



JEB BUSH, GOVERNOR

ALAN LEVINE, SECRETARY

MEMORANDUM

TO: Medicaid Pharmacy Providers

FROM: Jerry Wells, Chief
Bureau of Pharmacy Services
Florida Medicaid

DATE: January 26, 2006

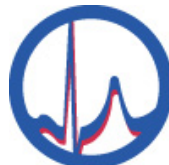
RE: Medicare Part D Prescription Payments

This is to announce that, after consultation with Governor Jeb Bush, Secretary Alan Levine has directed Florida Medicaid to immediately approve prescription payments on behalf of certain Medicare/Medicaid dual eligible recipients who are unable to obtain prescriptions or who are being required to pay deductibles, co-insurance or incorrect co-payments with their Part D prescription benefit.

To obtain Medicaid payment in these circumstances, the pharmacy provider can obtain prior authorization by calling the ACS pharmacy help desk at (877) 553-7481. Medicaid payment will be authorized in the following situations, once attempts to bill a Part D plan or the Wellpoint 4 step POS system have been exhausted:

1. Dual eligible individuals enrolled in a plan but whose Low Income Subsidy information did not post correctly resulting in requirements they pay the \$250 annual deductible, a 25 percent co-insurance and co-payments above the \$1 generic and \$3 brand limits. Pharmacies can bill Medicaid for Part D covered drugs for up to 30-day supplies and payment will be made:
 - a. Up to \$250 of the deductible;
 - b. The full 25 percent co-insurance;
 - c. Any co-payment above the \$1 or \$3 as appropriate.

2. Dual eligible individuals who should have been enrolled automatically but were omitted in error and who cannot be enrolled through the Wellpoint 4 step POS enrollment process. Pharmacies can bill Medicaid and payment will be made for Part D covered drugs for up to 30-day supplies.



In all cases, beneficiaries are responsible for appropriate co-payments of \$1 for generic drugs and \$3 for brand drugs or for higher incomes, \$2 generic and \$5 for brand drugs.

Documentation to support the PA can be faxed to ACS at (877) 614-1078 using the Medicaid miscellaneous PA form as a cover sheet and should include:

- E-1 transaction screen prints returning no match;
- Wellpoint enrollment denial screen prints;
- Part D plan transactions reflecting deductibles, co-insurance or excessive co-payment requirements.

Denial of a covered drug as a “non-formulary” or 2nd, 3rd or 4th tier drug must be handled through the individual plan or CMS/Medicare. The plans are obligated to pay for transition supplies.

If you have any questions, please feel free to contact the Medicaid Pharmacy Unit at (850) 487-4441 or email at PartDHelp@ahca.myflorida.com.

Thank you.