

**UPDATE**

# MEDICARE PART D 2015

## AN EDUCATIONAL SERIES FROM TRINET THIRD PARTY NETWORK

TriNet is providing an educational series on the 2015 Medicare Part D Plan Year. The series offers guidance to help member pharmacies maintain their current Medicare part D patient base and also to grow their Medicare Part D business.

### MEDICARE PART D AND YOUR RIGHTS

As a pharmacy that processes and fills Medicare Part D claims, it's essential that you comply with the requirements set by the Centers for Medicare and Medicaid Services (CMS). One of those requirements is delivery of the Medicare Notice of Patient Rights, also known as CMS-10147. You need to educate pharmacy staff on the importance of posting and distributing the Medicare Notice of Patient Rights. CMS can take action against pharmacies that are non-compliant.

#### REQUIREMENTS OF THE MEDICARE NOTICE OF PATIENT RIGHTS:

##### **Posting the notice**

Providers must post the notice where patients can see it. The posted notice must be as large as the document provided, and can be of larger dimensions and font size. Displaying the sign in the pharmacy waiting area or distribution to a new patient does not meet the full requirement.

##### **Complying with written notices**

Providers must comply with all CMS regulations regarding the provision of written notices to Medicare beneficiaries and providers must comply with CMS-10147.

##### **Providing documentation**

Providers must be able to demonstrate and provide documentation to detail the process by which each patient receives the Medicare Notice of Patient Rights during each rejection (NCPDP rejection type 569).

### **Understanding reject codes**

When a claim for a Medicare Part D drug is submitted to the Medicare D BIN/PCN and is not covered by the Medicare Part D plan and is outside the Medicare Part D transitional fill coverage period, you will receive the following reject code:

- NCPDP Rejection Code: 569; Message: Provide Beneficiary with CMS Notice of Appeal Rights

Active work on a rejection, such as working with the prescriber for medication change or coverage such as a prior authorization, does not remove the requirement to provide the notice. The beneficiary should still be supplied the notice with information on any actions the pharmacy provider is taking.

### **Understanding approval codes**

When a claim for a Medicare Part D drug submitted to the plan's Medicare D BIN/PCN is not covered by the Medicare Part D plan and is outside the Medicare Part D transitional fill coverage period, but is paid under the plan's co-administered benefit or plan-sponsored negotiated price to the beneficiary, you will receive the following approval code:

- NCPDP Rejection Code: 018; Message: Provide Beneficiary with CMS Notice of Appeal Rights

### **Notifying patients who aren't present**

If a patient is not physically present at the time the rejection has occurred, the patient must be notified of the claim rejection and that the Medicare Notice of Rights is available to them at the pharmacy or can be mailed to the beneficiary.

### **Presenting the notice**

The Medicare Notice of Patient Rights is standardized and can't be altered. However, pharmacies may place their logo in the space above the optional fields for the enrollee's name and the drug and prescription number. The notice must be provided in 12-point font. The OMB control number must be displayed in the upper right corner of the notice. The fields for the enrollee's name and the drug and prescription number are optional and may be populated by the pharmacy.

*The Medicare Notice of Patient Rights is available on the TriNet section of the PBA Health website at [www.pbahealth.com](http://www.pbahealth.com).*



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*You can also find this educational series about Medicare Part D 2015 online when you log into the TriNet section of [www.pbahealth.com](http://www.pbahealth.com).*