



# Early Intervention Program (EIP) Prescription Spenddown Receipt

|               |                                    |  |
|---------------|------------------------------------|--|
| <b>CLIENT</b> | <b>Name</b>                        |  |
|               | <b>Address</b>                     |  |
|               | <b>City, State &amp; Zip</b>       |  |
|               | <b>Birth date</b>                  |  |
|               | <b>ACES Client ID # (if known)</b> |  |

**Client:** Fill out the top part of this form. Print clearly so you can get credit for the costs. Once the pharmacy has completed the form, take it to your local DSHS office. See the back of this page for more directions.

**Pharmacist:** Fill out this section and return the form to the client. The client will take the completed form to their local DSHS office to help them meet their spenddown. Thank you for your help.

1. Enter the date of service and drug name.
2. Enter the full retail cost if EIP is the only payer or the copay / coinsurance amount. If the client has Medicare and Medicare does not pay for the drug, enter the full retail cost.
3. Check the box that shows the type of payment.
4. Use additional copies of this document if you need more space.

|                 |                              |  |
|-----------------|------------------------------|--|
| <b>PHARMACY</b> | <b>Name</b>                  |  |
|                 | <b>Address</b>               |  |
|                 | <b>City, State &amp; Zip</b> |  |
|                 | <b>Phone number</b>          |  |

**Pharmacy Stamp or Signature**

**Please see examples on other side**

| DATE OF SERVICE/<br>RX FILL | DRUG NAME | ALLOWABLE CHARGE  | TYPE OF PAYMENT<br>Pharmacy - Check the box that shows the type of payment |   |   |
|-----------------------------|-----------|---|--|---|---|
|                             |           | Pharmacy - Enter the full retail cost if EIP is the only payer<br><b>OR</b><br>Enter the copay amount | EIP only<br><br>(CSO - Code as <i>RX</i> in ACES)                          | Medicare Part D copay<br><br>(CSO- Code as <i>PR</i> in ACES) | Private insurance copay<br><br>(CSO- Code as <i>CO</i> in ACES) |
|                             |           |   |  |   |   |
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**CSO Worker:** EIP is a DSHS-designated public program that pays the out-of-pocket costs entered in the "Allowable Charges" column. Apply the amounts shown to this client's spenddown. (Note: Medicare does not pay for some drugs. Allow the full retail price if Medicare did not pay and the pharmacist checked that EIP is the only payer.)

# How to use EIP payments to meet spenddown.

1. Fill out an EIP Prescription Spenddown Receipt form when EIP will be paying for all or part of your drug costs.
2. Go to a pharmacy that works with all of the programs that pay for your drugs. Examples are Medicare Part D, insurance, and EIP.
3. If you have a Medicare Part D or insurance card, show it to the pharmacist. These programs pay before EIP.
4. Show your EIP eligibility letter or EIP (Ramsell) prescription card to the pharmacist.
5. Ask the pharmacist to fill out your EIP Prescription Spenddown Receipt form.
6. Make a copy of the form for your files.
7. Give or send the completed form to your DSHS office. A worker will apply EIP payments towards meeting your spenddown liability.
8. As you incur other medical expenses, give verification to your DSHS office.
9. DSHS will send you a letter telling you when you are eligible for Medicaid coverage to begin.
10. When Medicaid starts paying for your drugs, EIP will stop paying.

For more information on how to use this form, call EIP at:

877-376-9316 outside of Thurston County.

360-236-3426 in Thurston County.

**EXAMPLE: Medicare D client. EIP pays copay only.**

| DATE OF SERVICE/<br>RX FILL | DRUG NAME | ALLOWABLE CHARGE   | TYPE OF PAYMENT<br>Pharmacy - Check the box that shows the type of payment |   |   |
|-----------------------------|-----------|--|--|---|---|
|                             |           | Pharmacy - Enter the full retail cost if EIP is the only payer<br>OR<br>Enter the copay amount | EIP only<br><br>(CSO - Code as <i>RX</i> in ACES)                          | Medicare Part D copay<br><br>(CSO- Code as <i>PR</i> in ACES) | Private insurance copay<br><br>(CSO- Code as <i>CO</i> in ACES) |
| 8/1/09                      | Sustiva   | \$6.10   |  | X   |   |
| 8/1/09                      | Truvada   | \$6.10   |  | X   |   |

**EXAMPLE: EIP only client. EIP pays full retail cost.**

|        |         |        |   |  |  |
|--------|---------|--------|---|--|--|
| 8/1/09 | Sustiva | \$1300 | X |  |  |
| 8/1/09 | Truvada | \$1300 | X |  |  |

**EXAMPLE: Insured client. EIP pays copay or coinsurance.**

|        |         |       |  |  |   |
|--------|---------|-------|--|--|---|
| 8/1/09 | Sustiva | \$260 |  |  | X |
| 8/1/09 | Truvada | \$260 |  |  | X |