



TO: Pharmacy Providers
RE: Expansion of Medicaid Prescription Vouchers for Individuals Released from Correctional Institutions or Through the Courts

The purpose of this bulletin is to advise pharmacy providers of the expansion of the Medicaid "Prescription Voucher / Authorization for Payment" form. The Medicaid Prescription Voucher was originally implemented in December 2010 for use at the York Correctional Institution in Niantic and Willard-Cybulski Correctional Institution in Enfield along with the New Haven, Waterbury and Middletown courts (PB 2010-64). **The Medicaid Prescription Voucher is being expanded effective 11/01/12 to include the Osborn Correctional Institution in Somers and Corrigan-Radgowski Correctional Center in Uncasville as well as Bridgeport, Stamford, Norwalk, Milford, Derby, Meriden, Bantam and Danbury courts.** This voucher will be issued to individuals being released and who need prescription medications by correctional health staff. It guarantees payment by the Department of Social Services (DSS) for up to a 30-day supply of prescription medications. A copy of the voucher is attached to this bulletin.

Please do not accept the voucher if it is presented more than five days after the authorization date indicated on the front. This form will only be used to authorize essential prescriptions. The quantity dispensed cannot exceed a thirty-day supply.

The actual prescription is written by a licensed prescriber at the Department of Corrections (DOC) contracted health provider, Correctional Managed Health Care (CMHC), a division of the University of Connecticut Health Center. The actual duration of approved medication might be shorter than 30 days, based on the professional judgment of the prescribing staff within CMHC.

To have the discharge prescriptions sent to you, contact the CMHC pharmacy in Farmington by faxing the front of the voucher to the number below; be sure your cover sheet includes your own fax and professional call-in number. For problems, call the pharmacy at the number below.

CMHC Pharmacy Contact Numbers:

Fax (860) 679-8020

Phone (860) 679-7920 - 7:00 a.m. to 7:00 p.m. Monday through Saturday

OR (860) 679-2120 - after 7:00 p.m. Sunday through Friday

There will be no phone availability from 7:00 p.m. Saturday until 7:00 p.m. Sunday.

If the CMHC prescriber has already written discharge medications, the pharmacy can fax them to you promptly. If not, the CMHC pharmacy will notify you by fax that the discharge medications have not yet been written. The CMHC pharmacist will then contact a physician on call, who will either call you with the orders or write discharge orders and

send them to the CMHC pharmacy, which can forward them to you by fax.

Some of the CMHC medical units close down after 4:00 p.m., but the jails are open 24 hours, 7 days a week with nursing, but not necessarily prescriber, coverage. The process of obtaining discharge medications could take from under an hour to the next business day. Therefore, if you receive a faxed notice that discharge orders still have to be obtained, you should advise the individual that the order may not be ready for some time, and the individual may prefer to return later for the medications.

For most releases directly from a facility, staff at the facility will have already notified DSS and arranged for medical benefits to be activated. For releases from a court, which are not scheduled, court staff will fax an application for benefits to DSS, and DSS is prepared to activate these benefits very quickly. Therefore, in most situations, Medicaid eligibility will exist either at the time the prescription medication is dispensed or within 5 days. In these situations, you would bill HP as you normally would.

DSS will guarantee payment for the prescription medication, even if the individual is subsequently determined to be ineligible for Medicaid. If you cannot confirm Medicaid eligibility through the DSS Automated Eligibility Verifications System (AEVS) within 5 days, please forward the voucher and the appropriate pharmacy paper claim form to:

Department of Social Services
Adult Services Division
Emergency Prescription Voucher
25 Sigourney St.
Hartford, CT 06106-5033
Phone (860) 424-5250
Fax (860) 424-4957



Medicaid Prescription Voucher/Authorization for Payment

Section 1 - Client Information (completed by staff at the correctional facility or the court)

Applicant Name (Last, First, MI) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Facility _____	Date of Birth _____
DOC # _____ Medicaid # _____	Client SSN _____

Instructions for client: Take this voucher to your local pharmacy within 5 days of the effective date shown below.
Instrucciones para el cliente: Lleve este vale a su farmacia local dentro de 5 días de la fecha de efectividad indicada abajo.

Section 2 – Authorization (completed by staff at the correctional facility or the court)

The authorization guarantees payment by DSS only for the pharmacy service(s) indicated. The individual named on this form has a need for prescription assistance.

Effective Date of Prescription Authorization: ____ / ____ / ____
Fecha de efectividad de la autorización de receta médica

Voucher prepared at: DOC facility Court

- The authorization must be a completed original and not changed or modified in any manner. It is valid for only the individual listed above. A community pharmacist who suspects that this form has been altered should contact the person who completed this form at the number indicated below.
- **The authorization is valid only for 5 days from the effective date of the prescription authorization specified above.**
- Reimbursement will only be made to active enrolled Connecticut Medical Assistance Program Providers at the fee established by the Department for the specified Medicaid-covered service authorized.

The quantity dispensed for a prescription cannot exceed a thirty (30) day supply.

Person Completing Form _____ Date _____
 Title _____ Phone # _____

Instructions for Client: Take this voucher to your local pharmacy within 5 days of the date above.
Instrucciones para el Cliente: Lleve este vale a su farmacia local dentro de 5 días de esta fecha.

Section 3 - Pharmacy Provider (completed by pharmacy)

Provider Name _____	Phone # _____
City _____	Fax # _____

Instructions for pharmacy staff: To get the prescription order, fax this voucher to the University of Connecticut Managed Health Care Pharmacy fax number (860) 679-8020. Phone number: (860) 679-7920) before 7 pm Monday through Saturday or (860) 679-2120 after 7 pm Sunday through Friday.

Complete this additional information only if Medicaid eligibility has not been established after 5 days (see Billing Instructions below).
 Address _____ Medicaid Provider # _____

BILLING INSTRUCTIONS: Providers should access the Automated Eligibility Verification System (AEVS) for confirmation of Medicaid eligibility. If Medicaid eligibility is confirmed, then the claim should be submitted to HP following the same billing requirements and guidelines as a regular claim. If eligibility has not been confirmed after five (5) days, forward this form, attached to the appropriately completed paper claim form, to the **Department of Social Services, Adult Services Unit, 25 Sigourney Street, Hartford, CT 06106-5033. Ref: Prescription Voucher** -- For information, phone 1-860-424-5250.

W-1069 Instructions

Instructions for staff at court or DOC facility:

Complete sections 1 and 2 on the front page and give the voucher to the client to bring to the pharmacy.

Instructions for the client:

Please take this voucher to a retail pharmacy as soon as possible. The longer you wait, the longer it will take to get your medicines. D.O.C. health records are sent to a warehouse shortly after release, and it may be difficult for D.O.C. health staff to know exactly which medications you need. Be sure to select a pharmacy that is close to where you will be living, because it is possible you will need to make 2 trips to the pharmacy. **This voucher expires in 5 days.**

Instrucciones para el cliente:

*Por favor lleve este vale a una farmacia al detal lo más pronto posible. Cuanto más espere, tanto más tiempo se tomará para recibir sus medicinas. Los registros médicos del DOC son enviados a un depósito poco después de la excarcelación, y el personal de salud del DOC podría tener dificultad para saber exactamente cuáles medicinas usted necesita. Asegúrese de escoger una farmacia que quede cerca de donde usted estará viviendo, porque es posible que le resulte necesario hacer 2 viajes a la farmacia. **Este vale vence en 5 días.***

Instructions to the retail pharmacy:

The person given this voucher has just been released from a Department of Correction (DOC) facility, and has stated that he or she is receiving prescription medications that need to be continued. The Department of Social Services (DSS) will reimburse for up to 30 days worth of medicines on release from the DOC. The actual prescription is written by a licensed prescriber at DOC's contracted health provider, Correctional Managed Health Care (CMHC), a division of the University of Connecticut Health Center. The actual duration of approved medication might be shorter than 30 days, based on the professional judgment of the prescribing staff within CMHC.

To have the discharge prescriptions sent to you, contact the CMHC pharmacy in Farmington by faxing the front sheet of this form to the number below; be sure your cover sheet includes your own fax and professional call-in number. For problems, call the pharmacy at the number below. If the CMHC prescriber has already written discharge medications, the pharmacy can fax them to you promptly. If not, the CMHC pharmacy will notify you by fax that the discharge medications have not yet been written. The CMHC pharmacist will then contact a physician on call, who will either call you with the orders or write discharge orders and send them to the CMHC pharmacy, which can forward them to you by fax. Some of the CMHC medical units close down after 4 pm, but the jails are open 24x7 with nursing, but not necessarily prescriber, coverage. The process of getting discharge medications could take from under an hour to the next business day. So if you receive a faxed notice that discharge orders still have to be obtained, you should advise the patient that the order may not be ready for some time, and the patient may prefer to return later for the medications.

CMHC Pharmacy Contacts	Fax	1-860-679-8020
	Phone	1-860-679-7920 7 am to 7 pm Monday through Saturday OR 1-860-679-2120 after 7 pm Sunday through Friday (No phone availability from 7 pm Saturday until 7 pm Sunday)

See the other side for billing instructions.

This information is available in alternate formats. Phone (800) 842-1508 or TDD/TTY (800) 842-4524.
Esta información está disponible en diferentes formas. Teléfono (800) 842-1508 o TDD/TTY (800) 842-4524.