



Pharmacy Provider Relations Intake Formv3.3 Instruction Table

IMPORTANT INFORMATION FOR ALL PROVIDERS SUBMITTING INQUIRIES

We maintain a **minimum necessary rule for PHI (member information)**; only supply the member information as directed on the sub-form instructions

| Intake Form – Tab/Sub-form Name | Overview of Tab/Page | Global Instructions |
|---|---|--|
| Tab 1 = Welcome Page | <p>This page provides important information and directions to all external partners, including contact information to other teams based on your needs and links to our sub-forms as listed below.</p> <p style="text-align: center;">NOTE: IMPORTANT</p> | <ul style="list-style-type: none"> ➤ Previous versions of the intake form will not be accepted ➤ Start at the first blank line to enter your data ➤ You must list all email contacts for the inquiry in the email column for everyone to receive a reply; you will NOT receive a reply to the email you sent. All replies will be grouped and generated from the intake form loads ➤ One issue per line item, including notes (the fields will wrap your text). All questions and/or additional information should be added to the intake form in the field provided; we are no longer reviewing information in the body of emails ➤ Urgent inquiries - If your inquiry does NOT meet the criteria for URGENT, your issue will be down-graded based on our processes to non-Urgent <ul style="list-style-type: none"> ○ Urgent - worked within 48 hours – 2 business days ○ Non-urgent - worked within 5-7 business days. |
| Tab 2 = Claim Review Inquiry | This is for pharmacies/chains/PSAOs only | <ul style="list-style-type: none"> ➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above. |
| Tab 3 = Payment Related-Remit or Check | This is for pharmacies/chains/PSAOs only | <ul style="list-style-type: none"> ➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above. |
| Tab 4 = I'm a Physician Medical Provider | <p style="text-align: center;">This is for Physician/Medical Providers only</p> <p>NOTE: We partner with another internal teams to assist our medical providers on payments</p> | <p>We are limited as to the assistance we can provide. You must review the WELCOME PAGE section for physician/medical providers prior to submitting your intake form.</p> <ul style="list-style-type: none"> ➤ There are directions and instructions within the drop downs and column headers within each form including the global workflow instruction above. |
| Tab 5 = Something Else | This is for pharmacies/chains/PSAOs only | <ul style="list-style-type: none"> ➤ If your inquiry cannot be added to the Claim Review Inquiry or Payment Related sub-forms, you will use this form to submit your inquiry. ➤ There are specific directions and instructions within the drop downs and column headers. |