

## 28.3 APPLICATION/REDETERMINATION PROCESS

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

### A. APPLICATION FORM

The DFA-SP-1 for Special Pharmacy coverage is completed by the Worker and forwarded to the DFA Medicaid 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.

**NOTE:** Certain recipients of benefits from the Division of Children and Adult Services (CAS) are eligible to receive coverage for immunosuppressant drugs through FACTS. During the application or renewal process, the Worker must inquire if the Special Pharmacy applicant is receiving medical coverage through CAS. If the Worker believes the individual may be receiving duplicate coverage or services through both FACTS and RAPIDS the Worker must electronically

notify the DFA Medicaid Policy Unit with the following information:

- Applicant/Recipient's Name
- Date of Birth
- Social Security Number
- Client's FACTS ID (if known)

**B. COMPLETE APPLICATION**

The application for Special Pharmacy is complete when the Worker submits the completed DFA-SP-1 to the DFA Medicaid 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 Medicaid 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 1<sup>st</sup> 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 6<sup>th</sup> month of certification. The DFA Medicaid Policy Unit sends notification to the local office in the 5<sup>th</sup> 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 Medicaid 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 **as follows:**

## SPECIAL PHARMACY

## 1. The Redetermination List

Special Pharmacy is reevaluated in the 6<sup>th</sup> month of eligibility. The Supervisor is notified by the DFA Medicaid Policy Unit of the upcoming review in the 5<sup>th</sup> 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 6<sup>th</sup> 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 Medicaid 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.