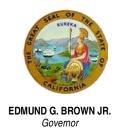


State of California—Health and Human Services Agency California Department of Public Health



OFFICE OF AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum Memorandum Number: 2013-10

Date: August 14, 2013

TO: LOCAL ADAP COORDINATORS
ADAP ENROLLMENT WORKERS

SUBJECT: NEW PHARMACY BENEFITS MANAGER INCIDENT REPORT FORM

This memorandum is to introduce the new "Pharmacy Benefits Manager Incident Report" form to ADAP Enrollment Workers (EWs) and Local ADAP Coordinators. OA created the form to provide EWs with a tool to raise Pharmacy Benefits Manager (PBM) enrollment services concerns which hinder efficient enrollment of clients into ADAP. The form is intended to help improve overall quality of PBM enrollment support services provided to EWs, which will ultimately improve the quality of services ADAP clients receive.

As needed, the form is to be completed by the EW and faxed directly to the EW's assigned OA ADAP Advisor at the fax number provided on the form.

Please contact your OA ADAP Advisor if you have any questions regarding the new form. The most current "OA/ADAP Staff Assignments by LHJ" list is available on the OA website: http://www.cdph.ca.gov/programs/aids/Documents/ADAP-LHJStaffAssignments.pdf

Celia Banda-Brown, Chief

ADAP Section Office of AIDS

Enclosure

Pharmacy Benefits Manager (Ramsell) Incident Report

Enrollment Worker Name									
Enrollment Worker ID #					none umber				
Date of incident			CSR Name (if applicable)						
Please check the type of incident below:									
	No one answering phones				number of calls attempted				
	Excessive hold time on phones				amount of time on hold				
	Phone calls not returned				number of messages left				
	Not receiving confirmation(s) within 24 hours				number of days delayed				
	Receiving conflicting information/instruction				Names of CSF				
	Having to	ng to re-fax enrollment documents				Number of times refaxing			
	Other (specify)								
Provide specific details for the incident type(s) checked:									
(Example: left message on 2/1/13 & 2/3/13 have not been called back)									
Email or fax the completed report to your OA Advisor						OA Fax #: (916) 449-5859			