



JEB BUSH, GOVERNOR

January 23, 2006

ALAN LEVINE, SECRETARY

Dear Pharmacy Provider:

Secretary Levine appreciates the hard work and commitment of pharmacists throughout the state during the transition to Medicare Part D. By dispensing medications to vulnerable patients in spite of administrative difficulties, you are providing a critical service.

For the last several weeks, as specific cases have been brought to the Agency's attention, we have worked to help resolve problems, either through contact with the Center for Medicare and Medicaid Services (CMS) or with the individual Prescription Drug Plan (PDP). Many of you have brought these issues to our attention, and we are glad to assist in these matters.

To facilitate this process, the Agency for Health Care Administration has established a telephone line and email address for reporting specific issues when resolution of the problem is not achieved through your contact with the PDP or CMS.

Some of the issues that we may be able to help you with include:

1. Any trends you see developing which may prevent a dually eligible beneficiary from receiving their medication.
2. Individuals who may qualify for low-income subsidy, and calls to the PDP or CMS have been inconclusive.
3. Any issues you observe in your pharmacy which you feel need to be brought to the attention of CMS.

The contact information if you wish to bring any issues to our attention is:

Phone – (850) 487-4441 – Note that this is the primary pharmacy bureau phone so please identify your call as a “Part D issue” and it will be routed to the correct staff.

Email – PartDHelp@ahca.myflorida.com – This is a dedicated email address for Part D issues only.

Please include or have available your name and phone/email as well as the patient’s name, birth date, phone, other identifying information such as SSN, Medicaid ID / Medicare ID and description of the problem.

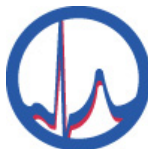
As we receive these issues, we will do our best to communicate to the appropriate party and try to help resolve them. While we certainly cannot promise any specific outcome, please know our goal is to ensure the system runs smoothly, providing patients with their medications and assisting you to receive the appropriate reimbursement.

Included with this letter are instructions from CMS on policy and procedures for enrolling Part D beneficiaries with the Wellpoint program when necessary.

Thank you for all you are continuing to do. We appreciate your partnership.

Jerry Wells, Chief
Agency for Health Care Administration
Medicaid Pharmacy Services

Enclosure



POS Facilitated Enrollment Process in 4 Steps for Pharmacists

1. **Request Customer's Part D plan ID card.** Alternatively, individuals may have a plan enrollment "acknowledgement letter" that should contain the BIN, PCN, GROUP, and Member ID information. In addition, even if the individual has no proof of enrollment, their plan's billing information may be available through the new E1 query. If none of these sources of information are available, and the customer is dually eligible for Medicare and Medicaid, the POS Facilitated Enrollment process will still allow you to fill the dual's prescription.
2. **Submit an E1 transaction to the TrOOP Facilitator.** This ensures that the member has not already been assigned to a PDP. If you are not sure how to submit an E1-transaction, please contact your software vendor. If the E1 transaction returns a valid BIN/PCN, indicating the member has been enrolled with a PDP or MA-PD, you may NOT submit the claim under the POS Facilitated Enrollment. (If the E1 returns just a help desk phone number, this means that the beneficiary has been enrolled in a plan, but that the billing data is still in process.)
3. **Identify a "Dual Eligible" Member.** The first step is to request the member's Medicare and Medicaid Identification cards. If the member cannot provide clear evidence of enrollment in both programs, the claim should **NOT** be processed under the POS Facilitated Enrollment process. Please see below options available to verify a member's dual eligibility.

To verify Medicaid eligibility: In addition to the existing state resources, such as IVR systems, you can use the following as verification of Medicaid eligibility:

- Medicaid ID Card
- Recent history of Medicaid billing in the pharmacy patient profile.
- Copy of current Medicaid award letter.

To verify Medicare eligibility:

- Submit an expanded E1 query to determine A, B or AB eligibility
- Request to see a Medicare card; or
- Request to see a Medicare Summary Notice (MSN); or
- Call the dedicated Medicare pharmacy eligibility line at 1-866-835-7595.

4. **Bill the POS Contractor.** Please note that there is no need to call WellPoint to confirm enrollment, as no enrollment preexists the claim submission. Please also note that there are no edits for Non-Formulary Drugs, or for Prior Authorization or Step Therapy. However, drugs excluded from Medicare or Part D coverage will not be paid for.

Make sure you have first submitted an E1 query and ruled out evidence of enrollment in a Part D plan, then enter the claim into your claims system in accordance with the WellPoint (Anthem) payer sheet available at:

http://www.anthem.com/jsp/antiphona/apm/nav/ilink_pop_native.do?content_id=PW_A081085. Below is a partial copy of the Payer Sheet specifically for the POS Facilitated Enrollment business segment, highlighting required fields unique to this business. It is

important that you carefully review the payer sheet and submit claims in the required format. Please work directly with your software vendor in setting this program up in your system. **Please note, it is critical that we receive both the Medicaid ID number and Medicare (HICN) ID number to validate the members “dual eligible” status.** Submission of claims without both the Medicaid and the Medicare ID numbers will be considered invalid.

Option 1: For systems that support Cardholder ID and Patient ID fields

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61Ø575	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B1, B3	M	Billing Transaction
1Ø4-A4	Processor Control Number	CMSDUALØ1	M	
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	NCPDP Provider ID
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously known as NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Send spaces

Patient Segment: Required

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	99	R	99 - Other Values of Ø1, Ø2 and Ø3 are not supported.
332-CY	Patient ID		R	Submit Medicaid number (up to 14 bytes) when using Patient ID Qualifier (331-CX) = 99
3Ø4-C4	Date of Birth		R	Format CCYYMMDD
3Ø5-C5	Patient Gender Code	1, 2	R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		R	
323-CN	Patient City Address		R	
324-CO	Patient State / Province Address		R	
325-CP	Patient Zip / Postal Zone		R	
326-CQ	Patient Phone Number		R	Format AAAEEENNNN
3Ø7-C7	Patient Location	1, 3, 5	R	Required When Billing for Patient in a Long-Term Care Setting: 3 – Nursing Home 5 – Rest Home Required When Billing for HIT: 1- Home

Insurance Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	Submit Health Insurance Claim Number (HICN)
3Ø6-C6	Patient Relationship Code		R	

If you experience problems with the submission requirements described above, you can use option 2 until your software vendor can support Option 1. **Please note, it is critical that we receive both the Medicaid ID number and Medicare (HICN) ID number to validate the members “dual eligible” status.**

Option 2: For systems that do not currently support 2 Member ID numbers:

- BIN: 610575 (Anthem Prescription Management, LLC)
- PCN: CMSDUAL02 (instead of CMSDUAL01 as noted above)
- Medicaid ID number in field 301 C1 Group ID (instead of the Patient ID 332-CY and Patient ID Qualifier 331-CX)
- Patient Segment Required fields as listed above are still required, this includes date of birth, first and last name, full address, phone number and patient location code.
- Medicare (HICN) ID number in field 302 C2 Cardholder ID

Member Coverage:

- Days Supply: Limited to 14 days (This will allow for an appropriate opportunity for members to be enrolled with a PDP)

For Further Assistance:

- Pharmacy Help Desk : (800) 662-0210 – Please note, IVR options enhanced for POS Facilitated claims
Monday – Friday, 8:30 a.m. – 12:00 a.m. ET
Saturday & Sunday, 9 a.m. – 7 p.m. ET