



How Your Medical Assistance Coverage Will Change When You Get Medicare

If you have Medical Assistance (hereinafter “Medicaid”) coverage, your Medicaid coverage will change when you also become eligible for Medicare. It is important to know about these changes so that you can take action to make sure you have ongoing coverage. If you currently get benefits through Medicaid, you either use an ACCESS card or a Medicaid HMO card (i.e., Gateway Health Plan, United Healthcare Community Plan, UPMC for You, Keystone Mercy Health Plan, AmeriHealth Mercy Health Plan, Health Partners, Aetna Better Health or Coventry Cares) when you get health care services.

Once you are enrolled in Medicare, your Medicaid coverage will change in the following ways:

- For ALL Medicaid consumers, Medicaid will no longer cover most of your prescription drugs. **You will need to enroll in a Medicare Part D plan for ongoing prescription drug coverage.**

If you do not enroll in a Medicare Part D Plan, Medicare will auto-enroll you into a Plan. To be sure that you have a Part D plan that covers your medications, you should choose a Part D plan and enroll rather than waiting for Medicare to enroll you. If you need help picking a Part D plan, you can contact the APPRISE Program at 1-800-783-7067 or you can call Medicare at 1-800-633-4227.

- For Medicaid consumers currently enrolled in one of the Medicaid HMOs listed above, **you will be disenrolled from your Medicaid HMO and you will then need to use your ACCESS card as your ongoing Medicaid coverage.**

-If you get food stamp benefits in addition to your Medicaid coverage, you will use the green EBT ACCESS card.

-If you only get Medicaid benefits (and no food stamp benefits), you will use a yellow ACCESS card.

If you are on Medicaid but do not have an ACCESS card, you should contact your caseworker at the local County Assistance Office or you can contact the Change Center at 1-877-395-8930 to request one.

Other Important Things to Know:

- Even though Medicaid will no longer cover most medications after you are enrolled in Medicare, **your ACCESS card will continue to cover certain types of medications that are excluded from Medicare Part D coverage.** These categories include:
 - Benzodiazepines (i.e., Ativan, Klonopin)
 - Barbiturates (i.e., Phenobarbital, Valium)
 - Some Over-the-Counter Medications (such as vitamins like Folic Acid or Vitamin B-12 injections or medications such as aspirin)

If certain medications you take are not covered by Part D, ask your Pharmacy if these medications are in one of the categories listed above that will be covered by the ACCESS card. You may need to get prior authorization before the ACCESS card will cover a medication in these categories.

- **You will need to use your ACCESS card along with your Medicare card when you get all other health care services** such as hospital visits, doctor visits, lab tests, and/or getting medical supplies or durable medical equipment. The ACCESS card will help you with your Medicare cost-sharing. You must show your ACCESS card to make sure that your provider knows you have ACCESS and knows that they cannot bill you for what Medicare does not pay.



If you enroll in any Medicare Advantage Plan including Gateway Medicare Assured, United Healthcare Dual Complete, UPMC for Life Specialty Plan, Security Blue Care, Bravo Select, Bravo Silver or Geisinger Gold Secure 1, you still need to show your ACCESS card for all healthcare services!

- **You automatically qualify for a Full Subsidy to help you with your Medicare Part D Plan costs.** This means that you will not have to pay a monthly premium (as long as you join a basic plan with a premium below \$34.32* in 2012), you will not have to pay an annual deductible, you will not have a donut hole, and you will only pay small co-pays for medications that range from \$1.10 to \$6.50 in 2012.

*If you want to know which plans will be zero-premium for you in 2012, you can call the PA Health Law Project Helpline at 1-800-274-3258 or see our website at www.php.org.

- **If you go to the pharmacy and find out that your Medicaid coverage will no longer cover prescription drugs** because you are now eligible for Medicare, you can ask your pharmacy to check the system to see if you have coverage through a Medicare Part D Plan. The pharmacy can either do this through the computer or by calling 1-866-835-7595. If you do have Part D coverage, the pharmacy can bill that plan for your medications. If you DO NOT have Part D coverage, you can ask the pharmacy to bill **LI NET**.

LI NET is a back-up process for individuals who have Medicare and Medical Assistance but who are not currently enrolled in a Medicare Part D plan. The pharmacy can use the numbers from your Medicare card and your ACCESS card to use this process. If your pharmacy does not know how to bill LI NET or if they have problems billing this back-up plan, you can have them call the LI NET Helpdesk at **1-800-783-1307** or go to the LI NET Pharmacy portal at http://www.humana.com/pharmacists/resources/li_net.asp.

If you have further questions about this information or if you need help getting prescription drugs after you become eligible for Medicare, please call our Helpline at 1-800-274-3258.

About the Pennsylvania Health Law Project

The Pennsylvania Health Law Project (PHLP) is a statewide center of legal expertise and advocacy devoted to helping low income families, the elderly, and Pennsylvanians with disabilities gain access to quality health care. PHLP is a private, nonprofit organization with offices in Philadelphia, Pittsburgh and Harrisburg. PHLP's services are free to qualified individuals.

Call our statewide, toll-free Helpline: **1-800-274-3258**.

For more information, check out our website: **www.phlp.org**.

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call the Helpline at 1-800-274-3258.