CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

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May 13, 2014

Kelly Munson
WellCare of Kentucky
13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223

Dear Ms. Munson,

I am writing in response to a letter dated May 7 from Rosmond Dolen regarding WellCare's Durable Medical Equipment (DME) reimbursement practices for Medicaid recipients whom are Qualified Medicaid Beneficiary (QMB) eligible and receiving SSI benefits. In the letter, Ms. Dolen refers to previous correspondence between the Department and WellCare concerning the processing of dual eligible and cross-over claims. While Ms. Dolen is correct that the Department did approve of WellCare's policies and procedures, none of those covered the situation described in my recent letter. The situation I wrote was concerning DME supplies provided by pharmacies to SSI recipients with QMB eligibility. As I stated in the letter:

> Generally, recipients eligible for SSI benefits are responsible for cost share liability. However, some SSI recipients also have QMB eligibility. These combination recipients are identified on the 834 file with a status description of ZZ-SSI w/ QMB. Those members eligible for SSI and QMB pursuant to both federal and Kentucky state guidelines are eligible for Medicaid payment of Medicare Part A and Part B premiums plus all cost share, including deductibles, coinsurance, and copayments (except for Part D claims). This would include DME copayments for diabetic supplies since DME falls within the purview of Medicare Part B reimbursement.

I believe that the information above answers both questions raised by Ms. Dolen in that it gives WellCare the guidance necessary to determine which specific members are eligible for the co-pay and also addresses how these members will be identified on the 834 enrollment file.

I appreciate WellCare's timely response to my letter. Once again, I am asking that WellCare notify me within two business days of receipt of this letter with an outline of the steps WellCare

is taking to resolve any reimbursement discrepancies. Please note that any corrective reimbursement for providers should include an interest adjustment.

I look forward to receiving your response and will be available for any questions you may have.

Sincerely,

Thomas McMahan
Senior Policy Advisor
Department for Medicaid Services

cc: Lawrence Kissner, Commissioner, Department of Medicaid Services
Lee A. Guice, Director of Policy and Operations, Department of Medicaid Services
Christina Heavrin, General Counsel, Cabinet for Health and Family Services
Elizabeth Justus, Managed Care Oversight, Department for Medicaid Services