

Updated Information on Point of Sale Facilitated Enrollment for 2008

CMS continues to contract with WellPoint to administer the Point-of-Sale Facilitated Enrollment (POS FE) process to provide seamless drug coverage for Medicare/Medicaid dual eligible and other low-income subsidy (LIS) eligible beneficiaries in 2008.

Background

In order to identify Medicare/Medicaid dual eligible beneficiaries, States submit monthly files of current full benefit dual eligible beneficiaries and Medicaid beneficiaries approaching dual eligibility to CMS. Similarly, the Social Security Administration (SSA) submits files of other low-income beneficiaries to CMS. CMS uses these data to assign these beneficiaries into Part D plans, with coverage effective retroactively to the month of initial dual eligibility. In a small number of cases, however, either due to missing information or to lags in timing between the identification of an individual and the assignment to a plan, an individual may present at a pharmacy before a plan enrollment has been recorded in CMS systems. These are the situations for which the POS FE process is designed.

Point-of-Sale Facilitated Enrollment Process in 2008

The 2008 Point-of-Sale Facilitated Enrollment process will operate in much the same way as it did in 2007 by providing immediate prescription drug coverage to dual eligible and other LIS eligible beneficiaries who do not yet have Part D plan enrollment. Recent changes to the process include:

Minimizing reversals to pharmacies: During 2007, CMS and WellPoint took several key steps to minimize the need for claims reversals to pharmacy providers. First, we implemented improved edits to ensure that claims are rejected immediately for individuals who are not Medicare eligible or who have an existing Part D plan enrollment. Most recently, to further reduce any possible need for reversals to pharmacies, we have instituted a process to recover funds from Medicare beneficiaries who use the POS process although they are not eligible for Medicaid or LIS. Instead of reversing claims in these circumstances, WellPoint will send a notice to these individuals (an “Evidence of Eligibility” letter), requesting that they either provide proof of Medicaid eligibility or that they qualify for extra help, or reimburse WellPoint for the claim amount(s).

Who can use the POS FE process?

As a reminder, before processing POS FE claims, pharmacy providers need to verify:

- The beneficiary’s Medicare eligibility (e.g., a Medicare card or Medicare Summary Notice)
- That there is no active Part D plan enrollment
- That the beneficiary has Medicaid or LIS eligibility (e.g., a Medicaid card or award letter, or extra help award letter from SSA)

Part D Information for State Policymakers

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If pharmacy providers are unable to process a POS FE claim and:

- The date of service is *less than 30 days* from the date of submission, then the pharmacy provider should contact the **WellPoint NextRx help desk at 1-800-957-5147**.
- The date of service is *greater than 30 days* before the date of submission, then the pharmacy provider should request an exception through the CMS Regional Office that services its state.

Additional Resources

For additional information on the POS FE process, see this CMS document:

- <http://www.cms.hhs.gov/Pharmacy/downloads/POSFEPharmacyTipSheet12707.pdf>