

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:

- ¾ Aging (PDA) Waiver
- ¾ LIFE Program
- ¾ Attendant Care Waiver
- ¾ Independence Waiver
- ¾ COMMCARE Waiver
- ¾ OBRA Waiver
- ¾ Person/Family Directed Support (PFDS) Waiver
- ¾ Consolidated Waiver
- ¾ AIDS Waiver
- ¾ 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.

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 call the Helpline at 1-800-274-3258.