

No Medicare Part D Co-Pays for Waiver Recipients in 2012



Beginning on January 1, 2012, Medicare consumers who are also in one of Pennsylvania's Home and Community-Based Services Waiver Programs will have **no co-pays** for their Medicare Part D prescription medications!

Who does this apply to?

All Medicare consumers who are also enrolled in one of these waiver programs:

- Aging (PDA) Waiver
- LIFE Program
- Attendant Care Waiver
- Independence Waiver
- COMMCARE Waiver
- OBRA Waiver
- Person/Family Directed Support (PFDS) Waiver
- Consolidated Waiver
- AIDS Waiver
- Adult Autism Waiver



What Co-pays Are These Consumers Paying Now?

A Medicare beneficiary who is also approved for a HCBS waiver program receives an ACCESS card and is considered a "full dual eligible". These individuals

- are automatically entitled to a full Low Income Subsidy (LIS) from Medicare
- pay only small co-pays for their Part D covered medications (either \$1.10 or \$2.50 for generics; \$3.30 or \$6.30 for name brands, depending on the person's income)

How Will This Change Work?

If the consumer is already in a Medicare Part D Plan:

Once Medicare is informed by the state that a Medicare beneficiary is also in a waiver program, Medicare will inform the person's Part D plan that the consumer should be charged no co-pays for their medications covered by the Plan. The Part D Plan should put a

“code” into their system so that when the pharmacy bills the Plan for a medication, it goes through without the consumer being charged any co-pay.

If the consumer is not in a Part D Plan

Once Medicare is informed that a Medicare beneficiary is also in a waiver program and is, therefore, a dual eligible, Medicare will auto-enroll the consumer into a zero-premium, stand-alone Part D Plan. Medicare will inform the Plan that the consumer should be



charged no co-pays for their medications covered by the Plan. The Part D Plan should put a “code” into their system so that when the pharmacy bills the plan for a medication, it goes through without the consumer being charged any co-pay.

If a waiver recipient needs medication before their auto-enrollment into a Part D plan starts, they should ask the pharmacy to bill LI NET (the back-up plan for dual eligibles and people with LIS who do not yet have active coverage through a Part D plan). Individuals should call the PA Health Law Project (see below for contact info) for assistance.

What if the consumer is still being charged Part D co-pays after January 1st?

Consumers (or their advocate, family member, pharmacist) can give their Part D Plan proof that they are enrolled in a waiver program, and the Plan must accept the proof and stop charging the consumer co-pays. Proof of enrollment in a waiver program includes:

- ✓ a state-issued Notice of Action showing the consumer is eligible for waiver services any time from July, 2011 on;
- ✓ a state-approved Service Plan for waiver services effective any time from July, 2011 on;
- ✓ a state-issued prior authorization approval letter for waiver services with an effective date any time from July, 2011 on;
- ✓ other documentation provided by the state showing waiver eligibility status from July, 2011 on.

For questions about this change, or for help with waiver participants being incorrectly charged Part D co-pays, call PHLP’s Helpline at 1-800-274-3258.