

Part D Reference Guide for Pharmacists

(Last Updated December 3, 2007)



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This document contains current information as of *December 3, 2007*. 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.

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Preparing for 2008

- Timeline of Important Dates for Pharmacists
<http://www.cms.hhs.gov/partnerships/downloads/2007OutreachPartnerTimeline.pdf>
- Annual Enrollment Period
Open enrollment for beneficiaries is November 15th – December 31st. Beneficiaries are encouraged to enroll by December 8th in order 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/medicaremangcareeligenrol/downloads/earlyinmonthtipsheet.pdf>
- Partner Tip sheet: Changes in Qualifying for Extra Help in 2008
Medicare and Social Security are determining whether people who qualify for extra help will continue to qualify in 2008. This tip sheet provides important information to help partners counsel this population.
http://www.cms.hhs.gov/partnerships/downloads/11232_P.pdf
- SSA Prescription Drug Assistance Notice of Review
SSA is required to regularly review the cases of people who receive extra help with Medicare prescription drug plan costs. This letter to beneficiaries is a notice to check to be sure that each person is still eligible and that the extra help is correct.
 - English
http://www.ssa.gov/prescriptionhelp/L1026%20Passive%20Redetermination%20English%20SAMPLE%20_08-25-06%20Systems_.pdf
 - 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 Beneficiaries Should Know
<http://www.socialsecurity.gov/pubs/10111.pdf>
- LIS Re-determination
The MMA requires CMS and SSA to determine whether beneficiaries who qualified for low-income subsidies (LIS) in 2007 will again qualify in 2008. Beneficiaries who don't automatically qualify for the LIS in 2008 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 2008, but will have a change in their co-pay level.
 - Loss of Extra Help
<http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/11198.pdf>
 - Change in Copayment
<http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/11199.pdf>
- Apply for the LIS online
<https://s044a90.ssa.gov/apps6z/i1020/main.html>
- Worksheet - What you need to complete the LIS Application
<http://www.socialsecurity.gov/pubs/10124.pdf> (English)
<http://www.socialsecurity.gov/espanol/10914.pdf> (Spanish)
- Dual Eligible Reassignments
Most dual eligible beneficiaries who are enrolled in plans that are above their regional 2008 benchmark or plans that are dropping out of Part D will be reassigned into a plan that is

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below the benchmark. CMS mailed notices to beneficiaries who are being reassigned during the week of October 30th.

http://www.cms.hhs.gov/partnerships/downloads/11221_P.pdf

<http://www.cms.hhs.gov/partnerships/downloads/2007Mailing.pdf>

- Dual Eligible Choosers Letters
In early November, Medicare sent a notice (CMS Publication No. 11267) to certain people whose premium cost will increase but Medicare is not re-assigning because they joined their own plan. This notice lets people know the cost for their drug plan premiums in 2008 and their options to stay in their plan or join another plan, including plans for which they will pay no monthly premium.
<http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/11267.pdf>
- Transitioning to 2008
If plans have not successfully transitioned affected enrollees to a therapeutically equivalent alternative or processed an exception request by January 1, 2008, they will be expected to provide a transition supply beginning January 1, 2008 and until such time as they have effected a meaningful transition.” See page 23 of our Medicare Part D Manual--Chapter 6 – Part D Drugs and Formulary Requirements.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyRequirements_03.09.07.pdf Section (30.4.1-30.4.7)
- E1 Enhancements
The Enhanced E1 enables pharmacies to enter a date on the E1 request to identify Plan enrollment information within 90 days of the date the request is submitted, providing past, current and prospective enrollment information. Additionally, the Enhanced E1 response returns seven new data fields and provides more explicit response information when it is unable to identify Plan enrollment for the patient.
<http://www.cms.hhs.gov/Pharmacy/Downloads/EnhancedE1TipSheet.pdf>
- TrOOP Facilitator Website
<http://Medifacd.per-se.com>
- Limited Income and Resources
CMS' homepage containing materials and a list of mailings for people with Limited Income and Resources.
http://www.cms.hhs.gov/LimitedIncomeandResources/01_Overview.asp
- 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>

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Part D Guidance Documents

- Medicare Prescription Drug Benefit Manuals
CMS posts 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
- 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.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyRequirements_03.09.07.pdf Section (30.4.1-30.4.7)
- Part C and D Marketing Guidelines - v07.25.06 (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. (Please see pages 122-128 for specific guidance about provider promotional activities, including a sample Can/Cannot list of activities. Additionally, please see Chapter 3 of this guide (Model Documents) for highlights of specific portions of the Marketing Guidelines.)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>
- Enrollment and Disenrollment v06.20.07 (Chapter 3)
PDP Guidance on Eligibility, Enrollment and Disenrollment Procedures.
<http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/Downloads/PDPEnrollmentGuidanceUpdate.pdf>
- Chapter 5: Benefits and Beneficiary Protections
This chapter deals with Part D sponsor requirements with regard to Part D benefits and a number of beneficiary protections for Part D enrollees.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDMChap5BeneProtections_03.09.07.pdf
- Chapter 6 – Part D Drugs and Formulary Requirements
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyRequirements_03.09.07.pdf
 - Formulary Guidelines Website
http://www.cms.hhs.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp
- Chapter 7 – Medication Therapy Management and Quality Improvement Program
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBManualChap7Quality.pdf>
- Fraud, Waste and Abuse (Chapter 9)
“This chapter provides both interpretive rules and guidelines for Part D plan sponsors on how to implement the regulatory requirements... to have in place a comprehensive fraud and abuse plan to detect, correct and prevent fraud, waste and abuse.”
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBManual_Chapter9_FWA.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>

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Model Documents

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 Medicare Marketing Guidelines can be found at:
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>
- 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.
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeApproved.zip>
 - Instructions for Using the Pharmacy Notice
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PharmacyNoticeInstructions.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. (Marketing Guidelines, page 50)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/08FINALANOC.zip>
- 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. (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. (Marketing Guidelines, page 64)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/PartDMMM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1187110&intNumPerPage=10>
- 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. (Marketing Guidelines, beginning on page 59)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/08MODCFormulary.zip>
- Explanation of Benefits (EOB)
Part D organizations must send an EOB to plan enrollees during months in which enrollees utilize their prescription drug benefits. (Marketing Guidelines, page 70)
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>
- 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 rule).
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/08MODTransLet.zip>

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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.
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/NationalMedicareTrainingProgram/TL/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS026539&intNumPerPage=10>
- 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/PrescriptionDrugCovContra/Downloads/BvsDCoverageIssues.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

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Formulary

- Chapter 6 – Part D Drugs and Formulary Requirements
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyReqrmts_03.09.07.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.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/03_RxContracting_FormularyGuidance.asp
- 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.
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyReqrmts_03.09.07.pdf Section (30.4.1-30.4.7)
- 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 Standard - Classes of Clinical Concern
“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
- Part D Vaccine Administration Costs:
Detailed operational guidance on administration fees for Part D vaccines in 2007 and 2008.
 - CMS Memo to Plans:
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MemoVaccineAdministration_05.14.07.pdf

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- Chapter 5 – Vaccines (Sections 60.2-60.2.2, beginning on page 44)
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDMChap5BeneProtections_03.09.07.pdf
- MLN Matters Article
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0723.pdf>
- Part D Adequate Access to 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.”
http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/MemoVaccineAccess_05.08.06.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>
- 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.
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/PrescriptionDrugCovContra/Downloads/BvsDCoverageIssues.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/>

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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 Prior Authorizations, etc.)
<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartDPharmacyFaxForm.pdf>
- Appointment of Representative Form
<http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf>
- Tip Sheet: Handling Medicare Part D Prescription Drug Plan Complaints
<http://www.cms.hhs.gov/partnerships/downloads/PartnerTipSheetPartDComplaints081706.pdf>

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Pharmacy Billing

- Point-Of-Service (POS) Facilitated Enrollment Process in Four Steps
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PharmacyPOS_FE_fourSteps2007.pdf
- Wellpoint NextRx 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. (This is not a CMS link)
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
- 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.
[CMS NPI Homepage: http://www.cms.hhs.gov/NationalProvidentStand/](http://www.cms.hhs.gov/NationalProvidentStand/)
- How to Become a Medicare 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.
<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/DurableMedicalEquip.pdf>
- Form CMS-855S (Enrollment application to be a DMEPOS/part-B supplier)
<http://www.cms.hhs.gov/cmsforms/downloads/cms855s.pdf>
- 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/advisoryopinions/opinions.html>
 - 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 the above 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>

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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/EmerLTCCFill.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://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyRequirements_03.09.07.pdf
- 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://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/QAReimbursingLTCPharmaciesDirectly_r04.18.06.pdf
- “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://www.cms.hhs.gov/Pharmacy/downloads/update050906.pdf>
- 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://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/IMDICFPharmacyGuidance.pdf>
- 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.”
www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/2007PDPCallLetter.pdf

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- Best Available Evidence Clarification
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/BAEGuidance_06.27.07.pdf
- 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://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/QASafetySyringesCovExclusionsUnusedRxs_08.21.06.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>
- CMS Skilled Nursing Facility Center
<http://www.cms.hhs.gov/center/snf.asp>

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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>

Other Information

- 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 43 of Chapter 5 -- PDB Manual [Section 60.1-60.2].
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PartDManual_Chapter5.pdf
- Best Available Evidence Clarification
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/BAEGuidance_06.27.07.pdf
- Office for Civil Rights – HIPAA
<http://www.hhs.gov/ocr/hipaa/>
- HIPAA Privacy Rule: Providers as “Covered Entities”
<http://www.hhs.gov/hipaafaq/providers/treatment/481.html>
- Disclosing Protected Health Information on the Beneficiary's Behalf
<http://www.hhs.gov/hipaafaq/notice/1067.html>
- Medicare Preventive Benefits Quick Reference
http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.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/>