



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

<AUTO INSERT DATE>

TO ALL MEDICAID PHARMACY PROVIDERS

Dear Pharmacy Provider:

The Agency for Health Care Administration (AHCA) and the recipients of Florida Medicaid entered into a Settlement Agreement in 2003, *Hernandez et al. v Medows* case. Under the terms of that agreement, Medicaid participating pharmacies must prominently post at the point of sale the sign found at http://ahca.myflorida.com/Medicaid/Prescribed_Drug/multi_source.shtml. Florida Medicaid is obligated to require posting by Medicaid Provider pharmacies of the stated notices/signs and to provide pharmacy providers with information pamphlets to be distributed to Medicaid recipients when payment for a prescription is denied for a variety of reasons.

The information pamphlet explains in detail what rights a recipient has if a prescription claim is denied by Medicaid, what the recipient's responsibilities are, what the prescriber's responsibilities are, and provides a toll free number for the recipient to contact an Ombudsman if all conditions are met and the recipient continues to believe the claim should be approved by Medicaid. The Ombudsman is prepared to handle calls for both fee-for-service Medicaid and Medicaid managed care plans.

The English and Spanish language notices/signs should be posted in a conspicuous location within each pharmacy that provides services to Medicaid recipients. **Please use the enclosed RE-ORDER FORM when you need to order or replenish your supply of pamphlets and/or signs.**

Most prescription "problems" at the point of sale will generally be minor. They can be handled informally and quickly. However, you are required to provide a pamphlet to a recipient whose claim is rejected, when you cannot resolve the rejection during that day's pharmacy visit. Please either insert in the pamphlet the required date, recipient name, drug name, and reason for rejection or attach a printout of the computer screen stating the reason(s) for the rejection.

If the prescription denial is for a timely refill, and it is otherwise valid, the pharmacist must provide the recipient with a three (3) day temporary supply unless an exception to the three (3) day supply is met.¹ A pharmacist can use discretion in deciding whether or not to provide the three day supply, if the recipient is presenting a new prescription. 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 (3) day supply, regardless of whether it is a new prescription or a prescription refill. Pharmacies will be reimbursed for the three (3) day supply, as well as the standard dispensing fee.**

Sincerely yours,

Abby Riddle
Assistant Deputy Secretary
for Medicaid Operations

Enclosure

¹ The following are exceptions to provision of a temporary supply: The attempt to refill is early; The rejection is due to an error that only the pharmacist can correct; There are clinical issues that must be resolved; The individual is not eligible for Medicaid; or There would be a medical danger, in your professional judgment, if a temporary supply is dispensed.





PHARMACY OMBUDSMAN PAMPHLET RE-ORDER FORM

FAX: 888-858-7984
TO: PRIDE Enterprises
Print Division
19566 SE Institutional Dr.
Blountstown, FL 32424

Fill out your Provider Number, Street Address, Telephone Number and Contact Person.

Please note that a street address is required for delivery. No Shipments can be made to a P.O. Box.

DATE: _____
 month/date/year

Provider No.:		
Store Name:		No.:
Street Address:		
City:	State:	Zip:
Telephone: ()		
Contact Person:		
<input type="checkbox"/> Check if address listed is new or updated.		

For additional re-order forms, go to the Florida Medicaid Fiscal Agent Provider Web Portal at: <http://mymedicaid-florida.com>, click on the "Public Information for Providers" link, "Pharmacy", then Pharmacy Ombudsman Pamphlet Re-order Form

RE-ORDER INFORMATION

ITEM	QUANTITY	(PRIDE USE ONLY)
PAMPHLETS – English (One package has 50 pamphlets)	50 x _____ packages	
PAMPHLETS – Spanish (One package has 50 pamphlets)	50 x _____ packages	
SIGNS – English/Spanish (Set of 2—1 of each language)	_____ sets	

There are 50 Pamphlets in a package.
The signs are 8.5 x 11. The signs will be mailed separately if ordered.
Please order the number of packages or sets you want to receive.

FAX this order sheet to this toll free number:

888-858-7984