



September 2006

ATTENTION WYOMING EQUALITY CARE PROVIDERS

Pharmacy Bulletin
06-011

Important Information on Medicare/Medicaid Dual Eligible Nursing Home Clients

It has been brought to the attention of the Wyoming Department of Health that some nursing home providers, their pharmacies, and clients have had problems with co-payment and premium issues related to Medicare Part D for patients who are eligible for both Medicaid and Medicare, i.e., "dual eligibles".

The Office of Pharmacy Services and the Office of Health Care Financing have been working diligently with ACS (Medicaid claims processor), and the Center for Medicare and Medicaid Services (CMS), the federal agency that oversees Medicare policy, to provide some guidance on how to address these issues.

Though this letter can not address every problem that may be encountered with our nursing home dual eligible population, it will hopefully provide some answers and provide direction as to who should be contacted when certain problems arise.

When dual eligible nursing home clients have co-pays and premiums, this usually occurs for a couple of reasons. The client has elected a Medicare Prescription Plan *before* being auto-enrolled in a plan, and therefore the Medicare Part D Plan has not yet been notified by CMS that the client is in a nursing home, or the client has private health insurance. When claims for a **dual eligible** nursing home client show a co-pay or premium payment, *pharmacies* are instructed to please follow these steps:





1. Call ACS at 1-800-251-1268 and choose option 5 for Medicare and Buy-in questions. ACS will review the client's eligibility history to determine what the appropriate next steps should be.
2. If the client's co-payments and premiums can be adjusted through their patient contribution, you will be instructed to do the following:
 - a. If not known, contact the client's nursing home provider to obtain information on who is responsible for the co-payments and premiums.
 - b. Then, bill the responsible party for the co-payments and premiums.
Please note on the bill that the client's Department of Family Services (DFS) caseworker should be contacted, by the responsible party so that an adjustment to the patient's contribution can be made for the amount billed.
 - c. The responsible party will pay the pharmacy for the client's co-payments or premiums.
 - d. The responsible party should submit verification of the amount paid for Part D premium and/or co-payments to DFS for an adjustment to the patient contribution.
3. If the client's co-payments and premiums can not be adjusted through their patient contribution, the client will be responsible for the premiums and co-payments until they are either found eligible for Medicaid or they apply for Low Income Supplement (LIS) separately.
4. If the client is being charged co-payments or premiums due to the fact the client has private health insurance, these cases **can not** be handled by ACS or the State, and the pharmacy will be instructed to call Medicare for assistance.

The Office of Pharmacy Services, the Office of Health Care Financing, and ACS appreciate your patience in dealing with the many unexpected issues that have come about with the implementation of the Medicare Modernization Act. It is our hope that as we continue to work through problems as they arise, we can provide more immediate and effective answers to your problems. We ask for your continued patience, and help in bringing dual eligible issues to our attention.

If you have questions in regard to this letter, please contact the ACS Buy-In group at the number listed above, Medicare at 1-800-699-4227, or the Office of Pharmacy Services at 1-800-438-5785..



Wyoming Department of Health
Public Health Insurance Program



Pharmacy
Group
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Important Changes! Please read!



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