Implementation of the Medicare Modernization Act of 2003 by the North Dakota Department of Human Services

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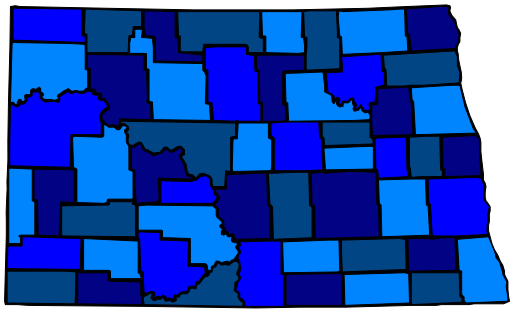

Muse & Associates
1775 I Street, NW
Suite 320
Washington, DC 20006
(202) 496-0200
(202) 496-0201 (fax)
www.muse-associates.com

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Section 1: Introduction

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) was the largest reform to the Medicare program since its inception in 1965. While this is the first time the Federal government has offered Medicare beneficiaries optional prescription drug coverage (Medicare Part D), the North Dakota Medicaid program has offered drug benefits to Medicaid beneficiaries for several decades. In accordance with the new MMA legislation, starting in January 2006, the dual eligible population -- those who qualify for both Medicaid and Medicare -- will no longer have their prescription drugs paid for by State Medicaid. Instead, Medicare will assume responsibility for providing prescription drugs to dual eligible beneficiaries through prescription drug plans (PDPs) and the States will reimburse the Federal government for a portion of those costs.

Upon the direction of the North Dakota Legislature, through 2005 House Bill 1465, the Department of Human Services has contracted with Muse & Associates to assist the State in developing a comprehensive plan for the implementation of MMA.[1] The implementation plan covers topics identified by North Dakota Department of Human Services staff and Muse & Associates over the course of several months. The report is divided into four sections:

- This section serves as an introduction to the report and includes an overview of the report and its components.

- Section 2 provides the background, objectives, and scope, of the report. It also documents the process that occurred to create the plan.

- Section 3 is the main part of this report. It contains the implementation plan and issue areas. The issue areas that were identified were eligibility, management, training, information technology, communication and outreach, legal, and pharmacy. Each issue is described including proposed resolution and an action plan.

- Section 4 presents our conclusions and initial thoughts on a process for evaluation activities.

[1] Muse & Associates is a full service health policy and strategic planning consulting firm. We provide cost estimates and projections, policy analysis, market analysis, special studies, and information services to States and other clients interested in health care issues. We work with a variety of stakeholders in the health care market, ranging from pharmaceutical companies to state governments, in addition to a number of health-related trade associations.

The process outlined in this report will result in production of a final report that will be current through Spring 2006.

While it is impossible to anticipate every problem that the State and its beneficiaries will encounter with the Medicare prescription drug benefit, we believe that the Department of Human Services has made a serious effort to anticipate problems and assure that dual eligible beneficiaries transition smoothly into Medicare Part D for prescription drug coverage while still maintaining a high standard of care.

Medicare Part D DHS Implementation Team

Barbara J. Fischer, Medical Services
Brendan Joyce, Medical Services
Curtis A Volesky, Medical Services
Deb R. Masad, Medical Services
Erik E. Elkins, Medical Services
Heather D. Steffl, Public Information Officer
JoAnne D. Joesel, Mental Health Substance Abuse
Karalee K. Adam, Information Technology Services
Karen Tescher, Medical Services
Karen Cossette, Information Technology Services
Lynne Jacobson, Aging Services
Maggie D. Anderson, Medical Services
Mark Kolling, Developmental Disability Services
Mary Lou Thompson, Medical Services
Melissa A. Hauer, Legal Services
Patricia Patch, Medical Services

Section 2: Background and Purpose

Purpose of the Plan

The North Dakota Department of Human Services has chosen a proactive approach to the coming changes in drug coverage for dual eligible beneficiaries -- those enrolled in both Medicaid and Medicare -- resulting from the implementation of MMA. The shift in prescription drug coverage from Medicaid to Medicare for the more than 10,000 Medicaid eligible individuals will pose a large challenge to many stakeholders including recipients, providers, the State, and others involved in delivery of care to beneficiaries. The State of North Dakota commissioned the creation of a plan to assist stakeholders with a smooth and timely transition from Medicaid prescription drug coverage to Medicare Part D coverage.

The North Dakota Department of Human Services has defined five objectives of this plan to help ensure a successful implementation of Medicare Part D coverage for dual eligible recipients.

1. **To the extent possible, help North Dakota <u>Medicare</u> beneficiaries receive information regarding Medicare Part D coverage.**

   With respect to implementation of the new Medicare prescription drug benefit, the North Dakota Department of Human Services' primary responsibility is to assure that the dual eligible population transitions smoothly to Medicare Part D without disruption in drug coverage. The Department also recognizes that other populations, such as beneficiaries who qualify for the Low Income Subsidy (LIS), will need additional support. The coordination of benefits for the dual eligible and low-income populations will be a key component to the success of Medicare Part D implementation.

   In addition, the Department will also provide referral services in response to inquiries regarding Part D eligibility and coverage to Medicare beneficiaries.

   Action Step: The Department staff will work with counties and other stakeholders on issues regarding collaboration, enrollment, and training.

   a. Counties will be trained to assist in the completion of Low-Income Subsidy applications. (Medicaid Policy staff -ongoing)
   b. Point of Sale system must electronically notify Pharmacies, starting October 2005 informing them that patients will be moving to Part D on January 1, 2006. (Brendan –October 2005)
   c. Revision to DHS website to include information and links (Heather – September 2005 and ongoing
   d. Human Service Center and County Case Managers will receive training and information on assisting recipients in connecting with resources (Medicare Part D coalition – additional training could be provided by Centers for Medicaid and Medicare Services, upon request.)

e. Development of Phone Tree for ensuring beneficiaries are referred appropriately. (Lynne, Maggie and Deb- October 2005) Include philosophical statement about our responsibility/ownership of issues vs. Centers for Medicaid and Medicare Services – and our need to assist with access.
f. Provide enrollment and education to persons over the age of 60 (Aging Services through contract – contracts end June 30, 2006.)
g. Storing Prescription Drug Plan information on the duals (Brendan- September 2005)
h. Create a list of Part D non-covered drugs that North Dakota Medicaid will cover (Brendan- September 2005)

2. Identify and minimize risks to the health or welfare of North Dakota dual-eligible beneficiaries that result from the implementation of Medicare Part D.

Implementation of Medicare Part D will change prescription drug coverage for dual eligible beneficiaries in North Dakota. The Department of Human Services wants to be sure that this transition occurs with minimal problems for dual eligible beneficiaries as they move from Medicaid to Medicare drug coverage. A significant portion of this plan identifies and resolves problems that threaten the health and welfare of North Dakota dual-eligible beneficiaries.

Action Step: Ensure the 45-day state paid drug coverage is in place and operational.

a. Decision Tree for deciding when to use authority granted (Brendan and Maggie – December 2005)
b. Train appropriate staff for assisting with claim/coverage issues (Brendan -December 2005)
c. Determine reporting procedure to provide expenditures to Fiscal Administration (Brendan and Maggie – December 2005).
d. Inform long-term care pharmacy providers that they must bill dates of service through December 31, 2005. (Brendan- August 2005)

3. Minimize the financial impact on the State of North Dakota from Medicare Part D through the "state phase-down contribution," eligibility files and other avenues.

The Medicare Modernization Act of 2003 requires State governments pay a percentage of their 2003 average per capita drug costs for dual eligible beneficiaries. In order to ensure that North Dakota appropriately pays the Federal government, we reviewed the eligibility files and the "state phase-down contribution" payment estimate.

Action Plan:

a. Verify Center for Medicaid and Medicare Services (CMS) eligibility numbers on 2003 file. (Don Muse – August 2005)

b. Calculate 2003 dual-eligible per capita, adjusted for 2004 rebate revenues (Don Muse – August 2005)
c. After Departmental Review, Muse and Associates will draft letter for DHS transmission of adjustment request to CMS (Don Muse and Maggie – October 2005)
d. Follow-up with Centers for Medicaid and Medicare Services (CMS) after receipt of estimated "clawback" payment (Don Muse, Brendan and Maggie - November 2005)
e. Explore actions from other states regarding legality of "clawback" payments. (Maggie, Fiscal Administration, Legal Services and Executive Office – ongoing)

4. Help prepare North Dakota providers and suppliers to assist in an <u>orderly transition</u> to Medicare Part D.

In addition to attending to an orderly transition for dual eligibles beneficiaries, providers, in particular pharmacists will need to make changes to their billing systems and processes in order to identify the correct Prescription Drug Plan (PDP) to bill and to help beneficiaries understand their new coverage. Often, pharmacists will be the first point of direct contact with beneficiaries after the implementation of Medicare Part D. Therefore, the State must educate providers and suppliers on the changes that will occur. This will provide pharmacists with the knowledge to either provide the beneficiaries with information or refer them to appropriate sources of assistance.

Action Step: The Department staff will work with providers and suppliers on issues regarding coverage and transition.

a. Point of Sale (POS) system must electronically notify pharmacies, starting October 2005, informing them that patients will be moving to Part D on January 1, 2006. (Brendan – October 2005)
b. Revision to DHS website to include information and links (Heather – September 2005)
c. Development of Phone Tree for ensuring providers and suppliers are referred appropriately. (Lynne, Maggie and Deb- October 2005)
d. Provide enrollment and education to persons over the age of 60 (Aging Services through contract – contracts end June 30, 2006)
f. Storing Prescription Drug Plan information on the dual-eligible beneficiaries (Brendan and group- September 2005)
g. Create a list of Part D non-covered drugs that North Dakota Medicaid will cover (Brendan- September 2005)
h. Newsletters/Letters to specific provider groups – Nursing Facilities, Community ICF's/MR, Developmental Center, (Brendan, Maggie and Deb – ongoing)
i. Attend or present at workshops and training opportunities (Deb, Brendan – ongoing)
j. Submit article to Pharmacy Association newsletter (Brendan – September 2005)

5. Oversee that proper coordination occurs between the State of North Dakota and other interested third parties.

While ongoing outreach and education have occurred throughout North Dakota to inform interested third parties about the upcoming changes in drug coverage, the Department of Human Services believes that the groups listed below play crucial roles regarding dual eligible beneficiaries and will need more specific information on how the Department will adjust operations for the implementation of the Medicare Part D prescription drug benefit. Also, some of these third parties provide drug coverage to special populations. Sharing of information should include:

- Indian Health Service (IHS)
- Prescription Drug Plans (PDPs);
- Department of Veterans Affairs (VA);
- Ryan White Programs;
- Institutional providers (Nursing Facility, Hospitals, ICF's/MR, etc.)
- Mental Health Association;
- Senior Health Insurance Counselors; and
- Medicaid Infrastructure Grant.

Action Plan:

a. Meet with Mental Health Association to ensure consistency in messages and to understand roles of each agency. (DHS staff and Mental Health Association staff – July 2005)
b. Participation in Medicare Part D Coalition (Various DHS Staff- December 2004 and ongoing)
c. Development of Fact Sheets for the full-dual eligible and other dual eligible beneficiaries (Heather and Deb – August 2005)
d. Participation on Centers for Medicaid and Medicare Services (CMS) facilitated call with Prescription Drug Plan (PDP) applicants (DHS staff – July 2005)
e. Collaboration with Insurance Department to ensure consistency with actions and to properly utilize the services they are providing (DHS Part D Implementation Team – Ongoing)
f. Develop to-do lists to assist clients in having the necessary information with them when they seek assistance in completing the Low Income Subsidy (LIS) application. Distribution includes Medicare Specialist workers at Senior Centers, Human Service Centers, and County Case Managers (Deb - August 2005)
g. Meet with Health Department staff responsible for administration of Ryan White Program (Deb – August 2005).
h. Present to North Dakota Association of Counties (Deb and Insurance Department– October 2005)

Scope of the Plan

This plan will cover all health programs administered by the North Dakota Department of Human Services. We want to be sure that health care agencies and programs understand that a major change in coverage will take place in January 2006. Although many agencies and divisions will not be affected by the impending changes, communicating appropriate information to all health care agencies and programs will help beneficiaries access correct information and minimize confusion. The North Dakota Department of Human Services will work closely with those parties serving dual eligible and low-income beneficiaries in particular to assist with any questions or problems.

History of the Planning Process

The North Dakota legislature realized early in 2005 that Medicare Part D coverage would be an enormous change for beneficiaries as well as providers and suppliers of drugs. In order to assure that the transition occurred with minimal difficulty, legislation was passed directing the Department to develop an implementation plan and to allow the Department to contract with an independent consultant to assist in developing such a plan. The Department contracted with Muse & Associates for assistance in developing a plan.

The Department of Human Services developed a list of concern, issues, and deliverables that served as the scope of work for the contract. It touched upon various issues within each of the categories outlined in this document such as eligibility, information technology, etc. After reviewing the scope of work and the timeline, Muse & Associates held a meeting with the Department's Medicare Part D implementation team in early May 2005.

On May 11 and 12, 2005, the DHS implementation team and Muse & Associates, comprised of representatives of the various divisions within the Department, met. At these meetings, issues were identified that needed to be addressed by this planning document. The issues were divided into those that the Department could resolve internally and issues that would need to be addressed by the Centers for Medicare and Medicaid Services (CMS). Education, training and outreach were also discussed in order to inform and assist as many of the interested parties as possible regarding the upcoming changes. In some instances, resolutions to problems were formulated by the team. However, these initial meetings served as issue identification sessions for the Department. Subsequent to these initial meetings, phone calls and e-mails were used to elaborate and sharpen the issues list.

On June 15, 2005, another full day meeting was held with the DHS Part D implementation team. In this meeting, the first part of the agenda was spent discussing new problems that had not been addressed in the previous session and reshaping the issues identified in the first meeting. A significant portion of the meeting was devoted to finding resolutions to most of the problems discussed in the first meetings. The issues were then grouped into broader categories which provided the structure contained in this plan.

The North Dakota Insurance Department would regulate the new insurance products offered by Prescription Drug Plans that conduct business in North Dakota.

On June 20, 2005, several DHS implementation staff and Muse & Associates staff discussed issues with senior staff from the Insurance Department. Issues covered included staffing, training, and the regulation of Prescription Drug Plans (PDPs). Insurance Department staff reviewed their plans for outreach, education, and training, including a Task Force of State, Federal, private and non-profit organizations working on Medicare Part D issues and the training of Senior Health Insurance Counseling (SHIC) program staff. The Insurance Department staff agreed that there were a number of issues regarding Prescription Drug Plans' (PDPs) responsibilities to the State that were unclear and that they would seek clarification from CMS on these issues.

Subsequent to these meetings, Muse & Associates contacted individual Departmental staff members to utilize their expertise in various areas of drug coverage policy in order to create this planning document. These conference calls occurred over a two week period in early July. These calls clarified a number of issues and their resolutions.

In August 2005, the DHS Implementation Team and Muse & Associates met again to finalize the report and add any outstanding issues. The report was reviewed by the Implementation Team and new issues were added and continue to be added prior to the January 1, 2006 implementation date.

The implementation team and Muse & Associates plan to continue this clarification and identification process throughout the drafting of this document and over the rest of 2005.

Section 3: Implementation Plans and Issue Areas

The product of the background and process outlined above was a set of issues and actions for those issues. This section presents those issues and actions. This section is divided into seven subject areas:

- Legal issues;
- Pharmacy issues;
- Eligibility Plan;
- Management Plan;
- Information Technology Plan;
- Outreach Plan and Communication; and
- Training Plan

The remainder of this section details the final set of issues. While this plan undoubtedly has not identified every problem or issue that will be encountered during this transition, we believe that a significant portion of the issues have been identified and that a process has been put in place to handle further problems and issues that will be identified throughout the rest of 2005.

Legal Issues

The most pressing legal issue that has been discussed by the North Dakota Department of Human Services' implementation team is coverage determination and the beneficiary's right to appeal. According to the CMS regulations, there will be appeal processes for CMS, SSA and North Dakota Medicaid individually, depending on the grievance.

Issue: **How will appeals from Low Income Subsidy (LIS) beneficiaries be handled?**

Action: The Department of Human Services will use the existing North Dakota Medicaid appeals process for LIS applicants processed by the state who are denied Medicare Part D coverage. However, this appeal process would only be used by LIS applicants when North Dakota eligibility staff makes the determination of coverage. In most situations, the Social Security Administration (SSA) will determine eligibility for LIS applicants. At this time, the Department of Human Services does not anticipate a large volume of applicants requesting the State to determine eligibility. DHS Legal Advisory Unit has reviewed the Medicare Part D Regulations. It has been determined that the existing appeals process contains the required components.

Pharmacy Issues

Pharmacies are a key component to successful implementation of Medicare Part D. In addition to medical service providers, pharmacy staff will have direct contact with beneficiaries when they fill their prescriptions. Most likely, many beneficiaries with limited access to and knowledge of the internet will ask the pharmacy staff questions about the new benefit. Additionally, pharmacies have previously received reimbursement for dual eligible prescriptions from State Medicaid offices. However under Medicare Part D, pharmacies will receive payment from the Prescription Drug Plans (PDPs) directly. For all these reasons, pharmacies must be equipped to handle these issues prior to implementation.

Issue: How will pharmacies be prepared for the multiple questions they will have and receive as a consequence of the implementation of the new Medicare benefit?

In order for pharmacies to be able to assist with the anticipated volume of questions in the coming months, pharmacy staff across North Dakota will have to be trained on the new benefit, especially about what drugs are covered by the various Prescription Drug Plans (PDPs). Some pharmacies will have computers with internet connection available to beneficiaries so that staff can assist beneficiaries in determining the best PDP for their prescriptions. Most pharmacies, however, will not have this capability and will have to provide written materials to assist beneficiaries. The Department of Human Services has been actively working with pharmacies to evaluate the anticipated volume and nature of the questions so that appropriate materials and referrals will be available. This work includes significant education and outreach activities to pharmacy staff. The issue could be resolved by the PDPs providing a list of their networks to the pharmacies and the Department of Human Services. This will minimize confusion and allow pharmacies to have access to current information.

Actions:

a. Map Prescription Drug Plans Pharmacy Coverage to determine if geographic problems exist and to assist DHS in understanding coverage areas. (Don Muse – October 2005)
b. Communication with Pharmacies (Brendan – ongoing)

Issue: What technology-system modifications will be necessary as a consequence of the new benefit?

The implementation team discussed what modifications would be necessary to the Point of Sale and MMIS systems in order to accommodate the new benefit.

Actions:

a. Develop a document outlining necessary changes. See Appendix. (Brendan – August 2005)

Eligibility Plan

One of the main concerns for the Department of Human Services is understanding the eligibility requirements of Medicare Part D in preparation for helping dual eligible beneficiaries and other beneficiaries understand the benefits and how to access them. Outlined below are the major eligibility issues with their proposed actions.

Issue: **Will the Centers for Medicaid and Medicare Services (CMS) inform beneficiaries if they are actively covered by a Prescription Drug Plan (PDP)?**

Full benefit dual eligible beneficiaries will be auto enrolled into Prescription Drug Plans (PDPs) by CMS in late 2005. Medicare Savings Program beneficiaries will be auto enrolled in May 2006 and notified of their PDP enrollment by mail. However, they can switch their PDP to another PDP once a month if desired.

The concern is that some portion of the dual eligible population will either not be aware of their coverage on January 1, 2006, due to various problems with the State, Federal, pharmacy, or PDP data or beneficiary confusion about new coverage.

Actions: The Department of Human Services will have access to this information from the return data files that CMS sends back monthly. If a provider cannot identify the PDP to which the beneficiary is enrolled/assigned, the Department of Human Services may be able to communicate that information to them. The State is committed to insuring an orderly transition for dual eligible beneficiaries.

In spite of the efforts made in other areas of this plan to insure an orderly transition, it is anticipated that some recipients may experience enrollment problems. For these recipients, North Dakota will use the authority granted by 2005 House Bill 1465 that allows the Department to pay prescription drug claims for these full benefit dual eligibles for up to 45 days after January 1, 2006 while proper coverage is being determined. These costs will be covered 100 percent by the State but are not expected to be a significant amount of money.

a. Identify the Prescription Drug Plans to which the dual eligibles will be enrolled. (Don Muse –October 2005)
b. Develop Utilization & Financial Reports for use of the 45-day provision. (Brendan & Maggie – December 2005)

Issue: **Can the State of North Dakota require Prescription Drug Plans (PDPs) to report enrollment information to the State?**

In order to reduce confusion surrounding PDP enrollment, the North Dakota Department of Human Services would like access to the most current and valid PDP information available. This information will also be useful to county workers and eligibility staff when assisting beneficiaries in determining what PDP they are enrolled in. The most current PDP information is available only through the PDPs.

After consulting with the North Dakota Insurance Department, it is unclear if the State can require PDPs to report individual beneficiary information. However, the Insurance Department believes that they will receive aggregate information about the total number of beneficiaries enrolled in each PDP. The Insurance Department understands and concurs in the importance of obtaining such data and is seeking clarification on this issue and will inform the implementation team of progress. The outcome of this effort depends on the Federal interpretation of the MMA statute. (Don Muse will monitor decision and update sentence, if necessary.)

Direct access to the PDP enrollment files is the best source of data for the dual eligible population, Low-Income Subsidy beneficiaries, and all other enrolled beneficiaries. However, CMS will be providing information on dual eligible beneficiaries in the form of computer files transmitted by CMS each month to the State. The return file has a turn around time of approximately 2-3 days after the State submits the eligibility file to CMS. Overall, the information on the file will assist the Department of Human Services but not be as current as the information in the PDP files.

Actions:

a. Facilitate the ability of pharmacy providers and case managers in understanding how to access current PDP information. (Brendan and Deb – October 2005 and ongoing)

Issue: **Issues with eligibility staff assisting Medicare beneficiaries in completing and mailing Low Income Subsidy (LIS) applications to the Social Security Administration (SSA)?**

According to the Federal Regulations, State Medicaid Agencies must provide assistance to those Medicare beneficiaries that request assistance in filling out the Federal application for such assistance. In addition, these beneficiaries must be screened for the Medicare Savings Programs.

Actions:

a. Eligibility staff at both the County and State offices will keep a log of LIS applicants who required State or County assistance. This will ensure that

beneficiaries are assisted but that the Federal government will retain liability for the application process.

b. Develop log for recording information on beneficiaries requesting assistance. (Deb – July 2005)
c. Training, newsletters, and FYI on use of log and requirement to assist and screen for MSP. (Deb– ongoing).

Issue: Who will cover the cost of drugs for beneficiaries who are dually eligible but lack proper documentation or do not get their Medicare number for a prolonged period of time?

A rare problem cited by the State eligibility staff is that a few dual eligible beneficiaries do not provide proper documentation (such as a birth certificate) during the Medicare application process with Social Security Administration or their Medicare number is not provided by CMS for several months or not at all. Therefore, their drug costs remain uncovered.

Action: The Department will pay for prescriptions drugs for individuals 65 and over until they receive their Medicare card, as they are not eligible for Medicare Part D until that time. If an individual does not follow through with the application procedure for Medicare, the Department will no longer cover prescription drugs through Medicaid. (Pat- ongoing)

Issue: Low Income Subsidy (LIS) applicants can request that the State rather than the Social Security Administration review applications and make determinations of LIS eligibility. What process will the State use to review LIS applicants?

Action: The State has 45 days to make a determination on a LIS application. The State only makes determinations on LIS applications, instead of the Social Security Administration, when requested by the beneficiary. The beneficiary would have to complete the North Dakota Economic Assistance application instead of the SSA LIS application form. In addition, the beneficiary would have to supply the necessary documentation verifying eligibility. County offices will serve as contact and support for beneficiaries to fill out applications. Determinations will be made at the State and County offices. (State eligibility staff- ongoing)

Issue: How should the State handle Medicare coverage rejections on the CMS file, especially those that are Railroad Retirement beneficiaries?

Railroad Retirement beneficiaries have a different identification number than other Medicare beneficiaries. Railroad recipients with claim numbers that start with 3 letters were rejected even though they are eligible. This presented a matching problem with the CMS file as they continually denied coverage because their ID numbers were considered invalid.

Action: The Department of Human Services worked with CMS to resolve this issue. It is still possible that a similar problem will occur for a small number of other government programs. Other rejected beneficiaries will be handled on a case by case basis. (Pat- June 2005).

Issue: How will the Department assist dual eligible individuals to access the Low Income Subsidy (LIS) benefit as quickly as possible?

One of the most difficult issues facing the implementation team was that beneficiaries who spend down in order to be eligible for the Medicaid program do not become eligible for Medicaid benefits until after bills are submitted and claims are processed. This means that some beneficiaries may not be Medicaid eligible. The State data submission to CMS cannot contain beneficiaries that are not eligible as of the date the file is submitted.

Actions: Resolution of this issue involved extensive discussions within the implementation team and between the implementation team and CMS. Details of the CMS eligibility process combined with CMS clarification of the records on the data files submitted to CMS resulted in the following understandings. Current recipients should not be an issue because LIS eligibility effective January 1, 2006 is being based on several file submissions and those current recipients are likely on one of those files. The issue will be primarily applicable to new applicants beginning in January 2006. Coverage will be maximized for dual eligibles by the State sending the files seven (7) days before the end of each month. In addition, the North Dakota Department of Human Services will review eligibility for new recipients for up to four months prior to the current benefit month to capture eligibility and enable the recipient to be LIS eligible as early as possible. Exceptions to this retro period will be handled on a case by case basis. Eligibility workers should encourage Medically Needy Medicaid applicants to separately apply for the LIS benefit if the application includes retro active months of coverage and there is any kind of delay expected in claims payment. (Karen C., Eligibility Staff- ongoing)

Issue: Will Estate Recovery apply to the “clawback” paid on behalf of a recipient?

The North Dakota Department of Human Services has asked the Centers for Medicaid and Medicare Services (CMS) for guidance on the Estate Recovery issue. At this time, the Department is still awaiting a response from CMS about whether

or not to include the “clawback” in the claim to the estate recovery. (Eligibility Staff- pending response from CMS)

Action: As of October 3, 2005, CMS has not responded to DHS inquiry. (Deb- October 2005)

Management Plan

The Management Plan provides the Department of Human Services with a broader vision for North Dakota beneficiaries when implementing the Medicare Part D drug coverage. The Management Plan helps the various departments and agencies within North Dakota with a strategic plan for implementation and evaluation. The Department of Human Services will use this plan to identify at-risk populations and broader resolutions to systemic problems that were not addressed in the other plans.

Issue: How will the State identify implementation issues and suggested actions?

As part of the creation of this document, the Department of Human Services and the Muse & Associates team worked together to identify the implementation risks associated with the new Medicare drug coverage. The following risk areas were identified and cross-walked to the individual issue areas.

- Populations at risk- low income populations, dual eligibles
- Technology risks- Medicaid Management Information System (MMIS), paying bills that are not Federally matched
- Referral risk- volume of calls to staff will be overwhelming
- Financial risks- overpaying the Federal government
- Drug coverage inconsistencies between Medicare and Medicaid- Over-the-Counter (OTC) drugs, barbiturates and benzodiazepines will be covered by Medicaid for the dual eligible population

Action: Many of the above issues have been answered throughout this implementation plan. In addition, pharmacists will be instructed to bill long-term care claims for prescription drugs through Dec. 31, 2005. There will be a targeted message via the pharmacy Point of Sales (POS) system. (Brendan- October 2005)

Issue: Identify and analyze impact on special populations (institutionalized, 340b pharmacies, Ryan White, Mental Health, Indian Health Services Encounter rates)

Actions:

a. The Department of Human Services will emphasize to 340b pharmacies that, after January 1, 2006 Medicaid will no longer cover drugs for the dual eligible population. (Brendan- Ongoing)
b. In addition, the Department of Veterans Affairs (VA) and Indian Health Services (IHS) also provide credible coverage, equivalent to Part D. Therefore, North Dakota Medicaid will cost avoid for individuals who are eligible for

Medicare with VA coverage-- approximately 400 beneficiaries. (Brendan- November 2005)

c. There also has been outreach and training to the long-term care facilities and the mental health community. This outreach effort will be ongoing for the initial phase of implementation for Medicare Part D. (Insurance Dept., Deb and Heather- Ongoing)

Issue: Identify amendments needed in the Medicaid State Plan.

Amendments in the State Plan would be necessary to implement Medicare Part D coverage for North Dakota dual eligible beneficiaries.

Actions:

a. State Plan filed for eligibility workers to provide assistance to extra help (LIS) applications and to screen for coverage under the Medicare Savings programs. When beneficiaries request a State determination of the LIS applications, the State will make the determination. (Curtis- July 2005)
b. States are required to submit State Plan Amendments that ensure State Medicaid Program pharmacy benefits are consistent with the requirements under Part D. Given that Medicare is the primary payer with respect to Part D drugs for full-benefit dual eligible individuals, states will continue to receive FFP for the payment of the deductible and coinsurance for Medicare Part A and Part B drugs. The Department will submit State Plan Amendments prior to the end of the first quarter of the CY 2006. (Brendan- March 2006).

Issue: Build a central repository for CMS communication on Medicare Part D

Action: In order to organize and read all the communications sent by CMS, the Department of Human Services has created a central directory and DHS Implementation Team list serve to insure that all staff members have access to and receives all CMS communications and information.

Issue: The impact of Part D on Medicaid Buy-in Participants.

Recipients may be participating in the Buy-in program primarily for drug coverage. If this is the case, the number of participants in the Buy-in program could decrease.

Action: Utilize DataProbe to determine what services these participants are utilizing under Medicaid. (Eric and Brendan- November 2005)

Issue: **The impact of Part D on Medically needy program.**

There could be recipients spending down into the Medicaid program, primarily as a result of prescription drug costs. These recipients would no longer be eligible for the Medicaid program.

Action: Through DataProbe and staff review will attempt to estimate the number of recipients (Pat, Don, and Brendan- November 2005)

Issue: **New dually eligible Medicaid enrollees must be informed that Medicare Part D prescription drug coverage will be retro-actively determined.**

Action: Provide training to County eligibility staff regarding drug coverage and potential gaps in coverage. (Curtis- September and October 2005)

Issue: **Pursuing Medicare Eligibility for Disabled recipients**

Some disabled Medicaid recipients under the age of 65 may be eligible for Medicare and have not yet applied. Because of Medicare Part D, the North Dakota Medicaid program needs to take an active role in identifying people that could be eligible for Medicare and work with them to speed their qualification for Medicare. Rather than remain as the only payer for their medications, it would be cost effective for the state to enroll them as dual eligible beneficiaries, and pay the "clawback". Typically, the disabled often are on fairly expensive medications (e.g. MS drugs at $3,000 per month), so the savings should be significant.

Action: Through DataProbe and staff review will look for any systemic problems (Erik and Brendan- ongoing)

State Calculation of the Estimated "Clawback" Payment:

As part of the new Medicare Modernization Act of 2003, Congress requires that State governments pay ninety percent of what the State share would have been for drug costs for dual eligible beneficiaries in 2006. This percentage will decrease each year for ten years until it remains constant at 75 percent. This is commonly known as the "clawback" payment which States are responsible to pay to the Federal government. The "clawback" is based on the average monthly enrollment of dual eligible beneficiaries in CY2003.

Action: Muse & Associates will continue to evaluate the "clawback" payment calculations.

Information Technology Plan

A number of issues were raised regarding Information Technology (IT) systems. The central theme of these concerns was the ability of the North Dakota Medicaid program to deal with eligibility issues surrounding the enrollment of dual eligible beneficiaries into Prescription Drug Plans (PDPs). A second major issue was how best to assist beneficiaries that appear to be eligible but are unaware of their PDP. The following IT modifications should achieve these goals.

Issue: How will cases submitted to the Federal government that the State believes are dual eligible beneficiaries but which the Federal government rejects as not being eligible for Medicare be resolved?

The data submitted to the Federal government will be matched with CMS files. Work with trial data has shown that some portion of the cases submitted are rejected by the Federal government as not eligible. These rejected cases occur for a number of reasons. For example, until early July, the Federal government seemed unable to deal with what Railroad Retirement IDs submitted by the State. This has been corrected. However, mismatches will continue to occur.

Action: State eligibility staff will be responsible for resolving rejected cases. (Karen C., Pat- Ongoing)

Issue: How will the State report Low Income Subsidy (LIS) application determinations made by the State?

Some applicants for the Low-Income Subsidy will require state assistance. The implementation team recognized that the State would have some responsibility for these applications.

Action: It was determined by the implementation team that construction of a new system or modification of an existing computer system to handle these applications was unnecessary due to the low expected volume. Individuals who require state assistance will be manually added to the CMS file and logged. (Karen C. upon request of State Eligibility Staff- ongoing)

Issue: **How will the State insure that claims for beneficiaries who are dually eligible and enrolled in Part D are not also paid by the State?**

There is potential for some pharmacies to erroneously submit prescription drug claims for dual eligible beneficiaries.

Action: Changes will be made to the Third Party Liability (TPL) interface to account for Medicare Part D. Changes will also be made to the Pharmacy Point of Sale System (POS) and the MMIS system for Indian Health Service claims. (See Attachment A) (Brendan, Pat, Bev, ITS staff- August- December 2005)

Outreach and Communication Plan

The Outreach and Communication Plan is a key component of the overall Medicare Part D implementation plan because it outlines how and what information will be disseminated to interested parties. There are several parties that will be affected by the changes in Medicare. Therefore, the Communication Plan will include a multi-faceted approach that addresses the needs of beneficiaries, internal State and County staff and departments, pharmacies and other targeted audiences. Coordinate Plan and collaborate with North Dakota Insurance Department (SHIC program), the Medicaid Infrastructure Grant (MIG) Project, and other interested entities.

Goal:

- Target audiences will have the information that they need in order to smooth the transition from Medicaid to Medicare Part D Prescription Drug Coverage.

Objectives:

- Target audiences will understand what they need to do, when they need to act, and why.
- Target audiences will understand which changes are occurring because of Federal requirements and that the Department has limited authority to address individual issues, but is working to try to smooth the transition.

Target Audiences:

- Dual Eligible Individuals or Guardians of Dual Eligible Beneficiaries
- Advocates
- County Staff – Case Managers, Social Workers, Eligibility Workers
- IHS Facilities – Business Office and Social Workers
- Aging Services/ Human Service Center – Ombudsmen, Regional Aging Services Program Administrators
- Case Managers for people who are Developmentally Disabled and Seriously Mentally Ill
- Older Americans Act providers
- Facility Director/Program Coordinator for ICFs/MR
- Long-Term Care Organizations – Business Offices
- Qualified Service Providers
- Pharmacists
- Hospital Discharge Planners
- Hospital Business Offices
- Others.

Communication Matrix:

Audience	Message	Communication tools/methods	When?	Person responsible
Dual Eligible Beneficiary and/or Guardian	- Notification of change in coverage - Clarification on various health and drug cards (i.e., ND Medicaid card vs. PDP card vs. Medicare prescription drug discount card vs. Medicare card)	Newsletter, Letter or Web, Fact Sheet or reference sheet	October 2005	Deb (letter) Heather (web)
State and County Staff	Notification of change in coverage	Email, training, or web , Fact Sheet or reference sheet on Medicare	Ongoing	Deb
Pharmacies	- Notification of change in coverage. - No secondary coverage - Issues with OTC's and benzos/barbs - Notification of special procedures for unusual circumstances (safety net)	Letter, Pharmacy Association Newsletter, e-mail, or web, Fact Sheet or reference sheet	Fall and ongoing	Brendan and Heather
Long-Term care, Mental Health, ICFs/MR, Advocates,	- Notification of changes in coverage. - Regional training sites and dates for informational session	Provider Newsletter, Letter, Training, Press Releases, or web, Fact Sheet or reference sheet	November 2005 and ongoing	Deb, Heather and others

Indian Health Services (IHS), Dept. of Veterans Affairs (VA)	- Notification of change in coverage. - Coordination of benefits and third party coverage	Web and newsletter, Fact Sheet or reference sheet	Fall and ongoing	Deb, Maggie, MS office support, Heather
All Parties	Notification of change in coverage.	Fact Sheet or reference sheet	Ongoing	Heather and Deb
All Parties (DHS, Governor's office, SHIC, Counties, AARP, Local Legislative Offices)	Who can help with what information?	Phone Tree (published on web)	October 2005	Lynne, Maggie, Heather,
All Parties	Part D Information	Radio and Television, Paid public service announcements	Ongoing	Insurance Department and CMS
North Dakota Legislators and Congressional Delegations	- Who can help with what information? - Notification of change in coverage	Phone Tree Optional Training Q & A sheet	October 2005 December 2005	Lynne, Heather Maggie, Brendan, Curtis
Dual Eligibles and/or Guardians and referral source (legislators) who have utilized 45 day law	Information on resolving drug coverage problems	Letter	As Needed	Brendan
Blind and Disabled Medical Assistance recipients who may be eligible for Part D benefits	Part D Information	Public Service Announcements and State Library newsletter	October 2005	Maggie, Heather

In addition to the Communication Matrix, the Department of Human Services outlined a telephone matrix that will help beneficiaries find the appropriate contacts for information about the Medicare Part D benefits.

The Department recognizes that some beneficiaries will ask for materials in other languages. The Department will work with local partners to ensure that information is available in an appropriate manner.

The Department is also working with the State Library and the Vocational Rehabilitation Unit to provide Medicare Part D information to the visually impaired. (Maggie and Heather- October 2005)

Training Plan:

In addition to the communication and outreach efforts currently underway, the Department of Human Services staff is working closely with the North Dakota Insurance Department to conduct trainings on the new Medicare Part D benefit. The Department of Human Services has conducted five trainings over the last three months with the eligibility staff, various associations and other interested parties such as long-term care and mental health groups. At these trainings, information is provided on general changes for Medicare-only beneficiaries and, more specifically, on dual eligible beneficiaries. As of the date of this report, the Department also has planned five more training sessions over the next 2-3 months for eligibility staff in the county offices. Listed below are the completed and planned trainings that the Department of Human Services has conducted or will conduct.

Training and Workshops

1. April 27- presented to SHIC counselors and county staff (some EW's, some county directors). There were approximately 120 in attendance. This was held in conjunction with CMS, SSA and other State and Regional offices.

2. On April 28- presented to SHIC counselors and county staff in Fargo, ND.

3. May 5, 2005- presented to county staff, aging staff, mental health and developmental disabled caseworkers via IVN to 8 sites statewide. Attendees totaled in excess of 200. This was held in conjunction with CMS, SSA and other State and Regional offices

4. May 5, 2005- the State Insurance Commission and CMS presented to the long term care associations.

5. June 29, 2005- presented to the JAM-FAR eligibility workers' group. There were approximately 25 workers and supervisors present representing 6 counties.

6. July 21, 2005- presented in conjunction with the Insurance Department to the long-term care association at Lake Metigoshe. Anticipated attendance of approximately forty participants.

7. July 27, 2005- presented to county staff via IVN. Similar to the training conducted on May 5, 2005. This will also be a collaboration between CMS, SSA, the Insurance Commissioner's office and the Department of Human Services.

8. August 10, 2005- presented to the Aging services convention in Mandan, ND. Anticipated attendance of approximately forty participants. (50-60 participants)

9. August 24, 2005- Address the TOWNER region eligibility worker's meeting in Towner. Anticipated attendance of approximately 30-40 participants.

10. August 29, 2005-Address the ND Disabilities Advocacy Consortium (NDDAC), the Mental Health Association in ND (MHAND) and the Medicaid Infrastructure Grant with the North Dakota Insurance Department in Bismarck.

11. September 22, 2005- Address the North Dakota Long Term Care Association Convention with North Dakota Insurance Department Staff.

12. September 22, 2005 – North Dakota Medical Managers Association Meeting – Address Clinic Manager.

13. September and October 2005- Statewide Eligibility Workers Training. 9 locations will be trained by Curtis Volesky and Brenda Peterson.

14. October 4, 2005- Address the CREW Eligibility Workers group

15. October 10, 2005 - Address the North Dakota Association of Counties with North Dakota Insurance Department

16. October 28, 2005- In Service training to the White House Conference on Aging.

17. November 2, 2005- Follow-up polycom training with North Dakota Insurance Department staff for Aging Services.

Trainings are still being considered for pharmacies and American Indian Tribes in North Dakota. However, the Indian Health Services (IHS) has provided additional resources to tribal leaders on the new drug coverage and new efforts will need to be coordinated between the DHS and IHS so that trainings are not duplicative.

Section 4: Conclusion

Implementation of the new Medicare Part D benefit in North Dakota is far more complex than one would have thought a year ago. As January 1, 2006 approaches, more and more issues will continue to appear. The implementation of the Medicare Part D coverage has both risks and benefits for dual eligible beneficiaries in North Dakota. Financial, coverage, and other risks abound. A systematic approach to implementation of the benefit in North Dakota will make the implementation smoother than had a plan not been undertaken.

We intend to continue the process of planning through the implementation of the new benefit. The process that has been put in place and updating of this report will continue throughout 2005 and into 2006. The final step in the process will be to conduct an evaluation of how well the implementation has proceeded in North Dakota. This evaluation will collect data from the major organizations and individuals involved regarding problems encountered, how they were resolved and what problems remain. This will allow DHS to suggest evidenced based changes to CMS, the Legislature, and perhaps through the Governor to the Congressional delegation.

Attachment A: Medicare Part D Programming for Third Party Liability (TPL) System

Current Third Party Liability file

- Maintain a carrier with coverage types (N=Rx) for every individual with other insurance
- Verify system uses provider number entered to determine response on other insurance (e.g. provider type = pharmacy, then system informs provider of N coverage, if it exists)

Medicare Part D issues

- Individuals eligible for Medicare are eligible for Part D and ND Medicaid MUST cost avoid to the point of non-payment for these individuals
- There will be no family coverage; all individual coverage
- Person may enroll in a Prescription Drug Plan (PDP) or they may stay with equitable coverage (VA, Tricare)
- Indian Health Service patients eligible for Medicare cannot have their claims paid for pharmacy encounter on UB92's
- Point of Sale will not be allowed to pay most pharmacy claims for duals
    - Must pay benzodiazepines (x), barbiturates (y), and OTC's (z) for duals if:
        - Their Prescription Drug Plan (PDP) doesn't pay
        - Their 'equitable coverage' doesn't pay
    - Most equitable coverage will pay for x and y, but not z
    - 50% of Prescription Drug Plans (PDPs) will pay for z, unknown for x and y

Solutions (proposed)

- Continue to use Third Party Liability file
- Coverage indicators changes will have to be programmed

1. Treat Prescription Drug Plans (PDPs) and equitable coverage just as we treat all other insurance – enter it into the Third Party Liability file with appropriate coverage indicator (e.g. N).

   Would add an additional coverage code of 'D' to indicate to Point of Sale that the drug coverage is considered Part D. This would cause Point of Sale to deny any claim submitted (except potentially x, y, and z drugs) and also allow Point of Sale and Verify to inform the pharmacy of the correct insurance to bill for the claim.

   Consider:
   Could potentially add further coverage codes to indicate the recipients' specific Prescription Drug Plan (PDP) policy toward x, y, and z (e.g. X, Y, and Z). This would allow Point of Sale to auto-adjudicate or deny the claims as appropriate. It

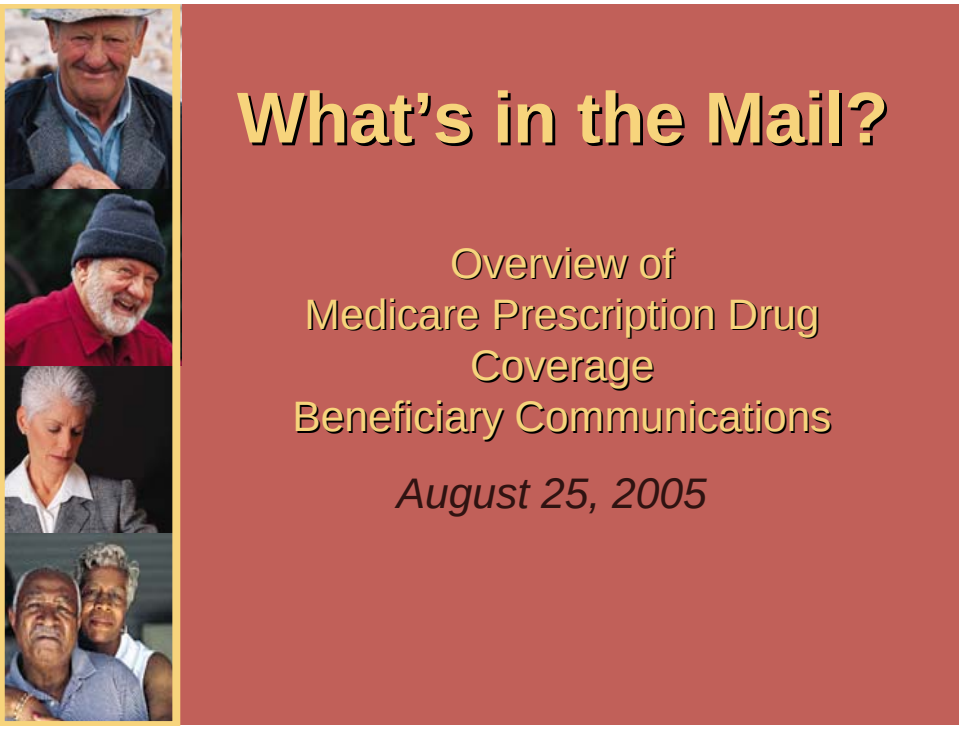
would also correlate to current procedure with regards to birth control pills and other insurance.
Still enter a ‘D’ coverage code on all patients with Medicare currently (or future) on the system

UB92’s
Programming would have to be done to deny I.H.S. claims in the same fashion. Given the encounter process, typical result of business is such that an encounter usually includes multiple medications, and it is quite rare that all products would be from drug categories x, y, and z, so it may be allowable to simply deny all pharmacy encounter codes for patients with a ‘D’ coverage code

Benefits of proposed solution:

- All information is on an existing system within our current operations – no need to maintain a separate file
- Point of Sale and UB92’s currently utilize the system
- Minimizes program changes to Point of Sale system
- Improves completeness of Third Party Liability file – streamlines information that will most likely be requested multiple times
- Improves reporting off of Third Party Liability file
- Could generate report monthly of every individual =/> 64 years, 3 months that does not have any other insurance listed on file
    - Could obtain / enter Medicare coverage on Third Party Liability file with an effective date of the persons’ birthday
    - Only patients not truly eligible would not have something on Third Party Liability file
    - Could enter a ‘dummy’ Medicare coverage number for an individual if they are awaiting determination from Medicare or if they are uncooperative (refuse to sign up for Part D)
- Point of Sale would be able to do the following by only looking at one file
    - Not pay any claims for potentially dual eligibles (> 65)
    - Auto-adjudicate x, y, and z claims as opposed to capturing and reviewing
    - Return message to pharmacy indicating who the primary payer is
- Verify would be able to respond to Third Party Liability inquiry

Attachment B: Overview of Medicare Prescription Drug Coverage Beneficiary Communications



Letter to Deemed

- **What is this?**

A letter to people who are automatically eligible to receive extra help letting them know that they do not need to apply to get the extra help

- **Who gets it?**

People who have full Medicare benefits and Medicaid, people who are enrolled in a Medicare Savings Program, and people who get Supplemental Security Income (7+ million total)

- **When?**

May 20 – June 20, 2005

3

Auto-Enrollment Notice

- **What is this?**

A letter letting people know that they will be automatically enrolled in a Medicare prescription drug plan if they do not join a plan on their own by December 31, 2005

- **Who gets it?**

People who have full Medicaid benefits and Medicare

- **When?**

October 19 – October 28, 2005

4

Facilitated Enrollment Notice

- **What is this?**

A letter letting people know that they will be automatically enrolled in a Medicare prescription drug plan if they do not join a plan on their own by May 15, 2006

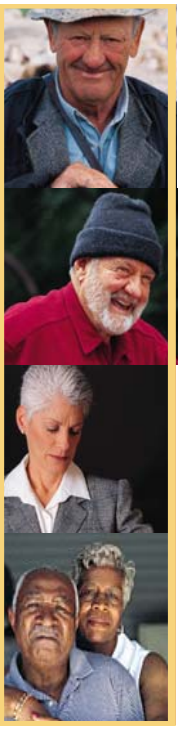
- **Who gets it?**

People who are enrolled in a Medicare Savings Program, people who get Supplemental Security Income, and people who applied and were found eligible for extra help **EXCEPTION:** People who also have coverage from a former employer who is claiming them for the Retiree Drug Subsidy will not be facilitated enrolled

- **When?**

March 31 – April 12, 2006

5



Medicare & You 2006 Handbook

- **What is this?**

Comprehensive Medicare handbook, which will include details on Medicare prescription drug plans available locally

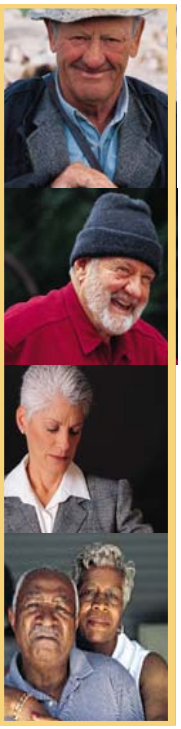
- **Who gets it?**

All households with Medicare

- **When?**

October 7- October 20, 2005

6



Letter from SSA: Application for the Extra Help

- **What is this?**

An application for the extra help, along with a letter from the SSA encouraging people to apply

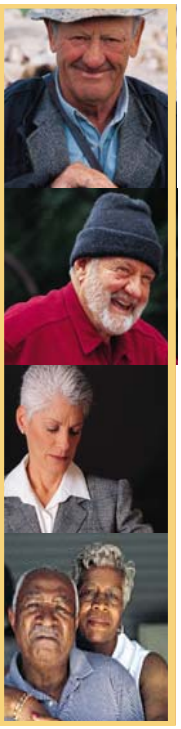
- **Who gets it?**

18+ million people with limited incomes and resources who may potentially be eligible for extra help

- **When?**

June 1 – August 16, 2005

7



Letter from SSA: Extra Help Outcome

- **What is this?**

An outcome letter letting people know whether or not they are eligible to get extra help paying for Medicare prescription drug coverage

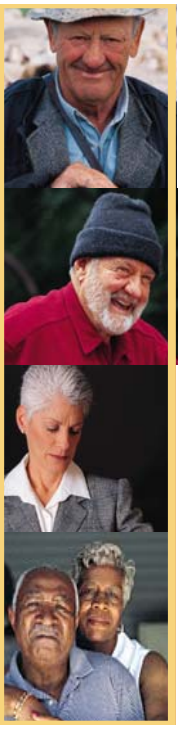
- **Who gets it?**

Everyone who applies for the extra help

- **When?**

Approximately 2-3 weeks after the person submits a completed application to the SSA

8



Letter from Drug Card Sponsors: Transition Letter

- **What is this?**

A letter from Medicare-approved discount drug card sponsors letting people know that the discount drug card program is ending, and they need to join a Medicare prescription drug plan

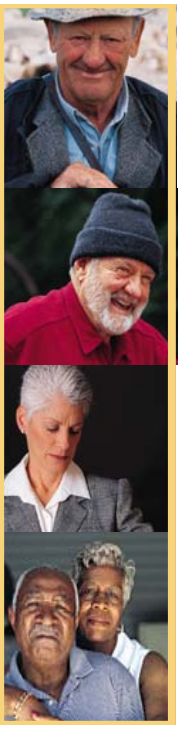
- **Who gets it?**

Anyone enrolled in a Medicare-approved discount drug card

- **When?**

August 22 – September 15, 2005

9



Notice from Employer/Union Plan Sponsors: Creditable Coverage Disclosure

- **What is this?**

A disclosure statement letting people know whether their current coverage is, on average, expected to pay out as much as standard Medicare prescription drug coverage

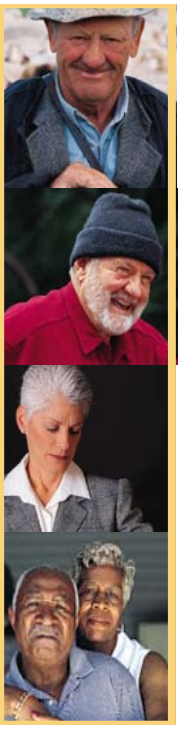
- **Who gets it?**

All Medicare-eligible plan enrollees, including active workers, retirees, and their dependants

- **When?**

Now – November 15, 2005

10



Notice from Medigap: Creditable Coverage Disclosure

- **What is this?**

A disclosure statement letting people know whether their Medigap coverage is, on average, expected to pay out as much as standard Medicare prescription drug coverage

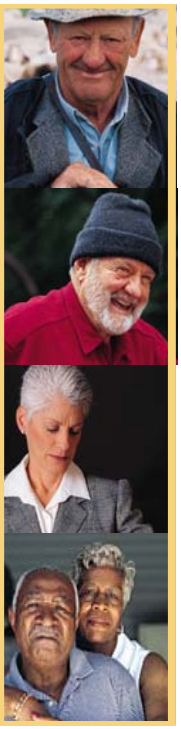
- **Who gets it?**

All Medigap policy holders

- **When?**

September 15 – November 15, 2005

11



Letter from Medicare Advantage Plans: Annual Notice of Change

- **What is this?**

A letter notifying people who belong to Medicare Advantage or other Medicare health plans about any upcoming changes to their benefits in 2006, including Medicare prescription drug coverage

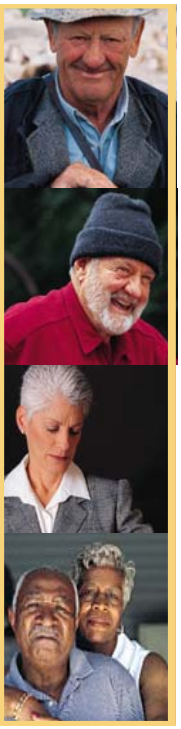
Who gets it?

Everyone enrolled in a Medicare Advantage or other Medicare health plan

- **When?**

October 1 – October 31, 2005

12



Marketing Materials from Medicare Prescription Drug Plans

- **What is this?**

Direct mail marketing materials and telephone solicitations from Medicare prescription drug plans and other health plans offering Medicare prescription drug coverage, advertising their various plans

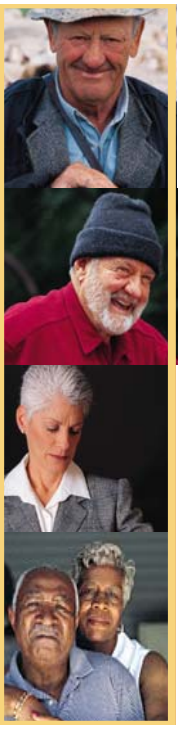
- **Who gets it?**

Most likely, everyone!

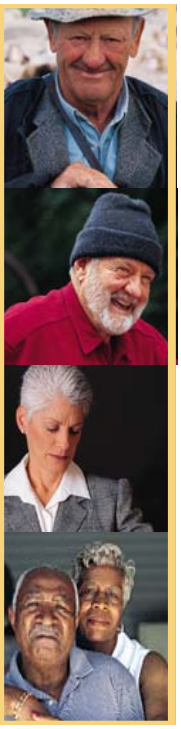
- **When?**

Beginning October 1, 2005

13



Other Sources of Information for People with Medicare

- www.medicare.gov
  - More than a dozen Fact Sheets available now
  - Medicare Prescription Drug Plan Finder web tool available October 13
- 1-800 MEDICARE helpline
- State Health Insurance Assistance Program (SHIPs) counselors

14