

To:

Blood Banks

Dispensing
Physicians

Federally Qualified
Health Centers

Pharmacies

Rural Health
Clinics

HMOs and Other
Managed Care
Programs

Temporary Procedures for Submitting Claims for Dual Eligibles

The Governor has adopted a policy that Wisconsin Medicaid will reimburse providers for the cost of prescriptions for dual eligibles who are not able to receive the drugs they need due to problems with Medicare Part D. Effective for dates of service (DOS) on and after January 13, 2006, Wisconsin Medicaid will accept a claim one time for each prescription of a dual eligible for which a Medicare Part D Prescription Drug Program (PDP) does not reimburse. Providers will only be reimbursed for up to a 30-day supply. This policy is a temporary measure. Wisconsin Medicaid will announce the enddate of the temporary claims submission policy in a future *Wisconsin Medicaid and BadgerCare Update*.

The following Medicaid policies and procedures *will not* apply to temporary Medicare Part D claims submissions:

- Prior authorization (PA) for non-preferred drugs.
- Prior authorization for brand medically necessary drugs.
- Diagnosis restrictions.
- All other PA restrictions and requirements.

Providers are required to submit the following forms to receive reimbursement for temporary claims for Medicare Part D:

- A completed Medicare Part D Attestation form, HCF 1094.
- A completed Noncompound Drug Claim form, HCF 13072.

If providers indicate on the Medicare Part D Attestation form that it is in response to a coordination of benefits issue, as defined on the form, providers should indicate other coverage code "2" (Other coverage exists — payment collected) in Element 29 of the Noncompound Drug Claim form and the other coverage amount in Element 31.

The Medicare Part D Attestation form and the Noncompound Drug Claim form should be submitted to the following address:

Wisconsin Medicaid
Pharmacy Special Handling Unit
Ste 20
6406 Bridge Rd
Madison WI 53784-0020

These forms will be available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Copies of these forms may be obtained from the Medicaid Web site or by calling Provider Services at (800) 947-9627 or (608) 221-9883.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

Medicare Part D Attestation

(A copy of the "Medicare Part D Attestation" form is located on the following page.)

MEDICARE PART D ATTESTATION

Instructions: Providers may submit the Medicare Part D Attestation and paper drug claim to: Wisconsin Medicaid, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly.

NOTE: Providers should make sure claims were submitted to the appropriate payer. Medicare Part B continues to cover physician-administered drugs, including injectable, intravenous, and oral drugs for the treatment of cancer.

SECTION I — PROVIDER INFORMATION

Wisconsin Medicaid Provider Number

Telephone Number — Provider

SECTION II — MEDICAID RECIPIENT INFORMATION

Name — Medicaid Recipient (Last, First, Middle Initial)

Recipient Medicaid Identification Number

SECTION III — REASON FOR REQUEST

Check the box before the statement that best describes the situation for the named recipient. Choose one.

Eligibility Issue.

- Could not determine recipient's Medicare Part D eligibility after a reasonable attempt to do all of the following:
 - ✓ Request a Medicare Prescription Drug Plan (PDP) card or PDP acknowledgement letter from the recipient.
 - ✓ Perform an E1 transaction to identify a Medicare Part D plan.
 - ✓ Call the dedicated Medicare Pharmacy Hotline at (866) 835-7595 to identify or confirm the recipient's PDP.

Billing Issue.

- Could not get payment resolution from Medicare Part D PDP.
- The Medicare Part D PDP is not honoring the federally required transition policy and is denying coverage of a non-formulary drug needed by the recipient.
- Submitted the claim to the Point-of-Sale (POS) Contractor, Wellpoint, and Wellpoint denied the claim.

Coordination of Benefits Issue.

- The Medicare Part D PDP is returning incorrect cost sharing amount for a dual eligible. (Cost sharing for a dual eligible should never exceed a \$5.00 copayment on a single prescription.)

SECTION IV — CERTIFICATION

I attest that I have attempted to follow the Medicare Part D policies and processes to submit a claim to Medicare Part D PDP for the above dual eligible, but all good faith efforts have failed to result in approval or appropriate payment of the claim for services by Medicare Part D.

SIGNATURE — Pharmacist

Date Signed
