



URGENT PAAD PROGRAM NOTICE

TO: Providers of Pharmaceutical Services
(NOTE: Applicable only to services provided to Pharmaceutical Assistance to the Aged and Disabled (PAAD) beneficiaries.)

SUBJECT: Procedure to Request Payment for Uncollected PAAD Co-payment Balance

EFFECTIVE: Dates of service on or after July 1, 1992 through July 10, 1992

BACKGROUND: The Legislature's enactment of the Fiscal Year 1993 Appropriations Act mandated changes to the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. Effective July 1, 1992, the co-payment for the PAAD program was changed from \$2.00 to \$5.00. In response to Division concerns relevant to uncollected PAAD co-payment balances, special procedures have been established to allow providers to request payment for such balances from the PAAD program.

Providers are encouraged to attempt to collect any uncollected PAAD co-payment balances from PAAD beneficiaries. The procedure described below should be considered only for those balances which cannot be collected directly from PAAD beneficiaries.

ACTION: In the event collection efforts do not resolve the balance due, and a provider incurs an uncollected PAAD co-payment balance, the provider may request consideration of further payment from the PAAD program by following the procedure described below:

- (1) To justify a request for an uncollected PAAD co-payment balance, the documentation described below must be submitted to the PAAD program.

COMPUTERIZED PHARMACY PROVIDERS

- . A computer generated prescription receipt or claim report indicating a charge of \$2.00 co-payment;
- . A copy of a signature log entry verifying receipt of a prescription service; and
- . A copy of a completed, signed and dated "PAAD UNCOLLECTED CO-PAYMENT REQUEST CERTIFICATION". (see attachment)
You may photocopy form if additional copies are needed.



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED

CERTIFICATION

PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED (PAAD)

UNCOLLECTED CO-PAYMENT REQUEST

I hereby certify the receipt of a two dollar (\$2.00) co-payment for each of the _____ (number) of Pharmaceutical Assistance to the Aged and Disabled (PAAD) processed claims enclosed. They are being submitted to the PAAD program to request payment of the uncollected co-payment amount of three dollars (\$3.00) for each approved request.

I agree not to pursue additional payment of any uncollected co-payment from PAAD beneficiaries whose full co-payment responsibilities are satisfied by payment pursuant to these requests.

Provider Name and Provider Number

Signature

Date

NON-COMPUTERIZED PHARMACY PROVIDERS

- . A copy of a completed original MC-6 claim form or a respective page of a Remittance Advice Statement which indicates a provider's charge to the PAAD program; and
 - . A copy of a completed, signed and dated "PAAD UNCOLLECTED CO-PAYMENT REQUEST CERTIFICATION". (see attachment)
You may photocopy form if additional copies are needed.
- (2) Submit requests which must be received no later than November 9, 1992 to:
- PAAD Co-Payment Reimbursement Unit
Division of Medical Assistance and Health Services
CN 715
Trenton, NJ 08625-0715

DO NOT SUBMIT ANY REQUESTS TO PARAMAX/UNISYS

- (3) Payment for these requests will be made as a lump sum included in your regular Paramax/Unisys statement. Payment amounts will be entered on the "Debit Financial Transaction Advice" page of your Paramax/Unisys Remittance Advice. They will also appear as part of the "Net Financial Transaction" on the "Remittance Summary" page of the Paramax/Unisys Remittance Advice Statement. Line item entries reflecting payment resulting from these requests will not appear in the text of the Remittance Advice statement.

If you have any questions regarding this Newsletter, please contact Edward J. Vaccaro, R.PH., Acting Chief Pharmacy Consultant at (609) 588-2724.