



Part D Reference Guide for Pharmacists

Medicare_{Rx}
Prescription Drug Coverage

Part D Reference Guide for Pharmacists

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This document contains current information as of September 21, 2006. CMS will periodically review and update the document with new policies and updated links. For the latest version, please visit www.cms.hhs.gov/pharmacy.

Preparing for 2007

- Timeline of Important Dates for Pharmacists
<http://www.cms.hhs.gov/Pharmacy/downloads/Preparingfor2007KeyDates.pdf>
- LIS Re-determination
The MMA requires CMS and SSA to determine whether beneficiaries who qualified for low-income subsidies (LIS) in 2006 will again qualify in 2007. Beneficiaries who don't automatically qualify for the LIS in 2007 will receive a letter from CMS that explains their pending loss of LIS eligibility and includes an application and an enclosed postage-paid return envelope. CMS will also send a letter to individuals who continue to qualify for the LIS in 2007, but will have a change in their co-pay level.
 - Loss of Extra Help Status
<http://www.cms.hhs.gov/partnerships/downloads/11198.pdf>
 - Change in Extra Help Status
<http://www.cms.hhs.gov/partnerships/downloads/11199.pdf>
 - Fact Sheet: Changes in Qualifying for Extra Help in 2007
<http://www.cms.hhs.gov/partnerships/downloads/07LISchanges.pdf>
 - SSA Prescription Drug Assistance Notice of Review (English)
http://www.ssa.gov/prescriptionhelp/L1026%20Passive%20Redetermination%20English%20SAMPLE%20_08-25-06%20Systems_.pdf
 - SSA Prescription Drug Assistance Notice of Review (Spanish)
http://www.ssa.gov/medicareoutreach2/L1026%20Passive%20Redetermination%20Spanish%20SAMPLE%20_8-25-06-Systems_.pdf
 - Review of Eligibility for Extra Help – Some Things You Should Know
<http://www.socialsecurity.gov/pubs/10111.pdf>
 - Apply for the LIS online
<https://s044a90.ssa.gov/apps6z/i1020/main.html>
 - Find out if you qualify for the LIS online
<https://s044a90.ssa.gov/apps6z/i1020/main.html>
 - What you need to complete the LIS Application - Worksheet
<http://www.socialsecurity.gov/pubs/10124.pdf> (English)
<http://www.socialsecurity.gov/espanol/10914.pdf> (Spanish)
- Dual Eligible Reassignments
Dual eligible beneficiaries who are enrolled in either plans that are above their regional 2007 benchmark or plans that are dropping out of Part D entirely will be reassigned into a plan that is below the benchmark. CMS will mail notices to beneficiaries that are being reassigned during the week of October 30.
<http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/ReassignmentMaterials.zip>
- Annual Enrollment Period
Open enrollment begins for beneficiaries on November 15. However, they should be encouraged to enroll as early as possible, but no later than December 8th to ensure that the beneficiary, Plans, pharmacies and CMS all have the correct Plan and subsidy level information in the system and ready for use by January 1.
 - Encouraging Early In Month Enrollments
<http://www.cms.hhs.gov/partnerships/downloads/earlyinmonthtipsheet.pdf>
- Transitioning to 2007
"If plans have not successfully transitioned affected enrollees to a therapeutically equivalent alternative or processed an exception request by January 1, 2007, they will be expected to provide a transition supply beginning January 1, 2007 and until such time as they have

effected a meaningful transition.” See page 21 of our DRAFT Medicare Part D Manual for Chapter 6 – Part D Drugs and Formulary Requirements
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManual_Chapter6.pdf

- E1 Enhancements
The E1 system, developed for the beginning of the Part D program, has already saved pharmacists nearly 20 million phone calls since January 1. After incorporating helpful feedback from pharmacists, CMS is rolling out an enhanced “2007 E1 Version 2” in December.
 - TrOOP Facilitator Website
<http://Medifacd.per-se.com>
 - *Per-Se Technologies Fact Sheet Coming Soon!*
- Pharmacy Public Service Announcement
[http://media.cms.hhs.gov/cms/PreventiveSpot\(Lan\).wmv](http://media.cms.hhs.gov/cms/PreventiveSpot(Lan).wmv)
- Medicare Preventive Benefits Quick Reference
http://www.cms.hhs.gov/Pharmacy/downloads/Medicare%20Preventive%20Services_Quick%20Reference.pdf
- My Health. My Medicare
CMS has established a My Health My Medicare overview page. This page will be updated frequently as new outreach materials become available.
<http://www.cms.hhs.gov/MyHealthMyMedicare/>
 - Fall Open Enrollment Overview
<http://www.cms.hhs.gov/MyHealthMyMedicare/Downloads/NationalPartnerLaunch.pdf>

Part D Guidance Documents

- Medicare Prescription Drug Benefit Manuals
CMS is posting all chapters of the Medicare Prescription Drug Benefit Manual on this website as they are developed.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/12_PartDManuals.asp#TopOfPage
- Transition Guidance
An effective transition process for new enrollees must assure timely access to needed drugs while allowing for the flexibility necessary for Part D plans to develop a benefit design that promotes beneficiary choice and affordable access to medically necessary drugs.
 - 2007 Transition Guidance
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07TransitionGuidance.pdf>
 - 2006 Transition Guidance
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/TransitionProcess_031605.pdf
 - Draft – Chapter 5: Benefits and Beneficiary Protections
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManual_Chapter5.pdf
- Formulary Guidelines
Contains final guidance on how CMS will review Medicare prescription drug benefit plans to assure that beneficiaries receive clinically appropriate medications at the lowest possible cost.
 - 2007 Formulary Guidelines
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07FormularyGuidance.pdf>
 - 2006 Formulary Review Guidelines
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FormularyGuidance.pdf>
 - DRAFT – Chapter 6: Part D Drugs and Formulary Requirements
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManual_Chapter6.pdf
- Marketing Guidelines (Chapter 2)
These guidelines were developed after careful evaluation by CMS of current industry marketing practices, recent advancements in communication technology, and how best to protect the interests of Medicare beneficiaries.
 - Chapter 2 – Part C and D Marketing Guidelines (v07.25.06)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>
- Enrollee Grievances, Coverage Determinations and Appeals (Chapter 18)
This chapter deals with coverage determinations and appeals for Part D plan enrollees, and with other complaints enrollees may have with a Part D plan sponsor or any of its contractors.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManualChapter18.pdf>
- Fraud, Waste and Abuse (Chapter 9)
This chapter provides both interpretive rules and guidelines for Part D plan sponsors to have in place a comprehensive fraud and abuse plan to detect, correct and prevent fraud, waste and abuse as an element of their compliance plan.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBManual_Chapter9_FWA.pdf
- Long Term Care Guidance
This document represents guidance to assist Medicare Part D plans in formulating policies for the implementation of CMS requirements regarding pharmacies providing product and services to Long Term Care (LTC) facilities.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/LTCGuidance.pdf>
- Enrollment and Disenrollment (Chapter 3)
This chapter deals with PDP Guidance on Eligibility, Enrollment and Disenrollment procedures
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CurrentPDPEnrollmentGuidance.pdf>

Model Documents

- Pharmacy Notice – “Medicare Prescription Drug Coverage and Your Rights”
A Medicare Part D plan must provide this notice to its network pharmacies for use in instructing enrollees to contact their Part D plan (Medicare drug plan) to obtain a coverage determination or ask for a formulary or tiering exception if the enrollee disagrees with the information provided by the pharmacist. This notice may be distributed to enrollees or conspicuously posted at the pharmacy.
 - Pharmacy Notice
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeApproved.zip>
 - Instructions for Using the Pharmacy Notice
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeInstructions.pdf>

Note: All Model Marketing Documents can be found at:

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/list.asp#TopOfPage>

Please see the referenced page in the CMS Marketing Guidelines for more information on the documents below. The Marketing Guidelines can be found at:

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>

- Annual Notice of Change (ANOC)
Most Part D plans are required to give members notice of program changes taking place on January 1 of the upcoming year, by October 31 of the current year. The ANOC must be member-specific and have the member's own name either on the envelope addressed to the member or on the ANOC itself. (Marketing Guidelines, page 50)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1187112>
- Summary of Benefits (SB)
The primary pre-enrollment document to inform prospective as well as existing enrollees of the benefits offered by the organization's plan. The information within the SB is standardized language to allow beneficiaries to more easily compare the benefits offered by different organizations. (Marketing Guidelines, page 35)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1187119>
- Evidence of Coverage (EOC)
PDPs are required to provide Evidence of Coverage (EOC) to all enrollees annually. All organizations must mail the EOC and the LIS rider to all current plan members no later than January 31. PDPs must also send new plan members an EOC no later than when they notify the member of acceptance (confirmation) of enrollment. (Marketing Guidelines, page 64)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1187110>
- Comprehensive or Abridged Formulary
Part D plans are required to provide a list of drugs included on the Part D plans formulary to enrollees upon enrollment and at least annually thereafter. The final rule does not specify whether this list should be an abridged or comprehensive list of covered drugs. However, CMS has elected to allow organizations to provide an abridged version of their formulary in the ANOC. Part D plans are required to provide a comprehensive written formulary to any potential or current enrollee upon his or her request. (Marketing Guidelines, beginning on page 59)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1187113>

- Explanation of Benefits (EOB)
Part D organizations must send an Explanation of Benefits (EOB) to plan enrollees during months in which enrollees utilize their prescription drug benefits. The EOB must list the item(s) or service(s) for which payment was made and the amount of the payment for each item or service, include a notice of the enrollee's right to request an itemized statement, appeal/grievance rights, and exceptions process, include the cumulative, year-to-date total amount of benefits provided to the member and include any applicable formulary changes for which Part D plans are required to provide notice. (Marketing Guidelines, page 70)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MODEOB.zip>
- Transition Notification Letter
Plans will be required to send a written notice regarding their transition process, via U.S. mail, within three business days after providing a temporary supply of non-formulary Part D drugs (including Part D drugs that are on a plan's formulary but require prior authorization or step therapy under a plan's utilization management rules). The Model Transition Notice can be found on the website referenced above.
 - For more information, see page 5 of our CY 07 Transition Guidance:
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07TransitionGuidance.pdf>
 - Model Transition Notification Letter
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/ACTIVEMODTransLet.zip>

Parts A, B & D

- B vs. D Guidance
This document is not a statement or promise of coverage, but rather a discussion of when something *may* be covered under Parts A, B or D, if all other coverage requirements are met. For example, a Part D drug must still be medically necessary.
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf
 - Medicare Drug Coverage Under Parts A, B and D- The Basics
<http://www.cms.hhs.gov/NationalMedicareTrainProg/Downloads/RxCoveragePartABD.pdf>
 - Medicare Drug Coverage Under Parts A, B and D- Desk Aid
<http://www.cms.hhs.gov/NationalMedicareTrainProg/Downloads/RxCoverageDeskAid.pdf>
- B vs. D Coverage Table
This table provides a quick reference guide for the most frequent Medicare Part B drug and Part D drug coverage determination scenarios facing Part D plans and Part D pharmacy providers. It does not address all possible situations.
<http://www.cms.hhs.gov/NationalMedicareTrainProg/Downloads/RxCoveragePartABD.pdf>
- LTC Recommendations on Parts B & D
In order to simplify access to the Part D drug benefit in the long term care (LTC) setting, we are recommending that certain steps be taken by providers to clearly differentiate those drugs which may qualify as Part B drugs and those which may qualify as Part D drugs.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/LTCAssocLetter.pdf>
- Part D Excluded Drugs Table
This table provides Part D coverage clarifications for specific products/drugs/drug categories in accordance with statutory and regulatory requirements for Part D drugs. This is not an exhaustive list but only addresses those products/drugs/drug categories that have been the subject of frequently asked questions.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDDrugsPartDExcludedDrugs_04.19.06.pdf

- Plan Due Diligence Policy
CMS recommends “that providers include certain additional information on prescriptions that may help Part D plans and pharmacists differentiate between those drugs which may qualify as Part D drugs and those which may qualify as Part B drugs. We indicated that the information would be intended to facilitate, but not replace, a Part D plan’s existing processes for making a determination of Part D coverage.”
http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/DueDiligenceQA_03.24.06.pdf

Formulary

- Formulary Guidelines
Contains final guidance on how CMS will review Medicare prescription drug benefit plans to assure that beneficiaries receive clinically appropriate medications at the lowest possible cost.
 - 2007 Formulary Guidelines
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07FormularyGuidance.pdf>
 - 2006 Formulary Review Guidelines
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FormularyGuidance.pdf>
- Transition Guidance
An effective transition process for new enrollees must assure timely access to needed drugs while allowing for the flexibility necessary for Part D plans to develop a benefit design that promotes beneficiary choice and affordable access to medically necessary drugs.
 - 2007 Transition Guidance
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/CY07TransitionGuidance.pdf>
 - 2006 Transition Guidance
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/TransitionProcess_031605.pdf
- Formulary Update Policy
“Under Part D, no beneficiaries will be subject to a discontinuation or reduction in coverage of the drugs they are currently using, except for clear scientific and cost reasons including the availability of a new generic version of the drug or new FDA or clinical information. All proposed formulary changes, excluding formulary expansion changes, must be submitted to CMS for review and approval.”
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MemoFormularyChangeGuidance_04.27.06.pdf
- All or Substantially All
“we expect formularies to include substantially all drugs in these six categories that are available on January 1, 2006 (including generics and older branded products). Drugs that come onto the market after January 1, 2006 will be subject to the normal Pharmacy and Therapeutic committee review process.”
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FormularyGuidanceAllorSubAll.pdf>
- Part D Excluded Drugs Table
This table provides Part D coverage clarifications for specific products/drugs/drug categories in accordance with statutory and regulatory requirements for Part D drugs. This is not an exhaustive list but only addresses those products/drugs/drug categories that have been the subject of frequently asked questions.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDDrugsPartDExcludedDrugs_04.19.06.pdf
- 90-Day Supplies: Q&A 4379
The MMA requires Plan sponsors to permit enrollees to receive benefits (which may include a 90 day supply of drugs or biologicals) through a pharmacy (other than a mail order pharmacy), with any differential in charge paid by such enrollees.
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=4379

- Vaccines
 “as newer vaccines come on the market with indications for use in the Medicare population, Part D vaccine in-network access will become more imperative.”
 - Part D Adequate Access
http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/MemoVaccineAccess_05.08.06.pdf
 - Part D Vaccine Administration Costs: Q&A 7685
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7685

- Emergency First Fill
 “we believe that Part D plans must cover an emergency supply of non-formulary Part D drugs for long term care residents as part of their transition process.”
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/EmerTLCFill.pdf>

- B vs. D Guidance
 This document is not a statement or promise of coverage, but rather a discussion of when something *may* be covered under Parts A, B or D, if all other coverage requirements are met. For example, a Part D drug must still be medically necessary.
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf

- B vs. D Coverage Table
 This table provides a quick reference guide for the most frequent Medicare Part B drug and Part D drug coverage determination scenarios facing Part D plans and Part D pharmacy providers. It does not address all possible situations.
<http://www.cms.hhs.gov/NationalMedicareTrainProg/Downloads/RxCoveragePartABD.pdf>

- Medicare Prescription Drug Plan Finder
<http://www.medicare.gov/MPDPF/Public/Include/DataSection/Questions/MPDPFIntro.asp>

- Medicare Formulary Finder for Prescription Drug Plans
<http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp>

- Epocrates Formulary Finder* (This is not a CMS link)
<http://www.epocrates.com/>

- Fingertip Formulary* (This is not a CMS link)
<http://www.fingertipformulary.com/>

* CMS is not responsible for the content of this website. Inclusion in this document should not be viewed as an endorsement of the website by CMS.

Exceptions, Appeals & Complaints

- Enrollee Grievances, Coverage Determinations and Appeals (Chapter 18)
This chapter deals with coverage determinations and appeals for Part D plan enrollees, and with other complaints enrollees may have with a Part D plan sponsor or any of its contractors.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManualChapter18.pdf>
- Exceptions and Appeals Plan Contact List
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/AppealsandExceptionsContacts.zip>
- Medicare Part D Appeals Process (Flow Chart)
<http://www.cms.hhs.gov/MedPrescriptDrugApplGriev/Downloads/PartDAppealsFlowchart.pdf>
- Medicare Part D Coverage Determination Request Form
http://www.cms.hhs.gov/MLNProducts/Downloads/Form_Exceptions_final.pdf
- Pharmacy – Physician Communication Form (for PAs, etc.)
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartDPharmacyFaxForm.pdf>
- Appointment of Representative Form
<http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf>
- CMS Skilled Nursing Facility Center
<http://www.cms.hhs.gov/center/snf.asp>
- Handling Medicare Part D Prescription Drug Plan Complaints
<http://www.cms.hhs.gov/partnerships/downloads/PartnerTipSheetPartDComplaints081706.pdf>

Pharmacy Billing

- National Provider Identifier (NPI)
HIPAA covered entities such as providers completing electronic transactions, healthcare clearinghouses, and large health plans, must use only the NPI to identify covered healthcare providers in standard transactions by May 23, 2007. Small health plans must use only the NPI by May 23, 2008.
http://www.cms.hhs.gov/NationalProvIdentStand/01_overview.asp

- How to Become a Part B Provider
Physicians, non-physician practitioners, and other health care suppliers must enroll in the Medicare program to be eligible to receive Medicare payment for covered services provided to Medicare beneficiaries.
 - Information brochure
<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/suppliers.pdf>
 - What form do I use?: Q&A 3709
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=3709
 - Form CMS-855I
<http://www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf>

- How to Become a DMEPOS Supplier
DMEPOS suppliers must enroll in the Medicare program using the Medicare enrollment application (Form CMS-855S) in order to be eligible to receive Medicare payment for covered services provided to Medicare beneficiaries.
 - Information brochure
<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DurableMedicalEquip.pdf>
 - Form CMS- 855S
<http://www.cms.hhs.gov/CMSForms/CMSForms/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019480>

- Pharmaceutical Assistance Programs (PAPs)
PAPs can continue to assist Part D enrollees through a properly structured program that operates entirely outside the Part D benefit. Under this approach, the beneficiary does not use his or her Part D benefit to obtain the drug and the cost of the drug is not applied toward the enrollee's true out-of-pocket costs.
 - OIG PAP Guidance
<http://oig.hhs.gov/fraud/docs/alertsandbulletins/2005/PAPAdvisoryBllletinFinal-Final.pdf#search=%22PAP%20OIG%22>
 - CMS Letter to PhRMA, OIG Guidance, and a CMS PAP Fact Sheet (Pages 8-9)
<https://www.cms.hhs.gov/apps/files/factsheets/Tauzin%20PAP.pdf>
(Note: you may have to copy this link in your browser to open the file)
 - List of Active PAPs* (This is not a CMS link)
<http://www.rxassist.org/docs/medicare-and-paps.cfm>

- Point-Of-Service (POS) Facilitated Enrollment Process in Four Steps
http://www.cms.hhs.gov/Pharmacy/Downloads/PharmacyPOSQA_01.18.06.pdf

- Anthem Prescription POS FE website
This website includes background information on the POS FE program, edits the contractor has put in place, and frequently asked questions about POS FE.
http://www.anthem.com/wps/portal/ahpprescription?content_path=prescription/noapplication/1/s0/t0/pw_ad066423.htm&rootLevel=0&label=Part%20D%20and%20Facilitated%20Enrollm ent%20Communications

* CMS is not responsible for the content of this website. Inclusion in this document should not be viewed as an endorsement of the website by CMS.

Long Term Care

- Long Term Care Guidance
This document represents guidance to assist Medicare Part D plans in formulating policies for the implementation of CMS requirements regarding pharmacies providing product and services to Long Term Care (LTC) facilities.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/LTCGuidance.pdf>
- Convenient Access Standard
“plans must establish a network of LTC pharmacies that provides convenient access to LTC pharmacies for enrollees residing in LTC facilities. Plans may not rely on out-of-network access to meet the convenient access standard.”
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/LTCCoverLetter11.08.05.pdf>
- Emergency First Fill
“we believe that Part D plans must cover an emergency supply of non-formulary Part D drugs for long term care residents as part of their transition process.”
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/EmerTLCFill.pdf>
- Refill too soon: Q&A 6986
“...when an enrollee is admitted to or discharged from a LTC facility, he or she will not have access to the remainder of the previously dispensed prescription (through no fault of his or her own) and, therefore, the Part D plan must allow the enrollee to access a refill upon admission or discharge.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=6986
- Best Available Data: Q&A 7346
“Part D plans have flexibility to develop their own procedures for determining whether best available information is sufficient to change or update their systems to reflect appropriate cost sharing levels for dual eligibles.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7346
 - Best Available Data Clarification (10/30/06)
Web Link Coming Soon!
- Cost Sharing for Retroactive Subsidy level Changes: Q&A 7040
“When implementing retroactive subsidy level changes for a full-benefit dual eligible who meets the definition of an institutionalized individual but is incorrectly charged cost sharing under the Part D benefit, plans should not automatically reimburse beneficiaries residing in long-term care facilities.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7040
- “Institutionalized” for the Purpose of Applying a \$0 Co-payment: Q&A 7907
In the first partial month of admission (i.e. when an individual is admitted on any day other than the first of the month, from a community setting to a medical institution for the remainder of the month) the individual is not considered institutionalized for part D purposes. Effective the first day of the following month, if the individual is expected to remain throughout the month, assume the co-pay should be at the institutional level of \$0.
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7907
- Clarification: Are ICFs/MR and IMDs considered LTC? Q&A 6111
Does CMS consider ICFs/MR and IMDs as LTC facilities? Additionally, state contacts for each are included in this FAQ.
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=6111

- LTC Access/Performance Rebates: Q&A 6688 & 6326
 “We believe the MMA clearly contemplates that in the Part D context, formularies are to be managed by the Part D plans themselves.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=6326
- Safety syringes: Q&A 7826
 “we are correcting our previous Q&A to define insulin syringes equipped with a safe needle device, in their entirety (syringe and device) as Part D drugs and subsequently they should be managed like any other Part D drug the plan places on their formulary.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7826
- Donating Unused Prescription Drugs: Q&A 7828
 “If a beneficiary, typically residing in a nursing home, finds that they have an unused prescription medication, paid for by the Medicare prescription drug benefit, they can donate this medication, to the extent allowable under Federal and State law and regulation, to State agencies and charitable organizations.”
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7828
- LTC Recommendations on Parts B & D
 In order to simplify access to the Part D drug benefit in the long term care (LTC) setting, we are recommending that certain steps be taken by providers to clearly differentiate those drugs which may qualify as Part B drugs and those which may qualify as Part D drugs.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/LTCAssocLetter.pdf>

Other

- Out of Network
 Part D sponsors must ensure that their enrollees have adequate access to covered Part D drugs dispensed at out-of-network (OON) pharmacies when those enrollees cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy, and when such access is not routine. See page 42 of the DRAFT Chapter 5 PDB Manual.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManual_Chapter5.pdf
- Best Available Data
 Part D plans have flexibility to develop their own procedures for determining whether best available information is sufficient to change or update their systems to reflect appropriate cost sharing levels for dual eligibles.
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=7346
 - Best Available Data Clarification (10/30/06)
Web Link Coming Soon!
- Office for Civil Rights – HIPAA
<http://www.hhs.gov/ocr/hipaa/>
- HIPAA Privacy Rule: Providers as “Covered Entities”
http://healthprivacy.answers.hhs.gov/cgi-bin/hipaa.cfg/php/enduser/std_adp.php?p_faqid=481
- Disclosing Protected Health Information on the Beneficiary’s Behalf
http://healthprivacy.answers.hhs.gov/cgi-bin/hipaa.cfg/php/enduser/std_adp.php?p_faqid=1067

Plan and State Contacts

- **Plan Contacts - Medication Therapy Management**
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MTMContactList.pdf>
- **Plan Contacts - Exceptions & Appeals**
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/AppealsandExceptionsContacts.zip>
- **Plan Contacts – Pharmacy Technical Support**
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PharmTechContacts.zip>
- **Plan Contacts – Pharmacy Contracting**
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNetworkContacts.zip>
- **State Pharmaceutical Assistance Programs**
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/spapcontactlist.pdf>
- **State ICF/MR and IMD Part D Leads (see pages 3 and 4)**
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/IMDICFPharmacyGuidance.pdf>