

28.3 APPLICATION/REDETERMINATION PROCESS

The **individual** may apply at any time after receiving the transplanted organ.

A. APPLICATION FORM

The **DFA-2** is used for the Medicaid application. The DFA-SP-1 **for Special Pharmacy coverage** is completed by the Worker and forwarded to the DFA Economic Services Policy Unit for consideration. **This is an interdepartmental form and is not given to or completed by the client.** The form must contain the following information:

- **The client's** name, address, date of birth, SSN, sex, county of residence, **case number** and race
- **The individuals** in the client's home and the relationship of each to the client
- **The gross** income of applicant, applicant's spouse and all dependent children living in the home
- **The individual's** Medicare eligibility status **and participation in payment for drug costs.** If eligible, provide the Medicare claim number and the beginning dates of Part A and Part B.

NOTE: Medicare pays 80% of the cost of anti-rejection drugs indefinitely, if all Medicare requirements are met. Medicare pays 80% of the cost of anti-rejection drugs for transplant recipients with End Stage Renal Disease (ESRD). When Medicare participates in the payment of the drug(s), the Worker must **deduct any amount Medicare pays and** indicate only the amount for which the client is responsible. Only **the remaining** amount is used to determine eligibility and subsequent **payment** by the Department.

- **Applicant's QMB eligibility status**
- List of prescribed immunosuppressant/anti-rejection **or antipsychotic** drugs
- Average monthly cost to the client of the prescribed **anti-rejection or antipsychotic** drugs
- Name, **address** and telephone number of the pharmacy
- Physician's name
- Date of the transplant
- Date of the most recent Medicaid application and reason for denial
- **Cost of lab tests and testing facility for antipsychotic drugs.**

B. COMPLETE APPLICATION

The application for Special Pharmacy is complete when the Worker submits the completed DFA-SP-1 to the DFA **Economic Services Policy Unit.**

C. DATE OF APPLICATION

The date of application is the date the DFA-SP-1 is completed.

D. INTERVIEW REQUIRED

An interview is not required for completion of the DFA-SP-1.

E. WHO MUST BE INTERVIEWED

An interview is not required for completion of the DFA-SP-1.

F. WHO MUST SIGN

A client signature is not required on the DFA-SP-1.

G. CONTENT OF THE INTERVIEW

An interview is not required for completion of the DFA-SP-1.

H. DUE DATE OF ADDITIONAL INFORMATION

All information must be submitted with the DFA-SP-1.

I. AGENCY TIME LIMITS

The Worker must submit the DFA-SP-1 to the DFA Economic Services Policy Unit within 10 days of completion. DFA must make a decision and notify the Worker of that decision within 30 days from the date the completed DFA-SP-1 **is received**.

J. REPAYMENT AND PENALTIES

This does not apply to the Special Pharmacy Program.

K. BEGINNING DATE OF ELIGIBILITY

The beginning date of eligibility for Special Pharmacy is the 1st day of the month of the DFA-SP-1 application, if eligible. Special Pharmacy may be backdated up to 3 months **prior to the month of application**.

L. REDETERMINATION SCHEDULE

All AG's are reevaluated in the 6th month of certification. The DFA Economic Services Policy Unit sends notification to the local office in the 5th month of eligibility.

M. EXPEDITED PROCESSING

Applications must be processed as soon as possible after the Worker becomes aware of the need for immunosuppressant/antirejection/**antipsychotic** drugs.

N. CLIENT NOTIFICATION

Once the eligibility decision is made, the local office is notified by the DFA Economic Services Policy Unit. The local office must notify the client of the decision in writing. BMS notifies the service provider of the approval and appropriate billing procedures. BMS also notifies the client of the following:

- Covered medications
- How to obtain payment for drugs and services
- The Special Pharmacy ID number
- Dates of coverage.

O. DATA SYSTEM ACTION

No RAPIDS entry is required.

P. REDETERMINATION VARIATIONS

The redetermination process is the same as the Medicaid redetermination process with the following exceptions.

1. The Redetermination List

Special Pharmacy is reevaluated in the 6th month of eligibility. The Supervisor is notified by the DFA Economic Services Policy Unit of the upcoming review in the 5th month of eligibility.

2. The Date of the Redetermination

The Worker is responsible for scheduling the redetermination so that it is completed prior to or during the 6th month of eligibility.

3. Scheduling the Redetermination

A RAPIDS appointment letter must be requested by the Worker to notify the client of the redetermination and the date the interview is scheduled.

4. Completion of the Redetermination

When the redetermination is completed and the AG remains eligible, the new eligibility period begins the month immediately following the month of redetermination with no break in coverage. The Worker is notified by the DFA Economic Services Policy Unit when the redetermination is due.

Q. THE BENEFIT

There is no medical card issued for Special Pharmacy. BMS notifies the service provider of the approval and appropriate billing procedures. BMS also notifies the client of the following:

- Covered medications
- How to obtain payment for drugs and services
- The Special Pharmacy ID number
- Dates of coverage.