

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 23-23

TO: DC Medicaid Pharmacy Providers

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: May 18, 2023

SUBJECT: Written Pharmacy Point of Service (POS) Notice

Purpose

The purpose of this transmittal is to serve as a reminder that the Department of Health Care Finance (DHCF) requires District of Columbia (DC) Medicaid participating pharmacies to distribute individualized written notices to Medicaid beneficiaries whose prescription medication claim request is denied after adjudication at the pharmacy POS. This applies to all beneficiaries who are served by DC Medicaid, including those enrolled in all DC Medicaid Managed Care Plans (MCPs).

This individualized written notice will consist of the top (white) copy of a numbered triplicate form entitled: **NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION (NOTICE)**.

The notice will 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 are 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
- 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 or its designee on a regularly scheduled basis for program compliance monitoring, automatic form replenishment and data analysis purposes. The remaining pink copy of the NOTICE should be kept on file at the pharmacy for review during DHCF audits.

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 Chapter 27 (Medicaid Reimbursement for Fee for Service Pharmacies) of Title 29 (Public Welfare) of the 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.

The continued 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.

Contact

If you have questions, please contact Charlene Fairfax, RPh, CDE, Senior Pharmacist, Healthcare Delivery Management Administration at 202-442-9076 or charlene.fairfax@dc.gov or Gidey Amare, PharmD, RPh, MS at 202-442-5952 or gidey.amare@dc.gov

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

Enclosures