Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3641-ENG 8-18

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Advance Member Notice of Noncovered Prescription

MHCP does not pay for everything, even some prescriptions that you or your health care provider has good reason to think you need. MHCP does not pay for the **noncovered prescription** listed below. Your health care provider is allowed to charge you, and you will have to pay if you choose to get the prescription. Also, you are not allowed to pay for a **controlled substance**, or **gabapentin**, unless you get written approval from your prescriber on this form. Before signing this form:

- Read the whole notice, including the instructions, so you can make an informed choice about your care
- Ask your health care provider or pharmacist any questions you have after you finish reading

Provider(s): Print all pages of this notice. Keep one copy in the member's file, and give one copy to the member.

Member Information

LAST NAME	FIRST NAME	MI	MHCP MEMBER ID #	DATE OF BIRTH

Pharmacy and Prescription Information

PHARMACY FAX NUMBER	PHARMACY NAME	DATE OF SERVICE

NONCOVERED PRESCRIPTION: NAME, STRENGTH, AND QUANTITY

REASON(S) MHCP DOES NOT COVER PRESCRIPTION

COST OF NONCOVERED PRESCRIPTION	NAME(S) OF ALTERNATIVE COVERED PRESCRIPTION(S)

Member Signature

Read the statement below. If you understand and agree, check the box, and sign and date the form.

☐ I have reviewed the member instructions on the second page, and I want the **noncovered prescription** listed above. I understand that MHCP does not cover the prescription and I will have to pay for it. A different prescription may be covered by MHCP, but I do not want that prescription.

SIGNATURE OF MEMBER, LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE, OR RESPONSIBLE PARTY	DATE

NAME OF LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE, OR RESPONSIBLE PARTY (please print)

Prescriber Signature

Read the statement below. If you understand and agree, check the box, and sign and date the form.

☐ I have personally reviewed the prescriber instructions on the second page, and I certify that all criteria are met. The pharmacist should be allowed to sell the **noncovered controlled substance** or **gabapentin** that I prescribed to the member. However, I understand the pharmacist is not required to sell the prescription to the member. I understand that MHCP does not cover the prescription and the member will have to pay for it.

PRESCRIBER SIGNATURE (no delegate signatures accepted)	DATE

PRESCRIBER NAME (please print)	PRESCRIBER NPI	DENIED PA NUMBER

Advance Member Notice of Noncovered Prescription Instructions

Pharmacist

Use NDC Search to find out whether a prescription is covered or requires authorization.

If —	Then —
If a prescription is a covered drug but requires authorization	Then request authorization through the MHCP Prescription Drug PA Agent. If the authorization is denied, you may bill the member. To do that, read the information below this table and complete the form.
If a prescription does not require authorization	Then bill MHCP. If MHCP denies payment for a reason other than a billing error, you may bill the member. To do that, read the information below this table and complete the form.
If a prescription is for a drug that is never a covered drug	Then you may bill the member. To do that, read the information below this table and complete the form.

Accept payment from a member for a noncovered prescription only when all the following apply:

- The member is **not enrolled** in the restricted recipient program.
- You reviewed with the member the reason(s) the prescription is not covered and available covered alternatives.
- You obtained the member's signature on this form.
- If the member wants to pay for a noncovered prescription for a controlled substance or gabapentin, the prescriber has signed the form certifying that you should be allowed to charge the member for the prescription.

If a member has other insurance but the other insurance requires authorization for the prescription, you must request authorization and seek payment from the other insurance.

If the prescriber has not signed this form, do not accept payment from the member, or from someone paying on behalf of the member, for any controlled substance or gabapentin.

Member

You are asking for a drug or item that MHCP does not cover or you do not meet the criteria for. The pharmacist tried getting approval or payment for the drug or item. The pharmacist has to tell you why MHCP does not cover the drug or item. The pharmacist also has to tell you about other drugs or items that MHCP covers. If you still want the noncovered drug or item, sign the form. You are responsible for paying the pharmacy for the drug or item.

If the noncovered prescription is for a controlled substance, or gabapentin, your prescriber must certify that the pharmacy should be allowed to charge you for the prescription.

If you have questions about this form, or if the provider should have asked you to sign this form but did not, call the MHCP Member Help Desk at 651-431-2670 or 800-657-3739.

If you believe your prescription should have been covered by MHCP and you were billed by the provider in error, you have the right to appeal.

Prescriber

You are asking that the pharmacy be allowed to charge a member for a controlled substance, or gabapentin, that you prescribed. You are also certifying all the following:

- You are an enrolled MHCP provider and you have prescribed the noncovered prescription.
- You have attempted to request prior authorization for the prescription to be covered if a prior authorization is required or you have attempted to request prior authorization if the dose you prescribed exceeds what MHCP will cover.
- The covered alternatives are not options for the member.
- You are aware of the member's treatment regimen, including the last time this prescription was filled.
- The pharmacy should be allowed to charge the member for the noncovered prescription on this date of service because it is medically necessary.

If you certify that all the criteria above are met and you are asking that the pharmacy be allowed to charge a member for a controlled substance, or gabapentin, that you prescribed, then note your approval on the front of this form, sign and date the form, and send a signed copy to the pharmacy for its records. You must also save a copy of the form, or document the approval, in the member's medical record.

651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)

ADA Advisory

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. ADA1 (2-18)