



Iowa Department of Human Services

Request for Patient Eligibility Iowa Medicaid Pharmaceutical Case Management Program

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Important Note:

Some insurance (TPL) and Medicare Part D plans already cover this type of service. For Medicaid members who have TPL or Medicare Part D the provider must show that the TPL/Medicare D does not cover this service when submitting a claim to IME. Call provider services if you have any questions about how to submit a claim in such cases: 1-800-338-7909 or 515-256-4609 (local in Des Moines).

In addition, the provider is responsible for verifying any other coverage and ongoing Medicaid eligibility – Medicaid is always “payer of last resort.” If the member becomes eligible for Medicare (or other insurance) while receiving Pharmaceutical Case Management (PCM), primary coverage of the service may change. Approval for PCM service does not guarantee that coverage of the service is with Medicaid.

Member Name _____ Medicaid ID Number _____

This member has the following disease states: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> GERD |
| <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Peptic Ulcer Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD |

Does this member take four or more regularly scheduled medications? Yes No
(Do not include topical medications or PRN medications.)

If yes, please list four of this member's scheduled medications.

Does this patient reside in a nursing facility?

Yes No

I submitted this information to be true to the best of my knowledge.

Provider Signature

Provider Name

Pharmacist's NPI Number Required

Provider Fax Number *(need for response)*

Pharmacy Name

Pharmacy Telephone Number

Please fax this completed form to 515-725-1355.

**This portion will be completed by the Eligibility Processing Unit and faxed to you.
However, this document does not guarantee patient eligibility for Medicaid.**

According to the information you have provided, this member IS IS NOT eligible for Iowa Medicaid Pharmaceutical Case Management services.