Questions and Answers About the SPAP Auto-Enrollment Process

Q. 1 How do we know which states can act as an authorized representative for their members? Does CMS have a list of qualifying states?

CMS does not have this information. Sponsors should check with the appropriate State agencies regarding their State law and whether the State can act as the beneficiary's authorized representative.

Q. 2 How does the auto-enrollment work?

The auto-enrollment process for SPAP members is similar to the current enrollment process for other beneficiaries, with the exception that the States could provide an electronic file for its members. States are required to submit all of the information required by CMS to determine eligibility for the drug card and for the \$600 credit. (Note: While the HIC number is a required field, CMS will not reject an enrollment that does not contain this field, as long as the SSN is provided.)

Q. 3 Will auto-enrollment be limited to those eligible for the \$600 credit?

No. States may auto-enroll SPAP members into the Medicare-approved discount drug card without the additional \$600 credit.

Q. 4 How are states expected to give a beneficiary the option to decline?

States have been instructed to notify beneficiaries in writing prior to the enrolling them with the sponsor. (Please see additional guidance.)

Q. 5 Will the beneficiary have to complete an enrollment form? If so who will be responsible for retaining that signed form?

Whether the beneficiary has to complete a paper form depends on the circumstances in each State. For example, if the State chooses to submit the required information electronically, there would be no paper form. On the other hand, if the State helps its SPAP members complete the form, and the members have to sign the form, then this form would be delivered to and retained by the Sponsor. (Please see additional guidance for information about the possible approaches States may adopt.)

Q. 6 Will the same notice requirements apply to the state auto-enrolled population?

Yes, the same notice requirements will apply, and these notices must be sent to the SPAP member. However, States may want to know information about those members who are enrolled in the discount card, and those who are denied enrollment or eligibility for the \$600. CMS encourages the States and Sponsors to determine what type of information will be shared and how this will occur.

Q. 7 If a member chooses to disenroll from a program in which they were auto-enrolled, do they qualify for a Special Election Period change?

Yes, these individuals qualify for a Special Election Period that continues until the start of the Annual Election Period on November 15, 2004.

Q. 8 What is the completed application date for SPAP auto-enrollments?

The completed application date is the date that the sponsor receives the file from the SPAP.

Q. 9 What information do SPAPs need to send to drug card sponsors in order to auto-enroll their members?

SPAPs and drug card sponsors should work closely to arrange and manage the data sharing that will be necessary to accomplish auto-enrollment. At a minimum, SPAPs must provide the sponsor with all the data elements necessary to successfully determine each beneficiary's eligibility and submit transactions to CMS for verification and enrollment. It is also likely that sponsors will need demographic information, such as home address and telephone number, to communicate required eligibility and enrollment notices and plan materials to beneficiaries.

Q. 10 What if an SPAP wants to auto-enroll its members in the drug card and to obtain the additional \$600 for them, but does not have all of the necessary information about its members? (For example, what if the SPAP does not know if its members have other coverage for outpatient prescription drugs?)

In order to auto-enroll its members, the SPAP must be able to provide all of the necessary information including, for example, whether the member has other coverage for outpatient prescription drugs and attest to the drug card sponsor that the information provided about its members is correct and complete to the best of the SPAP's knowledge. If the SPAP cannot provide this information, or the attestation, the SPAP cannot auto-enroll the member(s). [Note: The only exception to this requirement is that, if the SPAP does not have the Medicare ID number, or HICN, for the enrollee, but does have the individual's social security number, the SPAP may still auto-enroll this individual. Please see the discussion in Q. 11 below.]

Q. 11 What if the SPAP does not have the Medicare ID number (or HICN)?

We understand that SPAPs may not have the Medicare ID number (or HICN) in it's records. In this case, the SPAP may still submit all the other required information, as agreed upon with the sponsor, and the sponsor may consider this information complete for purposes of accepting the enrollment in these limited circumstances.

CMS will attempt to match beneficiaries using the other data elements (such as SSN and DOB) as provided. For those beneficiaries that are matched, verified and enrolled, the sponsor will receive the Medicare ID number (HICN) from CMS in the monthly membership reports.

Q. 12 Can an SPAP obtain the additional \$600 for its members who are also members of managed care plan that is an exclusive sponsor?

If the SPAP is the beneficiary's authorized representative, it may complete the enrollment for the additional \$600 through electronic means, i.e., by sending a file to the exclusive sponsor that contains the required information for its members. As the beneficiary's authorized representative, the SPAP will be attesting to the truth and accuracy of the information it provides on behalf of its members. Therefore, the SPAP should include a statement attesting to the truth of the information provided.

SPAPs are encouraged to work with all exclusive sponsors in their state to obtain the additional \$600 on behalf of their members, and to also ensure that they coordinate with the sponsors when sending information to their members who are also members of a managed care plan that offers an exclusive card.

Q. 13 If a beneficiary is enrolled in a managed care plan that is an exclusive drug card sponsor, and also participates in a State Pharmacy Assistance Program (SPAP), which enrollment takes precedence?

Individuals enrolled in a managed care plan that offers an exclusive drug card can only enroll in that exclusive sponsor's drug card. The SPAP should notify its members of this requirement.

Q. 14 How does this auto-enrollment for the additional \$600 impact the group enrollment process for exclusive card sponsors?

Exclusive sponsors will be notified by CMS (through EEVS) when their group enrollment files have been processed. They will also know the status of their group enrollment files via CMS' GROUCH reports that are released on or about the 24th of the month. Sponsors would then send in the files for their members who are also members of the SPAP and will receive a response from CMS within 48 to 72 hours.

Q. 15 What if an individual in a managed care plan that offers an exclusive card declines the enrollment in that sponsor's card, but later decides they would like to enroll with that exclusive card?

Individuals who decline this enrollment are not considered to have "disenrolled" from the exclusive card and will therefore be able to enroll in that card at any time during the year if they change their mind