



Tip Sheet for Pharmacy Providers

Changes to the Point-of-Sale Facilitated Enrollment (POS FE) Process

Updated December 2008

The Centers for Medicare & Medicaid Services (CMS) continues to improve the POS FE process for dual eligible and other low-income subsidy (LIS) eligible individuals by working with the administrator of the POS FE process, WellPoint, and its subsidiaries, UniCare Life & Health Insurance Inc. and WellPoint NextRx (Pharmacy Benefits Manager). 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 Claim Reversals to Pharmacies
In 2007, CMS and WellPoint NextRx took several key steps to minimize claim 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 claim reversals to pharmacies, we have instituted a process to recover funds from Medicare beneficiaries who use the POS FE process although they are not eligible for Medicaid or LIS.¹ Instead of reversing claims in these circumstances, WellPoint (through its subsidiary, UniCare) sends a notice to these individuals (an “Evidence of Eligibility” letter), requesting that they either: (1) provide proof of their Medicaid eligibility or qualification for extra help; or (2) reimburse UniCare for the claim amount(s).

- Exceptions Process
For claims that rejected in 2007 because they were submitted more than 30 days after the POS FE date of service, CMS Regional Office caseworkers are able to submit POS FE exceptions to the 30-day claims processing limit to WellPoint NextRx. In 2008, this 30-day claims processing limit was extended to 90 days. Claims that are submitted more than 90 days after the POS FE date of service may be submitted as exceptions to the appropriate CMS Regional Office, as described further below.

¹ If state systems do not confirm Medicaid eligibility in the POS FE service month and LIS eligibility cannot be confirmed through CMS, WellPoint (through its subsidiary, UniCare) **will request proof of Medicaid/LIS eligibility from the individual. If no documentation is provided within 60 days, UniCare 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 UniCare after receiving POS FE services.

As a reminder, before processing POS FE claims, pharmacy staff need to verify the following:

- The beneficiary's Medicare eligibility;
- That the beneficiary has no active Part D Plan enrollment; and
- The beneficiary's 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 2008-2009 POS FE claim:

- If the date of service is *less than 90 days* from the date of submission, contact the POS FE Pharmacy Benefits Manager, **WellPoint NextRx help desk at 1-800-957-5147.**
- If the date of service is *greater than 90 days* before the date of submission, use the attached fax sheet to request an exception. Submit the request to the CMS Regional Office that services your state.

For more information about the POS FE process, please see the "Point-of-Sale Facilitated Enrollment (POS FE) Process: Four Steps for Pharmacists," available at:
<http://www.cms.hhs.gov/Pharmacy/downloads/POSFEFourSteps100808.pdf>



Pharmacy Fax Request to the CMS Regional Office For Point-of-Sale Facilitated Enrollment Claims Over 90 Days Old

Fax to: Regional Office Name: _____

Fax Number: _____

| CMS Regional Office (RO) Number and Name | States/Territories Served | Regional Office Caseworker Fax Number | Regional Office Caseworker Phone Number (For follow-up if the pharmacy has not been contacted in 3 business days) |
|---|---|--|---|
| RO 1 Boston | CT, MA, ME, NH, RI, VT | 617-565-3856 | 617-565-1232 |
| RO 2 New York | NJ, NY, PR, USVI | 212-265-2665 | 212-616-2222 |
| RO 3 Philadelphia | DE, DC, MD, PA, VA, WV | 215-861-4176 | 215-861-4226 |
| RO 4 Atlanta | AL, FL, GA, KY, MS, NC, SC, TN | 404-562-7386 | 404-562-7500 |
| RO 5 Chicago | IL, IN, MI, MN, OH, WI | 312-886-5705 | 312-353-1102 |
| RO 6 Dallas | AR, LA, NM, OK, TX | 214-767-0323 | 214-767-6401 |
| RO 7 Kansas City | IA, KS, MO, NE | 816-426-7604 | 816-426-5783 |
| RO 8 Denver | CO, MT, ND, SD, UT, WY | 303-844-2776 | 303-844-4024 |
| RO 9 San Francisco | American Samoa, AZ, CA, Northern Mariana Islands, Guam, HI, NV | 415-744-3761 | 415-744-3617 |
| RO 10 Seattle | AK, ID, OR, WA | 206-615-2363 | 206-615-2354 |

Please provide all of the following beneficiary and pharmacy information [Note: Incomplete requests may result in processing delays.]:

Beneficiary Information:

Beneficiary Medicare Number _____

Beneficiary First Name _____

Beneficiary Last Name _____

Date of Birth _____

Gender _____

Street Address _____

Zip Code _____

Date of Service _____

The beneficiary has Medicare and (Please check one):

Medicaid Low Income Subsidy (LIS)

Pharmacy Information:

Pharmacy Name _____

Pharmacy Contact _____

Pharmacy Phone Number _____

Pharmacy Email Address _____