

WHAT HAPPENS IF MEDICAID DOES NOT PAY FOR MY PRESCRIPTION?

If my prescription is denied will I be given any written notice?

Yes. You must be given a written notice by your pharmacist. The notice will include a pamphlet, and the pharmacist will either write the reason for the denial on your pamphlet or will give you a computer printout stating the reason for the denial.

If the reason for non-coverage is “lack of prior authorization”, what should I do?

You must contact your doctor's office because only your doctor (or doctor's staff) can request prior authorization. If your doctor does not know the number to call to get your prescription approved, he or she can call the Ombudsman Project toll free at 1/866-490-1901.

What is “prior authorization” and why do certain drugs need it?

Prior authorization means that Medicaid or your Medicaid HMO must approve payment for the drug before you can get it. Brand name drugs need prior authorization if you have already received four brand name drugs in the same month, or if the prescription is not on the preferred drug list (PDL). Also, there is a small list of drugs called “protocol drugs” that require prior authorization because the Medicaid Agency has found they are subject to misuse or abuse.

Are there any drugs that should not be denied due to lack of prior authorization?

Yes. The following are not subject to prior authorization and should not be denied for that reason: generic drugs, drugs used to treat serious mental illnesses, and antiretroviral agents.

What should I do if the reason for non-coverage is that my prescription has a generic but I need the brand name drug for medical reasons?

Your doctor needs to fill out a form called “Request for Multi-Source Brand Drug”, which is located on the Internet at: www.fdhc.state.fl.us/medicaid, choose “Pharmacy Services”, then “Current Information”, then “Request for Multi-Source Brand Drug Form”.

What if the doctor says he or she cannot get prior authorization; or what if I cannot get my medicine for another reason and the pharmacist cannot fix the problem?

You should contact the Ombudsman toll-free by phone at 1/866-490-1901; by fax at 1/866-490-1902; or by e-mail at FloridaOmbudsman@acs-inc.com.

What is the Ombudsman?

Medicaid has a new office called the “Ombudsman Project” to help fix prescription coverage problems. When you call the ombudsman, the staff may not be able to talk with you right away. You may need to leave a voice mail message with the following information: (1) your name; (2) date of birth; (3) Medicaid number; (4) your phone number; (5) name of the prescription; (6) name and phone number of pharmacy and prescribing doctor; (7) reason given for non-coverage; and (8) when to call you back. If you are in an HMO, the Ombudsman will give you another number to call. Either the Ombudsman Project or your HMO should respond to your call within 3 days.

What if the Ombudsman does not fix the problem?

If you gave the Ombudsman's office all the information it asked for, and it could not or would not fix the problem or return your calls, **you can request a fair hearing. You need to use the Fair Hearing Request Form on the pamphlet your pharmacist gave you and follow all the directions on the pamphlet.**

If your prescription was denied due to "lack of prior authorization", you can only request a fair hearing if you either: (1) attach a statement from your doctor or your doctor's staff that an office member did try to get prior authorization; or (2) explain why you think the prescription does not require prior authorization. One example is if Medicaid says prior authorization is required because you have more than four brand prescriptions for the month, and you have only received two brand prescriptions this month.

When will a fair hearing not be provided?

A fair hearing will not be provided if: (1) your prescription requires prior authorization and you have not contacted your doctor; or (2) the doctor has not tried to get prior authorization; or (3) you have not given the Ombudsman at least 3 business days to fix the problem; or (4) the denial reason is you came in too early for the refill and you do not disagree with that reason; or (5) the prescription has a problem which only your doctor can fix, and your doctor refuses to do so; or (6) you are in an HMO, and the pharmacy is not an HMO provider.

When can I get a 3-day supply of my prescription if the pharmacist tells me Medicaid will not pay?

You should get an immediate 3-day supply at the pharmacy if: (1) your prescription was for a refill of the exact prescription that Medicaid (or your HMO) paid for last month; or (2) the pharmacist believes that any delay in providing your medication would cause serious or permanent harm to your health, or result in hospitalization or emergency room treatment; or (3) you have a serious contagious disease.

When are 3-day supplies of refills not provided?

You cannot get the 3-day supply if the reason for denial is: (1) you already have the drug, or should still have some of your last prescription left (for example, if your refill request is too early or the prescription was already filled at another drug store); (2) you are enrolled in an HMO and the pharmacy is not part of the HMO network; (3) your prescription may be harmful to your health if taken with your other medicines; or (4) you are not on Medicaid (unless you get proof from your Department of Children and Families (DCF) worker which shows you are Medicaid eligible).

Can I keep my refill coverage after the 3-day supply is gone?

Yes. You can get continuous coverage for your refill through your hearing decision, if you **check the box on the hearing request form that you want ongoing coverage, and you request the hearing within 10 days of receiving your notice.** In this case, you should also fax the hearing request to the Ombudsman toll-free at 1/866-490-1902.

When should I contact legal services or legal aid for assistance?

You should contact your local legal services or legal aid office if you are still having difficulty getting Medicaid coverage for your prescription after contacting the Ombudsman.