

# FINAL VERSION

<First Name> <Last Name>  
<Attention>  
<Street>  
<City> <State> <Zip Code>

Dear Beneficiary:

## **Please read this letter carefully.**

This letter is for people who have both:

- private insurance that uses a mail order pharmacy AND
- Medicaid or Children's Special Health Care Services (CSHCS).

Medicaid or CSHCS can help pay for medicine co-pays that are covered by your private insurance. If your private insurance makes you use a mail order pharmacy, your local pharmacy cannot fill your prescription for medicines covered by your mail order pharmacy.

Medicaid or CSHCS can help pay for your mail order pharmacy co-pays. *Note: Medicaid cannot help with Medicare Part D co-pays.* To get help from Medicaid or CSHCS with your mail order co-pays you need to know:

- What medicines your mail order pharmacy covers?
- Does your mail order pharmacy work with Michigan Medicaid or CSHCS?

Call your mail order pharmacy to get answers to these questions.

## **WHAT TO DO IF YOUR MAIL ORDER PHARMACY WORKS WITH MEDICAID OR CSHCS**

- Step 1 Ask your mail order pharmacy to send you the forms you need to order your medicine.
- Step 2 Ask your doctor to write a new prescription for each medicine. You need a separate prescription to send in with your mail order pharmacy form for each medicine.
- Step 3 Fill out your mail order pharmacy form.
- Step 4 Attach the written prescriptions from your doctor AND one copy of your **mihealth** card to the form. This tells the mail order pharmacy that you have Medicaid or CSHCS.

Keep extra copies of your **mihealth** card to use for future orders.

## **WHAT TO DO IF YOU HAVE TO PAY YOUR CO-PAY BEFORE YOU GET YOUR MEDICINE, OR IF YOUR MAIL ORDER PHARMACY DOESN'T WORK WITH MEDICAID OR CSHCS**

- Step 1 Ask your mail order pharmacy to send you the forms you need to order your medicine.
- Step 2 Ask your doctor to write a new prescription for each medicine. You need a separate prescription to send in with your mail order pharmacy form for each medicine.
- Step 3 Fill out your mail order pharmacy form.
- Step 4 Attach the written prescriptions from your doctor AND one copy of your **mihealth** card to the mail order pharmacy form.
- Step 5 Include a check or money order for your co-pays. The mail order pharmacy will not fill the prescription if you do not include your co-pays.

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- Step 6 To get paid for your co-pays, fill out the claim form that came with this packet after you get your medicines. The packet has instructions to tell you how to fill out this form. You must use this form to get money back for any co-pays that you paid. It takes longer to get your money back if you do not send the claim form.
- Step 7 Mail the claim form and the receipt from your mail order pharmacy to the address below. *Note: This is a new address.* **Effective April 1, 2010** Medicaid works with First Health instead of 4D.

**Paper Claims Processing Unit  
Post Office Box 85042  
Richmond, VA 23261-5042**

Please call the First Health Beneficiary Help Line toll-free at 1-877-681-7540 if you have questions about this letter.

Sincerely,

Steven Fitton, Director  
Medical Services Administration  
Services

Kathy Stiffler, Director  
Children's Special Health Care