Michigan Drug Assistance Program

User Guide

Contents

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:
- Section 1.0
  - Initial Version

Version 5.0 Summary
  - 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
  - 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.

    a. 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.

    b. It is ***highly recommended*** you enter your Legal name, a valid email address, and mobile number.

    c. Once the form is completed, select the ***Next*** button.

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

5. After you enter your User ID and Password, you are required to select 4 questions and provide the appropriate answer. These questions are used in resetting your password. Answers must not contain special characters.

6. Once all required questions and answers have been provided, select *Create Account* button.

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

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

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:

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.

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.

    a.   Enter **_MIDAP_** in the application keyword textbox

    _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)._**

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

14. You are required to agree to terms & conditions by selecting **_I Accept_** button.

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

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.
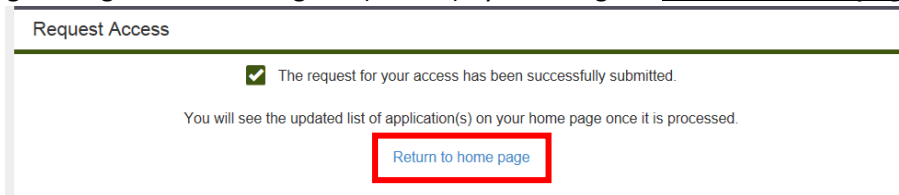
17. You will be redirected to the MILogin Citizen Home page. You should see Michigan Drug Assistance Program (MIDAP) in your access:
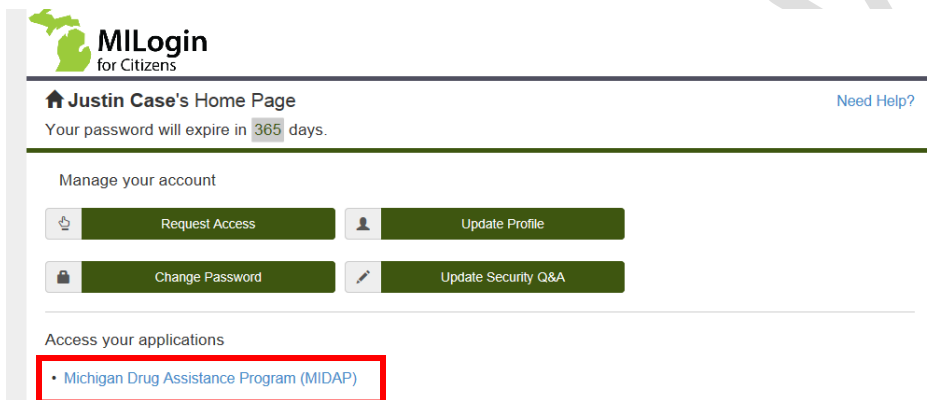
18. If you do not see the application in your access, please logout and log back in. If this does not resolve the problem, repeat steps 9-13 or call MILogin at 1-877-932-6424.

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:
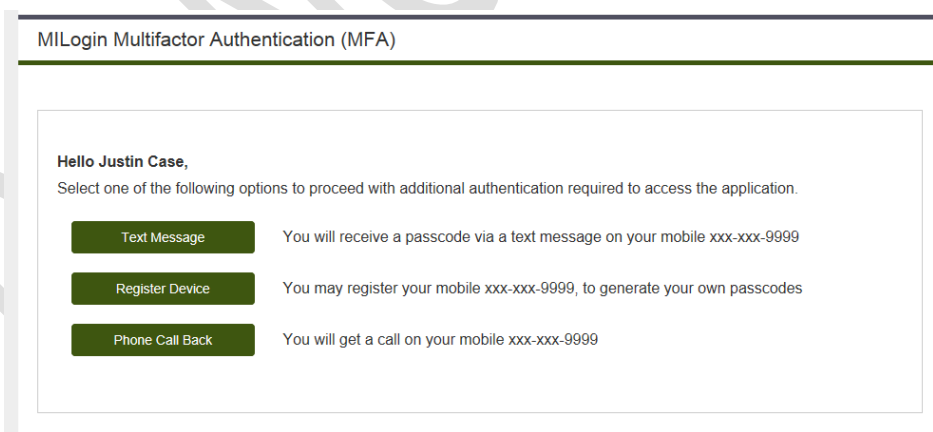
20. You will be required to enter a passcode and select ***Submit*** button. You have approximately 5 minutes to enter the code and select submit. If you are unable to login or have questions, please contact MILogin at 1-877-932-6424.

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.

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.

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:

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

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:

> ⚠ **ERROR:** You must verify your email account prior to logging in. An email has been sent to your email address to verify your account, please log in to your email and verify your account. If you continue to have errors, please call 1-888-826-6565. ✖
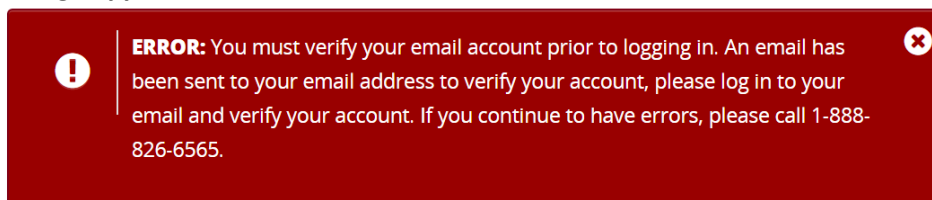
Unauthorized Access

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:

Wed 8/2/2017 8:10 AM

Confirm Your Account

To

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

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

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.***

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.

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:

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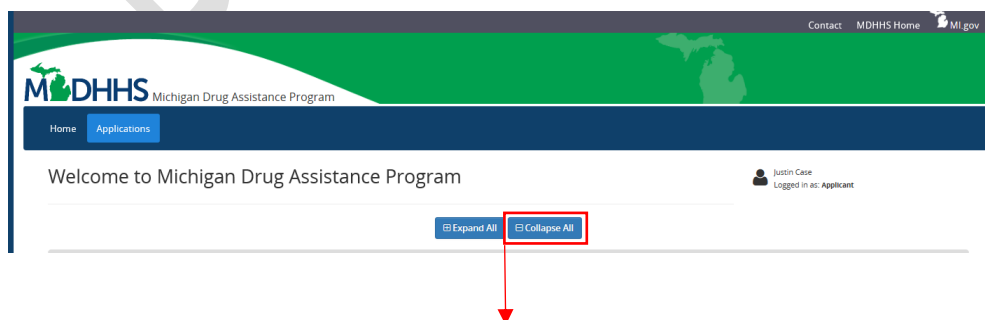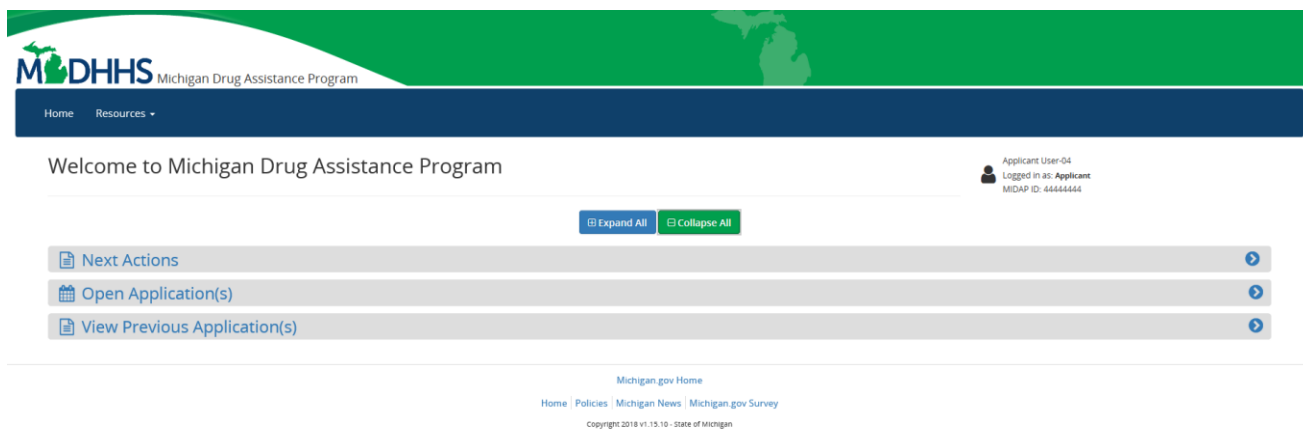
At this point, you will __*not*__ have any applications submitted and should get started on your application.

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***.

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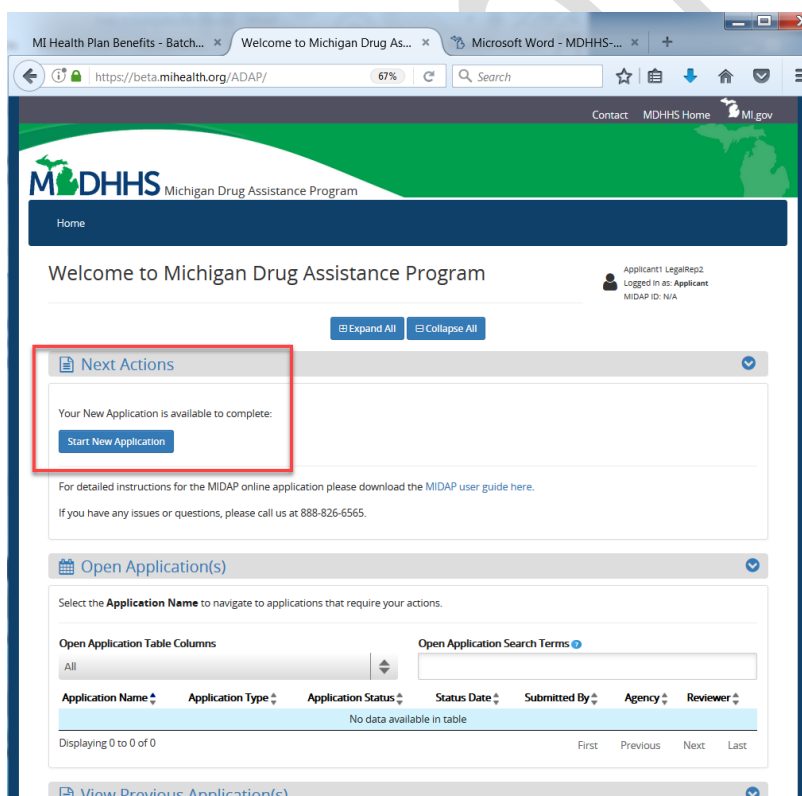3. For each application that you create, there is an ***Application Details*** section. It provides a summarized view of your application. If you experience difficulties, provide this information when contacting the State of Michigan in reference to your Michigan Drug Assistance Program application:

    a.   Application Name

    b.   Application Status

    c.   Applicant Name

    d.   Application Type

2017 Eligibility Criteria

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

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.

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:

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.

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.

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:

Field	Value
* 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.

17. 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.
18. Navigate to where you stored your proof file, select the file and select **_Open_**.

19. 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.

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.

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:

Mon 8/7/2017 8:23 AM

Application Submitted / in Review

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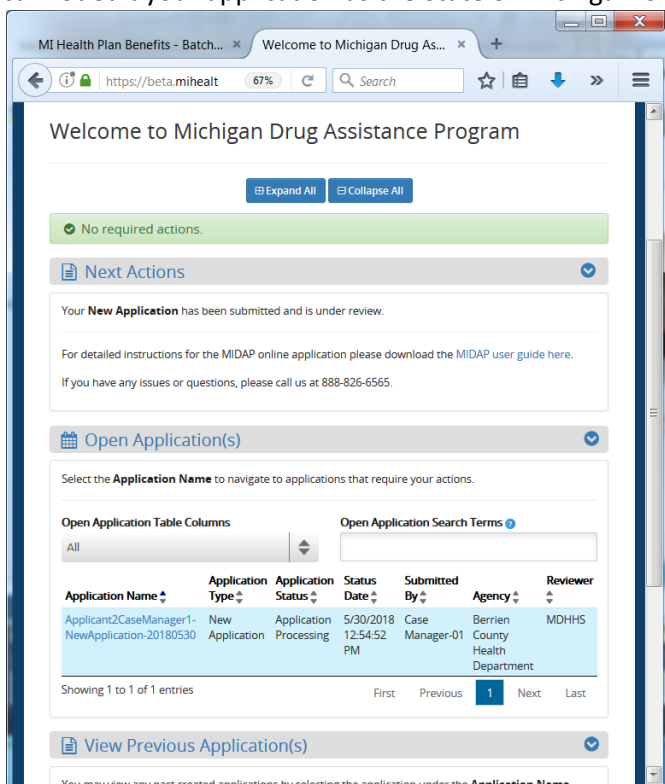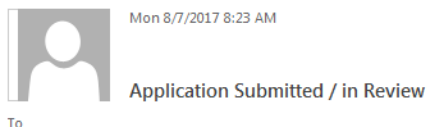
Your New Application has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

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.

Mon 8/7/2017 8:28 AM

Application Modification Required

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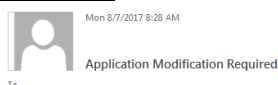
Your New Application has been reviewed by the Michigan Drug Assistance Program staff. More information is needed in order to process and complete your application. Please log into your account to see what is needed here. If you have any questions please call 1-888-826-6565.

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).

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. 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***.
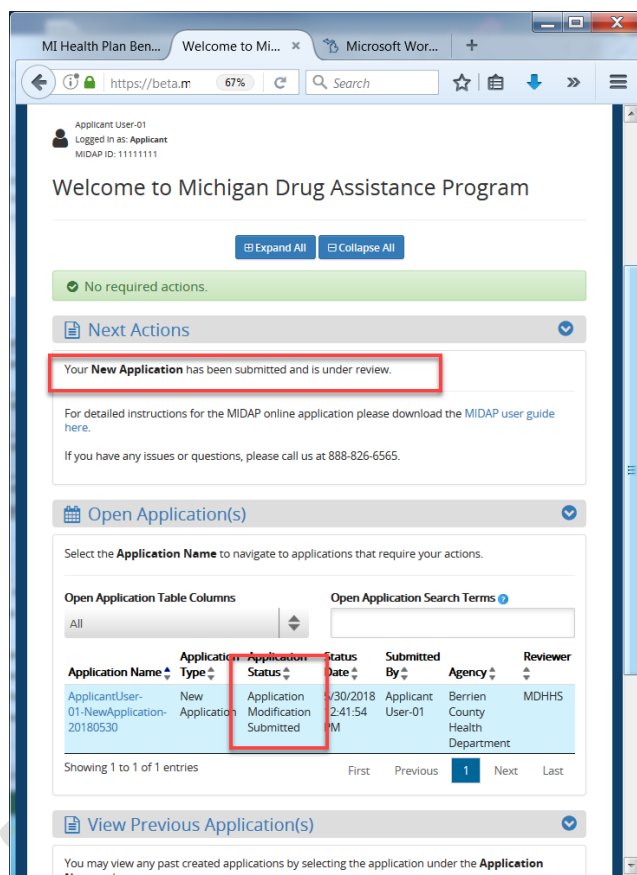
12. If the user has indicated that they would like to be evaluated for Premium Assistance, then there will be an additional application displayed in the Open Applications section.
13. You will be able to view the information you submitted by selecting the ***Application Name***, but you cannot edit your 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.

Mon 8/7/2017 9:10 AM

Application Approved

To

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.)*

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.

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.

6. At this time, no further actions are required by you unless one of the following situations occurs in the next six months:
   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

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

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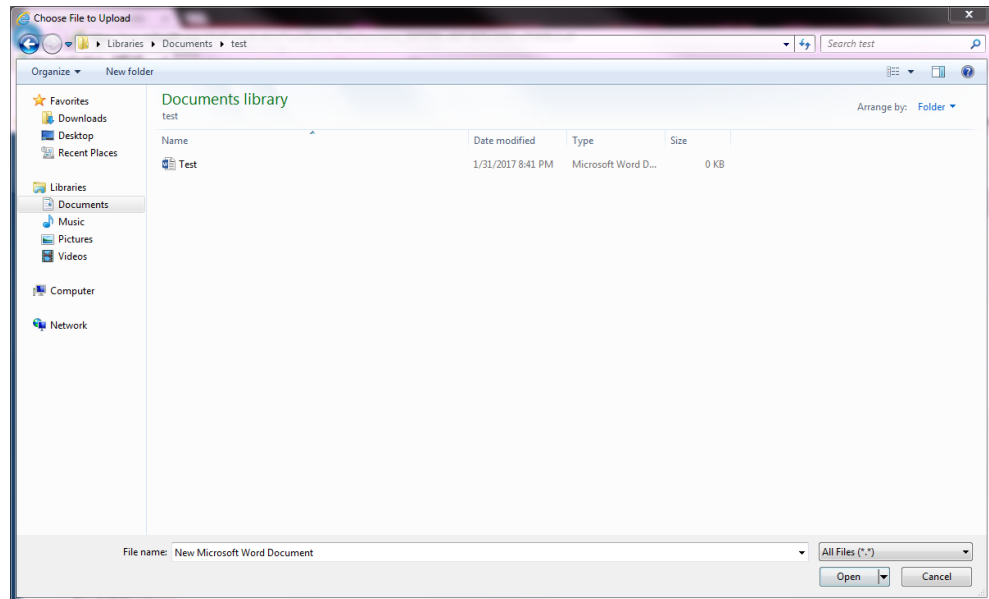
15. When the file successfully uploads, you will be able to view a preview of the document, document name, document size, and ability to remove the upload.

Proof Of Residency

+ Add files...

Test.docx   0.00 KB   🗑 Delete
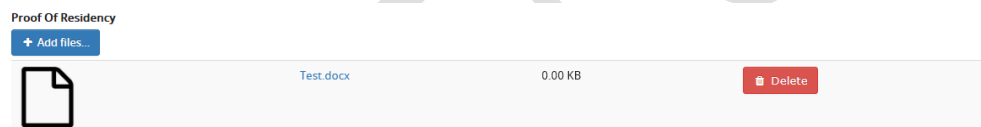
NOTE: MIDAP will use the address that you list on your application as the address to contact you via the United States Postal Service.

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***.

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:

Mon 8/7/2017 9:28 AM

Application Submitted / in Review

To

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.

    Mon 8/7/2017 2:07 PM

    Application Approved

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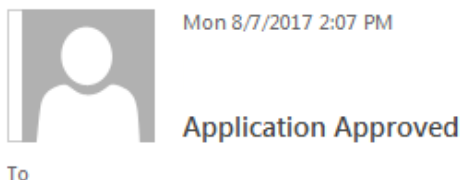
    Your Change of Status has been approved. If you have any questions, please call 1-888-826-6565.

    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

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

| All | ⬍ |

Previous Application Search Terms ❓

Application Name ⬍	Application Status ⬍	SubmittedBy ⬍	Date Modified ⬍	Modified By ⬍	Coverage Period ⬍	Agency ⬍
JustinCase-ChangeofStatus-20170807	Application Approved	Justin Case	8/7/2017 2:07:05 PM	Rick	N/A	Henry Ford Health System (HFHS)
JustinCase-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:
   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
9. If none of the situations apply to you, no further action is required.

Six Month Verification

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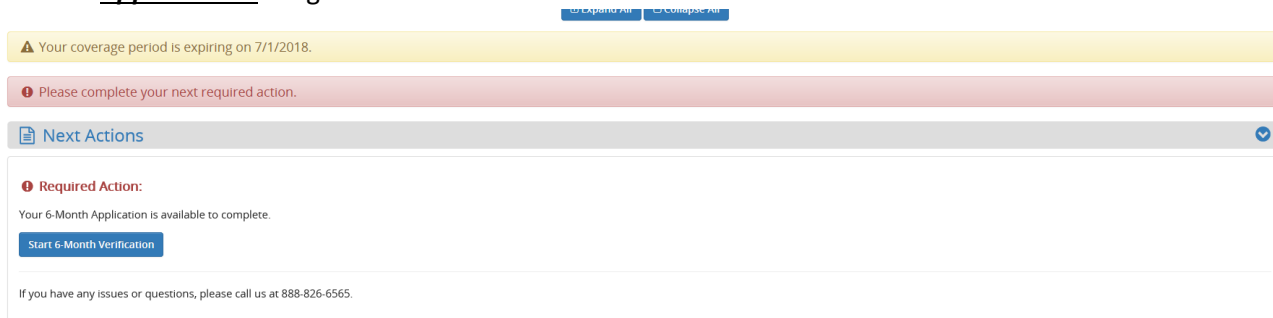
The MIDAP 6 Month Verification is available for applicants that are enrolled in the Michigan Drug Assistance Program. It is available for applicants that coverage period is expiring on their previously submitted new application or annual recertification.

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.
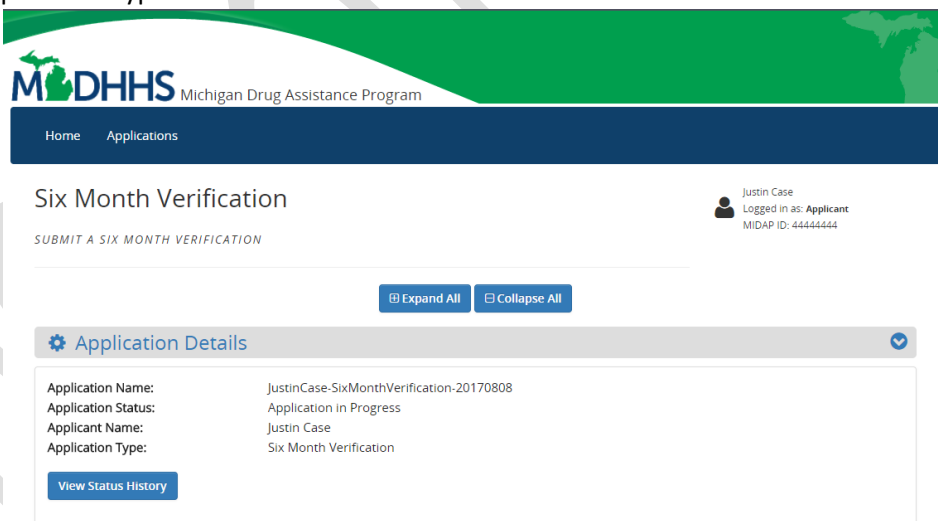
Start & Submit a MIDAP Six Month Verification

1. To start a Six-Month Verification, the applicant must:
   a. Have an approved application,
   b. 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.

> ⊞ Expand All   ⊟ Collapse All
>
> ⚠ Your coverage period is expiring on 7/1/2018.
>
> ❗ Please complete your next required action.
>
> 📄 **Next Actions**   ⌄
>
> ❗ **Required Action:**
>
> Your 6-Month Application is available to complete.
>
> [Start 6-Month Verification]
>
> If you have any issues or questions, please call us at 888-826-6565.

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

> **MDHHS** Michigan Drug Assistance Program
>
> Home   Applications
>
> ## Six Month Verification
> *SUBMIT A SIX MONTH VERIFICATION*
>
> 👤 Justin Case
> Logged in as: **Applicant**
> MIDAP ID: 44444444
>
> [⊞ Expand All] [⊟ Collapse All]
>
> ⚙ **Application Details**   ⌄
>
> Application Name: JustinCase-SixMonthVerification-20170808
> Application Status: Application in Progress
> Applicant Name: Justin Case
> Application Type: Six Month Verification
>
> [View Status History]

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	JC

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   Open Application Search Terms ❔

All ⬍

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   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-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:

Tue 8/8/2017 9:36 AM
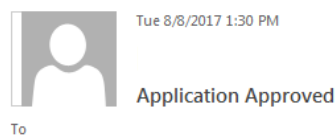
Application Submitted / in Review

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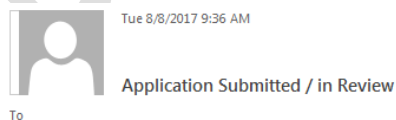
Your Six Month Verification has been successfully submitted and is currently in review by the Michigan Drug Assistance Program (MIDAP) staff.

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.

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

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

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.

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.

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.

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

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

⚙ Application Details   ⌄

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

[View Status History]

✎ Application Forms   ⌄

2017 Eligibility Criteria

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

A. Applicant must live in Michigan.

B. In some cases, applicant must have applied for public assistance (Medicaid and/or the Healthy Michigan Plan) with the Department of Health and Human Services (DHHS) within the past 90 days and have a pending, denial, or spend-down status.

C. Your household's monthly/annual gross income cannot be more than 500% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines (see chart below) in effect when MIDAP received your completed application. For assistance determining if you are below 138% FPL, please visit www.michigan.gov/dap for more information.

MIDAP 2017 Federal Poverty Guidelines (500%)

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

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

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

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 ▶]

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?'

- 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?'

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)

4. 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 Eligibilty 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_**.
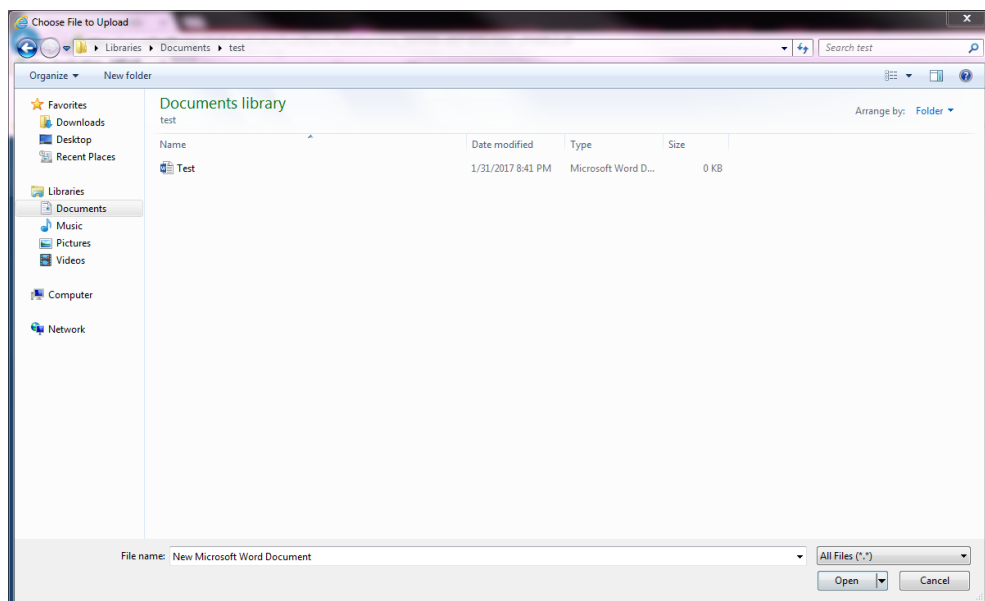
11. When the file successfully uploads, you will be able to view a preview of the document, document name, document size, and ability to remove the upload.
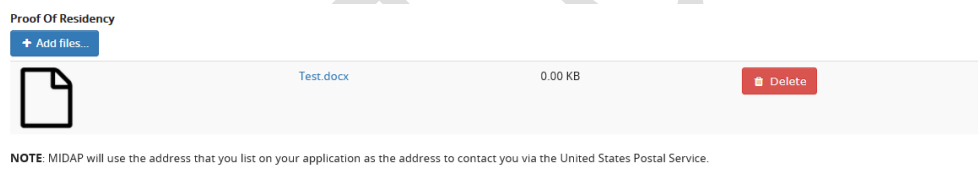
12. You are allowed to upload the following document types: Microsoft Word, Microsoft Excel, Microsoft PowerPoint, image types (.jpg, .gif, .png), and Adobe PDF.
13. You are allowed to upload multiple proof of documents. Each individual file upload must be less than 5 MB.
14. Once all your required uploads 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 ❓

| All | 🔼🔽 |

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

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

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.

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

3. 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.

---

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

> JC

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

> I have uploaded a new proof of residency

[◀ Previous] [☁ Submit to MIDAP] [Save and Next ▶]

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

> ✔ **SUCCESS:** Application has been submitted.

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

Thu 11/2/2017 2:57 PM

Application Modification Submitted

To

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

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

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

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 ℹ

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

Showing 1 to 1 of 1 entries

First   Previous   **1**   Next   Last

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

13. No further action is required for you at this time.

Application Approval & Coverage Period Overview

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

Thu 11/2/2017 3:03 PM

Application Approved

To

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

DO NOT REPLY – THIS IS AN UNMONITORED EMAIL ACCOUNT

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

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

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

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.

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.

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.

View Status History and Notes

📄 Demographic Information ▼

* First Name	Applicant
Middle Name	
* Last Name	User-01
Maiden Name	Maiden01

* 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	123 Test ST
Apartment Number	1
* City	Marshall
* State	Michigan
* Zip Code	49068
	XXXXX or XXXXX-XXXX
* County	Calhoun
County Code	26025

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

* Is your mailing address the same as your residency?
  - ● Yes
  - ○ No

* Email Address	applicant01@mphi.org
* Phone Number	111-111-1111
	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	111-11-1111
	XXX-XX-XXXX
* Date of Birth	01/01/2000
	MM/DD/YYYY

📄 Household Size and Income ▼

* Household Size	1

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	1

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 ❓	10/01/2018 📅
	MM/DD/YYYY

* MDHHS Tracking Number ❓	15469947

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	aa

🖹 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	medicare
* Account/Policy/ID Number	xyt 48618979
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 — medicare c and d

* Address Line 1 — 345 adfadf

* Address Line 2 —

* City — jyeytet

* State — Texas

* Zip Code — 44798-7846
XXXXX or XXXXX-XXXX

* Monthly Premium Amount — $ 1,200.00

* Initial Payment Amount — $ 500.00

* Premium Due Date — 11/30/2018
MM/DD/YYYY

* Have you personally contributed any amount to the initial payment?
- ○ Yes
- ● No

QHP 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 — Application Submitted/In Review

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.

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

① Profile Information   ② Security Setup   ③ Confirmation

Security Setup

Provide user id and password information to complete your profile

* Required

*User ID

[Enter a User ID]

*Password

[Enter password]   ✗

*Confirm New Password

[Confirm 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

*Security Options

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

[✉ Email]   [📱 Mobile (Text/SMS)]   [💬 Security Questions]

[**CREATE ACCOUNT**]   [BACK]

Security Setup

Provide user id and password information to complete your profile

* Required

*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

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

    *User ID

managerc0001	✖

    ✖ This User ID is taken. Choose another.

    b. 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.

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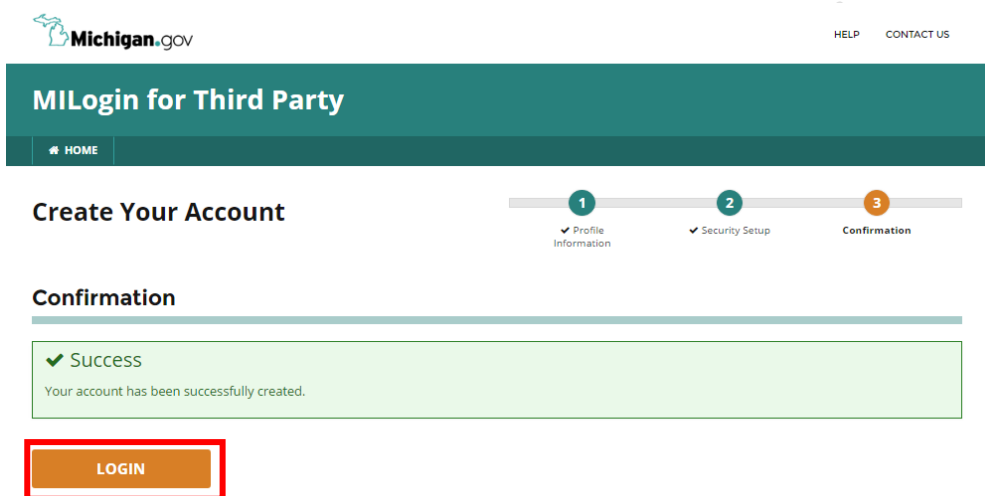
6. For security purposes, you are required to determine security recovery methods. These are the approved methods to recover your account if you forget your password. You are required to select at least one option, but you may select multiple:

    *Security Options

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

✉ Email	📱 Mobile (Text/SMS)	💬 Security Questions
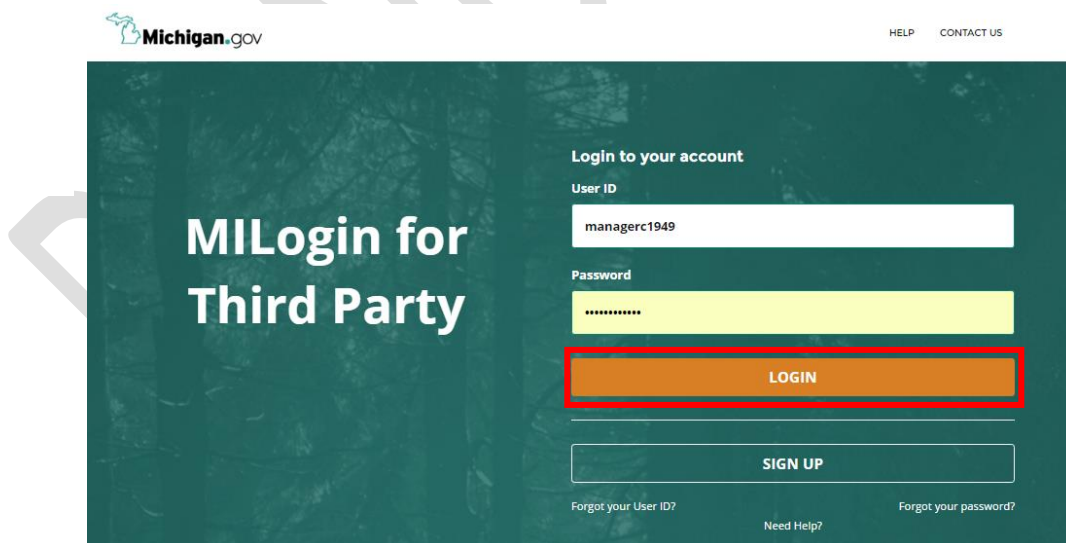
7. Select the security option(s) you'd like to use and select **_Create Account_** button once all required fields have been completed.
   a. Please note, if you select email as your only security option, you will receive a phone call during the authentication process.
   b. If you enter a mobile number, 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.

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

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.
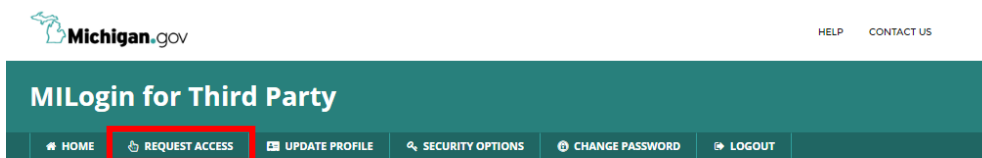
11. You are redirected to the request access page. You may search for an application by keyword or select an agency to view its applications.
   a. Enter **_MIDAP_** in the application keyword textbox.
      i. As you type in the application keyword, the system automatically hints applications you may be looking for. In this case, you are looking for the **_Michigan Drug Assistance Program (MIDAP)._**
      ii. 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).__*

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.

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.
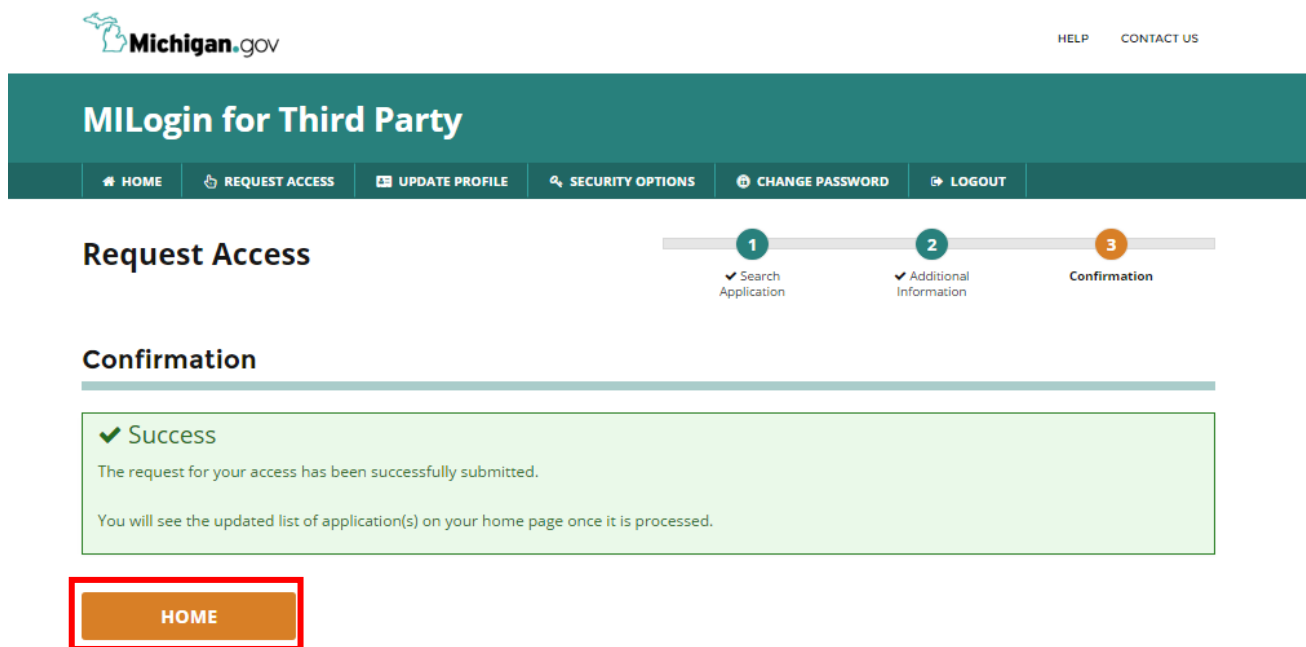
15. You will be redirected to the MILogin Third Party Home page. You should see Michigan Drug Assistance Program (MIDAP) in your access:
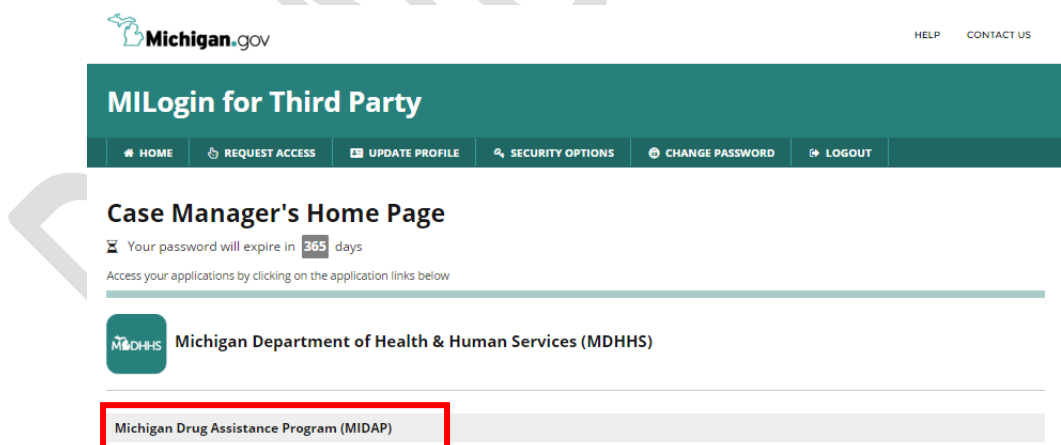
16. If you do not see the Michigan Drug Assistance Program (MIDAP) after you have requested access, please log out and log back in.

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:

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.

2. You are required to fill out any fields with a red asterisk.
3. 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.
4. You are required to determine the verified agency t you are employed.
    b. 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.

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 in red appears next to the field. You must fill in the required fields and select Submit again to complete the registration:

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

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:

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:

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.

Thu 4/27/2017 2:47 PM
MIDAP <noreply@michigan.gov>
Account Approved

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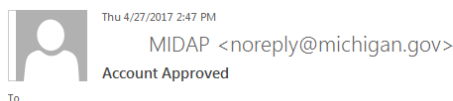
This is an automated email. Your account has been approved for the Michigan Drug Assistance Program (MIDAP) online application. You may access the application by clicking on the following link https://milogintp.michigan/gov/midap . If you have any questions, please call 1-888-826-6565.

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

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.

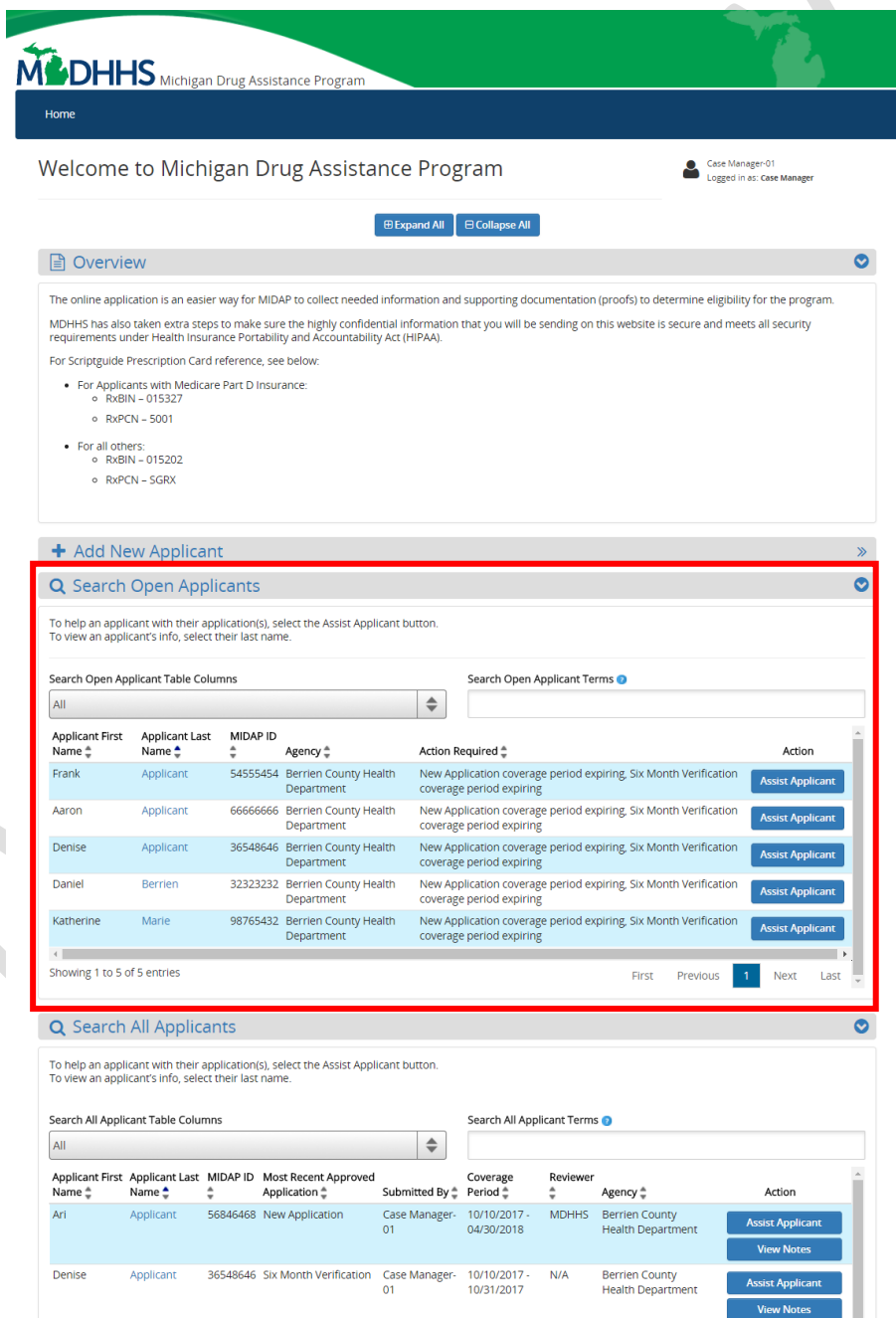Search All Applicant Table Columns

All
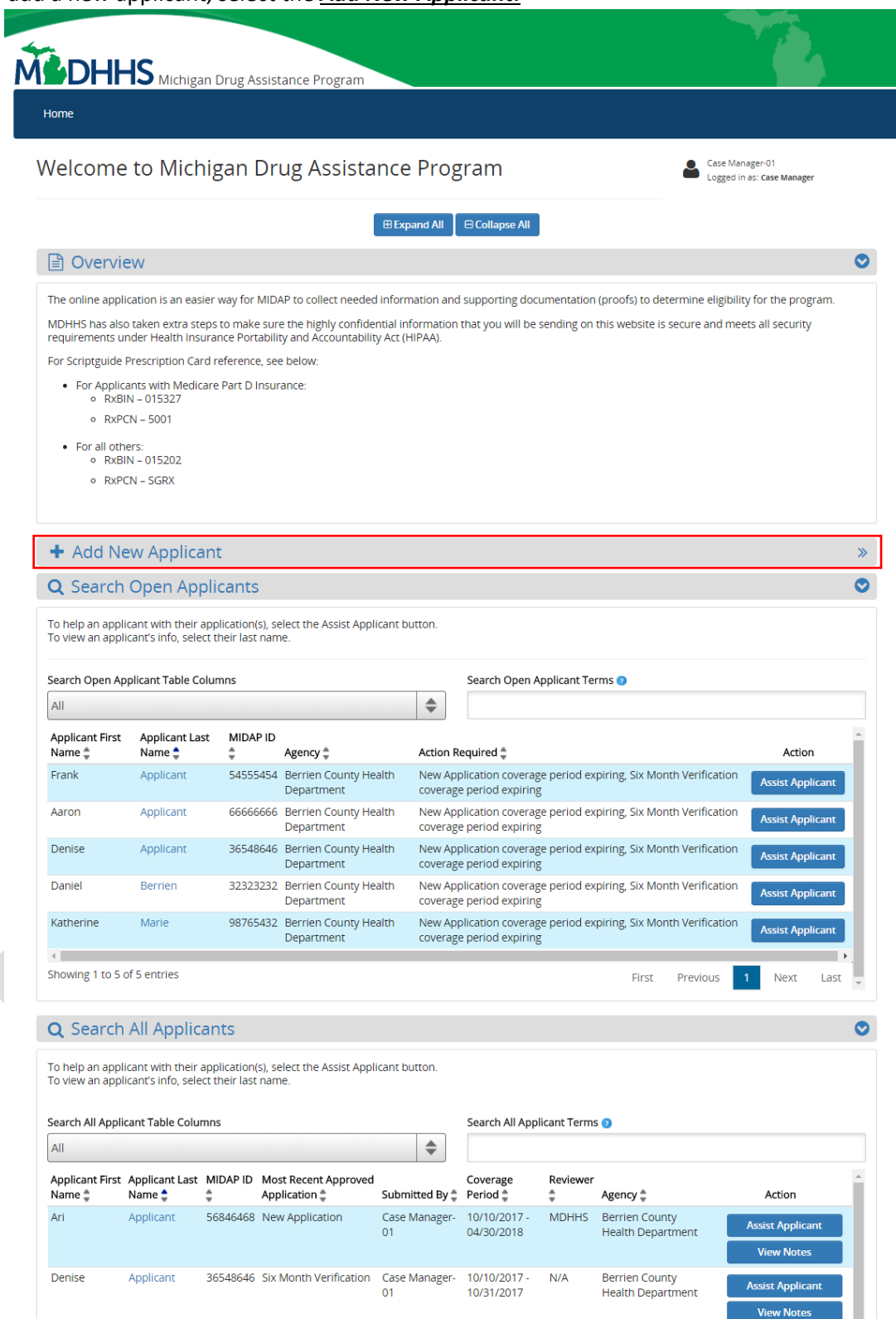
Search All Applicant Terms ❓

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

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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_**.

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:***

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

ADD NEW APPLICANT

Case Manager
Logged in as: **Case Manager**

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

Michigan.gov Home
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

ADD NEW APPLICANT

Charlie Manager
Logged in as: **Case Manager**

Applicant Information

* = Required Fields

* First Name	Jane
Middle Name	
* Last Name	Doe
* Phone Number	517-648-5211
	XXX-XXX-XXXX
Phone Number Extension	
Email	
* Mailing Address	6643 Main Street
Apartment Number	
* City	Leelanau
* State	Michigan
* County	Leelanau
* Zip Code	98461-5632
	XXXXX or XXXXX-XXXX
Social Security Number	
	XXX-XX-XXXX
* Date of Birth	10/01/1988
	MM/DD/YYYY
Maiden Name	
MIDAP ID	
	XXXXXXXX
Preferred Name	
Agency	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_**.

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:

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:

⑦ 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

1. 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.
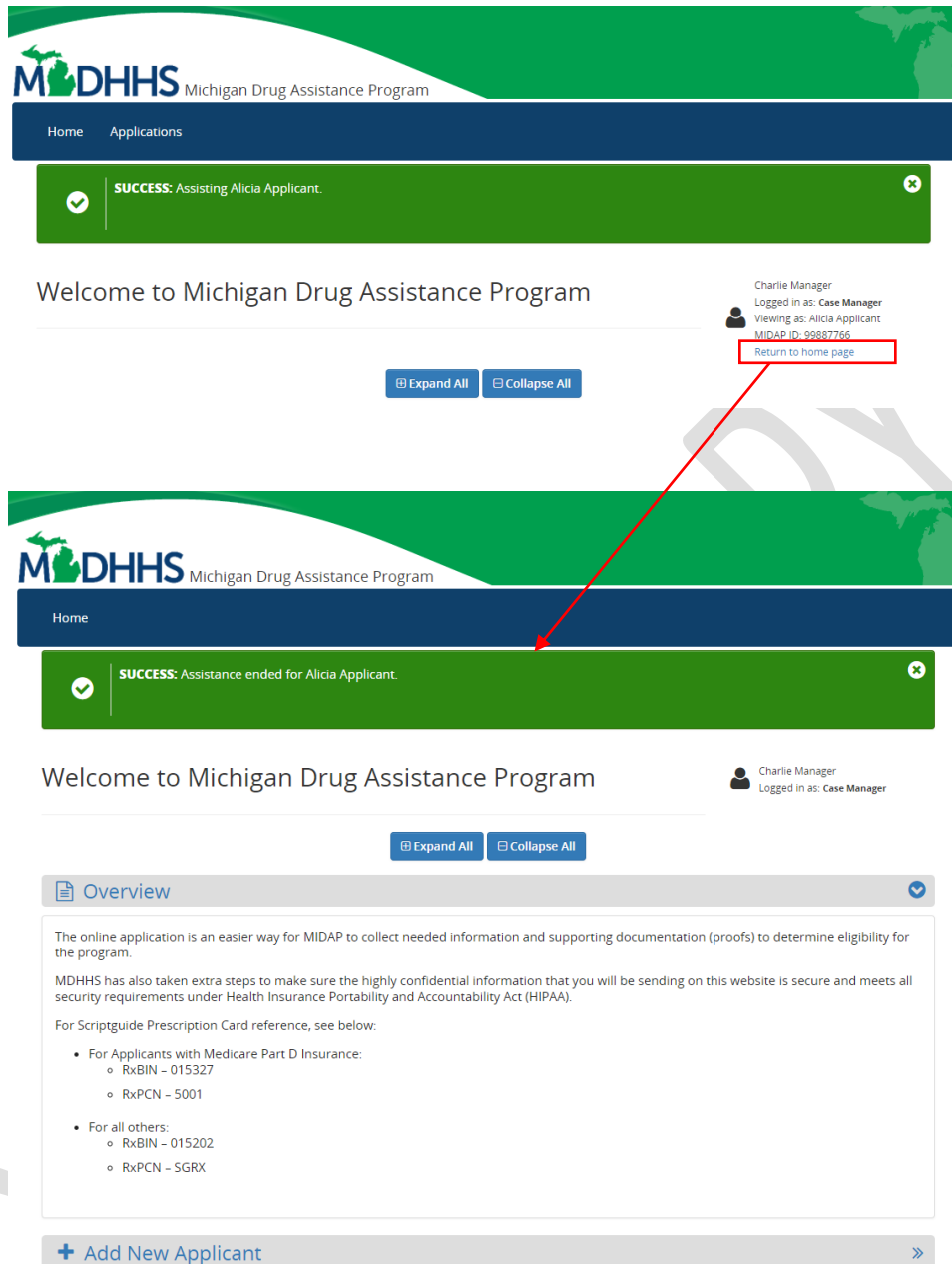
2. You are automatically redirected to the specific applicant selected home page. It is important to note, it is specified in the top right corner that you are still logged in as your ***Case Manager*** or ***Legal Representative*** role and viewing as the Applicant. The applicant's first and last name appear in this section.
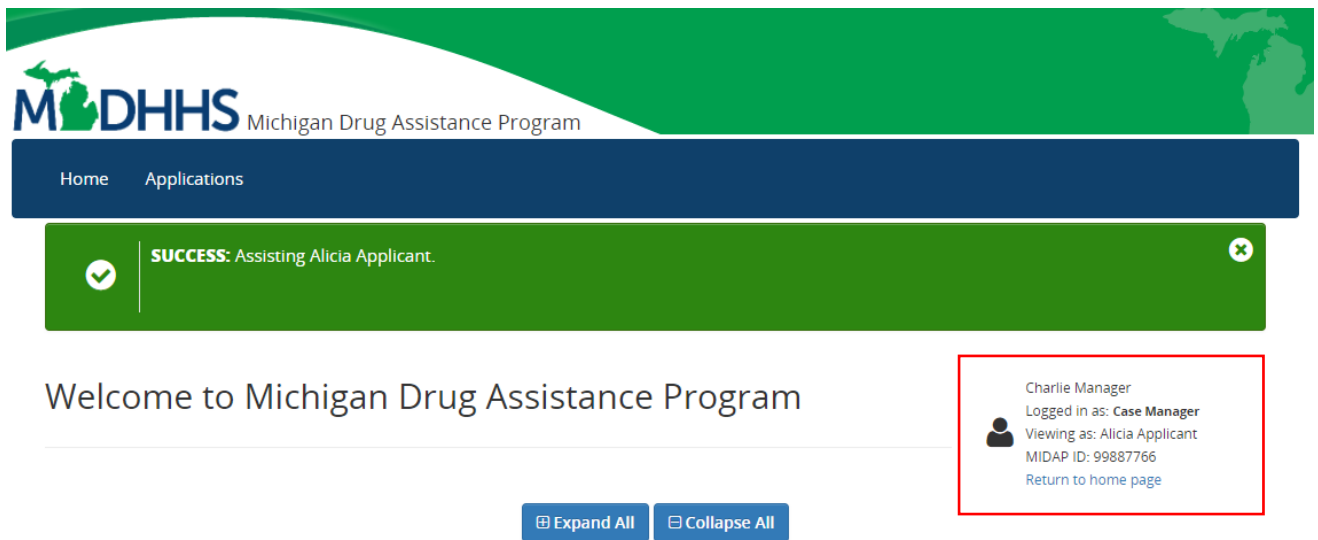
3. When assisting an applicant, you have all the same capabilities to start and submit an application for an applicant by following the same steps as an applicant (if you need assistance on how to do this, please navigate here). Any action that you perform on the applicant's account is recorded.

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.

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

💬 Notes   ⌄

Applicant: Alicia Applicant

Note Columns   Note Search Terms ⓘ

| All ⇕ | |

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

3. 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

1. 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.
2. If approved for dual roles, you are prompted on login to specify which role you'd like to login in as.
   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.
3. Once the appropriate role is selected, select the ***Submit*** button.

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***:

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

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.

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***:

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.