GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director **DHCF Transmittal No. 14-02**

To: **Pharmacy Providers**

From: **Linda Elam, PhD, MPH**
Deputy Director, Medicaid

Date: OCT 3 0 2013

Subject: **Notice to Pharmacies for Medicaid Beneficiaries**

The Department of Health Care Finance (DHCF) is requiring District of Columbia Medicaid participating pharmacies to prominently post at the point of sale the notice/sign found on the DHCF website at www.dhcf.dc.gov. Once posted, the referenced signs will provide specific directions to be followed by Medicaid beneficiaries in instances where they believe payment for a prescription is wrongfully denied.

The sign outlines what rights a beneficiary has if a prescription claim is denied by Medicaid, what the beneficiary's responsibilities are, what the pharmacist's responsibilities are, and it provides a contact number for the District Medicaid's Pharmacy Benefit Manager Call Center. A beneficiary who maintains that the claim should be approved by Medicaid may request a fair hearing before an administrative law judge.

The English and Spanish language notices/signs should be posted in a conspicuous location within each pharmacy that provides services to Medicaid recipients.

Most prescription problems at the point of sale are minor and can be handled informally and quickly. However, as a Medicaid provider, you are required to direct the beneficiary whose claim is rejected to the posted instructions **if you cannot resolve the rejection** during that day's pharmacy visit.

If the prescription denial is for a **Prior Authorization requirement** and the prescription is otherwise valid, the pharmacist must provide the beneficiary with a three day temporary supply with some exceptions.

Exceptions to provision of a temporary supply of medication:

- The individual is not eligible for Medicaid;

- The attempt to refill is too early;
- The rejection is due to an error that only the pharmacist can correct;
- There are clinical issues that must be resolved;
- The prescriptions is for a **barbiturate;**
- The prescription is for a **benzodiazepine;**
- The prescription is for a **maintenance narcotic medication (there is already an expedited PA process in place for emergency CII prescriptions);**
- There would be a medical danger, in your professional judgment, if a temporary supply is dispensed.

If the beneficiary is presenting a new prescription, a pharmacist can use discretion in deciding whether or not to provide the three (3) day supply. In that case, the temporary supply should be given if the pharmacist determines there is a potential emergency.

Recipients should not be asked to pay for the three day supply, regardless of whether it is a new prescription or a prescription refill. Pharmacies will receive reimbursement for the three day supply, as well as the standard dispensing fee.

As a reminder, instructions for submitting electronic claims for the emergency three day supply can be found in the Xerox PBM Provider Manual Payer Sheet. For the Level of Service 418-DI edit, inserting code **03** (Emergency) will allow the pharmacy to bill a three day supply of the medication to DC Medicaid.

If you have any questions or want clarification, please contact one of the DHCF pharmacists:

Charlene Fairfax, RPh	202-442-9076 or Charlene.Fairfax@dc.gov
Gidey Amare, RPh	202-442-5952 or Gidey.Amare@dc.gov

Thank you for your cooperation. We appreciate the professional care and service you provide to District of Columbia Medicaid beneficiaries.

Attachments

IMPORTANT NOTICE TO D.C. MEDICAID RECIPIENTS

If you are enrolled in AmeriHealthDC, MedStar Family Choice, Trusted Health or HSCSN and you do not receive your prescription today, please consult your member handbook, or call your provider (AmeriHealthDC, MedStar Family Choice, Trusted Health or HSCSN).

If you are enrolled in the D.C. Medicaid Fee-for-Service Program and do not receive your prescription today, please ask the pharmacist to call the **Xerox Call Center**. Please give the pharmacist an opportunity to answer your questions and resolve your concerns. The pharmacist will tell you if you are eligible to receive a 3-day supply of medicine. If you still have questions or concerns after speaking with the pharmacist, call the **Xerox Call Center at 1-800-272-9679**.

You may also request a fair hearing if you believe your request for medication has been wrongfully denied, reduced, or not acted upon promptly, or if you believe you are entitled to a hearing. To request a hearing, visit or write to the **Office of Administrative Hearings**, 441-4th St., NW, Washington, DC 20001.

DC Department of Health Care Finance
899 North Capitol Street, NE, 6th Floor
Washington, DC 20002 (202) 442-5988

ACS Call Center (1-800-272-9679)