

Meeting Purpose: DMMA & Region III PDP Meeting
Date: 11/03/2005
Invited Attendees: Representatives from Region III PDPs, EDS Part D Team, selected State staff
Location: EDS

Topics for Discussion

- **Welcome and Introductions**
- **Overview of DMMA**
 - Title XIX & Title XXI
 - About 140,000 people in Delaware have medical assistance, about 20% of the population.
 - About 300 Delaware pharmacies participate, and about 20 of those are independent pharmacies.
 - Delaware Prescription Assistance Program (DPAP)
 - one of Delaware's two SPAPs
 - for people 65 or older, or those under 65 with disabilities, and all clients must financially qualify
 - provides an annual \$2,500 benefit, and clients pay a co-pay of 5% or \$25, whichever is greater
 - currently has almost 8,000 clients, and is expected to get up to 6,000 more from Nemours
 - currently supplies about 135,000 scripts per year
 - Chronic Renal Disease Program (CRDP)
 - one of Delaware's two SPAPs
 - for people with end-stage renal disease, and about 75% of CRDP clients will qualify for Part D
 - currently has over 500 clients
- **Wrap-Around Services**
 - Current Policy
 - There are currently about 50 different criteria forms on the Internet for PA for appropriateness.
 - Excluded Categories
 - There are currently about 20 categories of OTCs.
 - Weight loss and gain medications have PA criteria.
 - Part B covered medications are currently cost-avoided and will continue to be so.
 - For excluded categories, the PDP will be billed first. If rejected, the drug will be covered through wrap-around services.
 - Full Benefit Dual Eligibles
 - In January 2005, a Medicaid co-pay of 50 cents to \$3.00 was instituted for clients. In July 2005, a monthly Medicaid co-pay cap of \$15.00 was instituted for clients. This monthly co-pay cap applies ONLY to Medicaid drugs and will not apply to Medicare Part D drugs. This will be a change for the clients.
 - Also, in January 2005, an edit was started for clients with 15 or more scripts per month.
 - QMB/SLMB/QI-1
 - These clients currently have no drug coverage, unless they have DPAP or CRDP, so Part D is expected to benefit them greatly.
 - Outreach is making a concerted effort to educate these clients about co-pays.

- **DPAP**
 - In addition to choosing a PDP, Medicare/DPAP clients must provide DPAP with proof of approval or denial for LIS.
 - The regular DPAP co-pay of \$5 or 25%, whichever is greater, will still apply to drugs not covered by Part D but covered by DPAP. DPAP will not pay clients' Part D co-pays.
 - DPAP will not assist clients with selecting a PDP, aside from directing them to Medicare, CMS, or Elder Info (Delaware's SHIP).
 - Over 75% of DPAP clients do not exceed their annual \$2,500 benefit, so most clients will never hit "the donut hole."
 - If LIS does not pay a client's deductible and premiums, DPAP will pay those. (At the beginning of the year, Part D deductible and premiums will be held out from the client's annual \$2,500 benefit.) DPAP will pay for the basic plan of any PDP. If a client chooses to "buy up" to a higher level of coverage than the basic plan, they will pay the difference.
 - If a drug is covered by Part D but not covered by the PDP plan, DPAP will not wrap-around to cover the drug.

- **CRDP**
 - Each CRDP client's medication and nutritional supplemental needs are evaluated individually and their benefits are managed through prior authorization requirements.
 - On average, CRDP clients fill seven scripts per month through CRDP.
 - CRDP will have the same coverage rules as DPAP, regarding covered and non-covered drugs.

- **PDP Enrollment Criteria**
 - PDPs must enroll as a provider in order to receive payments. Applications should be turned in ASAP—within two weeks or sooner. Janet Bailey is the contact person for PDP provider applications. PDP provider applications will be expedited.

- **Process Flow**
 - It is very important that PDPs report back to the COBC.
 - It is also important that PDPs report DPAP or CRDP coverage information to the COBC.
 - The Monthly Dual Eligible Request/Response File will consist of about 17,000 clients per month.
 - This is a "real time" process.

- **Premium Payment Processing**
 - It is very important for PDPs to report to the COBC.
 - It is also important that PDPs report DPAP or CRDP coverage information to the COBC.
 - Mistakes in payment should be directed to Janet Bailey.

- **Outreach**
 - At this point, Outreach has communicated with most pharmacy chains in Delaware.
 - Outreach is very active with Delaware's SHIP, Elder Info. They are in communication almost daily.

- Delaware is not preparing a PDP comparison sheet for clients, in an effort to avoid any perception of bias.
- Outreach does have contact information available for outreach events such as Medicare Road Shows. Contact Kathleen Widdoes.
- Very recently, clients received a mailing listing all Region III PDPs.
- Most likely, Outreach will not be specifically inviting PDPs to Outreach events. If it does, all PDPs will be invited.

- **Listserv**
 - This site includes a green link to Medicare Part D information, including all documents related to Part D.
 - This site also includes the Pharmacy Corner (Pharmacy Provider Manual, PDL, DUR meetings, etc.)
 - PDPs are strongly encouraged to join List Serv to receive Part D and other updates through email.
 - You can join through the site. All that is needed to register is a valid email address.
 - Questions may be directed to Janet Bailey or Jean Heller.
 - Providers also receive a quarterly Provider Bulletin newsletter.

- **Contact Information**
 - Provider Enrollment or Payment Issues: Janet Bailey, 302.453.8453, extension 199, *or* janet.bailey@EDS.com
 - List Serv: Janet Bailey (see above) or Jean Heller, 302.453.8453, extension 197, *or* jean.heller@EDS.com

- **Questions & Concerns**
 - Is the only file exchange for EDS the 820?
 - Yes, as of now. This may change next year.
 - How do PDPs make sure that client information in the COBC file is correct, and that no one “slips through the cracks?”
 - The PDP has two months to get client information to the COBC. DPAP clients must enroll into a PDP and tell DPAP their PDP of choice, and this will aid in the process, also. As providers, PDPs will be able to see if a client has DPAP, CRDP, etc.