

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



CENTER FOR DRUG and HEALTH PLAN CHOICE

TO: All Part D Sponsors, Medicare Advantage Organizations, Cost Plans, and Demonstrations

FROM: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group
David A. Lewis, Director, Medicare Drug and Health Plan Contract Administration Group

RE: Pharmacy and Provider Access During a Federal Disaster or Other Public Health Emergency Declaration

DATE: June 16, 2008

We wish to reiterate our policy with respect to refills of Part D medications and Part C provider network access during states of emergency, given the beginning of this year's hurricane season on June 1st and the turbulent weather recently impacting the Midwest.

Refills of Part D Medications

CMS expects Part D sponsors to guarantee immediate refills of Part D medications to any beneficiary located in an "emergency area," defined as the area in which the President has declared a major disaster or the Secretary of the Department of Health and Human Services (DHHS) has declared a public health emergency. For those enrollees residing in the emergency area, CMS would expect all "refill too soon" edits to be removed for the period of the emergency declaration. Additionally, because the following conditions might exist during an emergency: a limited number of operational pharmacies, limitations on transportation and travel, and the disruption of U.S. mail – CMS expects sponsors should always allow an affected enrollee to obtain the maximum extended day supply, if requested and available at the time of refill.

Part C Provider Network Access

For enrollees residing in an emergency area, CMS expects plans to waive prior authorization and out-of-network requirements. For example, a Medicare Advantage enrollee affected by the disaster may go to a provider outside of the network without obtaining authorization from his or her plan. In addition, any cost-sharing for out-of-network or out-of-area access should be reduced to the in-network rate for beneficiaries affected by the disaster. To the extent possible, plans should conduct outreach to members in affected areas. Plans should be prepared to help beneficiaries access care and answer questions from out-of-network providers.

To effectuate these policies, CMS expects sponsors to continuously monitor the Federal Emergency Management Agency (FEMA) Website (<http://www.fema.gov/news/disasters.fema>) for issuance of Presidential major disaster declarations and the DHHS Website

(<http://www.dhhs.gov/>) for public health emergency declarations. Sponsors should also visit the CMS and Medicare.gov websites for more information, including beneficiary Q&As, to be posted within the next few days. Sponsors should be on the alert for these declarations and should not rely upon CMS notification to effect appropriate changes in policies and procedures.

Part D sponsors should remove refill too soon edits for those enrollees whose primary residence is located in the geographic area identified in the declarations, regardless of the location at which they are attempting to obtain a refill. At the end of the emergency declaration, as specified in the aforementioned Web sites, Part D sponsors should re-implement their edits, and all plans should continue to work closely with enrollees who are displaced or otherwise impacted by the disaster. Part C sponsors should also re-implement their network requirements when the emergencies end or in accordance with additional CMS guidance.

We appreciate your efforts to work with enrollees affected by Federal disasters or other public health emergency declarations. If you have any questions concerning this memorandum, please contact Greg Dill via email at gregory.dill@cms.hhs.gov or by phone at 312-353-1754, or Amy Larrick at amy.larrick@cms.hhs.gov or by phone at 410-786-2585.