



Medicare-Medicaid Alignment Initiative (MMAI) Demonstration

Frequently Asked Questions for Pharmacists

We have developed this frequently asked questions (FAQ) document for pharmacists in Illinois because pharmacists are often the first providers a participant encounters after joining a new plan, such as a Medicare Medicaid Alignment Initiative (MMAI) plan, and this is when participant confusion and system transaction issues are most likely to occur. We hope this information will help you understand MMAI, and be prepared to help former, current, or prospective MMAI participants who come to you for services.

What is MMAI?

MMAI is a demonstration designed to improve health care for dually eligible beneficiaries in Illinois. Jointly administered by the Centers for Medicare & Medicaid Services (CMS) and the Illinois Department of Healthcare and Family Services (HFS), MMAI allows eligible beneficiaries in Illinois to receive their Medicare Parts A and B benefits, Medicare Part D benefits, and Medicaid benefits from a single Medicare-Medicaid Plan, also known as a MMAI plan. By integrating and coordinating individuals' health care benefits, the demonstration aims to:

- Improve quality and the beneficiary experience in accessing care;
 - Promote person-centered care planning;
 - Promote independence in the community;
 - Rebalance long-term services and supports (LTSS) to strengthen and promote the community-based systems; and
- Eliminate cost shifting between Medicare and Medicaid.

In addition, each MMAI plan offers extra benefits that may be helpful to its members such as reduced co-payments and additional dental and transportation benefits. For a list of extra benefits offered by each plan, clients can select their appropriate county and Medicare-Medicaid plans at the following link: <http://enrollhfs.illinois.gov/node/13>.

Pharmacy FAQs

Does MMAI include drug coverage?

Yes. MMAI includes all the drug coverage guaranteed by Medicare Parts A, B, and D, the drug benefits provided by the Illinois Medicaid program, and any additional supplemental drug coverage offered by an individual MMAI plan above and beyond the federal and state required benefits.

Does MMAI cover outpatient and inpatient drugs?

Yes. MMAI covers inpatient and outpatient prescription drugs and other medications and equipment covered under Medicare Parts B and D and Medicaid.

Can I continue to dispense drugs to patients who join a MMAI plan if the drug he/she has been receiving is not on the MMAI plan's formulary?

Yes, MMAI includes important formulary transition provisions so you can continue to dispense drugs not on the MMAI plan's formulary for a limited amount of time, and possibly longer for patients whose MMAI plan has authorized them to continue to receive the drug.

- As under Medicare Part D, MMAI plans must provide access to a temporary supply of drugs within the first ninety (90) days of coverage. This ninety (90) day timeframe applies to retail, home infusion, long-term care, and mail-order pharmacies.
- In particular, when an enrollee requests a fill of a non-formulary drug (including Part D drugs that are on a MMAI plan's formulary, but require prior authorization or step therapy under a plan's utilization management rules) during the first ninety (90) days of coverage the MMAI plan must ensure the provision of a temporary fill according to the following:
 - i. In the outpatient setting, the one-time, temporary supply of non-formulary Part D drugs (including Part D drugs that are on a MMAI plan's formulary, but require prior authorization or step therapy under a MMAI plan's utilization management rules) must be filled for at least thirty (30) days of medication, unless the prescription is written by a prescriber for less than thirty (30) days. If the prescription is written for less than thirty (30) days but does provide for refills covering a total of at least thirty (30) days, the MMAI plan must allow multiple fills to provide up to a total of thirty (30) days of medication.
 - ii. In the long-term care setting, the temporary supply of non-formulary Part D drugs (including Part D drugs that are on a MMAI plan's formulary, but require prior authorization or step therapy under a MMAI plan's utilization management rules) must be filled for up to at least ninety-one (91) days and may be filled up to at least ninety-eight (98) days, consistent with the dispensing increment, with refills provided, if needed, unless a lesser amount is actually prescribed by the prescriber.
- The MMAI plan also will not terminate prior authorizations for Part-D drugs at the end of the ninety (90) calendar day period without advance notice to the participant and a transition to other services, if needed.
- Please see Chapter 6 of the Medicare Prescription Drug Benefit Manual for detailed guidance on the Medicare Part D transition policy: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter6.pdf>.
- Additionally, the MMAI plan will honor all prior authorizations for non-Part D drugs, therapies, or other service authorizations existing in Medicare or Medicaid at the time of enrollment for one hundred eighty (180) calendar days after enrollment.

How should I submit a claim for a newly enrolled MMAI participant who has proof of coverage, but does not have his/her BIN, PCN, RxGRP or RxID information (also known as 4Rx data)?

Please perform an eligibility (E1) query at the point of sale to Medicare's on-line eligibility/enrollment query system, called the TrOOP Facilitator. The query will return the 4Rx data and will confirm the enrollment and contract number. Please see above for the contract numbers for each MMAI plan. You can also call the MMAI plan's pharmacy helpline. Additionally, if your pharmacy is not in the plan's network, please call the MMAI plan to determine if prior approval is needed. If you would like to join the MMAI plan's network, call the MMAI plan provider network contact listed in an answer below.

How should I submit a claim for a MMAI participant who does not have proof of coverage?

As described above, please perform an E1 query to the TrOOP Facilitator. The query will return the 4Rx data and will confirm the enrollment and contract number. Please see above for the contract numbers for each MMAI plan. Additionally, if your pharmacy is not in the plan's network, please call the MMAI plan to determine if prior approval is needed. If you would like to join the MMAI plan's network, call the MMAI plan provider network contact listed in an answer below.

How should I proceed if a claim has been denied at the point of sale for a MMAI participant?

If the denial is because the claim did not include the necessary 4Rx data, please follow the procedure described above. If you disagree with the decision, you can help the participant appeal. To ask for instructions on how to appeal, call the Member Services line for the MMAI plan or call the Senior HelpLine and ask for the MMAI Ombudsman at 1-800-252-8966 (TTY users should call 1-888-206-1327) Monday-Friday 8:30 am-5pm. You also can call the MMAI plan's pharmacy help-line. Additionally, the participant can read Chapter 9 of the Member *Handbook* to learn how to appeal a decision.

The Illinois *Member Handbook* can be found at the following link under "State-Specific Information":

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html>.

If a client has recently left a MMAI plan and he/she has not selected or is not enrolled in a new Medicare Part D plan yet, how should I bill for the client's drugs?

If the client remains eligible for Medicaid and Medicare Part D benefits, they will have access to the Limited Income Newly Eligible Transition (LINET) program. The LINET program is designed to eliminate gaps in coverage for low income Medicare beneficiaries by providing immediate need coverage at the point of sale, retroactive coverage for out-of-pocket expenses, and help enrolling into a Medicare Part D plan.

Some key details and instructions for the LINET Program are below:

- There are no pharmacy network restrictions on LINET benefits for Medicare Part D covered drugs.
- Please use the LINET 4Rx data printed on the top of the beneficiary's LINET coverage confirmation letter. If that letter is not available, the data may be obtained through an E1 query to Medicare's on-line eligibility/enrollment query system, called the TrOOP Facilitator. The query will return the 4Rx data; if a phone number for contract "X0001" is returned, the beneficiary is enrolled in the Limited Income NET Program, but the 4Rx data are not yet available on Medicare's system. If this is the case, please contact LINET (contact provided below) and use the following:
 - i. BIN: 015599
 - ii. PCN: 05440000
 - iii. Cardholder ID: Medicare claim number on the red, white and blue Medicare Card (also called Health Insurance Claim Number or HICN)
 - iv. Group ID: May be left blank

- v. Patient ID (optional): Medicaid ID or Social Security number
- Continue to perform an E1 query on these individuals monthly because Medicare will enroll them into a Medicare Part D plan within two months.

Who do I call to ask about billing issues, including eligibility discrepancies?

If you have a billing issue, including an eligibility discrepancy or another issue that requires casework to serve your client, please reach out to the MMAI plans directly. We have provided the pharmacy points of contact below:

Greater Chicago Area:

Aetna Better Health of Illinois (H2506)

Kathy Lojkovic
Pharmacy Director
Email: LojkovicK@aetna.com
Phone: (224) 281-2690

BlueCross BlueShield of Illinois (H0927)

Felicia Spivack
State Regulatory Contract Manager
Email: Felicia_Spivack@bcbsil.com
Phone: (312) 653-5434

Cigna-HealthSpring (H6751)

Francisco Ontiveros
Customer Service Supervisor
Email: Francisco.Ontiveros@HealthSpring.com
Phone: (866) 487-4331

Humana Inc. (H0336)

George Chiligris
Account Executive
Email: GChiligris@humana.com
Phone: (312) 441-5398

IlliniCare Health (H0281)

Dollie Simpson
Sr. Network Specialist
Email: PharmacyContracts@argushealth.com
Phone: (800) 522-7487

Meridian Health Plan (H6080)

John Heintz
Director of Network Development
Email: John.Heintz@mhplan.com
Phone: (312) 980-2371

Central Illinois Area:

Molina Healthcare of Illinois (H8046)

Chaz Washington
Manager, Pharmacy Operations, Medicare
Email: Chaz.Washington@MolinaHealthCare.com
Phone: (888) 665-1328 Option 211

How do I join an MMAI provider network?

You are encouraged to join the networks of one or more of the MMAI plans in order to provide continuous care to existing participants and to be part of this important initiative to coordinate care for beneficiaries receiving Medicare and Medicaid benefits. As with many Medicare Advantage plans, many MMAI plans offer outpatient drug coverage through Pharmacy Benefits Management (PBM) companies with which you are already working or are familiar. The MMAI plans also are directly contracting with pharmacies.

If you represent a pharmacy that is not in an MMAI plan provider network, but you serve Illinois residents who have both Medicare and Medicaid and who reside in the Greater Chicago or Central Illinois service areas, please reach out to the MMAI plans directly for more information on how to join their MMAI provider networks.

Greater Chicago Area:

Aetna Better Health of Illinois (H2506)

Kathy Lojkovic
Pharmacy Director
Email: LojkovicK@aetna.com
Phone: (224) 281-2690

BlueCross BlueShield of Illinois (H0927)

Jay Tran
Senior Manager, Medicaid Clinical Programs
Email: Jay_Tran@bcbsil.com
Phone: (312) 653-5331

Cigna-HealthSpring (H6751)

David Brown
Director, Provider Relations
Email: Provider.Relations@Optum.com
Phone: (877) 633-4701

Humana Inc. (H0336)

Mark Malone
Market Director, Medicaid
Email: MMalone1@humana.com
Phone: (502) 476-1151

IlliniCare Health (H0281)

Dollie Simpson
Sr. Network Specialist
Email: PharmacyContracts@argushealth.com
Phone: (800) 522-7487

Meridian Health Plan (H6080)

Nicole Vachon
Manager of Credentialing
Email: Nicole.Vachon@meridianrx.com
Phone: (313) 324-1845

Central Illinois Area:

Molina Healthcare of Illinois (H8046)

Shawn Smith
Director Network Operations
Email: Shawn.Smith@CVSHealth.com
Phone: (480) 391-4844

Additional MMAI Program FAQs

Who is eligible for MMAI?

In general, individuals who meet all of the following criteria will be eligible for MMAI:

- Are residents of the Greater Chicago or Central Illinois areas;
- Are at least age 21, entitled to Medicare Part A, and enrolled in Medicare Parts B and D;
- Are eligible for full Medicaid benefits;
- Are enrolled in the Medicaid Aid to the Aged, Blind, and Disabled (AABD) category of assistance;
- Do not receive developmental disability institutional services and are not participating in the Home and Community-Based Services (HCBS) waiver for Adults with Developmental Disabilities;
- Do not have eligibility for Medicaid assistance due to spend-down;
- Do not participate in the Illinois Medicaid Breast and Cervical Cancer program; and
- Do not have Comprehensive Third Party Insurance.

What services will MMAI cover?

MMAI plan members will receive all of their Medicare Parts A and B, Medicare Part D, and Medicaid covered benefits from the MMAI health plan.

Members have access to all traditionally covered services like:

- Doctors' visits;
- Hospital care;
- Prescription drugs, including Medicaid over-the-counter drugs;
- Adult Dental;
- Durable Medical Equipment (DME);
- Emergency and Medicaid Transportation Services; and
- Nursing Home and HCBS waiver services for eligible individuals.

How can individuals enroll in a MMAI plan?

Individuals can enroll over the telephone by calling Illinois Client Enrollment Services and speaking with an enrollment counselor at 1-877-912-8880, TTY users should call 1-866-565-8576, Monday to Friday 8 a.m. to 7 p.m.

Some eligible enrollees already may have received a notification about their enrollment options by mail. If an eligible enrollee receives an enrollment packet by mail and does not choose a particular MMAI plan, he or she may be automatically enrolled into a MMAI plan that has the individual's most frequently used providers within its provider network.

Is enrollment in MMAI mandatory?

MMAI is a mandatory program, but individuals can opt-out of the program at any time and receive their Medicare and Medicaid benefits separately, as they do today. Individuals who opt-out or disenroll from a MMAI plan will receive Medicaid services through Medicaid fee-for-service and have a choice of Original Medicare and a Medicare prescription drug plan or a Medicare Advantage plan. Individuals who opt-out and receive their Medicare and Medicaid benefits separately, will not have access to MMAI's care coordination services for assistance with managing care and meeting health care goals or any of the extra benefits offered by the MMAI plans. In addition, individuals who opt-out will need to select a Part D plan or they will be autoenrolled into one.

How can my clients get help understanding their coverage options?

- To get free, confidential assistance about MMAI plans, your clients can call the Senior Helpline and ask for the MMAI Ombudsman at 1-800-252-8966 (TTY users should call 1-888-206-1327) Monday-Friday 8:30 am-5 pm.
- To get more information about Original Medicare, Medicare Advantage, and Medicare Part D plans, your clients can call Medicare at 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048) 24 hours a day 7 days a week.
- To get more information about fee-for-service Medicaid, your clients can call the Illinois Department of Healthcare and Family Services Health Benefits Helpline at 1-866-468-7543 (TTY users should call 1-877-204-1012) Monday-Friday 8:30 am-4:45 pm.
- To talk to someone for free about their Medicare choices, your patients can call the Senior Health Insurance Program (SHIP) at 1-800-252-8966 (TTY users should call 1-888-206-1327) Monday-Friday 8:30am-5pm.

How can I find out more about the MMAI and the continuity of care provisions?

- If your organization has any questions regarding the MMAI continuity of care provisions please contact the [MMAI ombudsman](#) by emailing aging.ilsenior@illinois.gov) or calling 1-800-252-8966.
- For more information on the continuity of care provisions under the MMAI, you also can refer to Section 2.6.10, page 59 of the [MMAI 3-way contract \(http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf\)](http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf).