

Medicare Part D Follow-up Questions to Update

Q: What is my cost when I first enroll in a drug plan and I am given the thirty day transition fill?

A: The cost sharing for transition supplies for low income subsidy individuals can never exceed the LIS copayment amounts. For non-LIS enrollees, the drug plan must charge cost-sharing based on one of its approved drug cost-sharing tiers, this cost sharing must be consistent with cost sharing that the sponsor would charge for non-formulary drugs approved under a coverage exception.

Q: What is a good website for looking up drug information?

A: The following website was given to me by CMS for looking up drug information. It will tell you the brand and generic name for a drug, the correct spelling what it is used for etc.

<http://www.nlm.nih.gov/medlineplus/druginformation.html>

Q: Will Medicaid pay the cost share for a full Medicaid individual who is enrolled in a Medicare Advantage plan and receives services from an out-of-network provider?

A: Iowa Medicaid will automatically pay the coinsurance/deductible after Medicare has paid, even if the provider isn't an in network provider for the member's Medicare PPO plan.

Q: How long does Low-Performing SEP last?

A: If after January 1, 2014 you are enrolled in a low performing plan, a plan that has been rated below three stars for three years in a row, you are allowed a one time opportunity to move to a plan that is rated 3- Stars or higher. This SEP can be done anytime during the year. To take advantage of this SEP the individual must call 1-800 Medicare.

Q: Is the nursing home required to pay for a Part D premium if the resident is a full Dual Eligible (Medicare and Full Medicaid)?

A: No. The nursing home needs to file a Medical Exception with the Department of Human Services. Once the exception is filed, Medicaid will make allowances for the cost. The resident does not need to use their \$50 monthly allowance to pay for the Part D premium cost.