

TO: Self Governance Tribal Health Directors, Business Offices,
Pharmacies and Clinic Managers

FROM: Kris Locke, Technical Advisor, TSGAC, CMS TTAG

DATE: March 1, 2006

RE: Important Medicare Part D Information

The implementation of Medicare Part D has created numerous problems, especially for dual eligibles. As you work through these issues **please take a few moments to review the attached fact sheet from CMS**. It provides a fairly concise list of resources that will help you resolve many problems. I also highly recommend that if you have ANY questions or unresolved problems that you call into the Tuesday conference calls at 2 PM Eastern on Tuesdays (800-619-2457 Code:RBDML) or e-mail PRIT@cms.hhs.gov.

To locate contacts for specific plans (technical assistance for billing or appeals/exceptions) go to www.cms.hhs.gov/center/provider.asp. Go to the bottom left of the page under "Part D tools for Health Care Professionals."

Recovery of expenditures for dual eligibles January 1 - ?. We have been told by CMS that tribes who paid for covered prescription drugs, erroneous copayments or other enrollee cost sharing so patients could get their drugs can be reimbursed if they save the receipts and submit to the prescription drug plan (PDP). Some States may also be working with tribes to help them through their "402 Waiver". At this point we do not have any specific information on exactly what tribes should do, however, it's important to preserve documentation of these expenditures. As soon as more information is available it will be sent to you.

Tribal group payer programs (for Part D premiums) have raised several questions. It is unclear if tribes will have to establish these programs and enroll patients prior to May 15th in order to participate in 2006. Again, as soon as we get information from CMS we will let you know. If your tribe is seriously considering a group payer program for 2006, you may want to develop a plan to complete the arrangements by May 15. Furthermore, by setting up these programs as soon as possible, your patients will be able to participate in the maximum calendar year for deductibles and catastrophic drug coverage. Because of decisions made by CMS and IHS, payment for premiums must come from a non-IHS source (e.g. 3rd party reimbursements) and payments for copayments and the donut hole should come from a private non profit or charitable fund administered by the tribe or other entity.

If you have questions please e-mail me at: thlocke@aol.com