



A Monthly Update from the Office of Vermont Health Access

# OVHA Pharmacy Bulletin

Keeping our Pharmacies Current with Policy Changes and Alerts

<http://ovha.vermont.gov/provider-services/provider-services>

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To submit questions or suggest topics send an email to: [OVHA-PH@ahs.state.vt.us](mailto:OVHA-PH@ahs.state.vt.us)

## CLAIMS PROCESSING UPDATES

January 1, 2009, marks the beginning of the fourth year of Part D drug coverage. There are changes in the coverage and premiums of Part D Plan offerings, so it is expected that some beneficiaries will be changing plans. Contained in this bulletin are some resources to make this year's transition as easy as possible:

### Member Enrollment Assistance

If a beneficiary needs assistance understanding his or her Part D Plan options, counselors at the State Health Insurance Assistance Program (SHIP) are available at (800) 642-5119.

### 2009 Part D Prescription Drug Plans With No Extra Cost

We realize that some pharmacies assist their customers in choosing the most appropriate and affordable Part D Plan. If you are helping a person who is a full-benefit dual-eligible member or a VPharm member, you should be aware that only the following plans will result in no portion of the premium being charged to the beneficiaries.

Organization And Contract ID	Plan Name And ID	Phone Number for Enrollment
Bravo Health - S5998	BravoRx - 015	(800) 821-7513
CIGNA Medicare Rx - S5617	CIGNA Medicare Rx Plan One - 008	(800) 735-1459
EnvisionRx Plus - S7694	EnvisionRX Plus Silver - 002	(866) 250-2005
First Health Part D - S5768	First Health Part D Premier - 038	(800) 588-3322
Health Net - S5678	Health Net Orange Option 1 - 004	(800) 606-3604
HealthSpring Prescription Drug Plan - S5932	HealthSpring Prescription Drug Plan - Reg 2; 003	(888) 299-3582
Medco Medicare Prescription Plan - S5660	Medco Medicare Prescription Plan - Value - 105	(800) 758-3605
Pennsylvania Life Insurance Co. - S5597	Prescriba Rx Bronze - 237	(800) 978-9500
RxAmerica - S5644	Advantage Star Plan - 068	(877) 279-0370
SilverScript - S5601	SilverScript Value - 004	(866) 552-6106
Unicare - S5960	Medicare Rewards Standard - 108	(877) 865-2522
United Health Care - S5921	AARP Medicare Rx Saver - 181	(888) 867-5575

## **Medicare/Medicaid Eligibles Without A Part D Plan**

There are some Part D plans that will not be offered in 2009. Please remember that if a member has lost coverage and has not chosen a new plan for 2009, a maximum 31-day supply of his or her medication(s) may be billable through **Wellpoint**.

The **Point-of-Sale Facilitated Enrollment Process (POS FE)** through **Wellpoint** may be used if MedMetrics messaging indicates that you should bill a PDP first, but no PDP is identified by E1 or the member. This applies to full-benefit dual eligibles and some VPharm members who do not have a PDP. To speak to a representative at Wellpoint, please call 1-800-662-0210.

**Facilitated Enrollment Billing Information** (note that the BIN and PCN listed below are specific to POS FE, and differ from the regular Wellpoint BIN and PCN): **Part D Plan:** Wellpoint **Bin:** 610575 **PCN:** CMSDUAL01 **ID #:** Medicare HIC # **Group #:** Social Security #

**Important:** Processing a claim through WellPoint triggers an overriding auto-enrollment into a PDP. If a member says that he or she has chosen a new PDP, but no billing information is being provided through the E-1 process, **Wellpoint should not be used**. The plan that the member has enrolled in should be contacted.

## **2009 Part D Copayments for Full-Benefit, Dual Eligible Beneficiaries**

Effective January 1, 2009, Part D copayments for full-benefit, dual-eligible beneficiaries will be increasing. The maximum copayment for these members will be \$6.00.

## **Part D Copayments for VPharm Beneficiaries**

There have been instances where VPharm beneficiaries have been charged **incorrectly** for Part D copayments and coinsurance because pharmacies did not submit secondary claims to OVHA. Pharmacies may be confusing VPharm coverage (which covers partial or full cost-sharing) with the coverage of full-benefit dual-eligible beneficiaries, who are responsible for paying copayments.

- An easy way to determine whether a member has VPharm is to ask whether he or she pays a premium to the State of Vermont. If the member **does** pay a premium, then he or she probably has VPharm coverage. If this is the case, then OVHA may cover the member's cost-sharing.
- However, because people move between our programs, we suggest that you **split bill all claims** for beneficiaries who have both Part D plans and state coverage (so that we receive these claims on a secondary basis) to ensure that members receive their full benefit.

## **Part C and Part D Plans for 2009**

Attached are contact sheets for all Part C and Part D Plans serving Vermonters in 2009. To the best of our knowledge, these contact sheets contain the correct pharmacy, member and eligibility/enrollment contact information, as well as the correct pharmacy billing information (BINs and PCNs).