

**FIDA FAQ Released for 3/6/15**

- 1. Who do providers contact if there are technical issues with the Lewin portal?**
  - A. The Lewin technical assistance email is [RIC@LEWIN.COM](mailto:RIC@LEWIN.COM)
  
- 2. If an individual opts out and comes back in before the passive effective of date when would they be enrolled?**
  - A. The answer depends on the date in which they make the decision to come back into the FIDA plan from which they opted out. If it is before the 20<sup>th</sup> day cut off, the enrollment will be effective on the first day of the next month. If it is after the 20<sup>th</sup> day cut off, the enrollment will be effective on the first day of the second month from when they request to re-enroll.
  
- 3. Does the FIDA member need to take the IDT training?**
  - A. As previously mentioned, the member does not have to take the IDT training if they do not want to but the care manager should educate the member as to the IDT's responsibilities.
  
- 4. What are the designee's IDT responsibilities?**
  - A. The designee does not need to complete the online IDT training if he or she does not want to. The care manager should educate the participant's designee on the role of the IDT and the designee's responsibilities.
  
- 5. Can plans share the Medicare historical data with the PBM?**
  - A. Yes. To access the Medicare Parts A, B, and D historical data, the PBM must submit a DUA Addendum to the FIDA Plan's approved DUA with CMS for the Medicare historical claims data. The DUA Addendum must include the DUA number for the approved DUA with CMS.  
If the PBM wants to access the Medicare Part D historical data, it needs to also file a Conflict of Interest Letter – No Conflict or Conflict of Interest Letter – Potential Conflict. Please see following State Data Resource Center (SDRC) link for more details: <http://www.statedataresourcecenter.com/data-request-process-details.html>. Templates for the DUA Addendum, Conflict of Interest Letter – No Conflict, and Conflict of Interest Letter – Potential Conflict are all available under the “Part D Data: Request Package Files” section of the aforementioned SDRC link. Instead of addressing the Conflict of Interest Letters to the State Point of Contact (as stated in the templates), the PBM should address these letters to the Plan Point of Contact, which is the individuals at the FIDA Plan who signed the approved DUA with CMS for Medicare historical claims data. The PBM should also remove the reference to program integrity in the letter template.



**6. Can plans market in Region II beginning on March 1?**

- A. No. Per the DOH email distributed on 2/27/15, CMS/DOH are temporarily pausing the implementation of Region II (Suffolk and Westchester) due to network deficiencies.
- Plans should not begin marketing in Region II on March 1, 2015 as previously required.
  - No opt-in enrollments will be accepted.
  - CMS/DOH will continue to review networks in those counties.

**7. When will the monthly dashboard be final?**

- A. The monthly dashboard was released by HPMS on 2/20/15.

**8. Can the 90 day or program announcement letter be amended to mention spend down?**

- A. The program announcement letter for region II has been updated to mention spend down. Similarly the 90-day letter has been revised to mention spend down.

**9. We noticed there was a criminal background check requirement in three-way contract. What are the procedures? Please clarify.**

- A. The three-way contract requirement is in Appendix C which describes what plans must include in their contracts with First-Tier, Downstream, and Related entities. It was not meant to be a requirement that all providers complete criminal background checks but a requirement that plans indicate in these provider contracts any requirements, or related policies or procedures they are imposing.

**10. Does a plan have to submit a formal written request to another plan to obtain the care of plan document?**

- A. A requesting plan must demonstrate that the individual is now enrolled in the new plan. A requesting plan can email, FAX, or mail the prior plan to request the prior plan of care and confirm the prospective enrollment. The plan receiving the request does not need to contact the participant and must comply with the marketing guidance related to contacting disenrolling participants.