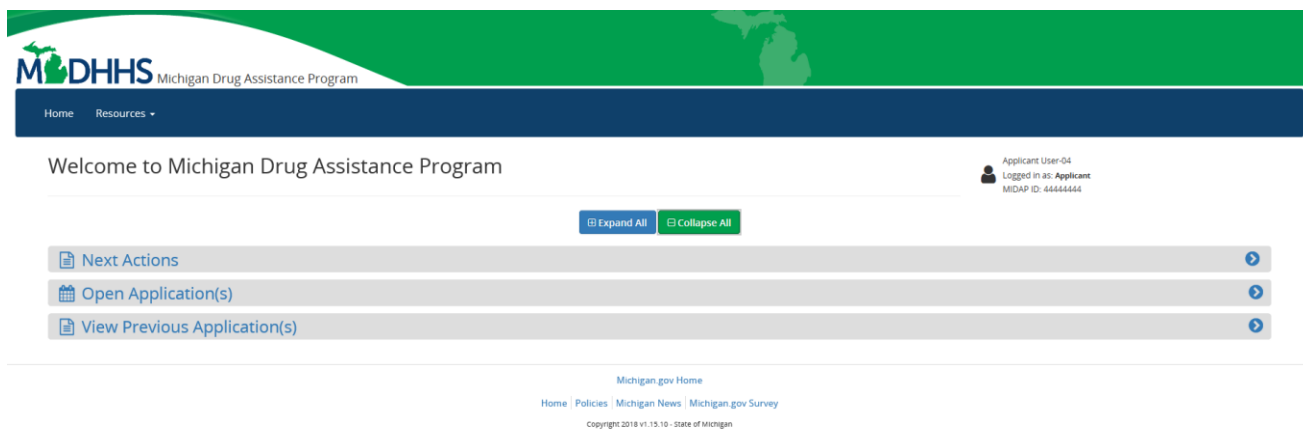
Application Overview

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

- Next Action
- 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.



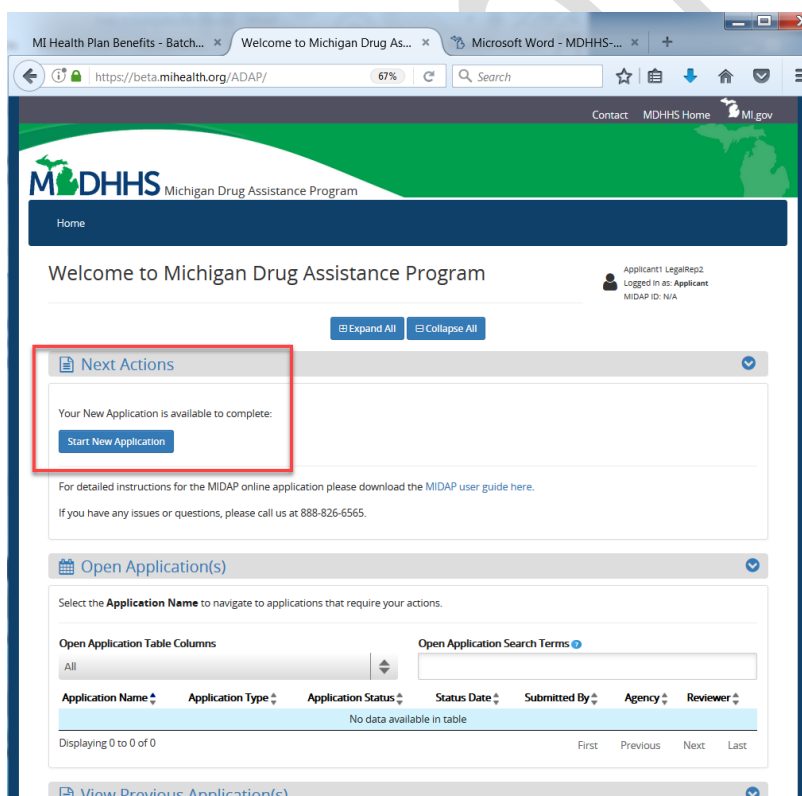


At this point, you will **not** have any applications submitted and should get started on your application.

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

Start & Submit a New MIDAP Application

1. 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**.



MDHHS 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

2017 Eligibility Criteria

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

2. You will automatically be redirected to the Application's Eligibility criteria.
3. 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

4. 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

5. 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.

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

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

6. 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.
7. 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.
8. 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. 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)
☐ Asian (Select one or more subcategories that apply below)

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

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

Please select at least one.

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

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

Please select at least one.

10. 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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11. 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

12. 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.
13. 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

14. When a Qualifying Insurance plan is selected the user will be prompted to answer a question regarding eligibility for Premium Assistance. Premium Assistance is assistance with insurance premium payment provided by MIDAP.

*** 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

*** Based on the type of insurance you have identified, you may be eligible for Premium Assistance through MIDAP. Would you like to provide additional information to be reviewed for eligibility?**

☐ Yes

☐ No

15. If the user indicates they are interested in Premium Assistance, then a series of additional questions will be provided. The user will be prompted to provide information for the Premium Reviewer to determine if the user is eligible for Premium Assistance.

If you have Private - Employer (employer sponsored insurance), COBRA, Private - Individual (paid for by you or other entity), Qualified Health Plan (Marketplace), Medicare Part C, or Medicare Part D, please provide the following:

*** Name of Carrier**

*** Account/Policy/ID Number**

RxBin No.

RxPCN No.

RxGroup No.

Plan Start Date

MM/DD/YYYY

Plan Phone Number

XXX-XXX-XXXX

16. Once all insurance and income 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:

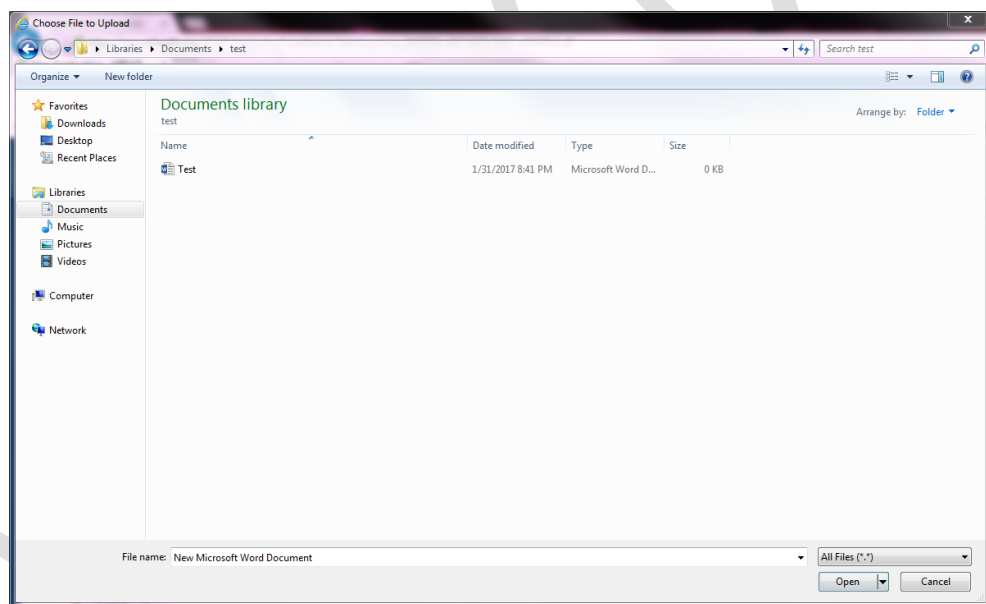
- Current Michigan ID or Driver's License
- Utility bill in your name showing address
- Benefits award letter (Department of Human Services (DHS)/Social Security Administration (SSA) with your name and address)
- Lease or mortgage in your name showing address
- Voter registration card
- Declaration of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

20. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .gif, .png), and Adobe PDF.
21. You are allowed to upload multiple proof of documents. Each individual file upload must be less than 5 MB.
22. Once all your required uploads have been attached, select the **Save and Next** button.
23. 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 benefits 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 my eligibility 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.

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

*** Initials**

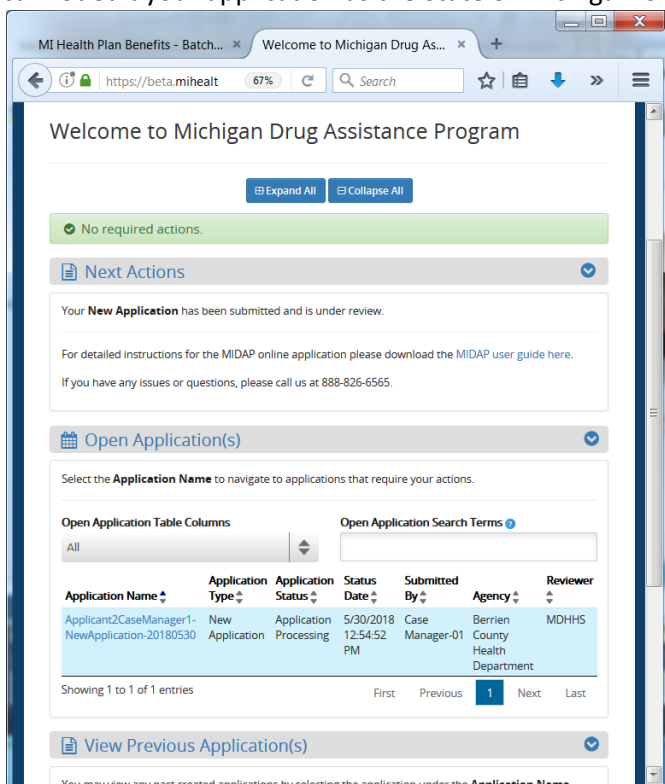
Are there any additional notes that you would like MDHHS to be aware of when considering your application?

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

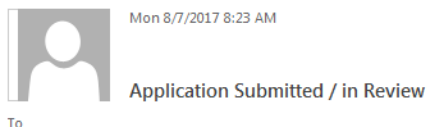
24. **OPTIONAL STEP** – If there is any specific information you would like the State of Michigan to know regarding your application (e.g. anticipated to receive labs in 30 days, etc.), please add this information in the additional notes textbox.
25. If you would like to review all the information you have submitted, you may select the **Previous** button and review each section individually.
26. 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 to your home page.

27. 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**.

28. 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.



29. 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:



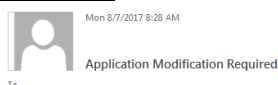
Your New Application has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

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

Submit a Modification

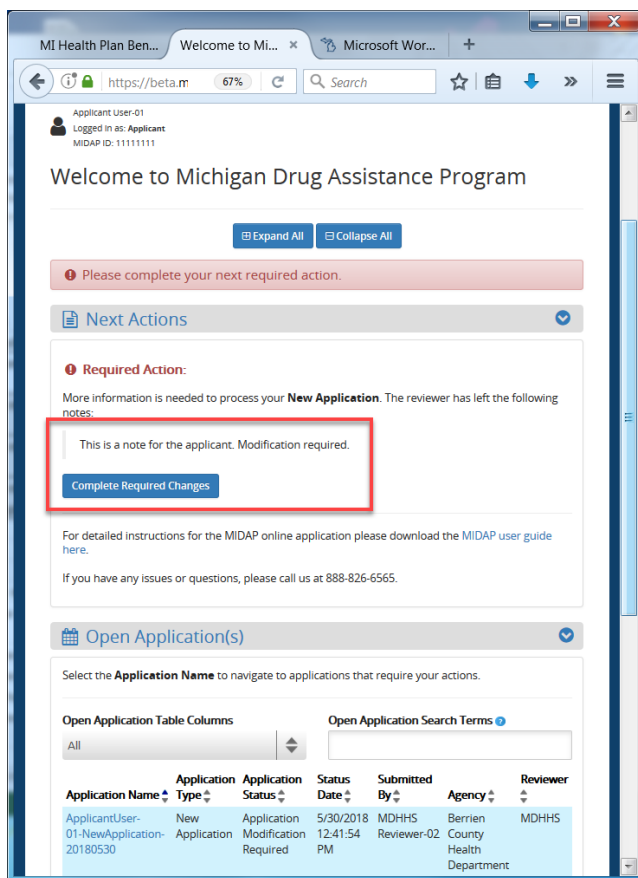
1. While reviewing your application, the Michigan Drug Assistance Program may notice you submitted incorrect documentation or need further information from you. An email is sent your email address when modifications are required.
2. Select the **hyperlink** in the email for your modification.





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



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.
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.


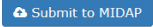
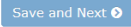
This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

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**

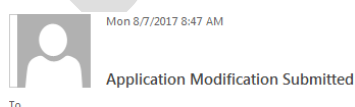
Are there any additional notes that you would like MDHHS to be aware of when considering your application?

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



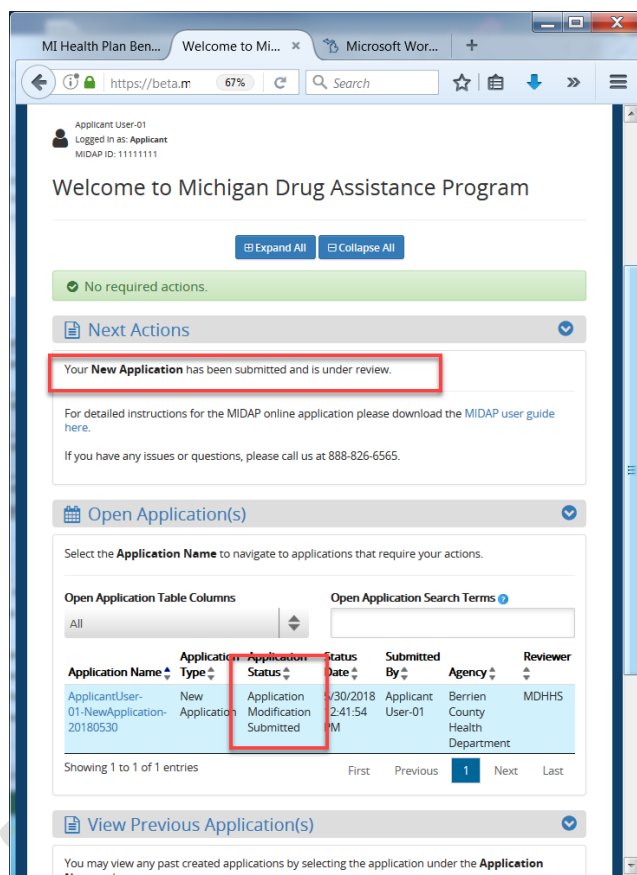
10. An email is sent to your email account confirming that the modification was submitted.



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

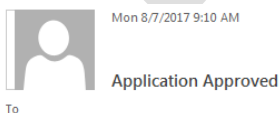
11. Your Next Action section will display the status of your application. You may reference your application under the **Open Application(s)** section. At this time, your application's status is **Application Modification Submitted**.



12. If the user has indicated that they would like to be evaluated for Premium Assistance, then there will be an additional application displayed in the Open Applications section.
13. 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.
14. 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.)

Welcome to Michigan Drug Assistance Program

NewApp1 Approved
Logged in as: Applicant
MIDAP ID: 98431684

Expand All Collapse All

You are currently covered by MIDAP. Your coverage period dates are 1/5/2018 - 7/31/2018.

No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.

Optional Actions:
Has your address, income, insurance or personal information changed?
[Start a Change of Status](#)

If you have any issues or questions, please call us at 888-826-6565.

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
No data available in table.						

3. 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.

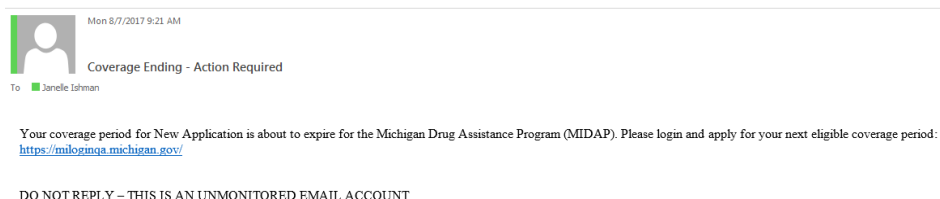
Previous Application Table Columns: All
Previous Application Search Terms:

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

4. 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.



5. After the user's MIDAP application is approved the system will generate the Premium Assistance application for review. This action only occurs if the user has indicated they would like to be evaluated for Premium Assistance. The Premium Assistance application will then be reviewed for approval by the Premium Reviewer.

Expand All Collapse All

You are currently covered by MIDAP. Your coverage period dates are 9/28/2018 - 3/31/2019.

No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.

If you have any issues or questions, please call us at 888-826-6565.

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
PorkyPig-PremiumAssistance-20180928	Premium Assistance	Application Submitted / In Review	9/28/2018 10:13:31 AM	MDHHS Reviewer-03	Berrien County Health Department	MDHHS

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
PorkyPig-NewApplication-20180927	Application Approved	Porky Pig	9/28/2018 10:13:31 AM	MDHHS	09/28/2018 - 03/31/2019	Berrien County Health Department

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

6. 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
 - Update or Request Premium Assistance
 - Contact Change

7. 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**.
8. 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. Update or Request Premium Assistance
 - g. Contact Change
2. To initiate an application, you may select **Start Application** in the home page or select the **Applications** navigation.
3. To start a change of status, select the **Start Change of Status** button.

Welcome to Michigan Drug Assistance Program

Applicant User-03
 Logged in as: Applicant
 MIDAP ID: 33333333

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

✓ You are currently covered by MIDAP. Your coverage period dates are 6/21/2018 - 12/31/2018.

✓ No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.

Optional Actions:

Help us keep your MIDAP application current. Please provide us with updates to any of the following by starting a Change of Status.

- Address
- Income
- Insurance
- Personal Information
- Updates or Requests for Premium Assistance

[Start a Change of Status](#)

If you have any issues or questions, please call us at 888-826-6565.

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:
 - a. Application Name
 - b. Application Status
 - c. Applicant Name
 - d. Application Type

Application Details

Application Name:	ApplicantUser-03-ChangeofStatus-20181115
Application Status:	Application in Progress
Applicant Name:	Applicant User-03
Application Type:	Change of Status
MIDAP ID:	33333333

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/Request Premium Assistance
- ☐ Contact Change

[Previous](#)

[Save and Next](#)

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.

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

- ☐ Legal Name Change
- ☐ Address Change
- ☐ Household Size Change
- ☐ Income Change
- ☒ Insurance Change/Request Premium Assistance
- ☐ Contact Change

Insurance Change/Request Premium Assistance

* 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?

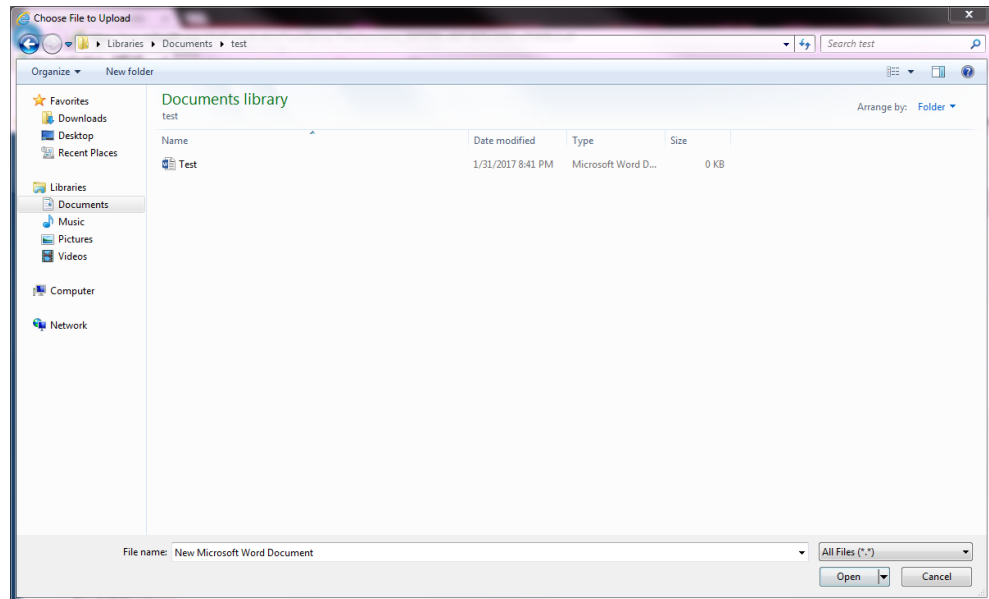
- ☒ Yes
- ☐ No health insurance of any kind

- ☐ 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

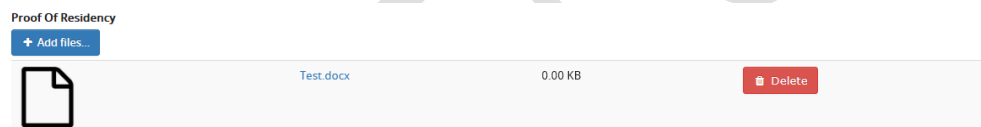
* Based on the type of insurance you have identified, you may be eligible for Premium Assistance through MIDAP. Would you like to provide additional information to be reviewed for eligibility?

- ☐ Yes
- ☐ No

8. You may alter the information entered but are still required to complete any fields with a red asterisk.
9. If you enter a change of insurance and select a Qualifying Insurance Plan you will be prompted to answer the Premium Assistance question. You will also be required to provide additional insurance information, including additional proofs.
10. Once you have successfully reported the reason for change, you may select **Save and Next** button.
11. 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.
12. 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.
13. 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.
14. Navigate to where you stored your proof file, select the file and select **Open**



15. 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.



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. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .gif, .png), and Adobe PDF. You are allowed to upload multiple proof of documents. Each individual file upload must be less than 5 MB.
17. 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

18. 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**.

Home **DEBUG**

Welcome to Michigan Drug Assistance Program

Applicant2 CaseManager3
Logged in as: Applicant
MIDAP ID: 54651804

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

You are currently covered by MIDAP. Your coverage period dates are 1/30/2018 - 7/31/2018.

No required actions.

Next Actions

Your **Change of Status** has been submitted and is under review.

For detailed instructions for the MIDAP online application please download the MIDAP user guide [here](#).

If you have any issues or questions, please call us at 888-826-6565.

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
Applicant2CaseManager3-ChangeOfStatus-20180530	Change of Status	Application Submitted / In Review	5/30/2018 3:27:30 PM	Applicant2 CaseManager3	Central Michigan District Health Department	MDHHS

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: Previous Application Search Terms:

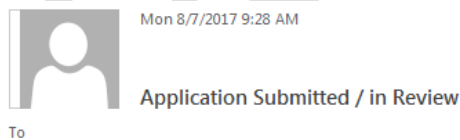
Application Name	Application Status	Submitted By	Date Modified	Modified By	Coverage Period	Agency
Applicant2CaseManager3-NewApplication-20180530	Application Approved	Case Manager-03	5/30/2018 1:27:33 PM	MDHHS	01/30/2018 - 07/31/2018	Central Michigan District Health Department

Showing 1 to 1 of 1 entries

[First](#) [Previous](#) **1** [Next](#) [Last](#)

Michigan.gov Home
[Home](#) | [Policies](#) | [Michigan News](#) | [Michigan.gov Survey](#)

19. 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.
20. 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:



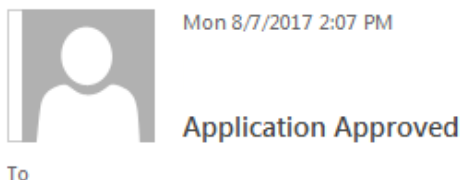
Your Change of Status has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

21. 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 your Change of Status included a request for Premium Assistance, the system will create a Premium Assistance application for review by the Premium Reviewer.
4. 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.)
5. Your Change of Status application will be available

[Home](#)
[Resources](#)

Welcome to Michigan Drug Assistance Program

Applicant User-03
Logged in as: Applicant
MIDAP ID: 33333333

Expand All
Collapse All

✔ You are currently covered by MIDAP. Your coverage period dates are 6/4/2018 - 12/31/2018.

✔ No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.



Optional Actions:
Has your address, income, insurance or personal information changed?

Start a Change of Status


If you have any issues or questions, please call us at 888-826-6565.


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








7. 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

8. 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:
- Legal Name Change
 - Address Change
 - Household Size Change
 - Income Change
 - Insurance Change
 - Update or Request Premium Assistance
 - Contact Change
9. If none of the situations apply to you, no further action is required.

Six Month Verification

Overview

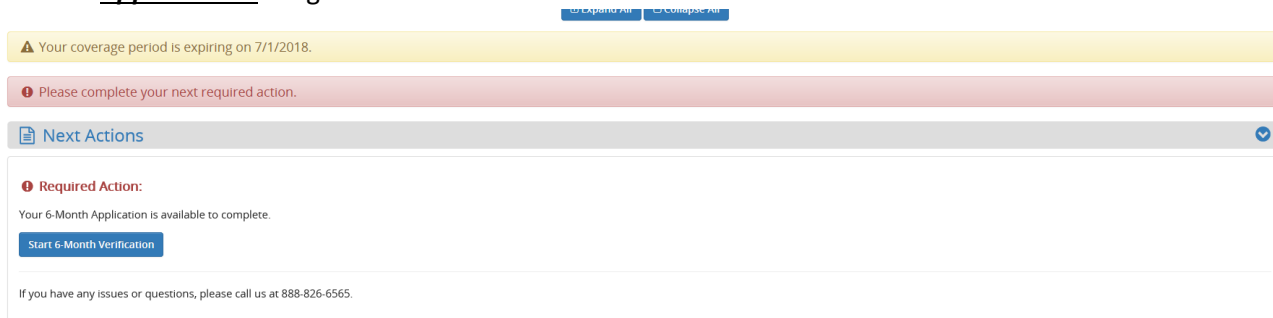
The MIDAP 6 Month Verification is available for applicants that are enrolled in the Michigan Drug Assistance Program. It is available for applicants that coverage period is expiring on their previously submitted new application or annual recertification.

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.

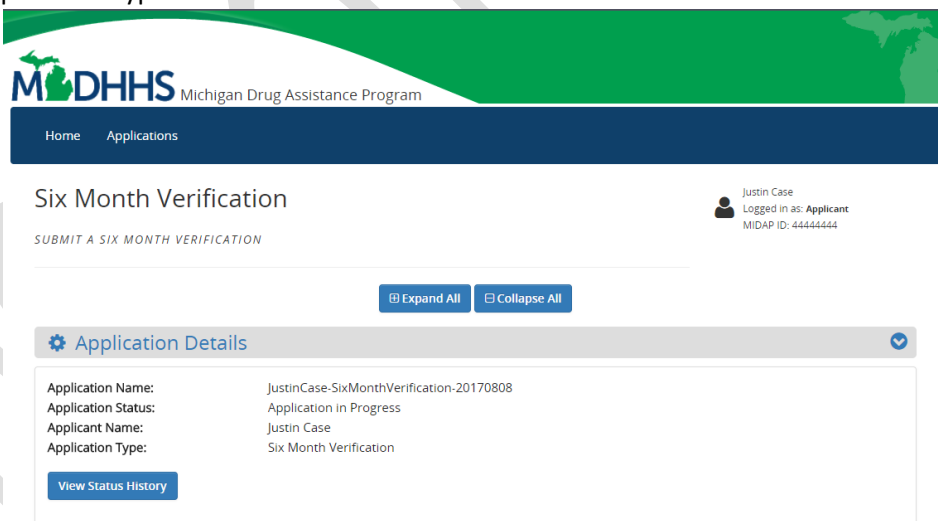
Start & Submit a MIDAP Six Month Verification

- To start a Six-Month Verification, the applicant must:
 - Have an approved application,
 - Does not have a pending Change of Status application,

- c. Have a coverage period that has expiring in less than 6 weeks, or
 - d. Have an expired coverage period that ended less than 2 months from the current date.
2. If the applicant meets the criteria above, you must select **Start Application** in the home page or select the **Applications** navigation.



3. 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:
 - a. Application Name
 - b. Application Status
 - c. Applicant Name
 - d. Application Type



4. You are required to fill out any fields with a red asterisk. Once this is completed, select **Save and Next**.
5. 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**.
6. 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**.
7. 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 months?’ **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 months?’ **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**.
8. When your **insurance** status changes, you must have a selection of **Yes** for the question, ‘Has your insurance status changed in the last six months?’ **Continue to 9b.**
 - a. If your **insurance** did not change, please sure you have a selection of **No** for the question, ‘Has your insurance coverage, policy or premium amount changed in the last six months?’ **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**.
 - c. When a Qualifying Insurance plan is selected the user will be prompted to answer a question regarding eligibility for Premium Assistance. Premium Assistance is assistance with insurance premium payment provided by MIDAP.
9. 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, your application status is displayed in the Next Action section. At this time, your application's status is **Application Submitted / In Review**.

⚠ Your coverage period is expiring on 7/3/2018.

✔ No required actions.

Next Actions

Your 6-Month Application was submitted on 6/5/2018 and is in review. You will receive an email within 14 business days of your application being submitted.

If you have any issues or questions, please call us at 888-826-6565.

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

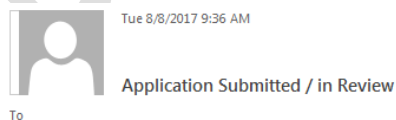
Previous Application Search Terms

Application Name	Application Status	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)

Showing 1 to 3 of 3 entries

First Previous **1** Next Last

16. If you requested to be evaluated for Premium Assistance, the system will create a Premium Assistance application to be reviewed by the Premium Reviewer.
17. 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:



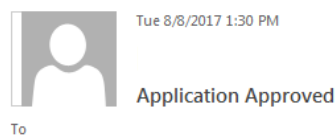
Your Six Month Verification has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

18. 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.)

Welcome to Michigan Drug Assistance Program

NewApp1 Approved
Logged in as: Applicant
MIDAP ID: 98431684

Expand All Collapse All

✓ You are currently covered by MIDAP. Your coverage period dates are 1/5/2018 - 7/31/2018.

✓ No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.

Optional Actions:
Has your address, income, insurance or personal information changed?
[Start a Change of Status](#)

If you have any issues or questions, please call us at 888-826-6565.

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
No data available in table.						

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: 



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

- 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.

 View Previous Application(s) 

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

Previous Application Table Columns: 

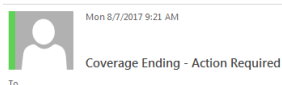
Previous Application Search Terms:

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-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

- 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://midap.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:
 - h. Legal Name Change
 - i. Address Change
 - j. Household Size Change
 - k. Income Change
 - l. Insurance Change
 - m. Update or Request Premium Assistance
 - n. 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. When the review of the Six-Month Verification results in a denial, the applicant will be required to complete an Annual Recertification Application to be considered for reinstatement.

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

1. To start a MIDAP Annual Recertification, the applicant must:
 - a. Have an approved MIDAP New application,
 - b. Does not have a pending Change of Status or 6-month verification application,
 - c. Have a coverage period that has expiring in less than 6 weeks, or
 - d. Have an expired coverage period on a new application or six-month verification.

2. If the applicant meets the criteria above, you must select **Start Application** in the home page or select the **Applications** navigation.

❗ Your coverage period has expired as of 5/31/2017.

❗ Please complete your next required action.

Next Actions

Your MIDAP coverage has expired. Please complete your next required action.

❗ **Required Action:**

Your Annual Recertification is available to complete.

[Start Annual Recertification](#)

If you have any issues or questions, please call us at 888-826-6565.

3. 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:

- Applicant must live in Michigan.
- 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.
- 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.

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)

- When a Qualifying Insurance plan is selected the user will be prompted to answer a question regarding eligibility for Premium Assistance. Premium Assistance is assistance with insurance premium payment provided by MIDAP.

* 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

* Would you like to be reviewed for Premium Assistance eligibility and/or continued coverage?

☒ Yes

☐ No

5. You are required to fill out any fields with a red asterisk. Once this is completed, select **Save and Next**.
6. If the user indicated they would like to apply for Premium Assistance then the supporting Premium Assistance questions must be answered.

If you have Private - Employer (employer sponsored insurance), COBRA, Private - Individual (paid for by you or other entity), Qualified Health Plan (Marketplace), Medicare Part C, or Medicare Part D, please provide the following:

* Name of Carrier	Fudd Healthy Fund
* Account/Policy/ID Number	44464612E
RxBin No.	4645
RxPCN No.	787874
RxGroup No.	10-8544
Plan Start Date	09/01/2018 MM/DD/YYYY
Plan Phone Number	888-555-1111 XXX-XXX-XXXX

* Complete Payee Name	Elmer Eligibility Group
* Address Line 1	1234 Wabbit Lane
* Address Line 2	
* City	Farmington
* State	Michigan
* Zip Code	48339 XXXXX or XXXXX-XXXX

* Qualified Health Plan(QHP)/Marketplace Insurance Type	Gold
---	------

7. 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**.
8. 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:

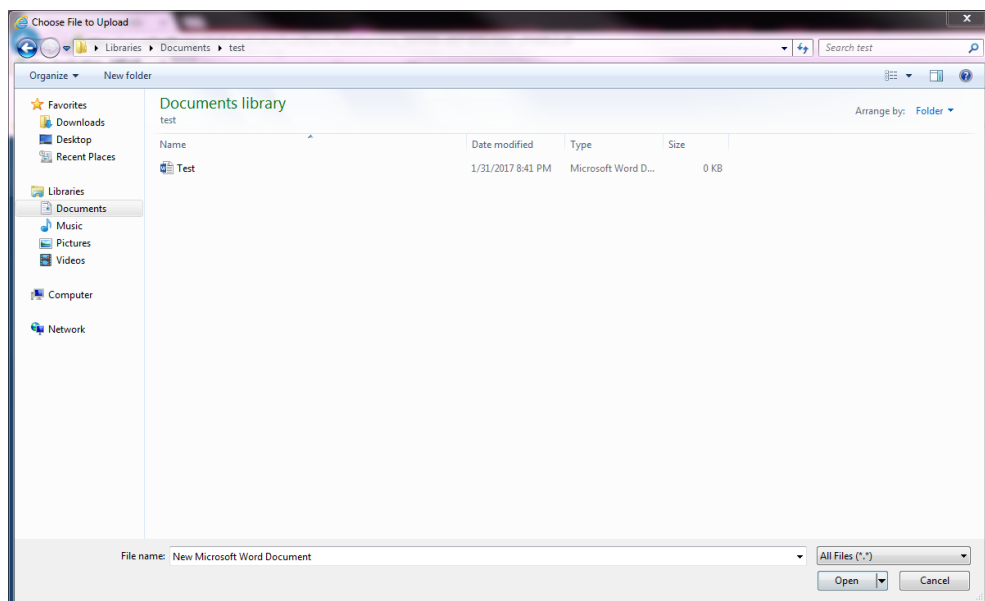
- Current Michigan ID or Driver's License
- Utility bill in your name showing address
- Benefits award letter (Department of Human Services (DHS)/Social Security Administration (SSA) with your name and address)
- Lease or mortgage in your name showing address
- Voter registration card
- Declaration of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

Proof Of Residency

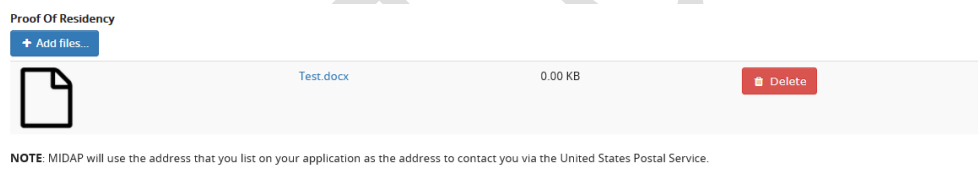
Add files...

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

9. 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.
10. Navigate to where you stored your proof file, select the file and select **Open**.



11. 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.



12. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .gif, .png), and Adobe PDF.
13. You are allowed to upload multiple proof of documents. Each individual file upload must be less than 5 MB.
14. Once all your required uploads have been attached, select the **Save and Next** button.
15. 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

16. **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.

19. If you would like to review all the information you have submitted, you may select the **Previous** button and review each section individually.
20. 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.

Your coverage period has expired as of 5/20/2018.

No required actions.

Next Actions

Your Annual Recertification was submitted on 6/8/2018 and is in review. You will receive an email within 14 business days of your application being submitted.

If you have any issues or questions, please call us at 888-826-6565.

21. 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**.

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
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

22. 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.
23. 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

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24. 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.

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

❗ Your coverage period has expired as of 5/31/2018.

❗ Please complete your next required action.

 **Next Actions** 

Your MIDAP coverage has expired. Please complete your next required action.

❗ **Required Action:**



More information is needed to process your application. The reviewer has provided the following notes:

nhturv sewrt35467 rty56u5

[Complete Required Changes](#)

If you have any issues or questions, please call us at 888-826-6565.

- 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.
- 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**.
- All fields with a red asterisk are required to be completed. You may navigate through your application by selecting **Save and Next** button.
- Once you have corrected any errors, the last page of your application is the signature form.
- 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.


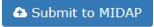
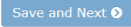
This application, when completed, contains confidential information that must be protected under applicable federal and state confidentiality laws.

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**

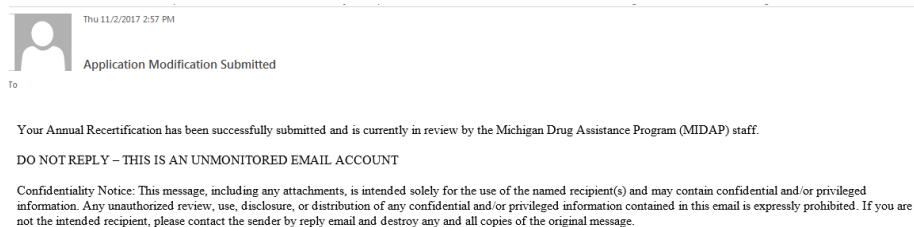
Are there any additional notes that you would like MDHHS to be aware of when considering your application?

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

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

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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.)

Welcome to Michigan Drug Assistance Program

Home Resources

NewApp1 Approved
Logged in as: Applicant
MIDAP ID: 98431884

Expand All Collapse All

You are currently covered by MIDAP. Your coverage period dates are 1/5/2018 - 7/31/2018.

No required actions.

Next Actions

Your coverage has been approved and you are currently covered under MIDAP. Please review your Approval Letter in the Resources Section.

Optional Actions:
Has your address, income, insurance or personal information changed?
Start a Change of Status

If you have any issues or questions, please call us at 888-826-6565.

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
No data available in table						

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
AceRockolla-ChangeofStatus-20181026	Application Approved	Ace Rockolla	10/26/2018 2:21:24 PM	MDHHS	N/A	Detroit Community Health Connection
AceRockolla-NewApplication-20181026	Application Approved	Ace Rockolla	10/26/2018 1:55:32 PM	MDHHS	10/26/2018 - 12/31/2018	Detroit Community Health Connection
AceRockolla-PremiumAssistance-20181026	Application Approved	Ace Rockolla	10/26/2018 2:14:14 PM	MDHHS	10/26/2018 - 04/30/2019	Detroit Community Health Connection

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

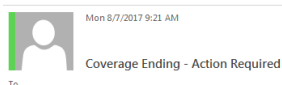
All

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:
- o. Legal Name Change
 - p. Address Change
 - q. Household Size Change
 - r. Income Change
 - s. Insurance Change
 - t. Update or Request Premium Assistance
 - u. 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.

Premium Assistance

The Premium Assistance application is created by the system after the user has answered yes to the Premium Assistance question and provided the supporting insurance information. The Premium Assistance application will be reviewed by the Premium Reviewer after the user's MIDAP application has been moved to an

approved status. The user will receive separate communication from the Premium Reviewer regarding the status of the Premium Assistance application. If the Premium Reviewer requests additional information the user will be provided a proof upload page to attach the requested documentation. If the user opens the Premium Assistance application, a read-only version of the application will be displayed for the user to view.

Premium Assistance coverage and required action banners will display on the homepage under the MIDAP coverage banners.

The screenshot displays the MDHHS Premium Assistance application interface. At the top, there is a navigation bar with links for 'Contact', 'MDHHS Home', and 'MI.gov'. Below this is a header section with the MDHHS logo and the text 'Michigan Drug Assistance Program'. A dark blue navigation bar contains links for 'Home', 'Admin', and 'Reports'. The main content area is titled 'Premium Assistance' and shows the user is logged in as 'MDHHS PremReviewer-01'. A sidebar menu on the left lists various application sections: Application Details, Demographic, Household Size and Income, Insurance Information, Premium Assistance, Proofs, and Status. The 'Application Details' section is expanded, showing the following information:

Application Name:	ApplicantUser-01 PremiumAssistance-20181101
Application Status:	Application Submitted/In Review
Applicant Name:	Applicant User-01
Application Type:	Premium Assistance
MIDAP ID:	11111111

Below the application details, there is a button labeled 'View Status History and Notes'.

[View Status History and Notes](#)

Demographic Information

* First Name

Middle Name

* Last Name

Maiden Name

* 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

* Mailing Address

Apartment Number

* City

* State

* Zip Code

XXXX or XXXX-XXXX

* County

County Code

* Is your mailing address the same as your residency? ☒ Yes

* Is your mailing address the same as your residency? ☒ Yes

☐ No

* Email Address

* Phone Number

XXX-XXX-XXXX

* Can MIDAP contact you about your application?

☒ Yes
☐ No

* How can we contact you?

☐ Phone Call
☐ Voice Message
☒ Email

Social Security Number

XXX-XX-XXXX

* Date of Birth

MM/DD/YYYY

Household Size and Income

* 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

If you have no or low income (<138% FPL) AND do not have health care insurance, please fill out the information below.

Household Size and Income

* 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

If you have no or low income (<138% FPL) AND do not have health care insurance, please fill out the information below:

* Date of Medicaid/Healthy Michigan Application
MM/DD/YYYY

* MDHHS Tracking Number

Declaration of No Income

☒ By selecting this checkbox, I hereby certify that I have no source of income or additional support. If at any point I have changes where I receive an income or support, I will report said changes to MIDAP.

* Initials

Insurance Information

* 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)

☐ Veteran's Administration benefits (VA)

☒ Medicaid/Healthy Michigan Plan

☐ Indian Health Services (IHS)

☐ Other

If you have Private - Employer (employer sponsored insurance), COBRA, Private - Individual (paid for by you or other entity), Qualified Health Plan (Marketplace), Medicare Part C, or Medicare Part D, please provide the following:

* Name of Carrier

* Account/Policy/ID Number

RxBin No.

RxPCN No.

RxGroup No.

Plan Start Date
MM/DD/YYYY

Plan Phone Number
XXX-XXX-XXXX

Premium Assistance

* Based on the type of insurance you have identified, you may be eligible for Premium Assistance through MIDAP. Would you like to provide additional information to be reviewed for eligibility? ☒ Yes ☐ No

* Is Premium Assistance Paper Application ☐ Yes ☒ No

Premium Assistance

* Based on the type of insurance you have identified, you may be eligible for Premium Assistance through MIDAP. Would you like to provide additional information to be reviewed for eligibility?
☒ Yes
☐ No

* Is Premium Assistance Paper Application
☐ Yes
☒ No

* Complete Payee Name

* Address Line 1

* Address Line 2

* City

* State

* Zip Code

XXXXX or XXXXX-XXXX

* Monthly Premium Amount

* Initial Payment Amount

* Premium Due Date


* Have you personally contributed any amount to the initial payment?
☐ Yes
☒ No

Billing Statement/Invoice

+ Add files...


Medicare Part C Billing Statement/Invoice

+ Add files...


image-test-file.jpg
113.77 KB
Delete

Medicare Part D Billing Statement/Invoice

+ Add files...


image-test-file.jpg
113.77 KB
Delete

Status

* Status

View Status History and Notes

Notes

☐ Note for Applicant

☐ High Importance

Update

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

Copyright 2015-2017 State of Michigan

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 letters (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**

managerc0001
✗

✗ 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**

notlastname-notfirstinitial
✗

✗ 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**

managerc1949
✓

✓ 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

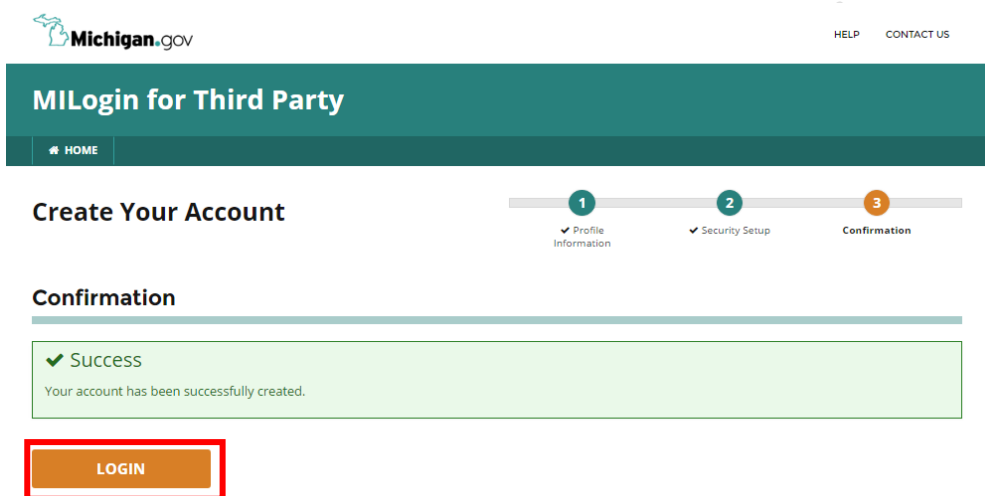
6. For security purposes, you are required to determine security recovery methods. These are the approved methods to recover your account if you forget your password. You are required to select at least one option, but you may select multiple:

***Security Options**

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

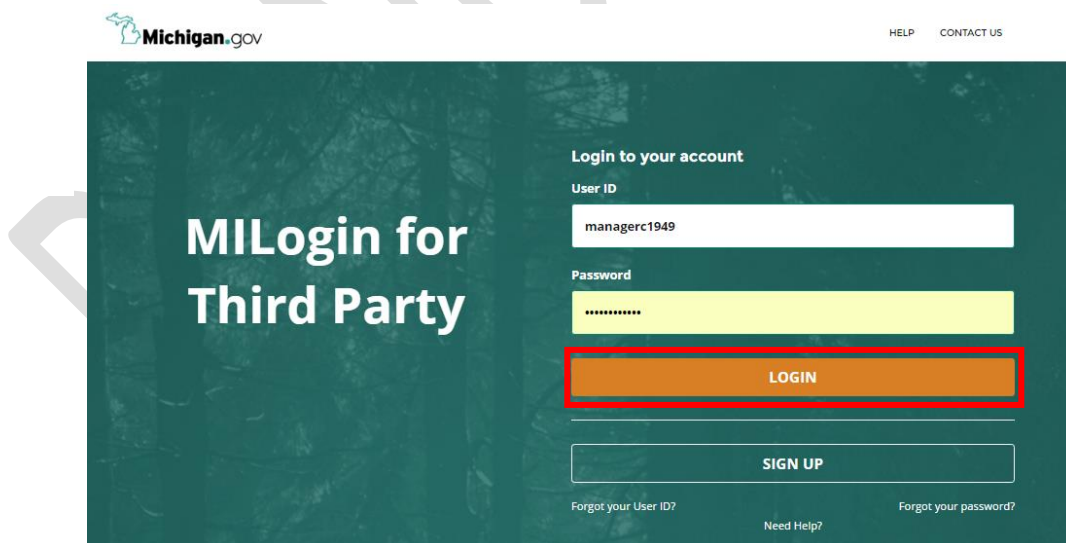


7. Select the security option(s) you'd like to use and select **Create Account** button once all required fields have been completed.
 - a. Please note, if you select email as your only security option, you will receive a phone call during the authentication process.
 - b. If you enter a mobile number, 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.



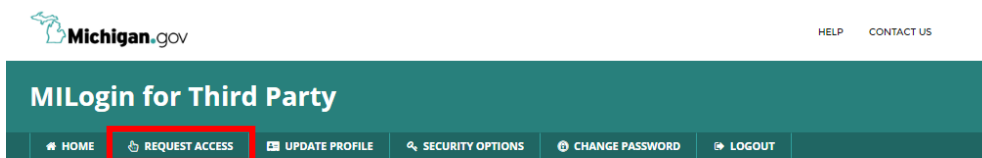
The screenshot shows the 'MILogin for Third Party' page on the Michigan.gov website. The page has a teal header with the Michigan.gov logo and 'HELP' and 'CONTACT US' links. Below the header is a dark teal bar with 'MILogin for Third Party' and a 'HOME' button. The main content area is titled 'Create Your Account' and features a progress bar with three steps: 1. Profile Information (checked), 2. Security Setup (checked), and 3. Confirmation (active). Below the progress bar is a 'Confirmation' section with a green success message: '✓ Success Your account has been successfully created.' At the bottom, there is an orange 'LOGIN' button highlighted with a red rectangle.

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

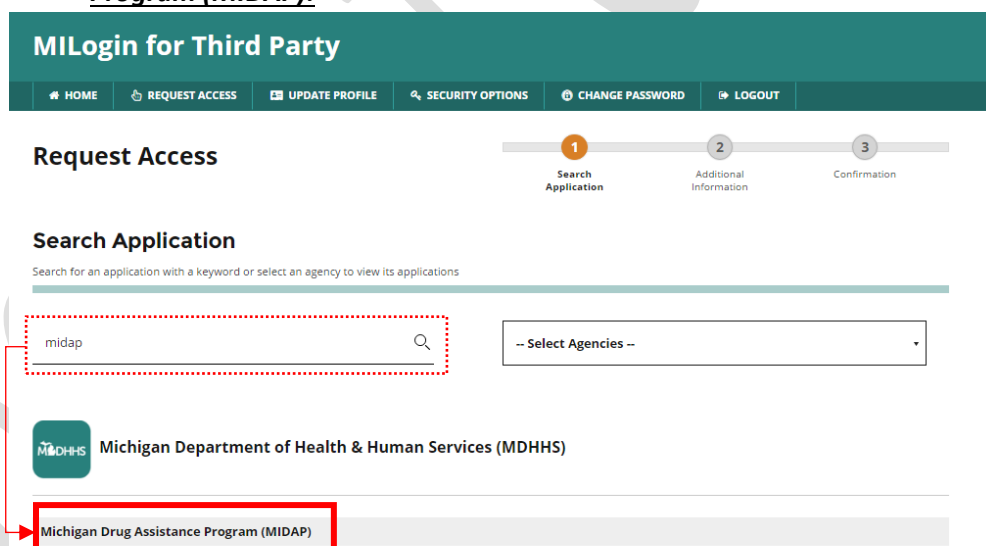


The screenshot shows the 'MILogin for Third Party' login page on the Michigan.gov website. The page has a teal background with the Michigan.gov logo and 'HELP' and 'CONTACT US' links. The main content area is titled 'MILogin for Third Party' and features a 'Login to your account' section. This section includes input fields for 'User ID' (containing 'managerc1949') and 'Password' (masked with dots). Below these fields is an orange 'LOGIN' button highlighted with a red rectangle. At the bottom, there is a 'SIGN UP' button and links for 'Forgot your User ID?', 'Need Help?', and '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.



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

HOME REQUEST ACCESS UPDATE PROFILE SECURITY OPTIONS CHANGE PASSWORDS LOGOUT

Request Access

1 Search Application 2 Additional Information 3 Confirmation

Search Application

Search for an application with a request or select an agency to view its applications

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 Departments

HOME HELP CONTACT US POLICIES

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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)

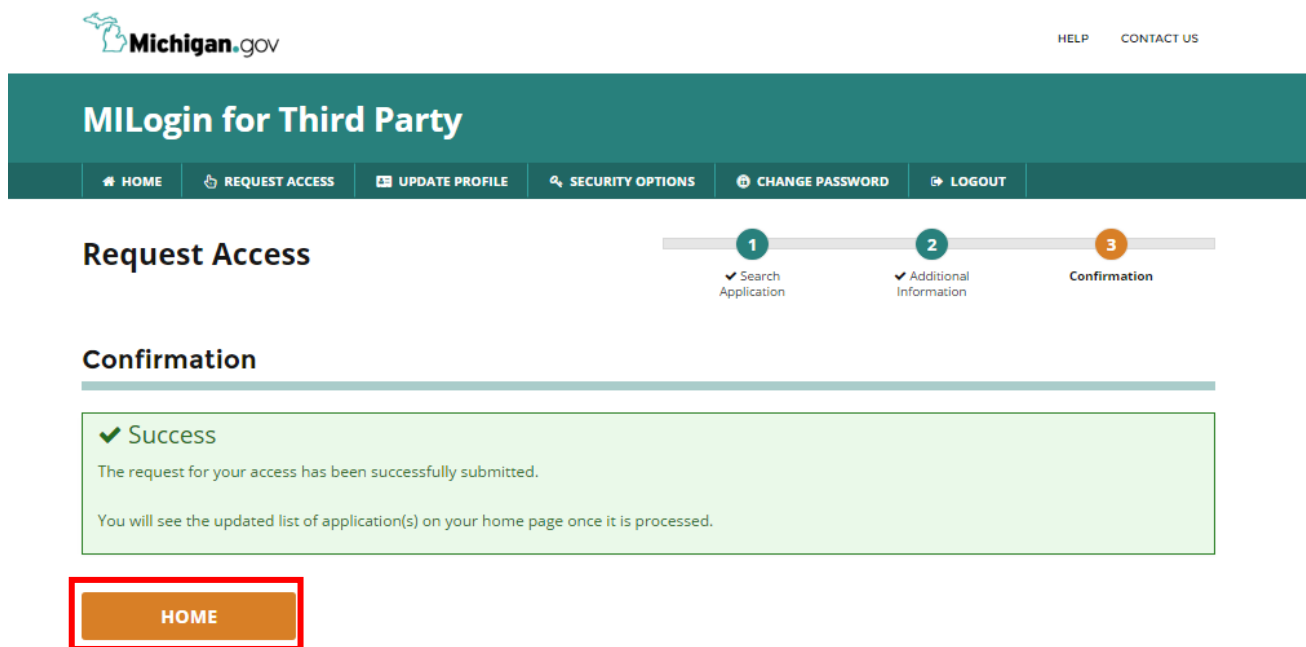
The Michigan Drug Assistance Program (MIDAP) includes prescription copay/coinsurance coverage and the Premium Assistance Program.

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

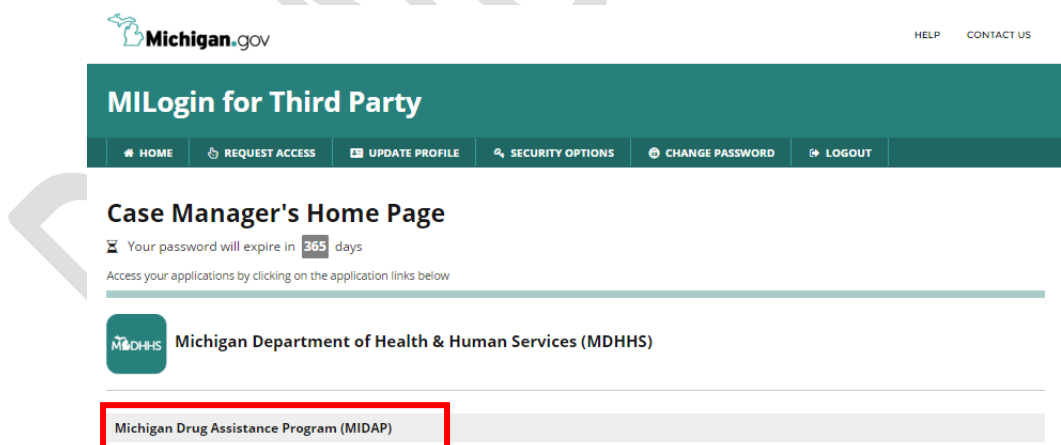
☒ I agree to the terms & conditions
☐ I do not agree

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:

Michigan.gov

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.

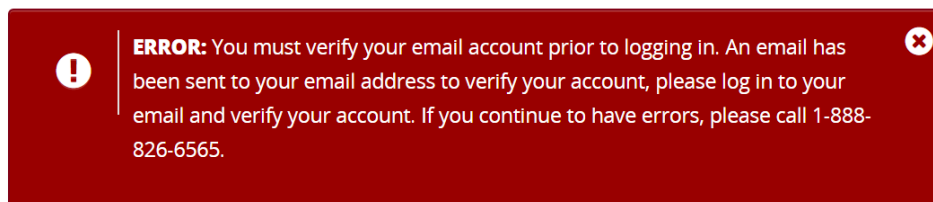
✓ **SUCCESS:** Registration has been submitted. ✕

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:

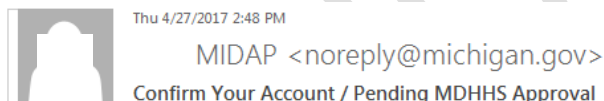


Unauthorized Access

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:

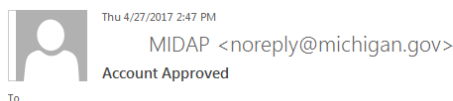


Thank you for submitting your registration for the Michigan Drug Assistance Program (MIDAP) online application. You are required to verify the e-mail address on your account. Please confirm your account by clicking [here](#). Once verified, MDHHS will review your registration information. This step may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

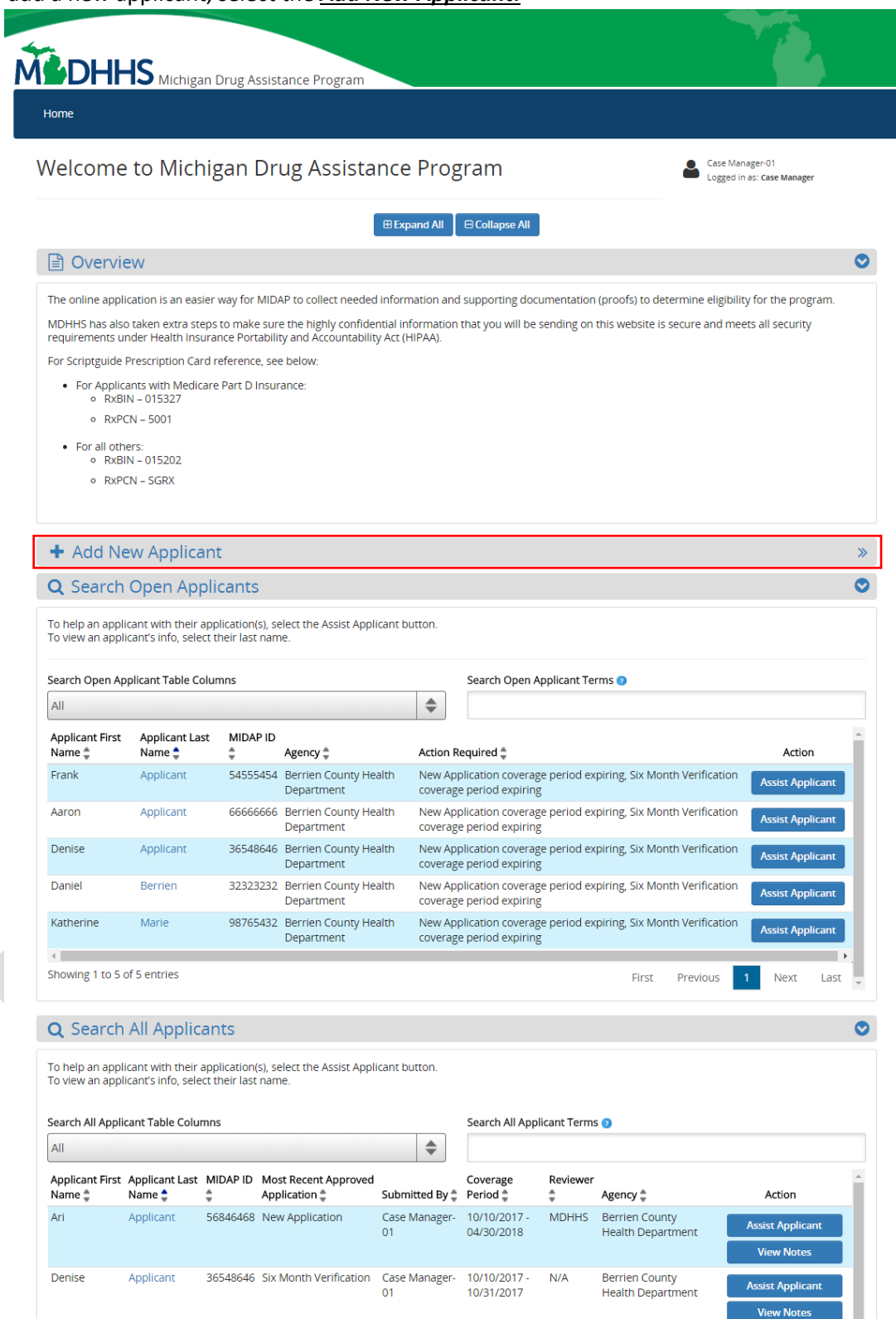
Search All Applicant Terms

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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[Home](#) | [Policies](#) | [Michigan News](#) | [Michigan.gov Survey](#)
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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

7. Once all required fields have been completed, select **Add Applicant**.
8. 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

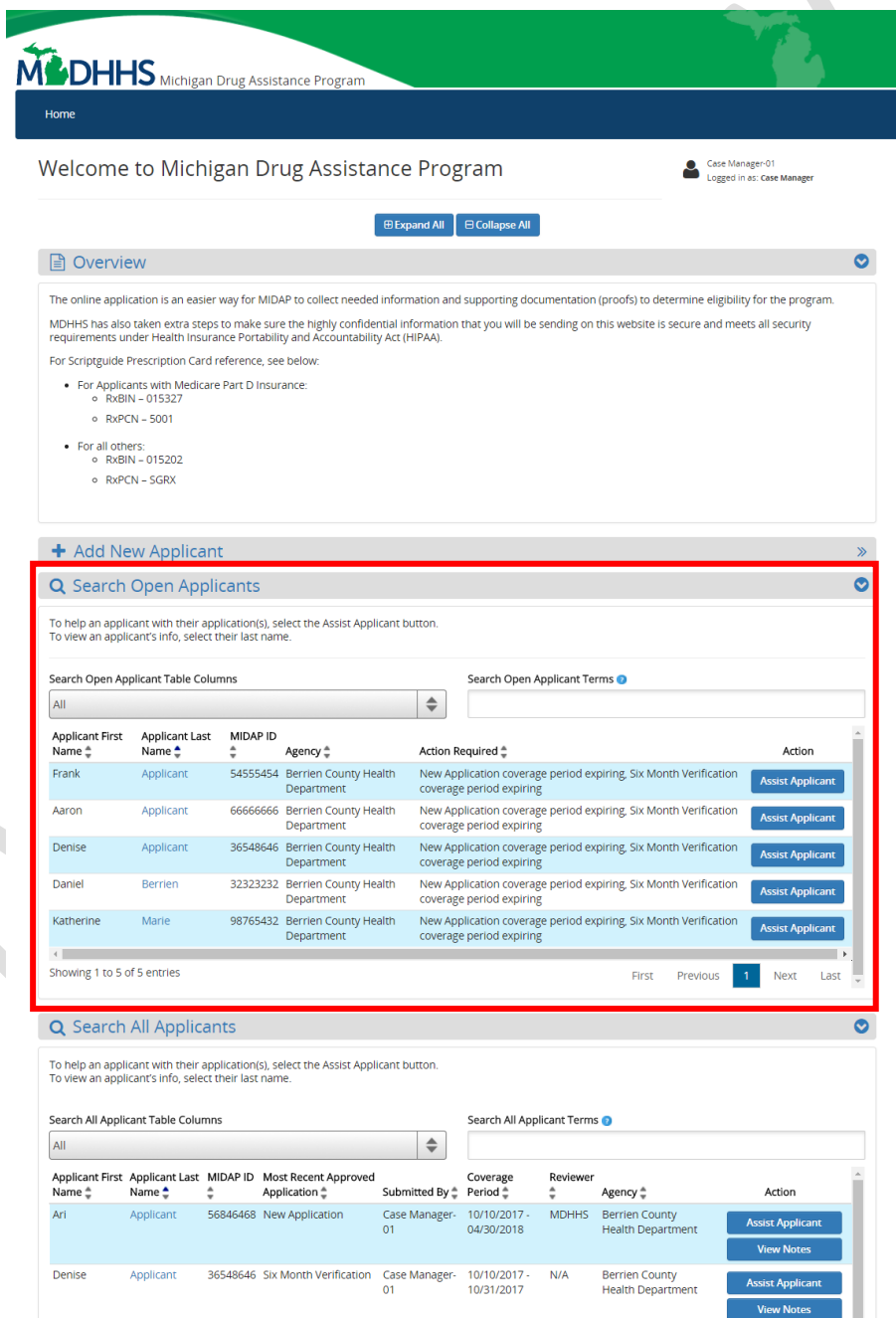
Applicant First Name	Applicant Last Name	MIDAP ID	Most Recent Approved Application	Submitted By	Coverage Period	Reviewer	Agency	Action
Ari	Applicant	56846468	New Application	Case Manager-01	10/10/2017 - 04/30/2018	N/A	Berrien County Health Department	Assist Applicant View Notes
Denise	Applicant	36548646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

The screenshot displays the Michigan Drug Assistance Program (MDHHS) user interface. The top navigation bar includes the MDHHS logo and a 'Home' link. Below the navigation bar, a welcome message reads 'Welcome to Michigan Drug Assistance Program' with a user profile indicator for 'Case Manager-01'.

The main content area features a 'Search All Applicants' section, which is highlighted with a red box. This section includes a search bar and a table of applicants. The table columns are: Applicant First Name, Applicant Last Name, MIDAP ID, Most Recent Approved Application, Submitted By, Coverage Period, Reviewer, Agency, and Action. The table lists two applicants: Ari and Denise.

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 applicants 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 interface includes a navigation bar with 'Home' and 'Applications' links. The main content area has a sidebar with 'Overview', 'Add New Applicant', 'Search Open Applicants', and 'Search All Applicants'. The 'Search Open Applicants' table is displayed, showing a single entry for 'Alicia Applicant' with MIDAP ID 99887766 and Agency Henry Ford Health System (HFHS). The 'Action' column for this entry has a red box around the 'Assist Applicant' button. A red arrow points from this button to the 'Assist Applicant' button in the 'Search All Applicants' table below. Below the tables, a green success message states 'SUCCESS: Assisting Alicia Applicant.' The interface also includes a 'Welcome to Michigan Drug Assistance Program' message and a 'Return to home page' link.

MDHHS Michigan Drug Assistance Program

Home

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

Case Manager-03
Logged in as: Case Manager
Viewing as: Alicia Applicant
Logout as: Case Manager
Return to home page

Expand All Collapse All

Overview

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
AliciaApplicant-NewApplication-20171031	Application Approved	Case Manager-03	N/A	N/A	04/04/2017 - 10/31/2017	Henry Ford Health System (HFHS)

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

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).

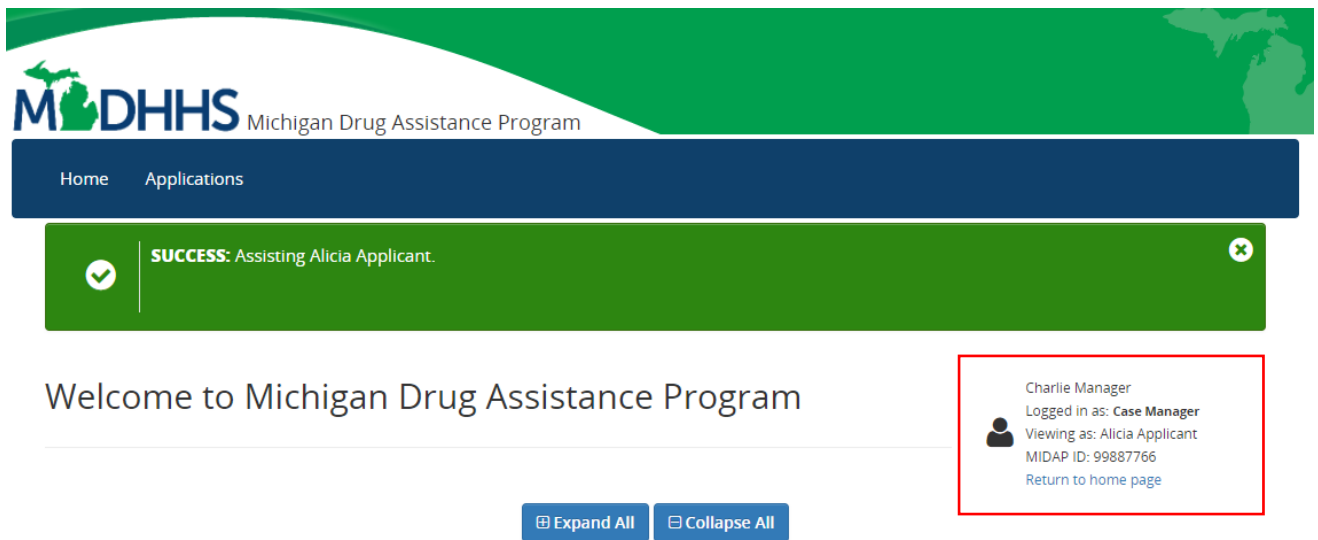
For Scriptguide Prescription Card reference, see below:

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

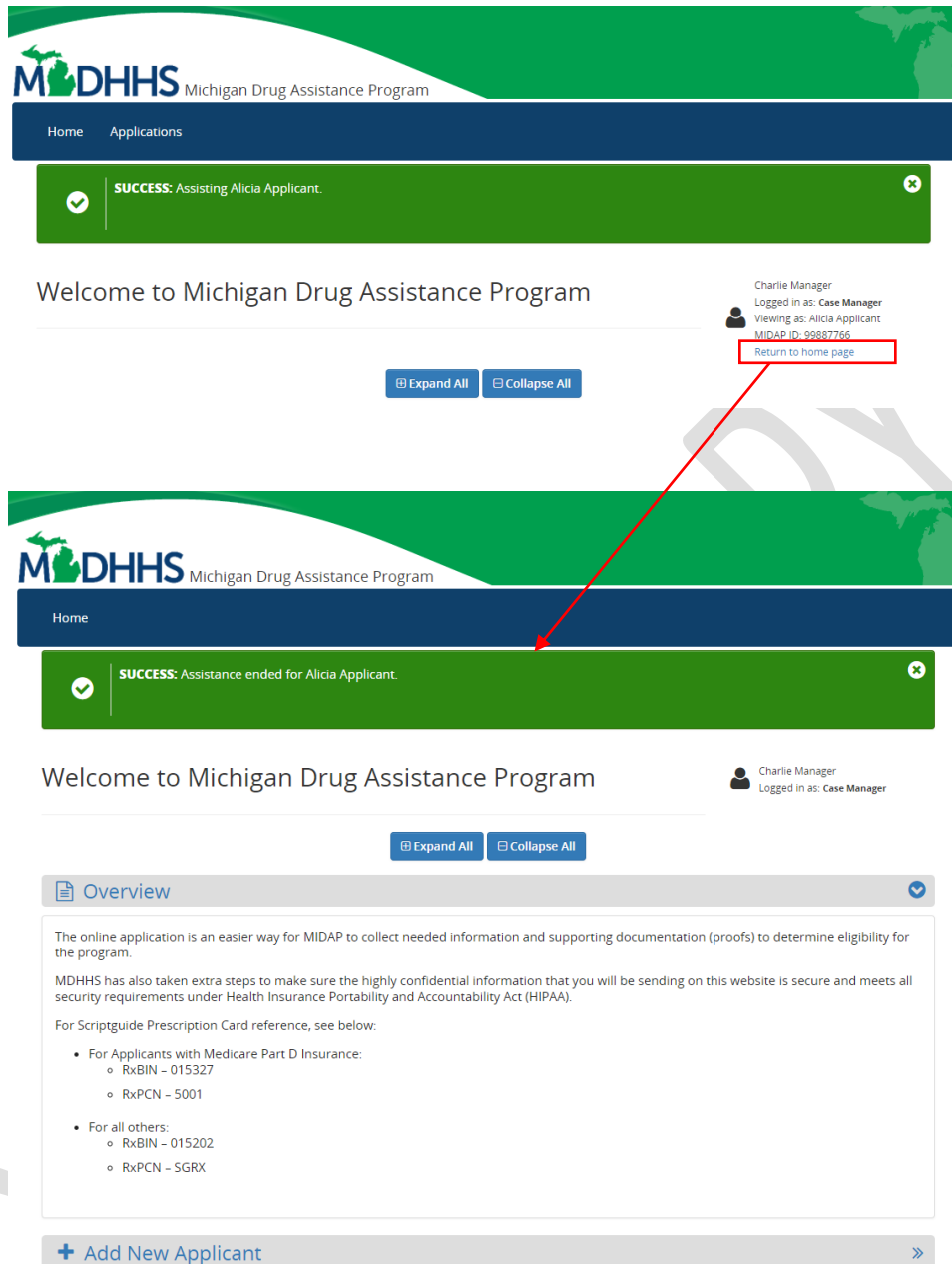
Start Application

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.



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.



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.

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

[+ 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
Applicant	User-01	11111111	Berrien County Health Department	No Six Month Verification submitted	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
Paper	Applicant	N/A	N/A	N/A	N/A	N/A	Berrien County Health Department	Assist Applicant View Notes
Porky	Pig	10101010	New Application	Case Manager-01	09/28/2018 - 03/31/2019	MDHHS	Berrien County Health Department	Assist Applicant View Notes
Applicant	User-01	11111111	New Application	MDHHS Reviewer-01	04/12/2018 - 10/15/2018	N/A	Berrien County Health Department	Assist Applicant View Notes

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

2. 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.

The screenshot displays the 'Change Role Access' page of the Michigan Drug Assistance Program. At the top, there is a navigation bar with links for 'Contact', 'MDHHS Home', and 'Mi.gov'. Below this is a header with the 'MDHHS' logo and the text 'Michigan Drug Assistance Program'. A secondary navigation bar contains 'Home', 'Applications', and 'Change Role'. The main content area is titled 'Change Role Access' and includes a message: '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:'. Two radio buttons are provided for selection: 'Legal Representative' and 'Applicant'. A blue 'Submit' button is located below the radio buttons. In the top right corner, a user profile icon indicates the user is 'Amanda Applicant' and 'Logged in as:'. The footer contains links for 'Michigan.gov Home', 'Home | Policies | Michigan News | Michigan.gov Survey', and a copyright notice: 'Copyright 2017 v1.0.0.129 - State of Michigan'.

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**:

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

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 header with the MDHHS logo and the text 'Michigan Drug Assistance Program'. A dark blue bar contains 'Home' and 'Change Role' links. The main content area starts with a 'Welcome to Michigan Drug Assistance Program' message. To the right, a user profile indicates 'Amanda Applicant' is logged in as a 'Legal Representative'. Below the welcome message are 'Expand All' and 'Collapse All' buttons. The 'Overview' section explains the online application process and lists RxBIN and RxPCN codes for Medicare Part D and other applicants. The 'Change Role Access' section states that the account is approved for multiple roles and provides a 'Change Role Access' button. At the bottom, there is a '+ Add New Applicant' link.

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