



DOH 150-108 December 2017

PrEP DAP ONLINE APPLICATION MANUAL

This document explains the procedures for creating an online application to receive services from the Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP).

310 Israel Road SE
Tumwater WA 98501
Toll Free Phone: 800-272-3437
PrEP DAP Main Line: 360-236-3412
Email: PrEPDAP@doh.wa.gov

**WASHINGTON DEPARTMENT OF HEALTH
Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP)
Online Application Manual**

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Summary/Important Information:

PLEASE READ PRIOR TO FILLING OUT ONLINE APPLICATION

This guide is designed to assist individuals through the process of filling out an online PrEP DAP application.

IMPORTANT: All fields that are in **bold** are **required** fields and must be filled in or completed **before** you will be allowed to submit your application for PrEP DAP.

IMPORTANT: While completing the application DO NOT use the “Enter” or “Backspace” keys, or the “Back Arrow” at the top of the browser page. This will take you out of the online application without saving your information and you will have to start over. To navigate the application, please use your mouse to click on the appropriate tabs or fields, you can also use your “Tab” key to navigate from line to line in the different tabs.

IMPORTANT: The online application will time out if there is no consistent activity. If the application times out, you will have to start over from the beginning of the application.

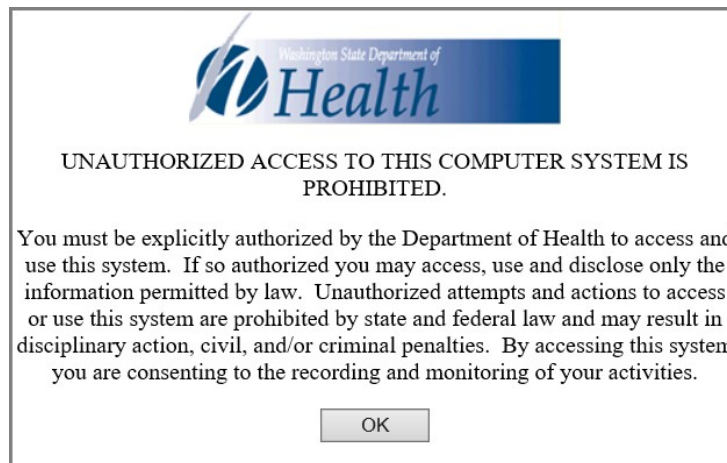
IMPORTANT: Ensure all copies of supporting documents are both legible and valid. If they are not, it could result in an incomplete application, which will delay your eligibility.

IMPORTANT: You have 20 days to notify PrEP DAP of changes that affect eligibility. These changes include but are not limited to: health insurance coverage, change of address, etc.

Once you obtain access to SAW, this is how you will proceed through the online application for PrEP DAP.

Access Authorization:

- Will need to click the “OK” button to access the online Application. This allows you safe access to the Application and protects your information.



Landing Page:

PrEP DAP Client Site Landing Page



This is the first screen you will see. It is called the “Client Site Landing Page” and provides information and useful links to assist you in applying for PrEP DAP assistance or other Government assistance.

USEFUL DOCUMENTS: In this section you will find this document and the Health and HIV Status Information (HHSI), which is a required document that we highly recommended that you download prior to starting the application. This will prevent the application from timing out and you will not have to start over. These links will be available at the bottom of the screen throughout the application.

- **HIV and Health Status Information (HHSI):** This is the document signed and dated by yourself and your medical provider showing your HIV status. You will need to fill this out each time you apply or renew with PrEP DAP. This document is available in English and Spanish.

NOTE: If the HHSI is not completed, your application will be considered incomplete.

USEFUL LINKS:

- **List of Providers:** This is a link to a list of known providers that are currently prescribing PrEP in Washington.
- **General Information or Frequently Asked Questions:** This link connects to the “General Program Information and Frequently Asked Questions” document which gives an overview of PrEP DAP and answers to common questions concerning renewals and coverage dates.
- **Prevention Navigation Agencies and Navigators:** This is a list of navigators that you can reach out to if you are in need of assistance applying for services related to PrEP or PrEP DAP.

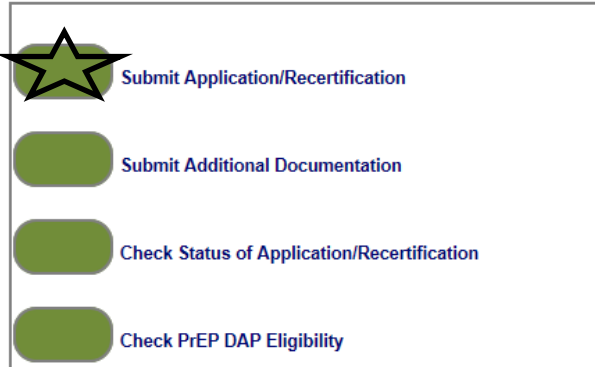
ADDITIONAL LINKS:

- These are links for your use if you need further information concerning programs relating to PrEP DAP eligibility and other programs that may be of assistance to you.
 - [DOH Pre-Exposure Prophylaxis Drug Assistance Program \(PrEP DAP\) website](#)
 - [Ramsell Pharmacy Benefits Manager contracted with PrEP DAP](#)
 - [Washington HealthPlanFinder](#) For qualified clients who need to purchase insurance or change plans
 - [Washington State Department of Social and Health Services](#) For clients who need help with Medically Needy spenddowns or applying for benefits
 - [Medicare](#) For clients with current Medicare coverage
 - [Washington Apple Health](#) For those who may qualify for Medicaid
 - [Office of the Insurance Commissioner](#) For insurance information and resources in Washington State

To Submit a new or renewing application:

Warning 1: If you do not refresh a page on the web site or click on a link for 3

Warning 2: If you have problems filling out the application online, you can try



In order to start a new application or to begin your annual renewal, you will want to click the “Submit Application/Recertification” button.

Agreement & Release of Information & Assignment of Benefits:

All applicants completing the online application will be required read through the first three screens and select the “Accept” button on the bottom of each page. If you select the “Reject” button you will be taken back to the main page and will have to either print and fill out a paper application or proceed through these again.

Rights and Responsibilities Agreement

I have a right to:

- Be treated with respect, consideration and honesty.
- Receive services without discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, class, and sexual orientation, physical or mental ability.
- Have my records be treated confidentially.
- File an appeal about eligibility and coverage decisions.

I have the responsibility to:

- Treat Department of Health staff and contracted service partners with respect, consideration and honesty.
- Adhere to medically recommended testing and treatment, including all activities recommended in current PrEP standards of practice.
- Give correct, current and complete information.
- Respond to the Program's request(s) for information.
- Reimburse the Program for any and all premium or benefit reimbursement payments that are paid to me in error during my enrollment.
- Reimburse the Program if premiums are paid on my behalf for excess advance premium tax credit received as part of an Income Tax refund, if applicable.
- File income tax forms, if applicable.
- Update my income in the WA Healthplanfinder and with PrEP DAP if I have a Qualified Health Plan through WA Health Benefits Exchange.
- Notify the Program, or have my Prevention Navigator notify the Program, of any changes that affect my eligibility within 20 days. These changes include, but are not limited to: address and health insurance coverage.
- Apply for other services for which I may be eligible before I receive services from PrEP DAP.
- Submit information regarding my continued eligibility for participation in the Program(s), including proof of residency, availability of health insurance coverage, and an updated and signed version of this form with my recertification application every (1 year).

I understand that:

- The information requested on this application is for the purpose of determining my eligibility for state funded services.
- The funding is limited and may expire at any time without extended or alternate funds being available.
- The Program will use other state and federal data systems as well as other information to verify the information I give them.
- Upon approval, my eligibility will expire after 1 year. Before the conclusion of that 1 year, I will be required to reapply and provide updated eligibility information to continue receiving services.
- If I am considered eligible for services, my information may be utilized by our contractual partners to provide Program services.
- Eligibility approval does not mean I will receive or be enrolled in all available services. I understand each service may require additional information, and that I must provide this information for verification before enrollment into said services.
- If I am approved for premium assistance:
 - I will need to select EHIP as my Sponsorship Representative for a Qualified Health Plan in the WA Healthplanfinder, if applicable. By selecting EHIP as my sponsor, I authorize EHIP to communicate and share information with the WA Healthplanfinder. I must notify the Program & EHIP of any changes to my insurance coverage such as:
 - Receiving insurance from my job, Medicaid, Medicare, partner, spouse or other source(s).
 - Receiving a premium statement, premium coupon or coupon book.
 - Receiving a late premium notice, letter or phone call.
 - Receiving a premium change notice or letter.
- I give the Program & EHIP authorization to communicate and share information about my Qualified Health Plan (QHP), Healthcare for Workers with Disabilities (HWD), Medicare Part D (PDP) or Employer Sponsored Insurance (ESI) through myself, my partner (s), my partner, my spouse's employer.
- I authorize and direct my health insurer to directly reimburse the Program for any unused premium payments should my insurance policy terminate or be cancelled for any reason, including but not limited to future ineligibility, voluntary termination, involuntary cancellation, termination by operation of law, or death.
- If I want to revoke this authorization and terminate the agreement, I must do so in writing to both insurance benefits manager and the health plan administrator.



By clicking Accept, I understand and agree to the Rights and Responsibilities Agreement above



By clicking Reject, I understand that this application will not be submitted. Please contact PrEP DAP at 1-877-272-2437 or PrEPDAP@doh.wa.gov with questions or concerns about the Rights and Responsibilities Agreement.

Release of Information

I give my permission for PrEP DAP to share information from this renewal and from subsequent documentation obtained by PrEP DAP with contracted providers, prevention navigators, and contracted vendors and family/friends I listed in the Authorized Representative section of my initial application. I give this permission for one year and 60 days from the date I agree to this authorization.



By clicking Accept, I understand and agree to the Release of Information as described above



By clicking Reject, I understand that this application will not be submitted. Please contact PrEP DAP at 1-877-272-2437 or PrEPDAP@doh.wa.gov with questions or concerns about the Release of Information

Assignment of Benefits

I hereby assign to the State of Washington Department of Health any right to drug or medical benefits to which I may be entitled under any other plan of assistance or insurance from any other liable third party. I consent to the assignment of these benefits to Washington State Department of Health and I understand that the Washington State Department of Health is entitled to repayment for incorrectly provided benefits or benefits to which a third party is liable.




By clicking Accept, I understand and agree to the Assignment of Benefits above



By clicking Reject, I understand that this application will not be submitted. Please contact PrEP DAP at 1-877-272-2437 or PrEPDAP@doh.wa.gov with questions or concerns about the Assignment of Benefits

Once you accept these three pages you will be taken to the “Main” tab.

Main Tab:



Toll Free (in Washington State) 800.272.2437
Office 360.236.3412
Fax 360.664.2216
Email: PrEPDAP@doh.wa.gov

Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) Client Site

Submit

Main Demographics Address Apply Assistance PAP Provider Income Benefits Insurance Authorized Rep Risk Factors Eligibility

Alert
All fields that are bold are required and must be filled in before you will be allowed to complete your application. To navigate the application, please utilize either the Tab button or use your mouse to point and click to enter information into the appropriate fields throughout the application. Please DO NOT use the Back Arrow at the top of the browser page, and DO NOT use the Enter key to navigate fields in the application as this will kick you out of the application and you will HAVE TO START OVER.

Applicant Identification

PrEP Client ID:	51000
Legal First Name:	Bret
Legal Middle Initial:	
Legal Last Name:	Ballinger
Name Suffix:	
Date of Birth:	01/01/1980
Social Security #:	555-66-7777
Current Gender Identity:	Non-binary/Genderqueer
Sex Assigned at Birth:	Male

Proof of Identity
Proof of Identity is not required, State already has one on file.

Applicant Identification: You will need to complete ALL the information in bold.

- PrEP Client ID – This will be auto filled based on if you have previously applied to the program or if you are a new applicant.
- **Legal First Name (as it appears on your state issued driver’s license, ID or passport)**
- Legal Middle Name
- **Legal Last Name (as it appears on your state issued driver’s license, ID or passport)**
- Name Suffix
- **Date of Birth**
- Social Security Number
- **What is your Current Gender Identity? Select your current gender identity**
 - Female

- Male
- Transgender Female to Male
- Transgender Male to Female
- Non-binary/Genderqueer
- Other
 - If you select Other, a text box appears for you to specify Other Gender, enter your current gender identity if not listed above
- **What was your Sex Assigned at Birth?** Select which gender you were assigned when you were born
 - Female
 - Male

Proof of Identity:

- **Proof of Identity document type** Select which document type you are providing to prove your identity (these documents can be expired)
 - Passport
 - State Driver’s License
 - State ID

IMPORTANT: If your proof of identity is already on file with PrEP DAP, this option will not show on your screen. You will not have to provide additional proof unless you have had a change in information (Ex: Name change, etc.)
- You have the option to upload an electronic copy of your **“Proof of Identity documents”** that you have scanned into your computer or if you are on your phone you can take a picture and upload directly from there, you may click on the **“Browse”** button and attach the document/s. If you are not scanning and uploading supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia, WA 98504-7840.**

Demographics Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
Demographics											
Race - Check all that apply:		<input checked="" type="checkbox"/> American Indian/Alaska Native <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input checked="" type="checkbox"/> White									
Asian:		<input checked="" type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input checked="" type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other									
Native Hawaiian Pacific Islander:		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander									
Ethnicity:		Hispanic									
Ethnicity - Hispanic:		<input checked="" type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input checked="" type="checkbox"/> Cuban <input type="checkbox"/> Other									
Veteran?		Yes									
Primary Language:		English									
Preferred Written Communications Language:		English									

STATEMENT: All fields that are bold are required.

Race:

- You may select more than one race if that applies to you.
- If you select Asian or Native Hawaiian/Other Pacific Islander a separate drop down menu will appear. Please select an option from this sub-demographic list.

Ethnicity:

- Select either Hispanic or Non-Hispanic
 - If you choose “**Hispanic**” select a Hispanic ethnicity from the drop down list. You may select more than one.





Veteran: If you have served in the United States Armed Forces, please select “Yes.” If you have not, please select “No.”


Primary Language: Select a primary language from the drop down list.

Preferred Written Communications Language: Please select either “English” or “Spanish” from the drop down list.

Address Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
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Residence	
Housing Type:	Home/Apartment you Own/Rent 
Street Address:	1234 E 5th Street 
Apt / Lot / Floor:	<input type="text"/> 
City:	Addy <input type="text"/>
County:	Stevens <input type="text"/>
State:	WA <input type="text"/>
Zip Code:	99999 <input type="text"/>
Primary Phone:	(987) 665-5544 
Secondary Phone:	<input type="text"/>
Okay to Leave Voice Mail?	Yes <input type="text"/>

Mailing Address	
Do you consent to receiving mail from the program?	Yes 
Care Of Line:	<input type="text"/>
Street Address:	1234 E 5th Street <input type="text"/>
Apt / Lot / Floor:	<input type="text"/>
City:	Addy <input type="text"/>
County:	Stevens <input type="text"/>
State:	WA <input type="text"/>
Zip:	99999 <input type="text"/>

STATEMENT: Please provide your physical address in this section. PO Box numbers are not acceptable as proof of residence. Providing a PO Box number in this section will result in an incomplete application. You can provide a PO Box number in the mailing address section.

IMPORTANT: You must provide supporting documentation to show your current home address entered in the Residence section. Examples include:

- Valid Washington State Driver's License or Washington State ID
- Rental/Lease/Mortgage Agreement
- Utility Bill within last 90 days (cell phone bills are not acceptable)
- Washington State Voter Registration
- Social Security Administration Benefit Statement

If you do not have a home address, you can enter yourself as homeless and use the location where you are staying or your prevention navigation agency as your mailing address. *You must provide a mailing address.*

Residence:

“Housing Type” You must choose the best selection for your current housing status. You must provide the following information if you select **“Home/Apartment you Own/Rent”**

- **Street Address**
- Apartment/Lot/Floor number (if applicable)
- **City**
- **County**
- **State**
- **Zip Code**
- Primary or Secondary Phone is highly encouraged, but not required. It allows PrEP DAP to reach you if we have questions or concerns about your application.

If you select “**Homeless**” please include the name of the city you are staying in and choose the option that best describes where you stayed last night:

- At a park
- In a car
- At a shelter
- On the street
- With family/friends, or
- Somewhere else

You will still need to provide the City, County and State in which you stayed last night.

Mailing Address:

- “**Do you consent to receiving mail from the program?**” This question automatically defaults to “Yes” as you **must** consent to receiving mail from the program in order to be eligible. You can choose to have it sent to your home, another address, or PO Box.
- Enter the mailing address where you would like to receive letters from PrEP DAP. You can enter a physical address or a PO Box.

EMessaging:

EMessaging

Okay to Send Email?

Email Address:

Email cc Recipient Address 1:

Email cc Recipient Address 2:

Email cc Recipient Address 3:

Okay to Send Text Messages?

Cell Phone Carrier:

Cell Phone with Area Code:

NOTE: Complete this section if you would like to receive electronic notifications and/or correspondence from our program concerning your application and eligibility. If you select “Yes” please verify that the email address entered is correct. If you do not want to receive electronic notifications, please select “No.”

- **Okay to Send Email?**

- o If you would like to receive email notifications, please select “Yes.” If you do not, select “No.”
NOTE: You will not see the EMessaging section if you answer “No.”
- **Email address**
 - o Email cc Recipient Address: You may select up to 3 email address to receive notifications about your application.
- **Okay to Send Text Messages?**
 - o If you would like to receive text messages on your cell phone, please select “Yes.” Choose “No” if you do not.
- **Cell Phone Carrier:**
 - o If you selected “Yes” to receiving text messages, please choose the cell phone carrier for the number you want to get messages (ex: Verizon, AT&T, T-Mobile, etc.).
- **Cell Phone with Area Code** Enter the phone number to receive text messages. This phone number will only be used for text messages.

IMPORTANT: Electronic notifications will only alert you to check your online application. If you want specific information, you will need to log on to your electronic application to view the details.

Proof of Residency:

Proof of Residency

Proof of Residency required at initial application or only if address changed.

Proof of Residency document type:

Click to select files to attach ==>:

- You have the option to upload an electronic copy of your “**Proof of Residency documents**” that you have scanned into your computer or if you are on your phone you can take a picture and upload directly from there, you may click on the “**Browse**” button and attach the document/s. If you are not scanning and uploading supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia, WA 98504-7840**

Apply Assistance Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
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If someone helped you apply for PrEP DAP, should PrEP DAP notify them of the status?

Last Name:

First Name:

Email Address:

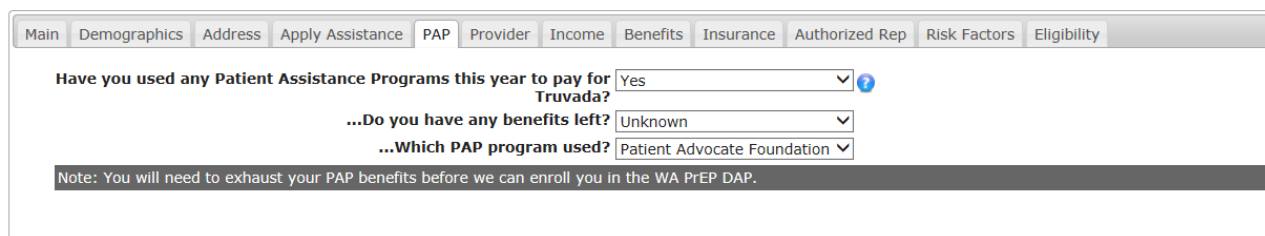
Phone Number:

NOTE: This section is for you to fill out if someone helped you apply for PrEP DAP, please list

their name here if you would like us to notify them of your application status (this is not a Prevention Navigator). You must provide their full name and either an email address or phone number to help us contact your assistant.

- **If someone helped you apply for PrEP DAP, should we notify them of the status?**
 - If you would like us to notify someone of your application status, please select “Yes.” If you do not, select “No.”
If you select “Yes”, fill out the information below.
- **Last Name:**
 - Please enter your Application Assistants Last Name.
- **First Name:**
 - Enter your Application Assistants First Name.
- **Email Address:**
 - Enter your Application Assistants Email Address.
- **Phone Number:**
 - Please enter your Application Assistants Phone Number.

PAP (Patient Assistance Program) Tab:



Main Demographics Address Apply Assistance **PAP** Provider Income Benefits Insurance Authorized Rep Risk Factors Eligibility

Have you used any Patient Assistance Programs this year to pay for Truvada? Yes

...Do you have any benefits left? Unknown

...Which PAP program used? Patient Advocate Foundation







Note: You will need to exhaust your PAP benefits before we can enroll you in the WA PrEP DAP.

NOTE: This section is to document if you have used any Patient Assistance Programs (PAPs) this year (this **does not** include PrEP DAP). Patient assistance programs are programs to help pay for medications based on financial need.

- **Have you used any Patient Assistance Programs this year to pay for Truvada?**
 - If you select “Yes” additional questions will appear. If you select “No” please move to the next tab.
 - If you selected “Yes” please select if you have benefits left and which PAP program you used.
 - If you selected “No – Applied but Denied” please select which PAP program denied.

Provider Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
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PrEP Prescriber: Other 
 ...Other PrEP Prescriber: 
 ...Clinic/Facility/Practice Name: 
 Prevention Navigator Agency: Other 
 ...Other Prevention Navigator Agency: 
 Prevention Navigator: 



NOTE: The only required information on this tab is your PrEP Prescriber information.

PrEP Prescriber:

- PrEP Prescriber:
 - Please select the provider you receive your PrEP prescription from (they are listed alphabetically by provider’s first name). If your provider is not listed, you can click “Other” and a drop down menu will appear. You will then need to enter your PrEP Prescriber as well as the Clinic/Facility/Practice where you receive PrEP care.
- Prevention Navigator Agency:
 - If you have a Prevention Navigator Agency where you receive PrEP Navigation services please select the Agency name. If the agency you receive services from is not listed, please select “Other” and type in the information.
- Prevention Navigator:
 - If you selected a Prevention Navigator Agency, please tell us who your Prevention Navigator is. If the navigator you are working with is not listed, please select “Other” and type in their name.

Income Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
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Income
 Are you willing to share with the program your current income? Yes 
 ...Type of income: Annual 
 Annual Income: \$19,999.00

NOTE – This section is for documenting your current monthly or annual income.

Are you willing to share your current income?

- Yes
 - Type of Income: Annual or Monthly
 - Income Amount
- No
 - Please move to the next tab

IMPORTANT: PrEP DAP is not an income based program, however, we ask this question to help ensure that you are receiving all the benefits that are available, this includes other Washington State and Federally funded programs.

Benefits Tab:

Main	Demographics	Address	Apply Assistance	PAP	Provider	Income	Benefits	Insurance	Authorized Rep	Risk Factors	Eligibility
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Medicare

Status: ?

Effective Date:

Medicare Coverage:

Attach a copy of the front and back of your red, white and blue card.

Click to select files to attach ==>: Browse...

Medicare Prescription Drug Plan (PDP)

Status: ?

Effective Date:

Carrier Name:

Plan Name:

Attach a copy of the front and back of your Medicare D card.

Click to select files to attach ==>: Browse...

VA Medical Services

Status: ?

[Guide to completing application](#) [HIV and Health Status Information](#)

NOTE: If you have any type of Medicare coverage you will need to provide front and back copies of your card/s.

Medicare:

- **Status - If you have Medicare** you must select one of the following options:

- **Active:** This option is if you currently have active Medicare coverage.
 - Enter the date your Medicare became active
- If you choose “Active” select which Medicare coverage applies to you:
 - Part A Only
 - Part B Only
 - Part A & B
 - Part C
- **Applied:** This option is if you have applied to Medicare and your coverage has not been activated as of yet.
- **No Benefits:** This option is if you do not currently have Medicare Coverage or are not eligible for Medicare.
- If your **Medicare Coverage** is Part C, you will need to provide the following information:
 - Carrier name
 - Plan name
 - Whether it includes pharmacy benefit
 - Please select “Yes” or “No”

Medicare Prescription Drug Plan (PDP):

- **Status** - You must select one of the following options:
 - **Active:** This option is if you currently have active PDP coverage.
 - If you choose “Active” will need to provide the following information:
 - The date your PDP became active
 - Carrier name
 - Plan name
 - **Applied:** This option is if you have applied for a PDP and your coverage has not been activated as of yet.
 - **No Benefits:** This option is if you do not currently have PDP or are not eligible for Medicare PDP.

VA Medical Benefits:

NOTE: This will appear if you indicated you are a veteran on the main tab of the application. If you did not indicate you are a veteran, this option will not show on your screen.

- **Status** - You must select one of the following options:
 - **Active:** This option is if you currently have active VA benefits.
 - **Applied:** This option is if you have applied for VA benefits, but are not yet active.
 - **No benefits:** This option is if you do not currently have VA benefits.
- You have the option to upload an electronic copy (front and back) of your **Medicare Card, PDP Card, and/or your Part C Card** that you have scanned into your computer or that you have taken a picture of on your phone, you may click on the “**Browse**” button and attach the document/s. If you are not scanning and uploading supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia,**

WA 98504-7840.

- **NOTE:** The **Medicare Card** is your Red/Blue Medicare card. Your PDP or Part C coverage card will be a separate card.

Insurance Tab:

Main Demographics Address Apply Assistance PAP Provider Income Benefits Insurance Authorized Rep Risk Factors Eligibility

Primary Private Insurance

Status: Active

Effective Date: 07/01/2017

Policy Source: ACA Exchange

Insurance Company Name: BridgeSpan Health Company

Policy/Plan Name: Bronze HDHP 5000 MultiCare

Pharmacy Coverage Included?: Yes

If you are a new client or if your insurance has changed since your last certification you must upload a copy of your insurance card, both front and back and your pharmacy benefits card if separate.

Click to select files to attach ==>:

NOTE: If you have any type of private insurance coverage you will need to provide front and back copies of your card/s.

Primary Private Insurance:

- **Status** - You must select one of the following options:
 - **Active:** This option is if you currently have active private insurance coverage.
 - **Applied:** This option is if you have applied for private insurance coverage, but the coverage is not yet active.
 - **COBRA:** This option is if you were employed and have lost your employment, your employer is required to offer you COBRA. Which means for limited time frame you are able to keep your current insurance coverage that you had were you were employed and it is your responsibility to pay the premium cost of that insurance coverage to maintain the coverage.
 - **No Benefits:** This option is if you currently have no active private insurance coverage.
- If your **Primary Private Insurance** status is “Active” then you will need to provide the following required information:
 - **Effective date:** The date your current coverage started
 - **Policy Source**
 - **ACA Exchange:** Qualified Health Plans purchased through the Washington HealthPlanFinder
 - **Employer:** Group plans offered through your work
 - **Individual:** Plans other than employer sponsored insurance or Qualified Health Plans
 - **Insurance company name**
 - **Policy/Plan name**

NOTE: If you are unsure of the name of your insurance company name or the policy/plan name, you can enter “Unknown.”
 - **Pharmacy Coverage Included?**
- If your COBRA is your Primary Private Insurance, you will need to provide the

following required data:

- o **Effective date**
- o **Policy Source**
 - You will choose “Employer”
- o **Insurance Company Name**
- o **Policy/Plan Name**
- o **Cobra Start Date**
- o **Cobra End Date**
- o **Pharmacy Coverage Included?**
- If your **Primary Private Insurance** status is either “Applied” or “No benefits,” there is no required information to be entered.
- You have the option to upload an electronic copy of your **Primary Private Insurance Card** front/back that you have scanned into your computer or a picture you have taken, you may click on the “**Browse**” button and attach the document/s. If you are not scanning and uploading supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia, WA 98504-7840.**

Authorized Rep:

Main | Demographics | Address | Apply Assistance | PAP | Provider | Income | Benefits | Insurance | **Authorized Rep** | Risk Factors | Eligibility

Authorized Representatives

Please provide the following information for any person you would like us to talk to about your PrEP DAP coverage. The Date of Birth, Phone Number or Email Address for your authorized representative(s) is used to verify the person's identity when speaking about your coverage. *If you have a Prevention Navigator, this will be entered on the Provider tab.

Number of authorized representatives: 3

Representative 1

Name: My Rep
Date of Birth: 01/01/1990
Phone: (888) 777-6666
EMail Address: 1234@gmail.com

Representative 2

Name:
Date of Birth:
Phone:
EMail Address:

Representative 3

Name:
Date of Birth:
Phone:
EMail Address:

NOTE: This tab is to list the people you have authorized to represent you. These are people that can speak to PrEP DAP on your behalf.

Number of Authorized Representatives: This is the number of people you selected to be your authorized representative(s). If you enter a number, you will need to complete the following information:

- **Name**
- **Date of Birth**
- **Phone number:** This is the phone number of the authorized representative

- Email Address

NOTE: You need to provide either Date of Birth, Phone Number, or Email address so we can verify the person’s identity when speaking with them about your coverage.

Risk Factors:

The screenshot shows a web application interface with a navigation bar at the top containing tabs: Main, Demographics, Address, Apply Assistance, PAP, Provider, Income, Benefits, Insurance, Authorized Rep, Risk Factors, and Eligibility. Below the navigation bar is an 'Alert' box with the following text: 'Pre-Exposure Prophylaxis (PrEP) is a daily medication that can help prevent HIV infection. The Department of Health (DOH) has implemented guidelines to help us assess individual's eligibility for our program. To assist us in eligibility determination, please tell us which risk factors you identify with.'

The main content area is titled 'Risk Factors' and contains the following questions and options:

- Have you ever had sex with a man? Yes
- ...In the last 12 months, has a doctor, nurse or other health care provider told you that you had chlamydia, gonorrhea, or syphilis? Yes
- ...Check all that apply:
 - Chlamydia
 - Gonorrhea
 - Syphilis
- ...In the last 12 months have you used methamphetamine (crystal, tina, crank, ice)? Yes
- ...In the last 12 months have you used poppers (alkyl or amyl nitrates)? Yes
- ...In the last 12 months, did you have sex without using a condom with anyone you did not consider to be a main/primary partner? Yes
- Are you in an ongoing sexual relationship with a partner who you know to be HIV-positive? Yes
- ...Is your partner on HIV medications? Yes
- ...Is your partner trying to get pregnant? Yes
- In the last 12 months, have you exchanged sex for things like money or drugs? Yes
- In the last 12 months, have you injected or shot up any drugs not prescribed for you by a health care provider? Yes

STATEMENT: All fields are required to be filled out.

ALERT: *Pre-Exposure Prophylaxis (PrEP) is a daily medication that can help prevent HIV infection. The Department of Health (DOH) has implemented guidelines to help us assess individual’s eligibility for our program. To assist us in eligibility determination, please tell us which risk factors you identify with.*

Risk Factors:

- **Have you ever had sex with a man?:** Yes / No (if No, Skip to next question)
 - **In the last 12 months, has a doctor, nurse or other health care provider told you that you had chlamydia, gonorrhea, or syphilis?** Yes / No / I don’t know
 - **If Yes, check all that apply:**
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - **In the last 12 months have you used methamphetamine (crystal, tina, crank, ice)?** Yes / No
 - **In the last 12 months have you used poppers (alkyl or amyl nitrates)?** Yes / No
 - **In the last 12 months, did you have sex without using a condom with anyone you did not consider to be a main/primary partner?** Yes / No
- **Are you in an ongoing sexual relationship with a partner who you know to HIV-positive?** Yes / No (if No, skip to next question)
 - **Is your partner on HIV medications?** Yes / No
 - **Is your partner trying to get pregnant?** Yes / No

- In the last 12 months, have you exchanged sex for things like money or drugs? Yes / No
- In the last 12 months, have you injected or shot up any drugs not prescribed for you by a health care provider? Yes / No

Eligibility Tab:

HIV & Health Status Information – Please attach a signed HIV & Health Status Information (HHSI) document. If not available, submit the application now and fax or upload the HHSI later. The HHSI must be completed by you and the health care provider that is prescribing your PrEP.

- You have the option to upload an electronic copy of your HHSI that you have scanned into your computer or a picture you have taken, you may click on the **“Browse”** button and attach the document/s. If you are not scanning and uploading supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia, WA 98504-7840.**

Submitting the Application:

When you are done with the application, please click on the “submit” button in the top right hand corner of the screen.

Errors – if found:

Please fix the following errors:

Submit

Main

- Legal First Name: This field is required.
- Legal Last Name: This field is required.
- Date of Birth: This field is required.
- Current Gender Identity: This field is required.
- Sex Assigned at Birth: This field is required.

Demographics

- Race - Check all that apply: This field is required.
- Ethnicity: This field is required.
- Veteran?: This field is required.
- Primary Language: This field is required.
- Preferred Written Communications Language: This field is required.

Address

Errors Found:

- After clicking the “Submit” button, if any errors are found in the application they will show in a red box with the request to “Please fix the following errors.” It will state where the error is located in the application.
- All information in **BOLD** *must* be completed for the application to be successfully submitted.

Confirmation Page:



"The Department of Health works to protect and improve the health of people in the state of Washington."

Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) Client Site

Your assessment has been successfully submitted. Your confirmation code is: **0**

Please print and keep a copy of this page for future reference.

[Return to Eligibility Assessment Home Page](#)

[Click to Print This Page](#)

Confirmation Page:

- When your Application has successfully been submitted, a “**Confirmation Page**” will pop up similar to the one above.

IMPORTANT: Print off a copy of the Confirmation Page or write down the confirmation number. You can use the confirmation number to check on the status of your application.

- Once a completed application is received it will be assessed by an eligibility specialist for approval. The application will be processed within 5 business days.
- If during the review process the application is not complete for any reason, a notice will be posted on the website and the application will be placed in an incomplete status.
- If you have faxed in your supporting documents, please allow 7 days prior to calling or emailing the office to ensure the documents were received.

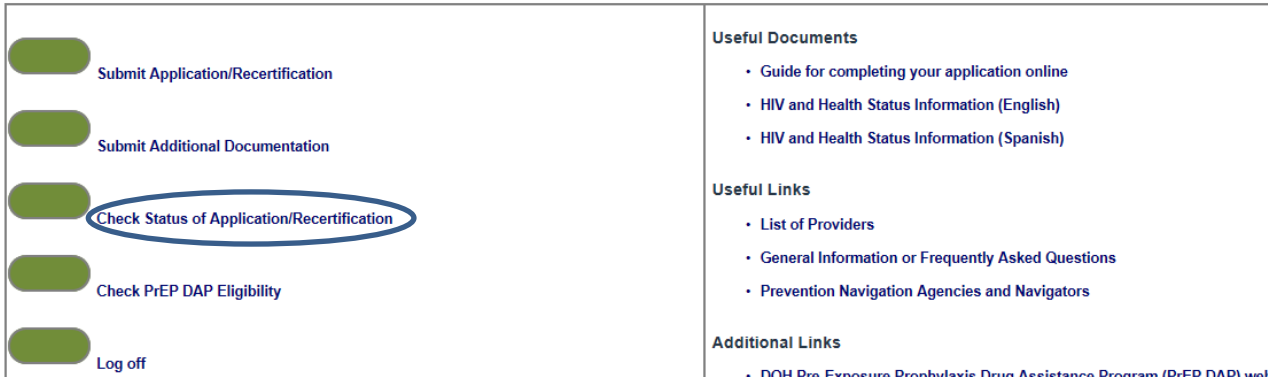
Incomplete Applications:

- If you are submitting an application and are unable to use the attachment feature for supporting documents, please fax information to the PrEP DAP Confidential Fax number: **(360) 664-2216** or mail documents to: **PrEP DAP PO Box 47840 Olympia, WA 98504-7840.**

IMPORTANT: All applications will be held in an incomplete status until PrEP DAP receives all supporting documents. If an eligibility specialist determines that the application is incomplete, the applicant will be informed by PrEP DAP via mail or Email. A notice will be available through the webpage using the confirmation number provided at submission of the web application.

- On an incomplete application you will have **30 business days** to provide required supporting documentation to PrEP DAP.

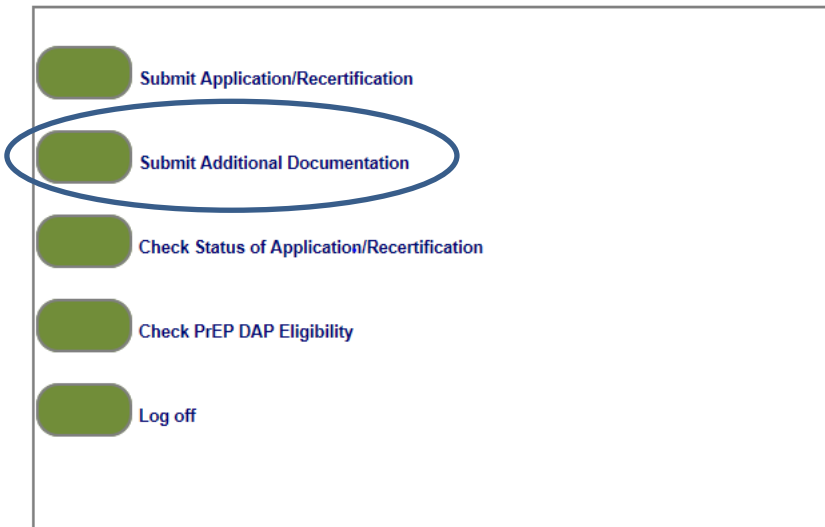
Submitted Application Lookup Page:



To get to this “Lookup Page” you need to click on the “Check Status of Application/Recertification” link on the landing page as shown above.

Enter the “Confirmation Code” here to get information about your application.

Submit Additional Documentation Page:



To return and submit documentation later, you can click “Submit Additional Documentation” and upload required documents.

Document Date:

Document Type:

Comments:

File Attachments:

- Enter “Document Date”
- Select “Document Type” from the drop down list
- You have the option to write comments
- You have the option to upload an electronic copy of required documents that you have scanned into your computer or a picture you have taken, you may click on the “**Browse**” button and attach the document/s.