

Medicare Prescription Drug Coverage Fact Sheet

Full-Benefit Dual Eligible

(Medicaid and Medicare)

- Effective 1/1/06, a Medicaid client who has both Medicaid and Medicare (also known as a full-benefit dual eligible) must get their prescription drugs through Medicare Part D with some exclusions. Medicaid is not permitted to cover any Part D drug.
- Beginning 11/15/05, a full-benefit dual eligible will be able to select and enroll with a PDP. If they have not enrolled with a PDP by 12/31/05, they will be auto-enrolled by Medicare into a randomly selected PDP with an effective date of 1/1/06. This will ensure there is no gap in coverage. They should be encouraged to select and enroll with a PDP that will cover the drugs they need.
- There are no premiums or deductibles because a full-benefit dual eligible is automatically eligible for the LIS.
- If Medicare covers the prescription, there is a Medicare co-payment of \$1 generic/\$3 brand for individuals with income that does not exceed 100% FPL or \$2 generic/\$5 brand for individuals with income greater than 100% FPL. Medicaid will not cover the Medicare co-payment. There is no monthly limit on the total client co-payment amount for Medicare covered prescriptions. Clients in nursing homes will have no co-payment after a full calendar month stay.
- Full-benefit dual eligibles do not have to wait for an open enrollment period to change their PDP. They can change plans at any time and the change will be effective the following month. This is done through their PDP.
- Medicaid will cover some of the drugs which are excluded from Part D. These include over-the-counter (OTC) drugs, benzodiazepines, and barbiturates. If a drug excluded by Medicare is currently covered by Medicaid, there will be no change in coverage.
- If Medicaid covers the prescription, a Medicaid co-payment may apply. Medicaid co-payments are limited to a total of \$15.00 per month. This monthly limit only applies to prescriptions covered by Medicaid and not prescriptions covered by Medicare.
- All questions about Part D coverage should be directed to Medicare or the PDP.
- Provider questions regarding policy for Medicaid coverage should be directed to DMAP Provider Relations.
- Client questions regarding policy for Medicaid coverage should be directed to DSS Customer Relations. Client questions regarding specific payment/denial/prior authorizations should be directed to the DMAP Client Pharmacy Call Center.