

WEST VIRGINIA MEDICAID FACT SHEET

MEDICARE MODERNIZATION ACT (MMA) PART D – PHARMACY COVERAGE

Revised December 18, 2005

- Beginning January 1, 2006, persons eligible for both Medicare and Medicaid (dual eligible individuals or “duals”) will have prescription drug coverage through Medicare Part D. Medicaid will no longer be responsible for covering pharmacy benefits for these individuals.
- Medicaid members aged 65 and older with no Medicare information on file will be presumed to have Medicare coverage unless we receive information to the contrary. These persons must submit a copy of their letter of Medicare ineligibility from the Social Security Administration in order to continue to receive Medicaid pharmacy benefits.
- Because these persons are “dual eligible” individuals, they are exempt from the following Part D requirements: monthly premiums, deductibles, and “donut hole”. Their Medicare co-payments will continue to be no more than \$3 per prescription. (Medicare eligible individuals residing in long-term care facilities will be excluded from the co-payment requirement). Duals that are children covered by Medicare will have to pay co-payments although they were excluded from co-payment requirements under Medicaid.
- Some drugs will not be covered by Medicare (excluded drug categories). Medicaid will continue to cover the drugs in the excluded drug categories that are covered for other persons who are eligible for Medicaid. Medicaid co-payments will apply to excluded drugs.
 - Selected over the counter drugs (except for those individuals in long-term care facilities, as over the counter drugs are included in the daily nursing facility rate, **including loratadine**)
 - Selected drugs to treat cough and cold symptoms
 - Benzodiazepines
 - Selected barbiturates (Phenobarbital, mephobarbital)
 - Selected prescription vitamins and minerals
- Dual eligible members will have tobacco cessation services covered by Medicare. Therefore, the YNOTQUIT help line and drugs used for this purpose will no longer be covered by Medicaid for dual eligible members.
- In December, Medicaid will only allow up to a 34-day supply of drugs to be filled.
- Medicaid will not be “wrapping around” benefits for duals. This means that if the Part D Plans (PDP) do not cover particular drugs on their formularies (in the covered categories), Medicaid will not be covering these drugs for the duals. The member will need to either appeal the denial of coverage to their Medicare PDP, change to another PDP that covers more of the drugs they are currently taking, or conform to the PDP’s formulary (have the physician to write for formulary drugs). Medicaid will not be filling the gaps that may exist in prescription coverage other than coverage of the excluded categories as described above.

- Although Medicaid covers Medicare deductibles, co-insurance amounts and co-payments for dual eligible individuals for other Medicare-covered services (such as hospital charges, physician visits, etc), these individuals are responsible for their Part D co-payments (except for individuals in long-term care facilities).
- Qualified Medicare Beneficiaries (QMB) will also have prescription drug benefits through Medicare Part D. Because these persons are not “full duals” and currently have no pharmacy coverage under Medicaid, they will not have Medicaid coverage for drugs in the excluded categories.
- Persons with Medicare coverage, who from time to time “spend down” to qualify for Medicaid, will have pharmacy coverage through Medicare Part D and will only have Medicaid coverage for the drugs in the excluded categories when they have met their spend down for Medicaid eligibility.
- Persons who have coverage through the Special Pharmacy Program using all state funds for coverage of immunosuppressant drugs and atypical antipsychotic drugs and who may also be eligible for Medicare benefits, will be required to pursue coverage of these drugs through Medicare.
- Dual eligible members are allowed to change their Medicare PDP every month.

Pharmacists:

- *Claims submitted to Medicaid for drugs which are not covered by Medicaid for dual eligible members will deny with NCPDP edit 70 (Unisys edit 202), “NDC not covered”.*
- *Medicaid will require pharmacies to send claims for the Medicare excluded categories to the Part D Plans (PDPs) before it will be considered by Medicaid. This is due to some Medicare PDPs electing to also include the excluded categories in their benefit packages. Drugs which are covered for dual eligible members in the excluded categories will deny with NCPDP edit 41 (Unisys edit 7220), “Submit bill to other processor or primary payer”. Medicaid will accept claims for secondary processing for drugs which are covered in the excluded categories.*

Questions regarding this document can be submitted to the Bureau for Medical Services email address, medpharm@wvdhhr.org.

More information regarding the Medicare Part D prescription benefit:

- 1-800-MEDICARE
- 1-800-SSA-1213
- 1-877-987-4463 (local State Health Insurance Assistance Program [SHIP])
- www.medicare.gov
- www.cms.hhs.gov
- www.cms.hhs.gov/medicarereform/pharmacy/hottopics.asp
- www.ssa.gov

Toolkits:

- Providers: www.cms.hhs.gov/medlearn/provtoolkit.pdf
- Beneficiaries: <http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/hihresourcekit/default.asp>