

Point of Sale Facilitated Enrollment for 2007

To provide seamless drug coverage for Medicare/Medicaid dual eligibles in 2007, CMS will continue to contract with WellPoint to provide the Point of Sale Facilitated Enrollment (POS FE) service.

Background

In order to identify Medicare/Medicaid dual eligible beneficiaries, States submit monthly files of current full benefit dual eligibles and Medicaid beneficiaries approaching dual eligibility to CMS. CMS uses this data to assign these beneficiaries into Part D plans. However, the timing of these data exchanges can result in a gap in the transition of these beneficiaries from Medicaid drug coverage to Part D.

Point of Sale Facilitated Enrollment Process in 2006

To address transition gaps for dual eligibles in 2006, CMS contracted with the Part D sponsor Wellpoint to provide a point-of-sale facilitated enrollment (POS FE) service. Under this contract, WellPoint pays claims for any individual that pharmacies submitted to the POS FE system as confirmed dual eligibles without Part D enrollment, and then WellPoint coordinates with CMS. This process has succeeded in providing drug coverage to thousands of un-enrolled dual eligibles during 2006.

Point of Sale Facilitated Enrollment Process in 2007

For 2007, CMS has again contracted with WellPoint to provide the national POS FE service to dual eligibles who present at the pharmacy in need of medications before they are enrolled into a Part D plan. WellPoint will continue to immediately cover these beneficiaries. In some cases, dual-eligible status cannot be confirmed at the point-of sale. In these cases, if the individual presents plausible evidence of Medicaid eligibility, and no plan information can be found, the pharmacist may submit the claim to WellPoint. A 31-day supply of the drug will be provided.

To avoid submission of ineligible claims in 2007, CMS and WellPoint have worked to refine the point-of-sale processing procedures to immediately notify the pharmacist that a beneficiary is not eligible for POS FE, through the "E1" eligibility system. The pharmacist can then pursue other payment at the POS instead of reconciling the claim at a later date. For example, if an individual is already enrolled in a plan, the pharmacist will be directed to the appropriate plan rather than billing WellPoint for a claim that would eventually need to be reconciled with the proper plan. Similarly, ensuring that only claims with valid Medicare Health Insurance Claim Numbers (HICN) are paid will eliminate risk to pharmacists associated with filling claims that might eventually result in the need to obtain belated payment from a beneficiary.

Finally, it's important to note that CMS anticipates that far fewer beneficiaries will need to use the POS enrollment option in 2007. Two reasons account for this: (1) the vast majority of dual eligible individuals are already enrolled in a Part D plan, including many of those current Medicare beneficiaries who become newly Medicaid eligible; and (2) for current Medicaid recipients who are about to become Medicare eligible, CMS and the States have implemented processes to identify these beneficiaries in advance and get them enrolled in a Part D plan as of the effective date of their dual eligibility.