

**“Toolkit” for IHS/CMS Regional Trainings  
Medicare Prescription Drug Discount Card  
And  
Transitional Assistance  
Program**

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## **TAB A**

### **TRAINING MATERIALS**

? **Agenda**

? **Calendar of Training Dates**

? **IHS Area Office Contacts**

**IHS/CMS Regional Trainings  
Medicare Approved Drug Discount Cards and the American Indian &  
Alaska Native (AI/AN) Beneficiaries**

*City and Date*  
**AGENDA**

<b>8:00 - 8:30 AM</b>	<b>Registration</b>
<b>8:30 AM</b>	<b>Opening Traditional Prayer - <i>IHS to contact</i></b>
<b>8:30 – 8:45 AM</b>	<b>Welcome and Introductions – <i>IHS to Facilitate (include CMS staff)</i></b>
<b>8:45 – 10:15 AM</b>	<b>Medicare Approved Drug Discount Cards and the \$600 Credit - CMS Staff</b>
<b>10:15 – 10:30 AM</b>	<b>Break</b>
<b>10:30 – 12:00 PM</b>	<b>Medicare Approved Drug Discount Cards and the \$600 Credit – (cont.)</b>
<b>12:00 – 1:00 PM</b>	<b>Lunch</b>
<b>1:00 – 2:00 PM</b>	<b>- Outreach – <i>CMS &amp; IHS ( IHS Area specific best practices-- IHS or tribal)</i> - <i>I/T/U Specific Issues – Review of enrollment and contracting materials</i></b>
<b>2:00 – 2:15</b>	<b>Break</b>
<b>2:15 – 3:15PM</b>	<b>Concurrent Breakout Sessions - <u>Room A: Pharmacy Care Alliance</u> <b>Special Endorsed Drug Card Sponsor Outreach and Education and Promotional Materials Available, Enrollment, Payment, Contracts, Network of Pharmacies and Billing</b> Target Audience: Pharmacists, Patient Benefits Coordinators, Business Office Managers, Outreach Coordinators, Contract Health Service staff, tribal and urban health program staff <u>Room B: Computer Sciences Corporation</u> <b>Special Endorsed Drug Card Sponsor Outreach and Education and Promotional Materials Available, Enrollment, Payment, Contracts, Network of Pharmacies and Billing</b> Target Audience: Pharmacists, Patient Benefits Coordinators, Business Office Managers, Outreach Coordinators, Contract Health Service, tribal and urban health program staff.</b>
<b>3:15 – 3:30p.m.</b>	<b>Break</b>
<b>3:30 – 4:30 PM</b>	<b>Repeat Concurrent Breakout Sessions</b>
<b>4:30 – 5:00 PM</b>	<b>Question and Answer Session</b>
<b>5:00 – 6:00p.m.</b>	<b>Tribal Meeting with Sponsors—Pharmacy Contracts</b>

*For those training areas that have elected to split the one day training agenda into 2 half-day sessions (half-day in the afternoon plus half-day the following morning), the agenda will follow the above 8am-12pm scheduled format adjusted to the afternoon time (i.e.: 1pm-5pm), and the 1pm—6:00pm scheduled format adjusted to the next morning (i.e.: 8am- 1pm).*

***CALENDAR OF TRAINING  
SCHEDULE  
SEPTEMBER CALENDAR  
(TO BE ADDED)***

*OCTOBER CALENDAR  
(TO BE ADDED)*

**INDIAN HEALTH SERVICE  
AREA OFFICE POINT OF CONTACTS**

***For Drug Discount Card Training***

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*For Drug Discount Card Training*

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## **TAB B**

### **DRUG DISCOUNT CARD GENERAL PROGRAM INFORMATION GUIDE FOR I/T/Us**

- ? American Indian/Alaska Native Medicare Prescription Drug Discount Card and Transitional Assistance Program Guidance dated September 13, 2004**
  
- ? Contracting Guide for Tribes and Urbans**

*The documents in Tab B were prepared by IHS and Tribal representatives to provide information to Indian Health Service, Tribes and Tribal Organizations and Urban programs (I/T/U) to help prepare them for implementation of the Medicare Prescription Drug Discount Card and Transitional Assistance program. It has not been reviewed, approved or authorized by the Centers for Medicare and Medicaid Services (CMS), or by the two I/T/U endorsed drug card plans -- Criterion Advantage or Pharmacy Care Alliance.*



# **American Indian/Alaska Native Medicare Prescription Drug Discount Card And Transitional Assistance Program**

**September 13, 2004**

*This document was prepared by IHS and Tribal representatives to provide information to Indian Health Service, Tribes and Tribal Organizations and Urban programs (I/T/U) to help prepare them for implementation of the Medicare Prescription Drug Discount Card and Transitional Assistance program. It has not been reviewed, approved or authorized by the Centers for Medicare and Medicaid Services (CMS), or by the two I/T/U endorsed drug card plans -- Criterion Advantage or Pharmacy Care Alliance.*

## **Medicare Modernization Act**

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 contains numerous provisions that will affect Medicare beneficiaries and health care providers who serve them. One of the first components of this Act that will affect Indian Health Service, Tribes and Tribal Organizations, and Urban programs (I/T/U) is the Prescription Drug Discount Card and Transitional Assistance program (TA). The Medicare Prescription Drug Discount Card program began for the general population in June 2004 and is expected to continue through December 31, 2005. The Drug Discount card program is a temporary program until the Medicare Part D Prescription Drug Benefit is implemented January 1, 2006.

As I/T/Us prepare to implement the new Prescription Drug Discount Card and Transitional Assistance program, pharmacists, health directors, billing offices, benefits advocates and clinic staff need to understand the basic elements of the program. Below is general information about the program and specifics on what your I/T/U site will need to do to participate.

### **1. What is the Medicare Prescription Drug Discount Card?**

The card is a new Medicare program that provides discounts on drugs through Medicare approved drug plans and the pharmacies that contract with them. Discounts vary by plan and pharmacy. The CMS website at <http://www.medicare.gov> has an interactive page to identify local retail pharmacies participating in each plan and their discounts for specific drugs. Drug discount cards can require an enrollment fee of up to \$30 per year.

## **2. What is the Transitional Assistance (TA) Program?**

Transitional Assistance (TA) is an added benefit for low-income people who are enrolled in a Medicare prescription Drug Discount Card. Medicare will pay the drug discount card enrollment fee (up to \$30) for individuals enrolled in TA. The TA provides up to a \$600 “credit” per year for an eligible low-income person. The \$600 credit will be used to reimburse contracting I/T/U pharmacies for prescriptions they fill or to pay for drugs dispensed at participating retail pharmacies. People who are enrolled in TA during 2004 will be eligible for the full \$600 credit. Any unused portion of the \$600 credit from 2004 will rollover to 2005, and these beneficiaries will get an additional \$600 credit in 2005.

## **3. Who is eligible for a Medicare Prescription Drug Discount Card?**

People are eligible for a Drug Discount Card if they are eligible for or are enrolled under Medicare Part A or are enrolled in Part B, as long as they are not receiving outpatient drug benefits through Medicaid, including 1115 Medicaid waiver programs at the time of application for enrollment in the drug card.

Medicare beneficiaries who are currently receiving prescription drug coverage under their State Medicaid program will continue to receive such coverage until January, 2006 and will not need to enroll in the Medicare Drug Discount Card and Transitional Assistance program. However, those Medicare beneficiaries who receive assistance from Medicaid as Qualified Medicare Beneficiaries (QMBs), Specialized Low-income Medicare Beneficiaries (SLMBs) and Qualified Individuals (QIs) are eligible to participate. Additionally, Medicare beneficiaries with high medical expenses who have not yet incurred enough medical expenses to qualify as a medically needy individual under Medicaid are eligible to enroll in the drug card program.

## **4. Who is eligible for the Transitional Assistance (TA) program?**

Medicare beneficiaries enrolled in the Drug Discount Card program are eligible for up to a \$600 TA credit per year toward prescriptions if their income is not more than 135 percent of the poverty line (\$12,569 for single individuals or \$16,862 for married individuals in 2004 - Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals.). To qualify, people must not receive outpatient drug coverage from other sources, including Medicaid, TRICARE, group health insurance, or Federal Employee Health Benefit Plans (I/T/Us are not considered one of these sources). Once a person qualifies for the \$600 TA credit, he/she remains eligible for the duration of the program -- through December 31, 2005, or until Medicare Part D is implemented.

**5. Who should enroll in the Medicare Prescription Drug Discount Card program?**

In general, any AI/AN Medicare beneficiary who is eligible for the \$600 TA, should sign-up for a Medicare Drug Discount Card and TA program. Even if the beneficiary does not qualify for TA, he or she may still benefit from a Drug Discount Card, especially if drugs are being purchased at retail pharmacies. If the beneficiary is using Contract Health Service funding to pay for medications, the CHS program needs to evaluate whether their current contracts are more advantageous than using a Medicare Prescription Drug Discount Card. If CHS determines that a Medicare Prescription Drug Discount Card would save CHS funding, then the CHS program needs to assist in the enrollment of the patient and modify any current retail pharmacy agreements to ensure that the CHS program receives the best available price for medications. If the beneficiary is purchasing some or all of his or her medications at retail pharmacies, then the beneficiary may reduce his or her costs by participating in a Medicare Prescription Drug Discount Card. To evaluate whether or not an individual might benefit from the discounts go to [www.medicare.gov](http://www.medicare.gov) and click on “Find available Medicare-approved Drug Discount Cards, and compare prices for your prescriptions”.

It will be up to the I/T/U, at the local level, to identify, educate and enroll people who are eligible for TA. If the I/T/U pharmacy enters into a contract with one or more Drug Discount Card sponsors, (up to) \$600 can then be collected as third party revenue by I/T/U pharmacies for a Medicare patient with TA. TA can also be used as a \$600 credit at a participating local retail pharmacy, thereby saving Contract Health Service funds.

Medicare beneficiaries can enroll in only one Drug Discount Card at a time.

**6. What are AI/AN “specially endorsed” Drug Discount Cards?**

The Centers for Medicare and Medicaid Services (CMS) has approved two “specially endorsed” Drug Discount Card sponsors that can provide services specifically tailored for Indian Country. These are:

Card Name	Criterion Advantage	Pharmacy Care Alliance
Sponsor	Computer Sciences Corp./MemberHealth	Express Scripts
Contact Person for I/T/U Pharmacy Contracting	Mitzi Wilson	Laurie Littlecreek
Address	1395 N. Hayden Road Scottsdale, AZ 85250	13900 Riverport Dr. Maryland Heights, MO 63043
Telephone	(480) 941-6717	(314) 702-7583
FAX	(480) 481-2528	(314) 702-7135
E-mail:	<a href="mailto:mwilson28@csc.com">mwilson28@csc.com</a>	<a href="mailto:laurie.A.littlecreek@express-scripts.com">laurie.A.littlecreek@express-scripts.com</a>
WEBSITE:	<a href="http://www.criterionadvantage.com">www.criterionadvantage.com</a>	<a href="http://www.pccard.com">www.pccard.com</a>

In addition to working with I/T/Us, both **Criterion Advantage and Pharmacy Care Alliance** have broad national networks of pharmacies that are included as participating card providers. To verify which of your local retail pharmacies will accept either (or both) of the AI/AN specially endorsed cards, call the local retail pharmacy directly or go to the drug card sponsors' website.

#### **7. What is the process for signing agreements with drug card sponsors?**

The IHS and tribal technical experts have been working with **Criterion Advantage and Pharmacy Care Alliance** to identify and resolve issues that are common among I/T/U programs. Special agreement language and procedures have been developed to make it easier to work with the two AI/AN specially endorsed Drug Discount Card sponsors. The IHS Headquarters will sign nation-wide agreements for all IHS operated pharmacies and dispensaries with both **Criterion Advantage and Pharmacy Care Alliance**. Tribal and urban Indian clinics can expedite their agreements with the drug card sponsors by using the sample contract language that has been developed, or they could negotiate different agreements. A memo entitled "Contracting Guide for Tribal and Urban Indian Organization Pharmacies Regarding the Prescription Drug Discount Card Program" has been prepared to assist tribal and urban Indian organization pharmacies (attached under Tab B). Tribal and urban programs should review the sample agreements and contact the drug card sponsor directly if they want to negotiate additional changes.

If an I/T/U currently has a referral relationship with a retail pharmacy for CHS or other services, it would be beneficial for the I/T/U pharmacy to be part of the same card network as that pharmacy. I/T/U pharmacies are not limited in the number of card sponsors with whom they can sign agreements. They can develop agreements with one or both of the AI/AN specially endorsed sponsors, as well as any of the other 52 CMS Medicare approved drug card sponsors. For more information about the other CMS endorsed Medicare drug card sponsors, go to [www.medicare.gov](http://www.medicare.gov).

CMS and IHS are working together with the National Indian Health Board to hold trainings in September and October that will include detailed information on developing agreements with the drug card sponsors. For additional information about the training sessions, contact your Area Office or Balerma Burgess at (301) 443-1016.

#### **8. What needs to be done to access the Transitional Assistance benefit for AI/ANs and reimbursements for I/T/U?**

First, an AI/AN must select a Medicare Prescription Drug Discount Card plan. **Criterion Advantage and Pharmacy Care Alliance** have developed AI/AN culturally appropriate marketing material and will provide this information to patient benefit coordinators, pharmacists, hospital or clinic administration, Tribes, Urban programs and AI/AN Medicare beneficiaries.

Second, an eligible AI/AN must complete the card's enrollment form, see detailed guidance below.

Finally, for the I/T/U pharmacy to receive reimbursed from the drug card sponsor (out of the \$600 TA credit) for medications dispensed to an eligible beneficiary, the pharmacy must have an agreement with the card plan selected by the AI/AN. The I/T/U should develop agreements with both **Criterion Advantage and Pharmacy Care Alliance**, as well as other drug discount card plans as appropriate.

**9. Since an AI/AN Medicare enrollee can select only one Prescription Drug Discount Card, which is the best one?**

I/T/Us should advise patients which of the drug discount cards might work best for them based on a number of factors. AI/ANs should be encouraged to enroll in either of the two AI/AN special endorsed cards - **Criterion Advantage or Pharmacy Care Alliance** - because they have specific contracts, enrollment, and outreach materials geared to I/T/U pharmacies and AI/AN Medicare beneficiary participation. Other factors to consider in selecting a card include access to CHS contracted pharmacies, relative discount for the specific drugs used by the enrollee, mail order options or specific plan benefits (like a broad formulary). This information is available through the Medicare and the Drug Discount Card sponsor's website.

**10. What is the AI/AN enrollment process?**

Beneficiaries complete an enrollment form from the selected Drug Discount Card and submit it: online, by fax or mail. If the beneficiary does not apply for TA, the beneficiary (or the I/T/U if they want to have the beneficiary use the card at a retail pharmacy to reduce CHS costs) must pay the enrollment fee. The Criterion Advantage card requires this fee to be paid at the time the application is submitted. If the beneficiary also applies for the \$600 in Transitional Assistance, they must include simple income, retirement and health benefits information, and sign the form, which can be faxed or mailed to the drug card sponsor. CMS may verify the applicant's information and notify the card sponsor about the beneficiary's eligibility for TA. The drug card sponsor will then notify the beneficiary about their application status. If the beneficiary is eligible for TA, Medicare will pay the enrollment fee for the beneficiary.

If it is determined that an applicant is ineligible for the drug discount card or the \$600 TA the person may request that their application be reviewed again. The card sponsor will send information about the appeals process or the applicant can call 1-800-Medicare for additional information.

CMS and IHS are working together with the National Indian Health Board to hold trainings that will include detailed information on the enrollment process.

**11. What if the I/T/U does not have a pharmacy?**

I/T/Us without pharmacies can still benefit from enrolling patients in a Drug Discount Card program in two important ways. First, if a Medicare patient is eligible for CHS and qualifies for TA, the \$600 credit will be applied first before CHS dollars are authorized. This saves CHS (up to) \$600 for each TA eligible person. Second, if the Medicare patient is not eligible for TA or if the \$600 credit is expended, the CHS program may still be able to benefit from the discounts available through the card.

**12. Are there co-payments required under the TA program?**

The co-payment requirements only apply to the TA program. TA enrollees with incomes below 100% FPL will have a 5% copay for each prescription and there is a 10% copay for enrollees with income between 100-135% FPL.

**13. Can I/T/U pharmacies waive co-payments for AI/AN with TA?**

Yes, the I/T/U pharmacies may waive the co-payments for each prescription provided to AI/ANs enrolled in TA.

**14. When would an AI/AN with TA have to pay a co-payments?**

If an AI/AN patient with a TA credit self-refers to a non-I/T/U retail pharmacy, then the patient will be responsible for the co-payment or the discounted cost of the drug.

CHS or other funding sources may be used to pay co-payments at retail pharmacies, provided the proper authorizations from the I/T/U have been received by the patient and pharmacy. It will be important for I/T/Us to reinforce this information with both patients and pharmacies to avoid confusion.

**15. Can AI/AN change cards once they have enrolled?**

A Medicare beneficiary may only change cards during a special election period or under certain circumstances, such as a change in residence status to or from a long-term care facility or a move outside the area served by their current drug discount card. A special enrollment period -- the entire length of the drug card program -- has been established for I/T/U patients who want to disenroll from a regular Drug Discount Card in order to enroll in an AI/AN special endorsed Drug Discount Card. The beneficiary would need to disenroll from the card in which he or she is currently enrolled and informs the sponsor that he or she qualifies for this Special Election Period.

**16. Are the prescription drugs limited by a formulary?**

**A card's formulary will not apply to I/T/U sites.** I/T/U sites will keep their own formularies and will be able to bill the \$600 TA for dispensed medications whether or not the medication is included in the card's formulary.

Most prescriptions purchased at retail pharmacies will be eligible for discounts and use of the \$600 TA credit. Syringes and medical supplies for insulin injections - needles, alcohol, and gauze – are also included. Many cards will use formularies, or specific, limited lists of covered drugs. If a patient uses a non-I/T/U pharmacy that is part of the card's retail network and needs a drug that is not on the card's formulary, the patient may still use the \$600 TA to purchase the prescription; however, they will not get a discount.

**17. Can the I/T/U continue to use FSS or 340b purchased drugs for this program?**

Yes. I/T/U pharmacies will not be required to purchase drugs through plan sponsors.

**18. Are Over-the-Counter (Non-Prescription) Drugs included?**

Drug Discount Cards may offer discounts on over-the-counter drugs. However, the \$600 TA cannot be used to purchase over-the-counter drugs.

**19. What if an AI/AN doesn't enroll until 2005?**

For beneficiaries enrolling for the first time in 2005, the \$600 TA will be prorated depending on when the beneficiary first applied for the funds. The \$600 will be reduced for late enrollees every quarter by \$150 starting in April 2005. In most cases, any remaining credit not spent in one calendar year may carry over into the following year and will remain available through early 2006.

To receive the maximum benefit, low-income AI/ANs eligible for TA should enroll before December 31, 2004.

**20. How will I/T/U pharmacies bill for reimbursement if the patient has Transitional Assistance?**

Pharmacies with electronic billing packages will be able to bill the drug card sponsors just as they would any other third party payer. The card sponsors will electronically notify the pharmacy of the balance remaining for the \$600 in Transitional Assistance.

For I/T/U without electronic billing capabilities, the pharmacy will call an 800 number to determine eligibility and remaining Transitional Assistance balance. A Universal Claim Form will be used and must be faxed to the sponsor for immediate processing. I/T/U pharmacies will be billing at a set State Medicaid like rate for prescriptions.

This rate is based on AWP – X% plus a dispensing fee. The exact rate for each State will be attached to the Drug Discount Card plan agreements. The rate schedule and Universal Claim Form will be available at [www.pharmacyissues.ihs.gov](http://www.pharmacyissues.ihs.gov).

**21. How will I/T/U pharmacies bill for reimbursement if the patient does NOT have Transitional Assistance?**

If a patient is enrolled in a Drug Discount Card and does not qualify for TA or the \$600 has run out, there will be NO reimbursement to the I/T/U pharmacy. Reimbursement to I/T/U pharmacies can only come through the Transitional Assistance program.

**22. Will mail order be available?**

Both **Criterion Advantage and Pharmacy Care Alliance** offer a mail order program. Details for how I/T/Us could use this option or whether or not these programs might access medications at Federal Supply Schedule prices are still being developed.

**23. Will enrollment and claims information be kept confidential?**

Card sponsors must comply with HIPAA privacy rules to protect beneficiaries' health information. Protected health information can only be used for health care operations and marketing purposes under the scope of the Medicare endorsement. Additional restrictions beyond HIPAA prevent sponsors from seeking authorization to use beneficiary information for any marketing outside the scope of the Medicare endorsement.

**24. Are written materials available to help I/T/U with education and outreach?**

Medicare provides general information about how the Drug Discount Card program operates, who can qualify to join, as well as some comparative information on card sponsors. This information is available at 1-800 MEDICARE. Other information sources include a brochure for beneficiaries, a section in the *2005 Medicare & You* handbook, a national multi-media campaign, and State Health Insurance Assistance Programs and community organizations.

Written materials about the Drug Discount Card are also available to download through the CMS website. CMS will also provide AI/AN specific posters encouraging people eligible for Transitional Assistance to sign up. They will be distributed through IHS Area Offices.

Both **Criterion Advantage and Pharmacy Care Alliance** will have education and enrollment materials that have been modified for use with AI/AN enrollees.



I/T/Us can provide additional written information to beneficiaries about the drug card programs. This information should be culturally appropriate and be supplemental to the information available from Medicare and the drug card sponsors. Any information prepared by the I/T/U should include the following disclaimer: **“This information is provided as a service to Medicare eligible beneficiaries and has not been reviewed, approved or authorized by the Centers for Medicare and Medicaid Service (CMS), Criterion Advantage, Pharmacy Care Alliance or other drug card sponsors.”**

The **1-800-MEDICARE** phone number may be used to answer questions, walk-through the price comparison website, and refer people to the appropriate sponsor or other resources (such as referrals for eligibility determination or State Pharmacy Assistance Programs).

**25. Since this is a temporary program that is only expected to last until December 31, 2005, why is it important for I/T/Us to devote resources to contracting with card sponsors and enrolling AI/AN Medicare beneficiaries?**

Participation in the Drug Discount Card and Transitional Assistance (TA) Program will help the I/T/Us prepare for the permanent Medicare Part D Prescription Drug Benefit, which is expected to begin on January 1, 2006. At that time, Medicare recipients who are also eligible for Medicaid (dual eligibles) will no longer get drug benefits from Medicaid, but from Medicare Part D plans. Unless I/T/U pharmacies are able to develop agreements with new Medicare Part D plans, they may lose some Medicaid revenue that they are currently receiving. I/T/U facilities that use retail pharmacies through Contract Health Services could also experience increased costs for medications for these dually eligible patients. The next 16 months under the temporary Drug Discount Card and TA program will help provide a transition period for I/T/U pharmacies and AI/AN Medicare beneficiaries.

**Questions**

If I/T/U pharmacists have questions about the Drug Card Program and TA program, go to [www.medicare.gov](http://www.medicare.gov) , [www.cms.hhs.gov/discountdrugs](http://www.cms.hhs.gov/discountdrugs), or [www.pharmacyissues.ih.gov](http://www.pharmacyissues.ih.gov) or contact CAPT Robert Pittman at (301) 443-1190 or [rpittman@na.ih.gov](mailto:rpittman@na.ih.gov).

## **CONTRACTING GUIDE FOR TRIBAL AND URBAN INDIAN ORGANIZATION PHARMACIES REGARDING THE PRESCRIPTION DRUG DISCOUNT CARD PROGRAM**

### **Introduction and Purpose of this Contracting Guide**

The purpose of this Contracting Guide is to provide information to pharmacies and dispensaries<sup>1</sup> operated by tribes, tribal organizations and urban Indian organizations for participation in the prescription drug discount card program established by the Medicare Modernization Act (MMA). This temporary program will be in effect from June, 2004 through December 31, 2005, only.

The program operates through private plan sponsors (approved by Medicare) who will make drug discounts available to Medicare beneficiaries who enroll in a plan; in addition, Medicare will supply a credit of up to \$600/year to low-income Medicare beneficiaries who participate (and will also pay the enrollment fee for these individuals). The \$600/year credit is called "Transitional Assistance".

A provision of the MMA establishes a special mechanism for pharmacies operated by IHS, tribes/tribal organizations, and urban Indian organizations (I/T/Us) to participate in the networks of drug plan sponsors and receive the benefit of the \$600 credit for which their low-income patients enrolled in Medicare qualify. That is, an I/T/U pharmacy dispensing prescription medication to a low-income AI/AN enrolled in a discount card plan can bill the plan for the cost of the medication and receive payment from the patient's \$600 Transitional Assistance credit. Once the \$600 annual credit is used up, the I/T/U pharmacy would cease billing the plan for drugs dispensed to that enrollee.

### **Special I/T/U Endorsed Plans**

To assure that I/T/U pharmacies have the opportunity to fully participate in the \$600 credit aspect of the program, CMS selected two plans to receive a "special I/T/U endorsement". This endorsement enables the plans to tailor arrangements with I/T/Us that take into consideration the unique circumstances of the Indian health system. The two plans are:

- ? **"Criterion Advantage" operated by Memberhealth, Inc., a division of Computer Sciences Corporation**
- ? **"Pharmacy Care Alliance" operated by Express Scripts, Inc.**

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<sup>1</sup> Both pharmacies and dispensaries are eligible to participate in this program. For convenience, this Guide refers to pharmacies, only, but the use of that term should be read to include dispensaries, also.

**Sample Contract for Tribal and Urban Indian Organization Pharmacies**

In order to participate in one or both I/T/U endorsed plans, each tribal and urban Indian organization must establish a contractual relationship with the plan(s).<sup>2</sup> To help facilitate the contracting process for tribal and urban pharmacies, the Tribal Technical Advisory Group<sup>3</sup> identified legal principles specific to tribal and urban (T/U) pharmacies, and appointed a workgroup to negotiate sample contracts with the two I/T/U endorsed plans that reflect those principles. A T/U program may use the sample contract or may negotiate different or additional provisions directly with the plans. A pharmacy cannot participate in the program or bill for dispensed drugs without a contract in place. The methods for contracting with the two plans are:

(1) "Criterion Advantage" operated by Memberhealth, Inc.(division of Computer Sciences Corp.) This plan elected to attach an "Indian Health Addendum" to its standard contract. The addendum was drafted by the TTAG's workgroup. If any provision of the standard contract is inconsistent with the addendum, the addendum governs. Contracting with this plan will require execution of both the standard contract and the Indian Health Addendum. (As noted above, additional/different provisions can be negotiated at the local level.) **The Criterion Advantage/Memberhealth sample contracting package will be on the IHS website at [www.pharmacyissues.ihs.gov](http://www.pharmacyissues.ihs.gov) when available.**

(2) "Pharmacy Care Alliance" operated by Express Scripts, Inc. This plan chose to prepare an Indian-specific contract combining provisions from its standard contract and the Indian Health Addendum drafted by the TTAG's workgroup. The sample T/U contract was negotiated with the TTAG's workgroup. Contracting with this plan will require execution of the contract, only. (As noted above, additional/different provisions can be negotiated at the local level.) **The Pharmacy Care Alliance/Express Scripts sample contracting package will be on the IHS website at [www.pharmacyissues.ihs.gov](http://www.pharmacyissues.ihs.gov) when available.**

*At the time of this printing, the sample contracts were still under review by CMS. When they become available, we urge tribal and urban programs to carefully review all provisions of the sample contracts.*

**I/T/U Endorsed Card Sponsor Contacts**

A tribal or urban Indian organization pharmacy that wishes to negotiate different terms than those in the sample contracts should contact:

<b><i>Criterion Advantage:</i></b>  Louis A. Hogan, Director Pharmacy Programs, Healthcare 3120 Lord Baltimore Drive Baltimore, MD 21244 <i>ph:</i> 443-436-6620 <i>fax:</i> 443-436-0072 <lhogan2@csc.com>	<b><i>Pharmacy Care Alliance:</i></b>  Robert J. Tomek, Director Product Management Express Scripts 13900 Riverport Dr. Maryland Heights, MO 63043 <i>ph:</i> 314-702-7302 <i>fax:</i> 314-702-7993 <btomek@express-scripts.com>
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<sup>2</sup> The Indian Health Service must also enter into contractual arrangements with the I/T/U endorsed plans in order for IHS direct-operated pharmacies to participate. IHS will do this through a master contract with each plan. The IHS master contract arrangements are not described here.

<sup>3</sup> The Tribal Technical Advisory Group (TTAG), established by CMS in 2004, is comprised of tribal leaders or tribal employees appointed from each IHS Area and 3 tribal health organizations. Its role is to advise CMS on Indian Medicare, Medicaid and SCHIP issues. The NIHB's Medicare/Medicaid Policy Committee provides technical support to the TTAG.

### **Enrollment Limitations**

- ? Medicare beneficiary. A Medicare *beneficiary* may be enrolled in only one plan at any given time. *It is recommended that AI/ANs who use I/T/U pharmacies enroll in one of the I/T/U endorse plans.*<sup>4</sup>
- ? Pharmacy. There is no limit on the number of plan networks a pharmacy may join. *It is recommended that all tribal and urban Indian pharmacies join the networks of both I/T/U endorsed plans.*

### **Pharmacy products and billing rates**

CMS regulations recognize that I/T/U pharmacies may acquire drugs from the FSS or 340B drug programs. Therefore, both I/T/U endorsed plans recognize this right and do not require an I/T/U pharmacy to purchase drugs from the plan.

Both plans agreed to the workgroup's recommendation that an I/T/U pharmacy will bill for drugs at a Medicaid like rate based on the State in which the pharmacy is located (e.g., AWP minus X%, plus a dispensing fee). A list of Medicaid like rates will be part of the sample contract. This billing rate will be used when an I/T/U pharmacy bills against a patient's \$600 credit.

### **Claims processing**

- ? Electronic claims. Most I/T/U pharmacies have electronic billing capabilities and therefore can bill the plan sponsor through that method and have their claims immediately processed.
- ? Non-electronic claims. Locations without electronic billing capabilities may file claims by telefax by following the instructions provided by the plan to whom the bill is sent. *Telefax claims should be sent as soon as possible after dispensing the drug, ideally on the same day. Neither plan will honor a non-electronic claim until a telefax is received and processed.* Since you will be billing against a low-income patient's \$600/year credit, only, immediate filing is recommended to assure that any remaining amount of the credit is used to satisfy your claim and is not used up if the patient later obtains drugs from a pharmacy with electronic billing capabilities.

### **Training Sessions**

IHS and CMS will host one-day training sessions for I/T/U pharmacy and administrative personnel at 12 locations throughout Indian Country from mid-September through October, 2004. The sessions will cover the mechanics of patient enrollment, contracting with plan sponsors, and billing. IHS Area Directors are responsible for issuing information on the dates and locations of the training sessions.

### **TTAG and IHS Workgroup Team Members**

Most negotiations with the two I/T/U endorsed plan sponsors were handled by a four-person team: Robert Pittman and Kitty Marx negotiated the IHS master contract; Carol Barbero (Hobbs, Straus law firm) and Myra Munson (Sonosky, Chambers law firm) negotiated the tribal/urban sample contract for the TTAG. Carol and Myra informed both sponsors that they were negotiating the text of a *sample* contract only, and that tribal and urban pharmacies reserve the right to negotiate a contract that differs from the sample. Carol and Myra are available to give advice about the sample contract to clients of their respective law firms. Other tribal or urban pharmacies should seek advice from their own attorneys.

Carol Barbero  
July, 2004

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<sup>4</sup> A beneficiary may elect to disenroll from a plan and re-enroll in a different plan during certain election periods. However, CMS allows an AI/AN to disenroll from a non-I/T/U endorsed plan and to re-enroll in a plan with an I/T/U endorsement at any time.

## **TAB C**

### **DRUG DISCOUNT CARD ENROLLMENT MATERIALS**

- ? Why You Should Sign Up for the Program**
- ? Who Should Sign Up for the Program**
- ? Staff Guidance for Enrollment of Beneficiaries**
- ? Enrollment Step-By-Step Drug Discount Program**
  - Criterion Advantage**
  - Pharmacy Care Alliance**

*The documents in Tab C were prepared by IHS and Tribal representatives to provide information to Indian Health Service, Tribes and Tribal Organizations and Urban programs (I/T/U) to help prepare them for implementation of the Medicare Prescription Drug Discount Card and Transitional Assistance program. It has not been reviewed, approved or authorized by the Centers for Medicare and Medicaid Services (CMS), or by the two I/T/U endorsed drug card plans -- Criterion Advantage or Pharmacy Care Alliance.*

## MEDICARE APPROVED DRUG DISCOUNT CARD

### Why You Should Sign-up for a Discount Card with the \$600 Credit

**Question: What is the benefit of the Medicare Approved Drug Discount Card with the \$600 credit (sometimes referred to as Transitional Assistance).**

**Answer:** The real benefit to the card is the \$600 credit. If your income is less than \$12,569 for single individuals or \$16,862 for married individuals in 2004 (Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals) then the Medicare Approved Drug Discount Card provides you a \$600 credit that can be used towards the cost of medications.

**Question: How will the Medicare Approved Drug Discount Card benefit me since I already receive all of my medications at no-cost to me at an Indian Health Service, Tribe or Tribal Organization or Urban program (I/T/U)?**

**Answer:** I/T/U facilities receive less than 60 percent of their needed funding from Congress each year to provide health care services to American Indians and Alaska Natives. I/T/U hospitals and clinics are expected to bill insurers for services, including medications, to “make up the difference” in the amount Congress provides and the cost of providing services to patients. When you sign-up for the Medicare Approved Drug Discount Card, the pharmacy can bill Medicare for the cost of your medications, up to the \$600 credit. This allows the hospital or clinic to maintain essential services for you and other patients.

**Question: How will the Medicare Approved Drug Discount Card benefit me since I get some of my medications at an I/T/U facility, but I have to buy other medications that the I/T/U pharmacy does not have at my local retail pharmacy?**

**Answer:** This Medicare Approved Drug Discount Card should be of great benefit to you. You can use the card at the I/T/U facility to allow the site to recover the cost of providing you medications. Additionally, you can use the card at any of the drug card’s network of retail pharmacies. When you present the card and your prescription to the retail pharmacy, they will check the balance of your \$600 credit and if it is enough to pay the cost of the prescription, you only have to pay a 5 or 10 percent co-pay of the total cost of the prescription. Whether you pay 5 or 10 percent depends on your income at the time you applied for the card. For example, if you were normally paying \$100 at a retail pharmacy for a medication your I/T/U pharmacy did not have, then you would only pay \$5 or \$10 and the credit on your card would pay the rest. When the \$600 credit is all used up, you still receive a benefit from the card. While you now have to pay the full cost of the medication at the retail pharmacy, the Medicare Approved Drug Discount Card will provide you a discount of 20 to 30 percent off the normal cost of most medications.

**Question: How will the Medicare Approved Drug Discount Card benefit me since I get Medications at a local retail pharmacy using Contract Health Services (CHS)?**

**Answer:** The benefit is to the CHS program. By using the card’s discount and having the pharmacy bill against the \$600 credit, the CHS program only has to pay the 5 or 10 percent co-pay. You get your medication at no-cost and the CHS program saves money, which can be used to purchase other medications or services.

## MEDICARE APPROVED DRUG DISCOUNT CARD

### Who Should Sign-up for a Drug Discount Card with the \$600 Credit?

You should sign-up for a Medicare Approved Drug Discount Card with the \$600 credit if:

1. **You HAVE Medicare Part A or Part B and are NOT on Medicaid.**
2. **You do NOT have any outpatient prescription drug coverage (except for the Indian Health Service, Tribe or Tribal Organization or Urban program).** If you have a prescription benefit from Medicaid, TRICARE, Federal Employee or Retiree Insurance (FEHBP) or other health care coverage that includes outpatient prescription drugs you are not eligible for the discount card with the \$600 credit.
3. **Your income is less than \$12,569 for single individuals or \$16,862 for married individuals in 2004** (Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals).  
Income is defines as:
  - ? Employee compensation (salary, wages, tips, bonuses, awards, etc.)
  - ? Pensions, annuities or unemployment compensation,
  - ? Social Security benefits (including Social Security Equivalent portion of RR Retirement)
  - ? Railroad Retirement benefits or Veterans Affairs (VA) benefits
  - ? Military and government disability pensions
  - ? Individual Retirement Account (IRA) distributions
  - ? Interest (savings accounts, checking accounts, etc.)
  - ? Ordinary dividends (stocks, bonds, etc.)
  - ? Refunds, credits, or offsets of state and local income taxes
  - ? Alimony received, Business income, Capital gains, Farm income
  - ? Rental real estate, royalties, partnerships, trusts, etc.
  - ? Other gains (sale or exchange of business property)
  - ? Other income (lottery winnings, awards, prizes, raffles, etc.)

The following sources are **not** considered income:

- ? Most Federal judgment distribution payments and per capita payments of funds held in trust by the Secretary of Interior made to members of AI/ANs, including purchases made with such payments.
- ? Up to \$2,000 annually of income that AI/ANs get from their interests in trust or restricted lands.
- ? Inheritances and gifts (taxed to estate or giver if not under limits for exemption)
- ? Interest on state and local government obligations (e.g., bonds)
- ? Workers compensation payments
- ? Federal Employees Compensation Act payments
- ? Supplemental Security Income (SSI) benefits
- ? Income from national senior service corps programs
- ? Public welfare and other public assistance benefits
- ? Proceeds from sale of a home
- ? Lump sum life insurance benefits paid upon death of insured
- ? Life insurance benefits paid in installments
- ? Accelerated life insurance death benefit payments
- ? Medical Savings Accounts (MSA) withdrawals for medical expenses
- ? Payments from long-term care insurance policies (subject to limitation)
- ? Accident or health insurance policy benefits or accident compensatory damages
- ? Child support payments received
- ? Most foster care provider payments received
- ? Disaster Relief grants
- ? Disability payments as the result of a terrorist attack

## **Information Guidance to Assist Staff in Enrolling American Indians and Alaska Natives in the Medicare Drug Discount Card and Transitional Assistance Program**

The purpose of this information sheet is to help staff in IHS, tribal and urban Indian programs (I/T/U) think about how they might coordinate local activities to identify and enroll eligible AI/AN patients. Time is short. To take optimal advantage of the Medicare Transitional Assistance (TA) \$600 “credit” for 2004, eligible individuals need to be enrolled by December 31, 2004.

### **1. Identify people who may be eligible**

- ? People are eligible for a Drug Discount Card if they are eligible for or enrolled in Medicare Part A or Part B, as long as they are not receiving outpatient drug benefits through Medicaid, including 1115 Medicaid waiver programs, at the time of application.
- ? Low-income people enrolled in the Drug Discount Card program are also eligible for up to a \$600 TA credit per year toward prescriptions if their income is not more than 135% of the federal poverty limit -- \$12,569 for single individuals or \$16,862 for married individuals in 2004. Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals. To qualify, beneficiaries must not receive outpatient drug coverage from other sources, including Medicaid, TRICARE, group health insurance, or Federal Employee Health Benefit Plans (**I/T/Us are not considered one of these sources**). Once a person qualifies for the \$600 TA credit, he/she remains eligible for the duration of the program -- through December 31, 2005, or until Medicare Part D is implemented.

### **2. Select a Medicare Drug Discount Card**

Staff may need to advise patients which of the drug discount cards might work best for them based on a number of factors.

- ? AI/ANs should be encouraged to enroll in either of the two AI/AN special endorsed cards - **Criterion Advantage or Pharmacy Care Alliance** - because these cards have specific contracts, enrollment, and outreach materials geared toward I/T/U pharmacies and AI/AN Medicare beneficiaries.
- ? Other factors to consider in selecting a card include: access to CHS contracted pharmacies; relative discount for the specific drugs used by the enrollee; mail order options; or, specific plan benefits (like a broad formulary). This information is available through the Medicare at [www.medicare.gov](http://www.medicare.gov) (then click on “[Find available Medicare-approved drug discount cards, and compare prices for your prescriptions](#)”) and the Drug Discount Card websites at [www.criterionadvantage.com](http://www.criterionadvantage.com) and [www.pcacard.com](http://www.pcacard.com).
- ? In addition to the two AI/AN special endorsed cards, the Medicare website ([www.medicare.gov](http://www.medicare.gov)) has information about other cards that are available in your area by zip code. Staff may need to assist patients by going onto the Medicare website and submitting required information to build a patient profile which will guide the patient to choosing the most appropriate card if the special endorsed card is not the ideal choice for that patient.



### **3. Assist in completing the enrollment form, including basic income information and signature**

- ? Assist each Medicare eligible beneficiary in completing the enrollment form to ensure the form is completed timely and accurately.
- ? When completing the “income” section, list *basic* income (not to include trust income). Use the Medicare SSI income guidelines as a reference.
- ? For questions related to whether the patient has “other health coverage that includes outpatient prescription drugs”, people must not receive outpatient drug coverage from other sources, including Medicaid, TRICARE, group health insurance, or Federal Employee Health Benefit Plans. However, if the patient is not covered by these programs, answer “no” because I/T/Us are excluded as “other prescription drug coverage”.
- ? For those beneficiaries who are not eligible for the TA \$600 credit, an enrollment fee of \$30 will apply. IHS and Tribes will only pay the \$30 fee when authorized by their CHS program, subject to eligibility criteria and funds availability.
- ? For beneficiaries who choose to enroll with the Criterion Advantage card (but do not meet the requirements for the \$600 Transitional Assistance), IHS may pay the enrollment fee by attaching a Purchase Order (PO) to the enrollment form. Criterion Advantage will then invoice the local service unit against the PO. Tribes and urban programs may pay by credit card or check.
- ? Beneficiaries who choose to enroll with the Pharmacy Care Alliance card (but do not meet the requirements for the \$600 Transitional Assistance), the enrollment fee will be added to the cost of the first prescription filled at the retail pharmacy.

### **4. Mail or fax the enrollment form to the Drug Discount Card sponsor**

After the enrollment form is complete, the beneficiary or the I/T/U facility may mail or fax the form to the drug discount card sponsor at the address or fax number on the enrollment form.

### **5. Track acceptance or denial**

Develop a system to track enrollment applications. Denials can be appealed.

### **6. Follow up with patient and staff on how to (or not to) use the card**

The drug discount card and TA credit belong to the patient but encourage patients to use the card in a way that will help the health programs. Also, reference Tab C documents 1 and 2.

### **7. Special Election Period**

The CMS has established as a matter of policy that an enrollee eligible for services from an I/T/U pharmacy may elect to disenroll from a drug card program without an I/T/U endorsement and elect enrollment in a drug card program with an I/T/U endorsement at any time during the life of the Drug Discount card program. The I/T/U beneficiary can select a special endorsed card during the Special Election Period that will last through December 31, 2005. In order to be eligible for this Special Election Period, the I/T/U beneficiary will need to disenroll from the card in which s/he is currently enrolled and inform the sponsor that they are an I/T/U beneficiary and s/he qualifies for this Special Election Period.

**Step-by-Step Instruction Guide for IHS Staff and Patients to Enroll in the Medicare  
Drug Discount Card and Transitional Assistance (TA) Program**

**CRITERION ADVANTAGE**

If your income is not more than 135 percent of the federal poverty line (\$12,569 for single individuals or \$16,862 for married individuals in 2004 - Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals), you may qualify for the new Medicare Prescription Drug Discount Card and Transitional Assistance (TA) program. TA is an added benefit for low-income people who are enrolled in a Medicare Prescription Drug Discount Card. Medicare will pay the drug discount card enrollment fee (up to \$30) for individuals enrolled in TA. If your income is over the required 135 percent of the FPL limit, then you may qualify for the Drug Discount Card only. Please see I/T/U staff for further assistance. To enroll in the Drug Discount Card and TA program, you must complete the enrollment application form entitled: **Enrollment Form for the Medicare-Approved Drug Discount Card AND \$600 Credit in Paying for Your Prescription Drugs**. Follow the instructions below.

**Step 1.**

Question 1: If you have Medicare Part A or Part B, check yes.

Question 2: If you **do not** receive State Medicaid assistance in paying for your prescription drugs, check yes.

**Step 2.**

Question 1: Complete your general personal information. Be sure to indicate the address where you receive your mail. If you do not know your Medicare ID number, please see a Patient Registration staff person to assist you.

**Step 3.**

Question 1: If you have health care coverage through TRICARE (military health insurance), formerly called CHAMPUS, check yes.

Question 2: If you have Federal employee or retiree health insurance (FEHBP), check yes.

Question 3: If you have other health care coverage (such as private insurance) that includes outpatient prescription drugs, **NOT** including the Indian Health Service, Tribes/Tribal Organization, or Urban Indian program (I/T/U), Medicare Managed Care, or Medigap, check yes. **If you only use an I/T/U for your health coverage and prescription drugs, check no.**

**Step 4.**

Question 1: If your State helps you pay for your Medicare Part A or Part B premium, check yes. You may still qualify based on income. Please continue with the application.

Question 2: Indicate your basic income (Indian trust income is not included as income).

Question 3: If you are married and your spouse is still living (even if they do not live with you), check married; otherwise check single.

Question 4: Check the correct box to indicate your income and marital status. For Alaska, Family Size of 1 indicates single and Family Size of 2 indicates married.

Question 5: If you are married, include your spouse's social security number. If you do not know your spouse's Social Security Number, please see a Patient Registration staff person to assist you.

Question 6: Check the correct box to indicate if within the last 2 years you have retired, been widowed or divorced.

**Step5**

Be sure to sign and date the bottom of the enrollment application form.



**ENROLLMENT FORM FOR THE MEDICARE-APPROVED DRUG DISCOUNT CARD AND \$600 CREDIT IN PAYING FOR YOUR PRESCRIPTION DRUGS**  
COMPUTER SCIENCES CORPORATION



<b>STEP 1: PLEASE ANSWER THE FOLLOWING STATEMENTS:</b>				CA1
I have Medicare Part A or Medicare Part B. Check <b>Yes</b> or <b>No</b> .			YES	NO
I <b>do not</b> have outpatient prescription drug benefits under my State Medicaid Program. Check <b>Yes</b> or <b>No</b> .			YES	NO
If you answered <b>YES</b> to BOTH of the statements, continue to STEP 2 If you answered <b>NO</b> to either of the statements, you may not be eligible for this program. Please see the Member Program Information Guide page 2, or call (1-877-646-5309) for assistance. TTY users should call 1-877-646-5312.				
<b>STEP 2: PLEASE COMPLETE THIS INFORMATION ABOUT YOURSELF:</b>				
First Name	Init	Birth Date	Sex	Pharmacy NCPDP # For Pharmacy Use Only
			M F	
Last Name				
Street Address			APT #	
City		State	Zip Code	
Area Code	Phone Number	Social Security Number		
Medicare ID Number				
<b>STEP 3: PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>				
Do you have TRICARE (military health insurance)? Check <b>Yes</b> or <b>No</b> .			YES	NO
Do you have Federal employee or retiree health insurance (FEHBP)? Check <b>Yes</b> or <b>No</b> .			YES	NO
Do you have other health coverage that includes outpatient prescription drugs, such as employer or retiree plans? (NOTE: If your health coverage is through a Medicare Managed Care Organization or Medigap plan, answer "no" to this question.) Check <b>Yes</b> or <b>No</b> .			YES	NO
If you answered <b>YES</b> to any of the statements above, you may not be eligible for the \$600 credit. Please see the information below, or call (1-877-646-5309) for assistance. TTY users should call 1-877-646-5312. If you answered <b>NO</b> to all of these questions, please continue.				
<b>STEP 4: PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR INCOME:</b>				
Does your state help you pay your Medicare part A or part B premiums?			YES	NO
If you answered <b>YES</b> , please complete the following and then SKIP to STEP 5.				
Please indicate your income \$			Please check one: I am single <input type="checkbox"/> -or- I am married <input type="checkbox"/>	
If your state helps pay your Medicare part A or B premiums you may still qualify if your income is above \$12,569 if single or \$16,862 if married (your coinsurance at the pharmacy would be 10%).				
If you answered <b>NO</b> , please complete the remaining questions in this box.				
If you <b>reside in a state other than Alaska and Hawaii</b> please check one of the following.				
<input type="checkbox"/>	Single — income \$12,569 or less (10% coinsurance at the pharmacy)			
<input type="checkbox"/>	Single — income \$ 9,310 or less (5% coinsurance at the pharmacy)			
<input type="checkbox"/>	Married — income (including spouse) \$16,862 or less (10% coinsurance at the pharmacy)			
<input type="checkbox"/>	Married — income (including spouse) \$12,490 or less (5% coinsurance at the pharmacy)			
If you <b>reside in Alaska or Hawaii</b> please check one of the following.				
<b>Alaska</b>		<b>Hawaii</b>		
<input type="checkbox"/>	135% FPL, Family size of 1: income - \$15,701	<input type="checkbox"/>	135% FPL, Family size of 1: income - \$14,445	
<input type="checkbox"/>	135% FPL, Family size of 2: income - \$21,074	<input type="checkbox"/>	135% FPL, Family size of 2: income - \$19,386	
<input type="checkbox"/>	100% FPL, Family size of 1: income - \$11,630	<input type="checkbox"/>	100% FPL, Family size of 1: income - \$10,700	
<input type="checkbox"/>	100% FPL, Family size of 2: income - \$15,610	<input type="checkbox"/>	100% FPL, Family size of 2: income - \$14,360	

See back for more information →

When returning form, please use the enclosed envelope.

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#### **How Can I Get More Information?**

- Visit [www.medicare.gov](http://www.medicare.gov) on the web. Select "Prescription Drug and Other Assistance Programs."
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program counselor. To find the telephone number for your SHIP, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or visit [www.medicare.gov](http://www.medicare.gov) on the web. Select "Helpful Contacts."
- For questions, complaints or further help applying for the Criterion Advantage drug discount card, call us at 1-877-646-5309 (TTY users should call 1-877-646-5312) from 8:00am to 4:30pm Monday – Friday.

Approved by CMS 04/07/2004

When returning form, please use the enclosed envelope.

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**Step-by-Step Instruction Guide for IHS Staff and Patients to Enroll in the Medicare Drug Discount Card and Transitional Assistance (TA) Program**

**PHARMACY CARE ALLIANCE**

If your income is not more than 135 percent of the federal poverty line (\$12,569 for single individuals or \$16,862 for married individuals in 2004 - Alaska income limits are \$15,701 for single individuals or \$21,074 for married individuals), you may qualify for the new Medicare Prescription Drug Discount Card and Transitional Assistance (TA) program. TA is an added benefit for low-income people who are enrolled in a Medicare Prescription Drug Discount Card. Medicare will pay the drug discount card enrollment fee (up to \$30) for individuals enrolled in TA. If your income is over the required 135% FPL limit, then you may qualify for the Drug Discount Card only. Please see I/T/U staff for further assistance. To enroll in the Drug Discount Card and TA program, you must complete the enrollment application form entitled: **Enrollment Form for the Medicare-Approved Drug Discount Card AND \$600 Credit in Paying for Your Prescription Drugs**. Do not complete the enrollment application form with the \$19 enrollment fee – this is not applicable to the AI/AN “special endorsed” status. Follow the instructions below.

**Step 1.**

Question 1: If you have Medicare Part A or Part B, check yes.

Question 2: If you **do not** receive State Medicaid assistance in paying for your prescription drugs, check yes.

**Step 2.**

Question 1: Complete your general personal information. Be sure to indicate the address where you receive your mail. If you do not know your Medicare ID number, please see a Patient Registration staff person to assist you.

**Step 3.**

Question 1: If you have health care coverage through TRICARE (military health insurance), formerly called CHAMPUS, check yes.

Question 2: If you have Federal employee or retiree health insurance (FEHBP), check yes.

Question 3: If you have other health care coverage (such as private insurance) that includes outpatient prescription drugs, **NOT** including the Indian Health Service, Tribes/Tribal Organization, or Urban Indian program (I/T/U), Medicare Managed Care, or Medigap, check yes. **If you only use an I/T/U for your health coverage and prescription drugs, check no.**

**Step 4.**

Question 1: If your State helps you pay for your Medicare Part A or Part B premium, check yes. You may still qualify based on income. Please continue with the application.

Question 2: Indicate your basic income (Indian trust income is not included as income).

Question 3: If you are married and your spouse is still living (even if they do not live with you), check married; otherwise check single.

Question 4: Check the correct box to indicate your income and marital status. For Alaska, Family Size of 1 indicates single and Family Size of 2 indicates married.

Question 5: If you are married, include your spouse's social security number. . If you do not know your spouse's Social Security Number, please see a Patient Registration staff person to assist you.

Question 6: Check the correct box to indicate if within the last 2 years you have retired, been widowed or divorced.

**Step5**

Be sure to sign and date the bottom of the enrollment application form.



**Enrollment Form for the Medicare-Approved Drug Discount Card AND Additional Assistance in Paying for Your Prescription Drugs**

Option 1: \$30 annual enrollment fee. This option works for people who buy two or more prescription drugs per month. (Note: If you do not choose Option 2 (below), you will be automatically enrolled in Option 1)

Option 2: \$19 annual enrollment fee. This option works for people who buy fewer than two prescription drugs per month. You'll pay one dollar more per drug than you would in Option 1.

**Step One**

Please answer the following statements.

I have Medicare Part A and/or Medicare Part B. ....Yes  No

I DO NOT have outpatient prescription drug benefits under my State Medicaid Program. ....Yes  No

If you answered YES to BOTH of the statements above, please continue to Step 2.

If you answered NO to either of the statements above, you may not be eligible for this program. For additional information, please see page 3 in your enrollment booklet, call 1-800-722-7015 or 1-866-735-8556 TTY/TDD for assistance or talk with your neighborhood network pharmacist.\*

**Step Two**

Please complete this information about yourself and print block letters in ink.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Telephone Number \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Medicare ID Number \_\_\_\_\_ (Also include any letters in your number)

**Step Three**

Please answer the following questions.

Do you have TRICARE (military health insurance)? ....Yes  No

Do you have Federal employee or retiree health insurance (FEHBP)? ...Yes  No

Do you have other health coverage that includes outpatient prescription drugs, such as employer or retiree plans? ....Yes  No

Note: If your health coverage is through a Medicare + Choice (M+C) plan or Medigap plan, answer NO to this question.

If you answered YES to any of the statements above, you may not be eligible for the \$600 credit. Please skip to Step 5. For additional information, please see page 3 in your enrollment booklet, call 1-800-722-7015 or 1-866-735-8556 TTY/TDD for assistance or talk with your neighborhood network pharmacist.\*

If you answered NO to all of the questions, please continue to Step 4.

## Step Five

Read all the information and sign your form.

**Release of Information:** By applying for enrollment in this company's Medicare-approved discount card, I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the company of the Medicare-approved drug discount card. The information will say whether I have Medicare Hospital Insurance Benefits (Part A) and/or Supplementary Medical Insurance Benefits (Part B). I also allow the State Medicaid Program, Social Security Administration, and Internal Revenue Service, or any other agency with relevant information about me to give CMS or CMS's agents the information needed to determine if I am eligible for the Medicare-approved prescription drug card and, if applying, for a credit of up to \$600 toward prescription drugs.

**Review of Eligibility:** I understand that my application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief. I also understand that by signing this application I am agreeing to a full investigation or review of my eligibility by states, federal agencies, or their contractors and, if requested, I agree to provide the documents necessary to confirm the accuracy and completeness of the information provided in this application. If documents aren't available, I agree to give the name of the person or organization that can provide and release this necessary information.

**By signing below, you certify that you have read and understand the information on this entire enrollment form. If you can't sign, a representative may sign for you.**

Federal law provides for fine or imprisonment, or both for any person who withholds or gives false information to obtain assistance to which (s)he is not entitled. I understand the questions on this application and I certify, under penalty of perjury, that the information given by me on this form is correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your enrollment form is not complete unless it is signed.**

To submit your **completed** enrollment form you can: mail the form to Pharmacy Care Alliance, P.O. Box 22709, Rochester, NY 14692; fax the form to 1-866-745-8595; call 1-800-722-7015 or 1-866-735-8556 TTY/TDD; or take the form to a network pharmacy and ask them to submit it for you.

\*A neighborhood network pharmacy is a pharmacy where drugs can be purchased by members of Pharmacy Care Alliance at a discounted price and their credit up to \$600 can be used. To find a neighborhood network pharmacy near you call 1-800-722-7015 or 1-866-735-8556 TTY/TDD or visit [www.PCAcard.com](http://www.PCAcard.com).

Co-Marketer code \_\_\_\_\_ PC5-3.12 Enrollment Submission Processor code \_\_\_\_\_

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