Tip Sheet for Pharmacy Providers on Changes to the Point-of-Sale Facilitated Enrollment (POS FE) Process—December, 2007

The Centers for Medicare & Medicaid Services (CMS) continues to work with the administrator of the POS FE process, WellPoint NextRx, on improving the POS FE process for dual eligible and other low-income subsidy (LIS) eligible individuals. We want to make this process as easy and reliable as possible for pharmacies to use in those rare cases where LIS-eligible individuals are not yet reflected in CMS systems when they first present at a pharmacy. Recent changes we want to bring to your attention include:

Minimizing reversals to pharmacies: During 2007, CMS and WellPoint NextRx have taken several key steps to minimize the need for claims reversals to pharmacy providers. First, we implemented improved edits to ensure that claims are rejected immediately for individuals who are not Medicare-eligible or have an existing Part D plan enrollment. Most recently, to further reduce any possible need for reversals to pharmacies, we have instituted a process to recover funds¹ from Medicare beneficiaries who use the POS system although they are not eligible for Medicaid or LIS. Instead of reversing claims in these circumstances, WellPoint/NextRx will send a notice to these individuals (an "Evidence of Eligibility" letter), requesting that they either provide proof of Medicaid or that they qualify for extra help, or reimburse WellPoint/NextRx for the claim amount(s).

Exceptions process: For 2007 claims which are rejected because they are submitted more than 30 days after the POS date of service, CMS Regional Office caseworkers are able to submit POS FE exceptions to the 30-day claims processing limit to WellPoint NextRx. (Further details are provided below.)

As a reminder, before processing POS FE claims pharmacy staff needs to verify:

- The beneficiary's Medicare eligibility
- That there is no active Part D Plan enrollment
- That the beneficiary has Medicaid or LIS eligibility

Note: If the beneficiary has both Medicare and Medicaid, please transmit both the Medicare and Medicaid numbers.

If you are unable to process a POS FE claim:

- If the date of service is *less than 30 days* from the date of submission, then contact the WellPoint NextRx help desk at 1-800-957-5147.
- If the date of service is greater than 30 days before the date of submission, then use the attached fax sheet to request an exception. The request should be made to the CMS Regional Office that services your state.

If state systems do not confirm Medicaid eligibility in the POS FE service month and LIS eligibility cannot be confirmed through CMS, WellPoint will request proof of Medicaid/LIS eligibility from the individual. If no documentation is provided within 60 days, WellPoint will seek reimbursement from the individual for the costs of the claims. ***This differs from the 2006 and early 2007 POS FE process in which such claims would have been reversed to the pharmacy provider. Note that the new recovery process allows the beneficiary to provide documentation of Medicaid/LIS eligibility to WellPoint after receiving POS FE services.

Pharmacy <u>Fax Request</u> to the CMS Regional Office For Point-of-Sale Facilitated Enrollment Claims Over 30 Days Old

Fax to:	Regi	onal Office Name:		
	Fax	Number:		
CMS Regional Office (RO) Number and Name States/Territories Served RO 1 Boston CT, MA, ME, NH, RI, VT RO 2 New York NJ, NY, PR, USVI			Regional Office Caseworker Fax Number 617-565-3856 212-264-2665	Regional Office Caseworker Phone Number (For follow-up if the pharmacy has not been contacted in 3 business days) 617-565-1232 212-616-2222
RO 3 Philadelphia RO 4 Atlanta RO 5 Chicago		DE, DC, MD, PA, VA, WV AL, FL, GA, KY, MS, NC, SC, TN IL, IN, MI, MN, OH, WI	215-861-4176 404-562-7386 312-886-5705	215-861-4226 404-562-7500
RO 6 Dallas RO 7 Kansas RO 8 Denver RO 9 San Fra	City	AR, LA, NM, OK, TX IA, KS, MO, NE CO, MT, ND, SD, UT, WY American Samoa, AZ, CA, Northern	214-767-0323 816-426-7604 303-844-2776	312-353-7180 214-767-6401 816-426-5783 303-844-4024
RO 10 Seattle		Mariana Islands, Guam, HI, NV AK, ID, OR, WA	415-744-3761 206-615-2363	415-744-3617 206-615-2354
Please provide in processing d		e following beneficiary and pharmacy inform	nation (Incomplete reques	ts may result
Beneficiary F Beneficiary L Date of Birth	Iedicare irst Nan ast Nan	e Numberne		
Street Addres Zip Code Date of Servic The beneficiary	s ce y has Me	dicare and (Please check one): Dome Subsidy (LIS)		
Pharmacy Co Pharmacy Pho	me ntact one Nur	mberress		