CDAG_SupplementalQuestions

Question #	Question	Response
1	Identify the entity that processes coverage determinations for your organization (i.e., processed in house, by a PBM, by another entity).	
2	Identify the entity that processes redeterminations for your organization (i.e., processed in house, by a PBM, by another entity). If different than coverage determinations, explain how information is shared between all entities that are involved in the decision making process.	
3	Is there a policy which indicates how many formulary drugs must be tried and failed before a non-formulary drug is approved? Y/N	
4	If response to #3 is yes, please attach the portion of your policy that specifically addresses this question.	
5	Please explain your mailroom policies and/or procedures as related to beneficiary notification.	
6	When effectuating approved cases, what level GPI or GCN is used? If effectuating using another method please explain.	
7	Define the look-back criteria utilized by your organization for step therapy. If smart-logic is utilized for automatic look backs please describe this process.	
8	Identify the entity that processes grievances for your organization (i.e., handled in house, by a PBM, or by another entity).	
9	Identify the entity responsible for incoming CDAG calls on evenings, weekends, and holidays?	
10	Are all Medicare related inquiries handled at the same call center or is there a distinct line for Part D inquiries and requests?	