

Attention: Pharmacists

CMS Process to Ensure Effective Transition to Medicare Part D Prescription Drug Coverage

In spite of all best efforts to identify and auto-enroll dual eligible individuals prior to the effective date of their Medicare Part D eligibility, it is possible that some individuals may show up at pharmacies before they have been auto-enrolled. For this reason, CMS has developed a process for a point-of-sale solution to ensure full dual eligible individuals experience no coverage gap. They have established a process whereby beneficiaries who present at a pharmacy with evidence of both Medicaid and Medicare eligibility, but without current enrollment in a Part D plan, can have the claim for their medication submitted to a single account for payment. The beneficiary can leave the pharmacy with a prescription, and a CMS contractor will immediately follow up to validate eligibility and facilitate enrollment into a Part D plan.

In order for this process to operate effectively there must be a uniform and straightforward set of instructions that all pharmacists can follow no matter which plan networks they are in or where they are in the country. This requires a single account administered by one payer. In addition, a national plan that offers a basic plan for a premium at or below the regional low-income premium subsidy amount in every PDP region will be able to both process the initial prescription (generally at in-network rates) and enroll the beneficiary in a matter of days, thus eliminating any gap in coverage. Therefore, CMS has contracted with Wellpoint, an approved national PDP, to manage a single national account for payment of prescription drug claims for the very limited

number of dual eligible beneficiaries who have not yet been auto-enrolled into a Part D plan at the time they present a prescription to a pharmacy.

Further details on our Point-of-Sale (POS) Facilitated Enrollment process are provided below:

What will this process look like?

1. Full dual presents at the pharmacy with either a Medicaid card, or previous history of Medicaid billing in the pharmacy system patient profile.

2. Pharmacist bills Medicaid and the claim is denied.

3. Pharmacist requests photo identification and checks for Part D enrollment by submitting an E1 query to the TROOP facilitator; pharmacist also checks for A/B Medicare eligibility by:
 - Requesting to see a Medicare card; or
 - Calling 1-800-MEDICARE; or
 - Requesting to see the Medicare Summary Notice (MSN);

4. If the E1 query returns Part D plan enrollment information, the pharmacist bills the appropriate plan. Otherwise, this process continues only if the pharmacist can not identify the appropriate plan to bill and the pharmacist is able to verify both Medicaid eligibility (step 1) and Medicare eligibility (step 3).

5. The Pharmacist enters the claim into the automated pharmacy system, including available data on the beneficiary as to name and ID number (HICN, Medicaid ID number, or SSN), as well as date of birth, address, and phone number. Note that pharmacies routinely collect this information at point-of-sale anyway in accordance with state pharmacy laws.
6. Pharmacist submits the claim to the single pre-established service account indicated on the POS Contractors payer sheet, and in response to the paid claim response provides the prescription drug to the beneficiary at the \$1/\$3 cost sharing level.
7. The POS Contractor (Wellpoint) processes the claim as paid (network pharmacies) or as a captured response (out-of-network pharmacy).
8. If the pharmacy is out-of-network then special instructions would be sent to the pharmacy to establish the mechanism for payment.
9. The POS Contractor (Wellpoint) sends a daily file to the Enrollment Contractor (Z-Tech) on the beneficiary data submitted with these paid claims.
10. The Enrollment Contractor (Z-Tech) uses this information to validate dual eligibility via access to CMS and state systems and returns validation of eligibility or ineligibility to the POS Contractor (Wellpoint).

11. If the individual is verified to have dual eligibility and has not been enrolled in a Part D plan, the POS Contractor (Wellpoint) would immediately submit an enrollment transaction on behalf of the dual to enroll him/her to a POS Contractor (Wellpoint) plan retroactively. Normal rules for duals opting out of the plan would apply.

12. If the beneficiary is a full dual and already enrolled in a Part D plan, the claim will be reversed and the pharmacy will bill the appropriate Part D plan.

13. If the beneficiary is Medicaid only, the claim will be reversed and the pharmacy will bill the appropriate state agency.

14. If the person claiming dual status is found to be Medicare eligible only, the Enrollment Contractor (Z-Tech) will notify the beneficiary by letter that s/he is ineligible for the facilitated enrollment service but may enroll in a Part D plan under normal enrollment rules, and the claim will be reversed to the pharmacy for collection.

EDS, 1-800-688-6696 or 919-851-8888