



3 Nov 2005



DMMA & Region III PDP Meeting

Part D Team

Agenda

- Welcome and Introductions
- Overview of DMMA
- Wrap-Around Services
- PDP Enrollment Criteria
- Process Flow
- Premium Payment Processing
- Outreach
- Listserv
- Contact Information
- Questions & Concerns

Division of Medicaid & Medical Assistance: Overview

- Title XIX
- Title XXI
- Delaware Prescription Assistance Program (DPAP)
- Chronic Renal Disease Program (CRDP)

Wrap-Around Services: State Programs

- Excluded Categories
- Full-Benefit Dual Eligibles
- QMB/SLMB/QI-1
- DPAP
- CRDP

Wrap-Around Services: Excluded Categories

- Over-the-Counter Medications
- Barbiturates
- Benzodiazepines
- Weight Loss and Gain Medications
- Cough and Cold
- Vitamins and Minerals
- Part B Covered Medications

Full-Benefit Dual Eligibles

- There are no premiums or deductibles because full-benefit duals are automatically eligible for Low-Income Subsidy (LIS) extra help.
- Medicaid will not cover the Medicare co-payment. There is no limit on the total client co-payment amount for Medicare covered prescriptions.
- If Medicaid covers the prescription, a Medicaid co-payment may apply. Medicaid co-payments are limited to a total of \$15.00 per month. This monthly limit only applies to prescriptions covered by Medicaid and not prescriptions covered by Medicare.

QMB/SLMB/QI-1

- Effective 1/1/06, clients will be able to receive prescription drug coverage through Medicare Part D. They will not receive any prescription drug coverage under Medicaid.
- There are no premiums or deductibles because a QMB/SLMB/QI-1 is automatically eligible for the LIS.
- If they do not enroll, they will have no Part D coverage. They should be encouraged to select and enroll with a PDP that will cover the drugs they need. (NOTE: If they are also eligible for DPAP or CRDP, they will be required to enroll in Part D as a condition of eligibility for these programs. For more information, see the DPAP or CRDP pages.)
- Medicaid will not cover the Medicare co-payment. There is no monthly limit on the total client co-payment amount for Medicare covered prescriptions.

Delaware Prescription Assistance Program (DPAP)

- Beginning 11/15/05, a DPAP client will be able to select and enroll with a PDP. If they do not enroll with a PDP and do not apply for the LIS (if eligible) by 12/31/05, DPAP coverage will terminate. There is no auto-enrollment for the DPAP population unless they are eligible as a QMB/SLMB/QI-1. They should be encouraged to select and enroll with a PDP that will cover the drugs they need.
- DPAP will continue to offer a yearly \$2,500 benefit. The benefit year is now January through December of each year.
- DPAP will pay the basic Medicare Part D premium (if any). The Part D premium will be deducted from the yearly DPAP benefit.
- If DPAP covers the prescription, the standard DPAP co-payment of \$5 or 25%, whichever is greater, is applied.
- If Medicare covers the prescription, there is a Medicare co-payment. The client is responsible for this co-pay.

Chronic Renal Disease Program (CRDP)

- If the client does not enroll in Part D and apply for the LIS (if eligible) by a deadline designated by CRDP, CRDP coverage will terminate.
- CRDP will cover any Medicare cost sharing (deductibles, co-payment, or coverage gap) for prescriptions prior authorized by CRDP.
- CRDP will pay the basic Medicare Part D premium (if any).
- CRDP will cover any Medicare cost sharing (deductibles, co-payment, coverage gap) for prescriptions prior authorized by CRDP.
- The client will be responsible for the payment of any Medicare cost sharing (deductibles, co-payment, coverage gap) for prescriptions that are **not** prior authorized by CRDP.

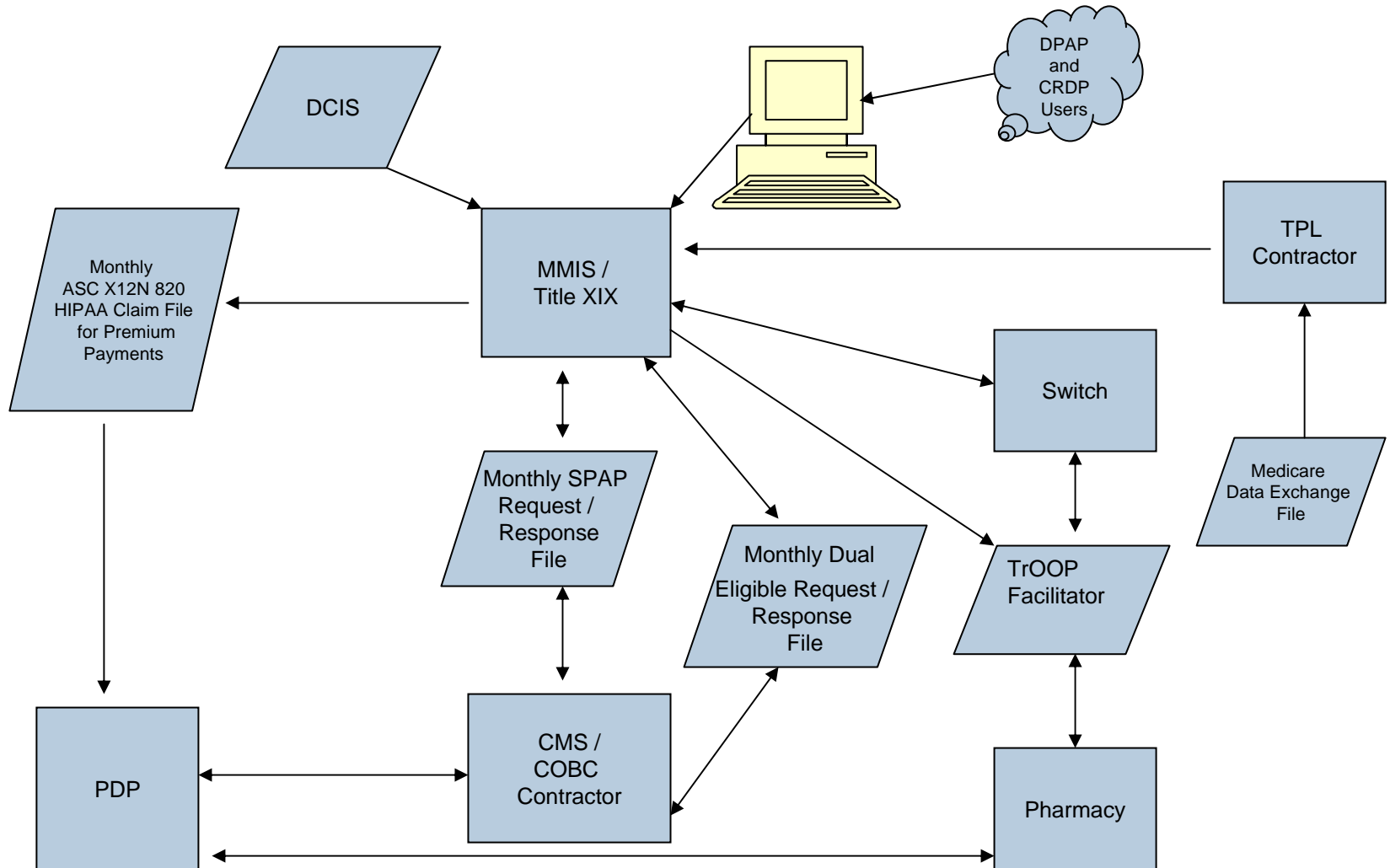
Wrap-Around Services: Current Policy

- Step Therapy
- Quantity Limitations
- Preferred Drug List (PDL)
- Dose Optimization
- Prior Authorization for Appropriateness

PDP Enrollment Criteria

- Enrollment Process
- Requirements
 - CMS Letter
 - TPA
 - EFT

Process Flow



Premium Payment Processing

- All premium payment processing will be made on behalf of the SPAP (CRDP and DPAP) clients.
- Premiums will be made up to the base PDP premium amount or the client's premium amount, whichever is less.
- PDPs will be sent a file of premium payments for all clients who are enrolled in their plan using the ASC X12N 820 HIPAA claim transaction.
- All premium payment processing will execute the Wednesday prior to the last Friday of each month.
- Payments will be made based upon the client's LIS level when applicable.
 - If the client does not qualify for LIS, then 100% of the premium will be paid for the client.
 - If the client qualifies for 100% of LIS, then no premium will be paid for the client, as a premium should not exist.
 - If the client qualifies for 75% of LIS, then only the 25% balance of the premium will be paid for the client.
 - If the client qualifies for 50% of LIS, then the 50% balance of the premium will be paid for the client.
 - If the client qualifies for 25% of LIS, then the 75% balance of the premium will be paid for the client.

Premium Payment Processing

- Types of Premium Payments
 - **Prospective Premium Payments**
 - Prospective payments will be made for all clients who are eligible for a PDP as of the first of the next month.
 - **Retroactive Payments**
 - Retroactive payments will be made for all clients who were added to the MMIS SPAP programs or if PDP or LIS information was added to the MMIS up to 2 months prior. An individual 820 claim transaction will be made for each month.
 - **Voided Payments**
 - Voided payments will be made during an adjustment process for all clients who are no longer enrolled with the PDP and a payment was made, or when the MMIS is modified to contain a Subsidy Level for which a premium payment should not have been made on behalf of the client.
 - **Adjusted Payments**
 - Mass adjusted premium payments will be made when they are triggered using State direction for a period in time. For that period, an individual 820 claim transaction will be made for each month. This can occur if a PDP's premium payment was entered erroneously.
 - Single adjusted premium payments will occur when the MMIS receives data indicating that the client was in a different PDP than that which was paid up to 2 months prior. Single adjusted premium payments will also occur if a change occurs in the client's Subsidy Level (extra-help).

Outreach

- Target Population
 - All clients enrolled in the Delaware Prescription Assistance Program and the Chronic Renal Disease Program
 - All DMAP Providers (Pharmacies, Hospitals, Doctors' Offices)
- Target Locations
 - Senior Centers
 - Residential Facilities (Assisted Living, LTC, Nursing Homes)
 - Faith-Based Organizations
 - Dialysis Facilities
- Delaware Pharmacies
 - Pharmacy Staff Trainings
 - Outreach Materials & Delivery
 - DMAP Special Bulletin
 - DMAP Website

Listserv

- www.dmap.state.de.us
- What is it?
- Why should I join?
- How do I join?
- Questions about Listserv

Contact Information

- Website: <http://www.dmap.state.de.us/home/index.html>
- DMAP Provider Relations: 1.800.999.3371 *or* 302.454.7154
- DPAP Customer Service: 1.800.996.9969, option 2
- CRDP Customer Service: 1.800.464.4357 *or* 302.424.7180 *or* Dianne Deeney at dianne.deeney@state.de.us
- Policy: Dave Michalik, 302.255.9577 *or* dave.michalik@state.de.us
- Technical: Iris Borders, 302.453.8453, extension 122 *or* iris.borders@EDS.com
- Clinical: Cindy Denemark, 302.453.8453, extension 211 *or* cynthia.denemark@EDS.com

Questions & Concerns

