



## INSTRUCTION MANUAL FOR PrEP4ILLINOIS Website

1-833-PrEP4IL





### Instructions for PrEP4Illinois Website applications – Go to

**Step 1**– Visit PrEP4Illinois website: <https://www.prep4illinois.com/> and select the 3rd “Click Here” to start the PrEP4Illinois application.

#### WHERE CAN I GET PREP AND HOW CAN I GET HELP PAYING FOR IT?

If you think you may be at high risk for HIV, talk to your healthcare provider about whether PrEP is right for you. The Gilead Advancing Access® Program can help you access PrEP regardless of whether you have medical insurance.

- For those individuals who are uninsured, [CLICK HERE](#) for more information on what assistance you may be eligible for.
- For those individuals who have Medicare Part D, Medicaid, VA, or are not otherwise eligible for the Gilead Advancing Access® Program, you may be eligible for other sources of assistance. [CLICK HERE](#) for more information.
- If you have insurance and want payment assistance with PrEP through IDPH or if you do not have insurance and are not eligible for assistance through the Gilead Advancing Access program, [CLICK HERE](#)  
◦ If you have submitted an application to IDPH, and want to check the status of it, [CLICK HERE](#)

You must submit the following documentation with your application or fax them to the Department at (855) 253-9149.

- You will now begin the application with the Authorization to Release Confidential Information – Please read this and click Accept at the bottom:

#### Authorization to Release Confidential Information

Please read all statements and sign in the space provided to certify that you have read and understand this authorization. All references to "Program" or "Programs" refers to the Illinois Department of Public Health, PrEP and/or successor programs in which you participate or to which you apply for services.

##### Purposes of Release:

1. I certify that the information in this application is true and accurate to the best of my knowledge. I understand that I may be disqualified from this program and/or prosecuted for willfully providing false information.
2. I understand that the information requested on this application is for the purpose of determining my eligibility for a state and federally funded program. The funding is limited and may expire at any time without extended or alternate funds being available.
3. If I am considered eligible for services, my information will be utilized with our contractual partners for the reasons explained in this document. Eligibility approval does not mean I will receive or be enrolled in all services. I understand each service may require additional information, and that I must provide this information for verification before enrollment into said services.
4. Upon approval, my eligibility will expire after 12 months. Upon the conclusion of my twelve months, I will be required to

8. I understand that I may revoke this authorization at any time in writing. However, the release shall remain valid for a period of 12 months from the date this form is signed, or until such time as I inform the administrator of the Program(s), in writing, of my wish to terminate services in the Program(s), except to the extent that action has been taken in reliance on this authorization.

The Contractual agencies listed below are utilized to coordinate and verify eligibility for all services, with the same confidentiality requirements identified above in statements 1-8 followed:

- System Software Vendor
- Pharmacy Benefits Manager Vendor
- Quality Assurance & Compliance Vendor
- Centers for Medicare & Medicaid Services
- IL Department of Insurance
- IL Department of Health and Family Services - (Medicaid verification)

**Accept**

**Do Not Accept**

**Step 2** - On the first tab – **Main** – you will fill out your applicant identification and at the bottom of the page you will upload the Authorization to Release. This document should be filled out completely, signed, and dated.

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

### Illinois Pre-exposure Prophylaxis (PrEP) Assistance Program

Hotline 1-800-825-3518

The screenshot shows a web browser window with a navigation bar containing tabs for Main, Demographics, Address, Benefits, Insurance, Care Team, and Services. The 'Main' tab is selected. Below the navigation bar, the form is titled 'Applicant Identification'. It contains several input fields: 'Legal First Name:', 'Legal Middle Initial:', 'Legal Last Name:', 'Name Suffix:' (with a dropdown arrow), and 'Date of Birth:'. The 'Legal First Name', 'Legal Last Name', and 'Date of Birth' fields are bolded, indicating they are required.

### Authorization to Release

Scan your document and upload the Authorization to Release form by clicking on Choose Files.

The screenshot shows a web browser window with a navigation bar containing tabs for Main, Demographics, Address, Benefits, Insurance, Care Team, and Services. The 'Main' tab is selected. Below the navigation bar, the form is titled 'Authorization To Release'. It contains a text area with the instruction 'Attach a copy of a signed Authorization to Release.' Below the text area, there is a file upload interface with the text 'Click to select files to attach ==>:' followed by a 'Choose Files' button and the text 'No file chosen'.

If you do not have the ability to scan and attach documents to your online eligibility assessment, you may fax, email or mail documentation to the Illinois Department of Public Health.

**Fax to:** 217-785-8013

**Mail to:**

Illinois Department of Public Health  
Attn: PrEP4Illinois  
525 West Jefferson Street  
Springfield, IL 62761

**Email:**

[DPH.PrEP4IL@Illinois.gov](mailto:DPH.PrEP4IL@Illinois.gov)

**Step 3** -Click on the Demographic tab and complete that section.

**Demographics Tab:**

The screenshot shows a form titled "Demographics". On the right side, there is a section for "Race - Check all that apply:" with a list of checkboxes: Alaskan Native, Asian, Black or African American, Native American, Native Hawaiian, Pacific Islander, and White. Below this are three dropdown menus: "Ethnicity:", "Veteran?", and "Marital Status:".

**Demographics: All fields are required to be filled out.**

If you select Hispanic for Ethnicity, another dropdown will appear:

This screenshot shows the same "Demographics" form as above, but with the "Ethnicity:" dropdown menu expanded to show "Hispanic" as the selected option. Below the "Hispanic" dropdown, there is a new section: "Hispanic - Check all that apply:" with checkboxes for Mexican, Puerto Rican, Cuban, and Other. The "Race", "Veteran?", and "Marital Status:" fields remain the same as in the previous screenshot.

**Step 4** -Click on the Address tab and enter your residency information.

Main Demographics **Address** Household Income Benefits Insurance Medical Care Team Services

**Alert**

If you are applying more than 60 days prior to your eligibility expiration date, your eligibility will not be extended.

PO Box numbers are not accepted as proof of residency.

Street Address cannot contain abbreviations. All street names need to be fully spelled out.

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**Residence**

Housing Status:

Street Address:  ?

Apt / Lot / Floor:  ?

City:

County:

State:

Zip Code:

Primary Phone:  ?

Secondary Phone:

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**Mailing Address**

Do you consent to receiving mail from the program?  ?

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**Proof of Residency**

Click to select files to attach ==>:  No file chosen

Please check Yes on the drop-down box if you wish to receive mail at this address. The Program will only send mail related to your program eligibility, such as annual reminders of renewing your eligibility or any programmatic changes.

Upload your Proof of Residency (utility bill, paystub, other bills, bank statement, lease agreement or other document). The Proof of Residency must list your name and address and should be dated within 90 days. If you do not have the ability to scan and attach documents to your online eligibility assessment, you may fax, email or mail documentation to the Illinois Department of Public Health.

**Fax to:** 217-785-8013

**Mail to:**

Illinois Department of Public Health  
 Attn: PrEP4Illinois  
 525 West Jefferson Street  
 Springfield, IL 62761

**Email:**

[DPH.PrEP4IL@Illinois.gov](mailto:DPH.PrEP4IL@Illinois.gov)

**Step 5** - Click on the Benefit and Insurance tabs and provide that information then upload copies of any insurance cards – front and back. The Benefits tab is for Medicare and Medicaid information, if applicable. The Insurance tab is for private insurance, if applicable.

**Benefits Tab:**

Do you have Active Medicare?

Medicare Status:  ?

If not, select No Benefits.

If yes, you should set this to Active, and more information will be required.

**Insurance Tab:**

Main Demographics Address Benefits Insurance Care Team Services

**Primary Private Insurance** Status:  ?

**Prescription Only Benefit Plan** Status:  ?

**\*Non-Disclosure Statement:** If you are a minor (under the age of 18) and on your parent’s insurance (up to age 26) and do not want the insurance billed due to privacy or disclosure concerns, please mark ‘No Benefits’ in the insurance tabs. Please send an email to [DPH.PrEP4IL@Illinois.gov](mailto:DPH.PrEP4IL@Illinois.gov) to let us know if you want to be a non-disclosure case. We will notify CVS Specialty Pharmacy so they won’t bill your Insurance.

**Step 6** -Click on the Care Team tab and provide PrEP Prescribing Physician name and address information.

Main Demographics Address Benefits Insurance Care Team Services

**PrEP Prescribing Physician**

...First Name:

...MI:

...Last Name:

PrEP Prescribing Facility:  ?

**Step 7** -Click on Services Tab and answer the questions.

Main Demographics Address Benefits Insurance Care Team **Services**

**PREP ASSISTANCE**

Please answer the following questions to assist the Department in determining your need for PrEP.

To your knowledge, have you had sex with one or more HIV-positive persons?

To your knowledge, have you injected drugs?

How were you referred to this program?

I authorize the Department or its delegate to

Main Demographics Address Benefits Insurance Care Team **Services**

coordinate my enrollment into Gilead's Copay Assistance Program:

**Medication Mailing Address**

Medication mailing address cannot be a PO Box.

If you are homeless or do not have a stable residence please select No and provide the address to a facility that will accept your medication shipment. Preferably a local CVS Retail

Main Demographics Address Benefits Insurance Care Team **Services**

Pharmacy.

If you are requesting drugs to be shipped to a facility for pickup, failure to pickup or claim two shipments will result in you being placed on a Medication HOLD and will no longer be allowed to have drugs shipped to a facility.

Same as Residency Address?  ?

**Step 8** - After you have filled out all the tabs on the application and uploaded all the documents, you can click on *Submit Application* at the top of the page.

If you do not have the ability to scan and attach documents to your online eligibility assessment, you may fax, email or mail documentation to the Illinois Department of Public Health.

**Fax to:** 217-785-8013

**Mail to:**

Illinois Department of Public Health  
Attn: PrEP4Illinois  
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## **[Submit Application](#)**

- After clicking the “Submit Application” button, if any errors are found on the application, they will be listed. It will indicate where the error is on the application.
- All errors must be corrected before the application may be submitted
- Once all errors have been corrected, you will need to click “Submit Application” again.

- After a successful submission, the Confirmation Page will be displayed.

Keep your Confirmation number for your records.

Applications will be assessed within 48 hours. You may check on the status of your eligibility application at any time by clicking on the “Click Here” and on the next screen, enter your confirmation code.

**If you have submitted an application to IDPH, and want to check the status of it, [CLICK HERE](#)**

## **[Illinois Pre-exposure Prophylaxis \(PrEP\) Assistance Program](#)**

**Hotline 1-800-825-3518**

### **Lookup a Submitted Application**

Please enter your confirmation code below and click "Submit" to retrieve the status of your PrEP Application.

**Retrieve Application Status**

Confirmation Code:

If you have any questions, please contact us at:

1-833-PrEP4IL, 217-524-6794 or at [DPH.PrEP4IL@Illinois.gov](mailto:DPH.PrEP4IL@Illinois.gov)