



CSR Inquiry Assistance

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Medicare Prescription Drug Coverage: Essential Information and Resources for Prescribing Health Care Professionals – The Eleventh in the MLN Matters Series on the New Prescription Drug Plans

Key Words

SE0603, prescription, drug, coverage, information, resources, prescribing, health care, professionals, eleventh, MLN, matters, series, plans, new

Provider Types Affected

All health care professionals who prescribe prescription medications for Medicare beneficiaries

Key Points

The following is a list of information, resources, and tools that will allow health care professionals and their support staff to help their Medicare patients during this transition period to the new Medicare Prescription Drug Plans.

Finding Formulary Information

- The Centers for Medicare & Medicaid Services (CMS) has a formulary finder that provides direct access to all plan web sites at <http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp> on the Medicare web site.
- Free software that makes the formulary selection process very simple can be downloaded from <http://www.epocrates.com/> on the Epocrates web site.

Coverage Determination

- CMS defines a coverage determination as the first decision made by a plan regarding the prescription drug benefits an enrollee is entitled to receive under the plan, including a decision not to provide or pay for a Part D drug, a decision concerning an exception request, and a decision on the amount of cost sharing for a drug.
- An exception request is a type of coverage determination request. CMS is working to simplify the exceptions process.

- A form has been created by a coalition of medical societies and advocacy groups that can be faxed to the physician's office by a pharmacist when he or she is given a prescription that is either not on the formulary or on a higher tier.
- This form streamlines communication between the pharmacist and the physician and reduces the need for time-consuming telephone calls to the doctor's office.
- The form is located at <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartDPharmacyFaxForm.pdf> on the CMS web site, as well as at several medical society web sites.

Expedited Review Process

- There is an expedited review process that CMS has outlined to ensure that drug plans can move an appeal within a 24-hour turnaround time to provide medicines to patients with an immediate need.
- A list of plan contacts which can be used to query a patient's plan, should there be a need to pursue an appeal or require clarification on an issue, can be found at http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp on the CMS web site.
- Beyond this expedited review process, the standard appeals process to challenge a plan's coverage determination has five levels:
 - Redetermination by the plan;
 - Reconsideration by a Medicare drug coverage qualified independent contractor (QIC);
 - An Administrative Law Judge (ALJ) hearing;
 - Review by the Medicare Appeals Council; and
 - Review by federal district court

Part B Drugs vs. Drugs Covered under Medicare Prescription Drug Coverage (Part D)

- An article that explains the difference between drugs covered under Part B versus those covered under Part D can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0570.pdf> on the CMS web site.
- A chart explaining specific drugs can be found at <http://www.cms.hhs.gov/pharmacy/downloads/partsbdcovageissues.pdf> on the CMS web site.

Verifying Beneficiary Enrollment in a Medicare Drug Plan

- Office staff can use the Medicare Prescription Drug Plan Finder, located at <http://www.medicare.gov>, to verify a beneficiary's enrollment in a Medicare drug plan.
- Pharmacists have access to a new computer tool called "E1" that provides real time enrollment and eligibility information.

Obtaining Prior Authorizations

- A prior authorization can only be obtained by calling the drug plan directly. 1-800-MEDICARE cannot process a prior authorization.

Ensuring Coverage for a Dual Eligible Beneficiary Who Needs to be Enrolled in a Plan

- CMS has enabled customer service representatives at 1-800-MEDICARE to enroll people with Medicare and full Medicaid benefits (full dual) in WellPoint, a national plan.
- If these beneficiaries have **immediate prescription needs**, they should visit their local pharmacy so that the pharmacist can enroll them in WellPoint
- To find out more about what happens with Medicare prescription drug coverage in certain situations, visit <http://www.cms.hhs.gov/Pharmacy/Downloads/whatif.pdf> on the CMS web site.

Providing a 90-day Supply of Transitional Prescription Medication

- CMS has instructed all Medicare-approved plans to extend the original 30-day transitional coverage period by an additional 60 days, which means that a Part D beneficiary will be able to get a 90-day supply of all of his or her medications when they enroll in Part D, even if some of the medications are not on formulary.
- This 90-day period will give the patient's doctor and pharmacist time to adjust the patient's drug regimen, or request exceptions to the plan's formulary, so that the next refill of medications will be consistent with the plan's coverage rules.
- Beneficiaries who enroll after March 31 will get a 30-day transitional fill so that they have time to adjust their medication regimen to the plan formulary.

Important Contact Information to Report Problems with Medicare Prescription Drug Coverage

- **Health Care Professionals:** E-mail pmit@cms.hhs.gov with problems and issues encountered. Please take advantage of CMS' regular conference call at 2:00 p.m. EST every Tuesday. This call gives health care professionals an opportunity to ask questions of CMS staff. Call 1-800-619-2457; Passcode: RBDML.
- **Pharmacists:** Call 1-866-835-7595, a CMS dedicated line designed to help answer questions regarding billing and beneficiary enrollment information.
- **Health care professionals can also visit** http://www.cms.hhs.gov/MLNProducts/23_DrugCoverage.asp#TopOfPage on the CMS web site.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0603.pdf>