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Important Message to Nursing Home Administrators About Medicare Prescription Drug Coverage – The Tenth in the *Medlearn Matters* Series

Note: This article was revised on November 15, 2005, to provide a new web address on page 2 for viewing a copy of the letter sent by CMS to nursing home residents who are Medicare beneficiaries who also have full Medicaid coverage.

Provider Types Affected

Skilled nursing facilities (SNFs) and nursing homes with Medicare residents

Impact on Providers

This article contains information on Medicare prescription drug coverage as it applies to nursing home residents. The Centers for Medicare & Medicaid Services (CMS) will continue to use *Medlearn Matters* articles, where appropriate, to supplement the Minimum Data Set (MDS) channel to communicate important information and recommended action steps.

The goal is to ensure that the long term care population has a seamless transition to Medicare prescription drug coverage beginning January 2006.

Important Points to Remember

Key points to remember about the new Medicare prescription drug coverage include the following:

- On January 1, 2006, new prescription drug coverage, also known as Part D, will be available to all of your Medicare residents. It will cover brand name and generic drugs.
- Everyone with Medicare is eligible to join a Medicare drug plan in their area.
- Your residents can first enroll in a Medicare drug plan from November 15, 2005 – May 15, 2006.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

- This new drug coverage requires all persons with Medicare to make a decision this fall. As a trusted source, your residents may turn to you for information about this new coverage.
- Please encourage your Medicare residents to learn more about this new coverage because it may save them money on prescription drugs.
- There is extra help for people with limited income and resources.

If your Medicare residents ask you questions about the new coverage, you can refer them to <http://www.medicare.gov> and 1-800-MEDICARE for additional information and assistance.

Background

At the end of October 2005, CMS mailed a letter to nursing home residents with Medicare and full Medicaid coverage (full-benefit dually eligible beneficiaries). This letter explained that Medicare, instead of Medicaid, will start paying for their prescription drugs beginning January 1, 2006.

The letter explained that if they don't enroll in a plan by December 31, 2005, Medicare will enroll them in a plan to make sure they don't miss a day of coverage. The letter provided the name and contact information for the plan in which Medicare would enroll them.

A sample copy of this letter can be found at:

<http://www.cms.hhs.gov/medicarereform/Enrollment-Q&A-10-20-05-with-cover-sheet.pdf> on the CMS web site.

Generally, residents with full Medicaid coverage who are enrolled in a Medicare Advantage plan or the Program of All-Inclusive Care for the Elderly (PACE) will receive their Medicare drug coverage through that plan.

CMS is establishing a web-based system through which nursing homes can access residents' plan enrollment information. This will enable the nursing facility, with the resident's permission, to identify the Medicare drug plan in which the resident is enrolled.

Everyone with Medicare is eligible to join a Medicare drug plan in their area. Many of your residents may want to join a plan to help with the high costs of medications. Your residents can first enroll in a Medicare prescription drug plan from November 15, 2005 – May 15, 2006.

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Action Item

Residents with limited income and resources can apply for extra help paying for their prescription drugs. They can apply for this extra help through the Social Security Administration or their State Medical Assistance Office.

For more information on who can get extra help with prescription drug costs and how your residents can apply for that help, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778. You may also find this information at <http://www.socialsecurity.gov/> on the web.



Remember, your facility may request applications for the extra help and help residents who may qualify apply. It is important to submit applications for the extra help for new residents who are “Medicaid pending.” Residents who have Medicare and full Medicaid coverage, get help from Medicaid paying their Medicare premiums, or receive Supplemental Security Income (SSI) benefits, automatically qualify for extra help and **do not need to apply** for it.

Additional Information

More information concerning Medicare prescription drug coverage and the nursing home population will continue to be supplied through articles such as these and through the MDS channel. Additional information and resources are available at <http://www.cms.hhs.gov/medicarereform/pdbma/> on the CMS web site.

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