MICHIGAN DRUG ASSISTANCE PROGRAM

Shelli Doll, MA

MDHHS, Bureau of HIV & STI Programs

MIDAP Coordinator

	Michigan Drug Assistance Program (MIDAP) FEDERALLY FUNDED	Premium Assistance Program (PA) FEDERALLY FUNDED	Insurance Assistance Program (IAP) STATE FUNDED
HIV Status Eligibility Requirements	HIV Proof of Status is required one time at initial MIDAP enrollment	HIV Proof of Status is established during initial MIDAP enrollment	Applicant must be HIV positive and be currently too ill to work in their current job or too ill to work within the next 3 months as verified by applicant's physician or nurse practitioner
Income Eligibility	Applicants' gross income must fall between 138%-500% of the FPL. **$1,676-$6,075 per month** (for a household size of 1)	Applicants' gross income must fall between 138%-500% of the FPL. **$1,676-$6,075 per month** (for a household size of 1)	Monthly gross income limit less than 200% of the FPL. **$2,430 per month** (for a household size of 1)
Cash Asset Limits	Does not apply	Does not apply	Cash asset limit is less than $10,000 (does not include home or car) **Must include verification of assets.**
Medicaid	Applicants must not be eligible for Medicaid. However, applicants that have Medicaid Spend-down, Emergency Services Only (ESO) or MOMs **are ELIGIBLE** for MIDAP.	Applicants must not be eligible for Medicaid. However, applicants that have Medicaid Spend-down, Emergency Services Only (ESO) or MOMs **are ELIGIBLE** for MIDAP.	Applicants may be eligible or be receiving **Medicaid and/or Medicare.**
Prescription Coverage & Insurance Premiums	MIDAP pays the **full cost of medications** for applicants who have no insurance or who are pending Medicaid. MIDAP also pays **copays** for applicants who have Employer Sponsored Insurance, Private Insurance, Medicare C & D, COBRA, Qualified Health Plans, VA/Tricare & Indian Health Services	Pays **insurance premiums** for applicants that have been approved for and are active on MIDAP for Medicare Part C or D, COBRA, or a Qualified Health Plan.	Pays **insurance premiums** for applicants with Medicare Part D or a Medigap Policy. Clients must not be eligible for any other group health insurance plan. IAP clients with Medicare Part D coverage may be eligible to have the Medicare Part D paid for by IAP (*only if the client is active on Medicaid*).

WHAT IS THE MICHIGAN DRUG ASSISTANCE PROGRAM (MIDAP)?

The Michigan Drug Assistance Program (MIDAP) is a federally funded program that provides HIV-related (and other related medications) to eligible applicants who have limited or no access to insurance coverage.

In order to be eligible for MIDAP, applicants must meet the following criteria:

- Provide proof of HIV Status

- Be a resident of the State of Michigan

- Have a gross income between 138%-500% of the Federal Poverty Level (FPL)

- Not eligible for any other program. MIDAP is the payer of last resort

2023 FEDERAL POVERTY GUIDELINES

Persons in Household	ANNUAL									
	100%	133%	138%	150%	200%	250%	300%	400%	450%	500%
1	$14,580	$19,391	$20,120	$21,870	$29,160	$36,450	$43,740	$58,320	$65,610	$72,900
2	$19,720	$26,228	$27,214	$29,580	$39,440	$49,300	$59,160	$78,880	$88,740	$98,600
3	$24,860	$33,064	$34,307	$37,290	$49,720	$62,150	$74,580	$99,440	$111,870	$124,300
4	$30,000	$39,900	$41,400	$45,000	$60,000	$75,000	$90,000	$120,000	$135,000	$150,000
5	$35,140	$46,736	$48,493	$52,710	$70,280	$87,850	$105,420	$140,560	$158,130	$175,700
6	$40,280	$53,572	$55,586	$60,420	$80,560	$100,700	$120,840	$161,120	$181,260	$201,400
7	$45,420	$60,409	$62,680	$68,130	$90,840	$113,550	$136,260	$181,680	$204,390	$227,100
8	$50,560	$67,245	$69,773	$75,840	$101,120	$126,400	$151,680	$202,240	$227,520	$252,800

MIDAP EXPEDITED CRITERIA

Urgent Criteria-Tier 1	Tier 2
At risk for opportunistic infections (CD4 <200)	Moved to Michigan within the last 60 days
New HIV diagnosis	Released from prison within the last 30 days
Child under the age of 18	Termed from insurance within the last 30 days
Client is pregnant	
Released from the hospital within the last two weeks	

MIDAP ELIGIBILITY REQUIREMENTS

Eligibility Criteria	New Application/Initial Enrollment	Annual Recertification
PROOF OF HIV STATUS	**YES** Proof is required	**NO**
RESIDENCE	**YES** Proof is required	**YES** Proof is required
INCOME	**YES** Proof is required	**YES** Proof is required
INSURANCE	**YES** Proof is required	**YES** Proof is required

MIDAP PRESCRIPTION COVERAGE TYPES

Full Coverage (No Insurance)

Pay the full cost of medications

Medicaid: Temporary Full Coverage

Pay the full cost of medications

Private Insurance: Employer Sponsored

Copays

Private Insurance: Individual

Copays

Medicare Part C (Advantage Plan)

Premiums, copays, coinsurance & deductibles

Medicare Part D (Prescription Plan)

Premiums, copays, coinsurance & deductibles

VA, Tricare or other Military Healthcare

Copays

Indian Health Services

Copays

COBRA

Premiums, copays, coinsurance & deductibles

Qualified Health Plan/ACA

Premiums, copays, coinsurance & deductibles

MIDAP FORMS OR OTHER SPECIAL SCENARIOS

Form—Scenario	Purpose/Action Taken
Change of Status	If a client has moved, changed their name/phone number or had a change in their insurance coverage, the Change of Status a client will submit a Change of Status and submit it to MIDAP
Employment Verification Request	The Employment Verification Request form can be used for two things: 1. **Income Verification:** When the client begins a new position but does not have a pay stub, the employer can verify income for eligibility purposes. 2. **Insurance Verification:** When the client does not have employer-sponsored insurance until it is either offered at open enrollment **OR** their employer has a waiting period until their insurance will begin
Self-Employment Form	The self-employment form has been developed for clients/patients that do not receive any kind of traditional paycheck and are self-employed.
Declaration Forms	Three forms combined into one. Any/all may be checked. Declaration of Residency/No Income or Support:/Insurance Ineligibility: Client does not have any proof of residency, no income or supporting income, and/or is not eligible for Medicaid and the ACA. *Have also been translated into Spanish and Arabic*
Grievance Form	Communicate concerns and provide solutions that would help resolve the issue. Must be submitted within 30 calendar days of the complaint. A resolution will be provided to the person submitting the grievance within 30 calendar days of MIDAP receiving the grievance.

MIDAP FORMS OR OTHER SPECIAL SCENARIOS

Form—Scenario	Purpose/Action Taken
General Prior Authorizations	Certain medications on the MIDAP Formulary require Prior Authorizations by a client's physician. The PA can be found on www.michigan.gov/dap. Or on the ScriptGuideRx website at https://www.sgrxhealth.com/ The PA can be faxed to SGRX at (313) 264-0985
Cabenuva Prior Authorization	**Clients with no insurance:** Cabenuva has been approved on the MIDAP Formulary as a **pharmacy benefit** for uninsured clients. **Clients with Insurance:** For clients with health insurance (employer-sponsored, Medicare, ACA, etc.) where Cabenuva is covered as a pharmacy benefit, MIDAP can assist with copays. **Administration Fees:** If the facility receives Outpatient Ambulatory Healthcare (OAHC) funding, administration fees will be covered by (OAHC). For all other facilities, a Health Insurance Premium Cost-Sharing Assistance (HIPCA) request form may be submitted for administration fees. **Prior Authorization Form:** The prior authorization form can be found on the ScriptGuideRx website at https://www.sgrxhealth.com/ The PA can be faxed to SGRX at (313) 264-0985
Vacation Override/Early Refills for Travel	Members may request an early refill for travel (not to exceed 90 days) which must be submitted in writing to the MIDAP Coordinator for approval: 1. Medication(s) needed 2. Length of vacation—state the date leaving and date returning 3. Client must be active with MIDAP during the timeframe the vacation override is requested. If needed, the member must submit and be approved for next MIDAP coverage period before the vacation override/early refill for travel can approved

MIDAP FORMS OR OTHER SPECIAL SCENARIOS

Form—Scenario	Purpose/Action Taken
Lost and/or Stolen Medications	1. Overrides for lost or stolen medications are eligible for replacement only **once during a 12-month period** 2. Requests must be submitted in writing from the client, the client's case manager, advocate or a police report may be submitted to the MIDAP Coordinator for approval
Prescription Assistance Programs **Patient Assistance Program**	If a client has been determined to be not eligible for MIDAP, they will be referred to a Prescription Assistance Program or Patient Assistance Program (PAP). These programs are run by pharmaceutical companies that can provide free medications to people that cannot afford to purchase their own medications. 1. **Partnership for Prescription Assistance** Helps people without prescription coverage get medications for free or at a very low cost https://medicineassistancetool.org/ 2. **Rx Assist** Comprehensive database of pharmaceutical assistance programs https://www.rxassist.org/ 3. **Rx Hope** Helps people get medications for free or for a very small copay https://www.rxhope.com/home.aspx 4. **GoodRx:** Contains a comprehensive database of medications, prices and discounts https://www.goodrx.com/ 5. **Inside Rx:** Complete database of medications, prices, and discounts https://insiderx.com/ 6. **Blink Health:** Discounted prices for many medications https://www.blinkhealth.com/
30-Day Medication Request	Only available to clients that have been active members with MIDAP within the last 12 months. This can only be used once in a 12-month period.

HOW TO OBTAIN SERVICES

Obtaining MIDAP Services

- Case management/advocacy agencies and MIDAP staff assist applicants in enrolling and completing their applications

- MIDAP Online Application through MILogin

- Paper Application by fax or mail

Application Review

- Applications are reviewed by eligibility staff and deemed incomplete, approved or denied.

  — Incomplete applications: application is sent back to the client and/or case manager for modifications.

  — Approved applications: client will receive a welcome letter and MIDAP/SGRX card in the mail with personal identification number.

  — Denied applications: client will receive a letter with an explanation why their application was denied.

GETTING TO THE WEBSITE—WWW.MICHIGAN.GOV/DAP

MDHHS / KEEPING MICHIGAN HEALTHY / CHRONIC DISEASES / HIV/STD

Michigan Drug Assistance Program

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

Prescription Copay/Coinsurance Coverage	**Premium Assistance**
Insurance Assistance Program	**Frequently Asked Questions**
Resources on the Web	**Contact Us**

REGISTER ONLINE AS A CLIENT

How to create a MILogin account as a **Client** through the **MILogin Citizen Website**

1. Go to MILogin.michigan.gov and create a MILogin account **MILogin** for Citizens

2. Once created, login to MILogin and request access to the Michigan Drug Assistance Program

3. Complete the User Registration

4. Click "Initiate New Application" to begin

REGISTER ONLINE AS A CASE MANAGER

How to create a MILogin account as a **Case Manager** through the **MILogin Third Party Website**

1. Go to MILogintp.michigan.gov

2. Once created, login to MILogin and request access to the Michigan Drug Assistance Program (MIDAP)

3. Complete User Registration

HOW DO MEMBERS APPLY FOR MIDAP?

1. MIDAP Online Application

   - For technical issues related to the online application contact MIDAP at (888) 826-6565

   - For MILogin assistance contact the client service center at (517) 241-9700 or 1-800-968-2644

2. Paper Application – **Clients ONLY**

3. Reminder: In order to apply for Premium Assistance, a client/member must be enrolled/active with MIDAP

4. MIDAP and Premium Assistance applications are both online: ALL case managers are required to submit applications online

ADDITIONAL RESOURCES AND INSTRUCTIONS

For additional information and detailed instructions go to www.michigan.gov/dap click on the Prescription Copay/Coinsurance Coverage tab where you will find three very helpful resources:

1. MILogin Guide: A guide on how to create a MILogin account

2. MIDAP User Guide: Detailed Instructions for the MIDAP Online Application

3. MIDAP Online Video: A video for case managers on how to assist clients with the MIDAP Online Application

MIDAP FORMULARY COMMITTEE

Formulary:

The MIDAP Formulary covers all prescription drug costs for FDA-approved drugs (and other related medicines and vaccines) for HIV members patients who qualify for the program. Medications are added to the formulary based on recommendations from the MIDAP Formulary Advisory Committee.

Purpose:

The purpose of the MIDAP Formulary Advisory Committee is to review data on MIDAP client utilization; assess implications of trends and provide recommendations on formulary and medication utilization management to help guide in implementing process or program changes, as appropriate

Meetings:

Committee meets quarterly; operates on a standing monthly agenda including additional items as requested.

- ScriptGuideRx Clinical and Quarterly Plan Performance Review
- Medication Class Review
- Medication Review (any new FDA approved HIV or HCV medications)
- Formulary updated and added to website www.michigan.gov/dap

MIDAP STAFF CONTACT INFORMATION

Name & Title	Email	Phone Number	Role
Andre Truss, MIDAP Unit Manager	TrussA@michigan.gov	(517) 582-3474	o Manages and oversees the MIDAP, Premium Assistance, Insurance Assistance and MDHHS Benefits/Medicaid Eligibility Program(s)
Shelli Doll, MIDAP Coordinator	DollS@michigan.gov	(517) 897-6400	o Oversees the MIDAP Formulary and Clinical Advisory Committees o Contact for vacation overrides, early refills, lost/stolen medications, and prior auths
Rachael Feher, Premium Assistance Rep	FeherR1@michigan.gov	(517) 335-5057	o Reviews and determines eligibility and makes premium payments for Medicare Part C and D, COBRA and Qualified Heath Plans
Deb Merrifield, HIPCA Eligibility/MIDAP Eligibility Rep	MerrifieldD@michigan.gov	(517) 335-5056	o Reviews and processes HIPCA claims o Reviews and determines eligibility for MIDAP (New, Annual and Six-Month Verifications and Change of Status requests)
Asia Melchor, IAP Analyst	MelchorA@michigan.gov	(517) 335-9134	o Reviews and determines eligibility for the Insurance Assistance Program (Medigap Plans)
Dana Viges, MDHHS Benefits/Medicaid Eligibility Analyst	VigesD1@michigan.gov	(517) 335-7699	o Processes Client Benefit Evaluations (CBE's), point of contact for Medicaid checks, DHHS Liaison
Alesa Hundt, MIDAP Unit Secretary	HundtA3@michigan.gov	(888) 826-6565	o Triages all MIDAP, Premium Assistance, Insurance Assistance Program and MDHHS Benefits/Medicaid Eligibility phone calls o Organizes and distributes all program faxes and mail