

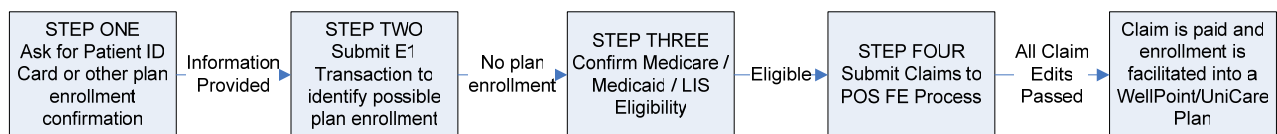


Point-of-Sale Facilitated Enrollment (POS FE) Process Four Steps for Pharmacists Updated October 2008

The POS FE process was designed to ensure that individuals with both Medicare and Medicaid, “dual eligibles,” who are not yet enrolled in a Part D prescription drug plan are still able to obtain immediate prescription drug coverage when evidence of Medicare and Medicaid eligibility is presented at the pharmacy. Other individuals who qualify for the Part D low-income subsidy (LIS), also called “extra help,” are also now able to use the POS FE process.

Four Steps

The following four steps provide a quick reference guide for using the POS FE process:



1. Request Patient’s Part D Plan ID Card

If a patient has a Part D Plan ID Card or other confirmation of Part D Plan Enrollment (see below), please submit claims to that payer.

NOTE: If an individual does not have an ID card, he/she may have a plan enrollment “acknowledgement letter” or “confirmation letter” containing the 4Rx data—Bank Identification Number (BIN), Processor Control Number (PCN), Group ID for the patient’s specific plan (GROUP), and Member ID information.

If neither an ID Card nor an acknowledgement or confirmation letter is available, go to Step 2.

2. Submit an E1 Transaction to the TrOOP Facilitator

If the individual has no proof of enrollment, plan billing information may be available through the Part D eligibility and enrollment online system, the TrOOP Facilitator. The TrOOP Facilitator can be accessed with an E1 query which provides 4Rx data. For those pharmacy software systems that support an “enhanced E1” query, enrollment information within 90 days of the date the request is submitted can be obtained. If you are uncertain about how to submit an E1 or enhanced E1 query, please contact your software vendor.

If the E1 query returns a BIN/PCN indicating the patient has current drug plan coverage, do NOT submit a claim to the POS FE process. If the E1 query returns a help desk telephone number, this indicates the individual has been enrolled in a plan, but the 4Rx data is not yet available. Please contact that plan for the proper 4Rx data.

If the E1 query does not return a BIN/PCN indicating the individual has current drug plan coverage, go to Step 3.

3. Identify a “Dual Eligible” Individual (Medicare and Medicaid), or Those Eligible for the Low-Income Subsidy (LIS)

Verify the individual’s Medicare, Medicaid or LIS eligibility using one of the items listed below. If the individual cannot provide evidence of current eligibility for Medicare and Medicaid or the LIS, the claim should NOT be submitted to the POS FE process. The following options are available to verify an individual’s dual eligibility/LIS eligibility:

Medicaid

- Medicaid ID Card
- Copy of current Medicaid award letter with effective dates
- State eligibility verification system (EVS) queries (interactive voice response, online)

Medicare

- Submit an E1 query to determine Medicare Part A eligibility and/or Part B enrollment
- Medicare ID Card
- Medicare Summary Notice (MSN)
- Medicare pharmacy eligibility line—1-866-835-7595

Low-Income Subsidy

- LIS Notice from Medicare or SSA

If you are able to verify the patient’s Medicare and Medicaid or LIS eligibility, go to Step 4.

4. Bill the POS FE Process

To utilize POS FE, enter the claim through your claims system in accordance with the WellPoint Next Rx payer sheet, available at <https://www.wellpointnextrx.com/wps/portal/wpo/provider/home>. Note: The BIN/PCN for POS FE will remain the same in 2008.

As in 2007, all claims submitted to POS FE will be edited for eligibility to minimize the incidence of claims paid in error. User-friendly claims rejection messages will be returned to a pharmacy provider when a patient is determined to not be eligible. This editing is provided by RelayHealth, Inc.

PLEASE NOTE:

- It is critical that you submit both the Medicare HICN and the Medicaid ID number (for Medicaid eligibles) to validate the individual’s dual eligibility status.
- No Medicaid ID number is required for those who are not Medicaid eligible but are LIS eligible.
- WellPoint may still need to reverse other ineligible claims (e.g., duplicate claims) that have been paid erroneously to pharmacies through the POS FE process, but these are expected to be minimal.
- If you need further information and resources regarding the POS FE process, please go to the NextRx Provider portal at <https://www.wellpointnextrx.com/wps/portal/wpo/provider/home>.
- WellPoint will track the number of ineligible claims per pharmacy NPI number and carefully review claims from those pharmacies with high utilization of POS FE for ineligible patients.

REJECT CODES

Pharmacists may receive the following reject codes when claims for prospective POS FE patients are rejected:

WellPoint Description	NPI Reject Code	NPI Primary Message	Secondary Message (Customizable)
Not Found on Part AB	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595.
Found on Part AB but not effective	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595.
Found on Part AB but patient expired	65	Patient is not covered	Unable to validate patient's eligibility for Medicare, please call CMS at 866-835-7595.
Found current Part D plan	41	Submit Bill To Other Processor or Primary Payer	<Custom Message With Patient and Plan Information>
Patient has employer subsidy	65	Patient is not covered	Patient has subsidized employer group retiree drug benefits, not eligible for POS FE.
Patient lives outside the 50 States and DC	65	Patient is not covered	Beneficiary lives outside of fifty States or District of Columbia, not eligible for POS FE
Contract Num Not Eligible	65	Patient is not covered	Patient not eligible for POS FE
Various Missing Required Fields	Various	Various	Required Field(s) Missing
Claim Older Than 90 days	81	Claim Too Old	For exception info call 800-957-5147 or go to http://www.cms.hhs.gov/Pharmacy/downloads/POSFEPharmacyTipSheet041808.pdf
Claim prior to 1/1/08	81	Claim Too Old	For exception info call 800-957-5147 or go to http://www.cms.hhs.gov/Pharmacy/downloads/POSFEPharmacyTipSheet041808.pdf

- “Claim Too Old” refers to claims submitted more than 90 days after the date of service or before 01/01/08. An exceptions process is available for claims associated with these reject codes. The exceptions process fax form is available at <http://www.cms.hhs.gov/Pharmacy/downloads/POSFEExceptionsProcessRevised022808.pdf> For more information, visit the web address in the reject message above.
- Other edits include those for safety, duplication, Part B covered drugs, and Part D excluded drugs.
- Electronic claims overrides will not be available in 2008.
- Pharmacies with questions about claims reversals from 2007 may call the NextRx Pharmacy Benefits Line at **1-800-957-5147**.