


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 20-01**

**TO:** All Medicaid Pharmacy Providers

**FROM:** Melisa Byrd   
Senior Deputy Director/Medicaid Director

**DATE:** January 10, 2020

**SUBJECT:** **Written Pharmacy Point of Service (POS) Notice**

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The purpose of this transmittal is to inform you that the Department of Health Care Finance (DHCF) is requiring District of Columbia Medicaid participating pharmacies to distribute individualized written notices to Medicaid beneficiaries whose prescription medication claim request is denied after adjudication at the pharmacy point of sale. This applies to all beneficiaries who are served by D.C. Medicaid, including those enrolled in all D.C. Medicaid Managed Care Organization.

This individualized written notice will consist of the top (white) copy of the numbered triplicate form entitled: NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION (NOTICE). The notice shall be distributed by DHCF to each enrolled retail pharmacy providing services to Medicaid beneficiaries in the District of Columbia and the immediate surrounding locations in the Maryland and Virginia suburbs.

Pharmacy staff will be required to complete the following information on the NOTICE prior to giving the top (white) copy of the NOTICE to the beneficiary or his/her/their authorized designee at the pharmacy counter.

- Date of Request Denial
- Beneficiary's name,
- Last four (4) digits of the beneficiary's Medicaid ID number
- Medication name; and
- Indicating the reason(s) for the denial

The pharmacy must retain the two bottom copies within the pharmacy in an easily accessible location. The yellow copy of the NOTICE will be retrieved by DHCF on a regularly scheduled basis for program compliance monitoring, automatic form replenishment and data analysis purposes.

Additional notices will be provided whenever pharmacies experience depletion in quantity. Please alert DHCF if additional notices are needed by contacting one of the DHCF Pharmacy

staff listed below. Pharmacies should request additional notices in advance so that notices will always be available for use.

As a reminder, Section 2701.2(d) of Title 29 DCMR requires the pharmacies to cooperate in such initiatives to provide individualized notices, letters, etc. to beneficiaries. Participation in the Medicaid program requires adherence to and compliance with Medicaid rules and regulations.

Any questions or concerns may be addressed to one of the DHCF Pharmacists:

Charlene Fairfax, RPh, CDE, Senior Pharmacist at 202-442-9076 or [charlene.fairfax@dc.gov](mailto:charlene.fairfax@dc.gov)

Gidey Amare, RPh, MS at 202-442-5952 or [gidey.amare@dc.gov](mailto:gidey.amare@dc.gov)

Jonas Terry, PharmD, CMTM at 202-478-1518 or [jonas.terry@dc.gov](mailto:jonas.terry@dc.gov)

The cooperation of pharmacies in complying with the distribution of the written NOTICE is appreciated and will allow the District to keep its Medicaid beneficiaries informed of their benefits and rights.

cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers

**SAMPLE**



**NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION**

Si usted no puede obtener sus medicinas hoy. Por favor Llame al 1-(800)-273-4962.  
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药。请致电 1-(800)-273-4962。  
有代表将为您提供服务。每天 24 小时/一周 7 天。 CHINESE

오늘 약을 구할 수 없으면, 1-(800)-273-4962 로 전화 하시기 바랍니다.  
고객 서비스 직원이 하루 24 시간, 주 7 일간 도와주리라 것입니다. KOREAN

መደሐኒትዎን ዛሬውኑ ማግኘት ካልቻሉ እባክዎን በሥልክ ቁጥር 1-(800) 273 - 4962 ይደውሉ.  
ተወካዎችን በቀን 24 ሠዓታት በሣምንት 7 ቀናት እርዳታ ያደርግልዎታል. AMHARIC

Nếu quý vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.  
Sẽ có nhân viên giúp quý vị 7 ngày trong tuần, 24 giờ mỗi ngày. VIETNAMESE

Si vous ne pouvez pas obtenir vos médicaments aujourd'hui, veuillez appeler le 1-(800) -273-4962.  
Un opérateur vous assistera 24 heures sur 24, 7 jours par semaine. FRENCH

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**

\_\_\_\_\_

**Member Name**

\_\_\_\_\_

**Medicaid ID (last four #s)**

**Today your pharmacist was not able to give you the following medication(s):**

\_\_\_\_\_

**WHY?** See the reason(s) checked below:

- You are not eligible for Medicaid today
- Your prescribing doctor is not a Medicaid doctor
- Your prescribed drug is not covered by Medicaid
- Your prescription is being refilled too soon
- Prior authorization is needed from Medicaid for one of these reasons:
  - Drug is not preferred – a different preferred drug may be available to treat your condition
  - Possible drug interaction – this could harm you. Your doctor must be notified.
  - Quantity is more than is usually prescribed for the days' supply given – this could harm you. Your doctor must be notified.
- If this drug requires a prior authorization, but you are not in a managed care health plan, your doctor must contact the Medicaid Pharmacy Call Center at 1-800-273-4962 to ask for authorization.**
- OTHER REASON \_\_\_\_\_

Was this helpful? Take our survey. Go to <https://www.surveymonkey.com/r/CXJ295W>

## WHAT CAN I DO TO FIX THE PROBLEM?

If you are enrolled in AmeriHealth Caritas DC, Amerigroup DC, Trusted Health Plan or Health Services for Children with Special Needs (HSCSN) and you did not receive your medication, please **contact your managed care health plan** at the following number:

- ❖ AmeriHealth Caritas DC 1-800-408-7511
- ❖ Amerigroup DC 1-800-922-1557
- ❖ Trusted Health Plan 1-855-326-4831
- ❖ HSCSN 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)

If you are enrolled in the District Medicaid Program and did not receive your medication, call the Medicaid Pharmacy Call Center at 1-800-273-4962. You may be able to get a three (3) day supply of medicine until the issue that prevented you from receiving your medicine today is resolved. Please ask your pharmacist if you can get a three (3) day supply of your medicine.

**Remember, most problems with your medication can be worked out! Talk to your pharmacist, talk to your doctor, and try these steps, in order, to get a good result!**

## ARE THERE ANY OTHER ACTIONS THAT I CAN TAKE?

If your problem still hasn't been solved, you can **call, write, or visit** either the Office of Administrative Hearings or the Office of Health Care Ombudsman to ask for a fair hearing within 90 days of the date of this letter.

### **Office of Administrative Hearings**

441 4th Street, NW, Suite 450 North  
Washington, DC 20001  
Phone: (202) 442-9094  
Fax: (202) 442-4789

### **Office of Health Care Ombudsman**

441 4th Street, NW, 9th Floor  
Washington, DC 20001  
Phone: (202) 724-7491  
Fax: (202) 535-1216

## WHAT IF I NEED HELP ASKING FOR A FAIR HEARING?

For help asking for a fair hearing, you may be able to get free legal services. Here are some possible providers.

### **Bread for the City Legal Clinic**

1525 Seventh Street, NW  
Phone: (202) 265-2400  
1640 Good Hope Road, SE  
Phone: (202) 561-8587

### **Neighborhood Legal Services**

64 New York Avenue, NE  
Phone: (202) 678-2000

### **Legal Aid Society of the District of Columbia**

1331 H Street, NW, Suite 350  
2041 Martin Luther King Jr. Avenue, SE, Suite 201  
Phone: (202) 628-1161

## WHAT HAPPENS AT THE FAIR HEARING?

The Office of Administrative Hearings will send you a letter with your hearing date which also describes the hearing process. You may bring a friend, relative, advocate or lawyer who is not an employee of the District of Columbia to assist you at your fair hearing. You may also bring witnesses and any other documents you would like to present.

**If you have any questions about this letter, please call 1-800-273-4962.**