



**Office of Vermont Health Access**  
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*Agency of Human Services*

**Memo To:** All Vermont Medicaid Enrolled Pharmacies

**From:** Ann Rugg, Deputy Director and Pharmacy Director

**Date:** January 5, 2006

**Re:** Temporary Vermont Program Reinstitution for Medicare Beneficiaries

As you may have heard, with the difficulties with implementation of the Medicare Part D benefit, the Governor has ordered the reinstatement of Vermont program provisions as they existed on December 31, 2005 for beneficiaries with Medicare. This means Medicaid, VHAP Pharmacy, VScript, and VScript Expanded coverage.

Note that this is intended as a temporary answer for assuring both beneficiary access and pharmacy reimbursement while Medicare Part D system issues are being resolved. Ultimately Medicare is the primary benefit for Medicare eligibles and it is incumbent on all of us to fix related problems to draw the Medicare benefit.

Programs affected are as follows:

Prior to January 1, 2006 without Part D	As of January 1, 2006 with Part D
Medicaid	Medicaid/Medicare "dual eligibles"
VHAP Pharmacy	VPharm 1
VScript	VPharm 2
VScript Expanded	VPharm 3

The reinstatement is effective with claims submitted January 6, 2006 and will as described here until we notify you otherwise.

Some of the changes implemented to support Part D as of January 1 will be utilized to track claims and expenditures. Some procedures and conditions apply as a result of this program reinstatement:

- At this time **do not** bill both Medicare and our programs for our beneficiaries. Bill our programs only. In order to provide this option immediately we cannot be both primary and secondary coverage.

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- You must use the Medicaid Payer Specifications that we provided to you in December. A copy of these is attached. **Do not** use the specifications for the 2006 Supplemental Plan to Medicare Part D.
- If you submit a claim that you have previously submitted that denied, you must remove the COB segment from that original before resubmission. The presence of that segment will cause the claim to deny.
- You may submit claims for dates of service beginning 1/1/06.
- If our program Medicare beneficiaries paid for drugs out of pocket for dates of service 1/1/06 and after, we ask that you submit a claim to us and reimburse the beneficiary.
- While you should use the Medicaid Payer Specifications, use the BIN/PCN Numbers for our beneficiaries with Part D coverage. These are as follows:

<b>Claims for Vermont Medicaid Members w/Part D Coverage</b>	
ANSI BIN #	<b>610593</b>
Processor Control #	<b>VTD</b>
Group #	VTMEDICAID
Carrier	MPSOVHAD
Provider ID #	NCPDP Number
Cardholder ID #	Vermont Medicaid ID Number
Prescriber ID #	Vermont Prescriber ID (prescriber specific)
Product Code	National Drug Code (NDC)

Note again, this is intended as a temporary solution to make it possible for CMS to effect system changes. It should not be assumed that this solution will become permanent. You must continue to work with CMS and the plans to resolve Part D problems. In addition, we will still be instructing Medicare beneficiaries and their representatives to continue to work to resolve issues with their plans. These instructions are to:

- Call their prescription drug plan's 800-telephone number to obtain member identification number and group number to make it possible for pharmacies to process a Part D claim.
- Call the State Health Insurance and Assistance Program (Senior Helpline) at 1-800-642-5119 for assistance obtaining necessary information from their Part D plan.
- Call the Health Care Ombudsman's Office at 1-800-917-7787 for additional assistance with their Part D plan.