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EDMUND G. BROWN JR.
Governor

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



AIDS Drug Assistance Program

Pharmacy Benefits Manager (Ramsell) Incident Report

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|---|---|----------------------------------|---------------------------------|
| Enrollment Worker Name | | | |
| Enrollment Worker ID # | | Phone Number | |
| Date of incident | | CSR Name (if applicable) | |
| Please check the type of incident below: | | | |
| <input type="checkbox"/> | No one answering phones | <i>number of calls attempted</i> | |
| <input type="checkbox"/> | Excessive hold time on phones | <i>amount of time on hold</i> | |
| <input type="checkbox"/> | Phone calls not returned | <i>number of messages left</i> | |
| <input type="checkbox"/> | Not receiving confirmation(s) within 24 hours | <i>number of days delayed</i> | |
| <input type="checkbox"/> | Receiving conflicting information/instruction | <i>Names of CSRs</i> | |
| <input type="checkbox"/> | Having to re-fax enrollment documents | <i>Number of times refaxing</i> | |
| <input type="checkbox"/> | Other (specify) | | |
| Provide specific details for the incident type(s) checked: | | | |
| <i>(Example: left message on 2/1/13 & 2/3/13 have not been called back)</i> | | | |
| | | | |
| Email or fax the completed report to your OA Advisor | | | OA Fax #: (916) 449-5859 |