

California Emergency Drug Benefit for the Dual Eligible TAR attachment

Instructions:

1. Enter Beneficiary Name – must match the name on the Treatment Authorization Request (TAR) form (50-1 or 50-2).
2. Enter Beneficiary Medi-Cal Identification number - must match the number on the TAR form.
3. Enter the TAR sequence number from the TAR form.
4. Select only one of the four sections that describe the circumstance requiring emergency drug coverage.
5. Check or fill-in only the actions actually performed by the pharmacy. In “Date/Time” fields, use MM/DD/YYYY for the date and a 24 hour clock, i.e. 0900 **not** 9:00 am, for the time.
6. Send the form as an attachment with the TAR via fax or by mail.

EXAMPLE

The pharmacy provider finds that a drug needs prior authorization approval from the Part D plan. The pharmacist contacts the physician and informs him/her of this fact and provides pertinent information for the physician to use in seeking prior authorization. You ascertain from the physician that the drug does not need to start right away (i.e. it is a non-emergency drug). After 72 hours, the pharmacy provider has not received information that the prior authorization has been approved or denied by the plan.

The pharmacy provider can then submit a TAR. In this instance, because the reason is a prior authorization issue, the pharmacy provider would fill out the following section:

D. Prior Authorization/Exceptions Process Problems

The following steps were taken to obtain prior authorization in a timely manner.

1. Notified prescriber regarding the need for a prior authorization or an exception request. X

Notification Date: 5/20/2006 Notification Time: 1100

2. Verified with the prescriber the “emergency” / “non-emergency” status of the drug. X

Check one: Emergency Non-Emergency X

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TAR attachment**

<u>Beneficiary Name (Last, First, M.I.)</u>	<u>Medi-Cal Identification Number</u>	<u>TAR CONTROL NUMBER</u>
		- -

A. Medicare System Errors

The following steps were taken to resolve system errors with the beneficiary's PDP/MAPD or with Medicare:

1. PDP/MAPD contacted to determine why the claim was denied. _____
2. Medicare was contacted to resolve the problem. _____
3. Pharmacy took actions required/directed by the PDP/MA-PD _____

B. Eligibility / Enrollment Problems

The following steps were taken to resolve problems regarding the beneficiary's eligibility/enrollment:

1. An Eligibility or E1 online transaction. _____
2. A telephone inquiry to 1-800-Medicare or the CMS dedicated pharmacy eligibility line at 1-866-835-7595. _____
3. The PDP/MA-PD contacted for the beneficiary billing information. _____
4. Attempted to enroll the beneficiary through the Part D Facilitated Enrollment Program. _____

C. Co-Payment Problems

The following steps were taken to resolve co-payments and/or deductible amounts higher than those established for full-benefit dual eligible beneficiaries.

1. Verified that the PDP/MA-PD is one of the ten basic plans _____
2. Contacted the PDP/MA-PD; requested the co-payment amount adjusted _____

D. Prior Authorization/Exceptions Process Problems

The following steps were taken to obtain prior authorization in a timely manner.

3. Notified prescriber regarding the need for a prior authorization or an exception request. _____

Notification Date: _____ Notification Time: _____

4. Verified with the prescriber the "emergency" / "non-emergency" status of the drug. _____

Check one: Emergency _____ Non-Emergency _____