

Full Benefit Dual Eligible (FBDE) (People who had full Medicaid benefits including drug coverage through their State Medicaid program through 12/31/05)

Audience	What If...	Answer
1. Medicare & Medicaid FBDE	A FBDE goes to a pharmacy and presents their Medicaid card	<p>The pharmacy should check its records and determine which plan the person is enrolled in. The pharmacy staff should explain that Medicaid coverage for prescription drugs for people with Medicare stopped on December 31, and let the person know which Medicare plan will now cover their drugs. The pharmacist will fill the prescription, submit a claim to the plan and charge the person the correct copay.</p> <p>If the pharmacist verifies Medicare and Medicaid eligibility, and determines the person is not already enrolled in a Medicare drug plan. The pharmacist will confirm the person wants drug coverage. If the person agrees, they will be enrolled in Wellpoint (Anthem), a national prescription drug plan. The pharmacist will submit the claim to Wellpoint (Anthem), charge the \$1/\$3 copay amount and fill the prescription.</p> <p>The person may choose not to be enrolled in Wellpoint (Anthem) at that time or enroll in another plan. If they continue to want to have their prescription filled, the person can pay the full cash price for his/her prescription. The person can also ask the pharmacy to give them only part of the prescription until he/she can enroll in a plan.</p> <p>If the person wants to join a different plan, they can join a plan by calling the plan directly, or calling 1-800-MEDICARE, or using the On-Line Enrollment Center. The enrollment will be effective the first day of the month following the submission of a complete enrollment application.</p> <p>Note: The person will need to have sufficient proof of identity (state law). They may be required to have personal photo identification or other supporting documentation with them to substantiate their identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b></p>

<b>Audience</b>	<b>What If...</b>	<b>Answer</b>
2. Medicare & Medicaid FBDE	A FBDE goes to a pharmacy and they have not been assigned to a plan	<p>If the person claims to have Medicaid and Medicare, the pharmacist will verify that the person is eligible for both Medicare and Medicaid, and that the person is not already enrolled in a Medicare drug plan. The pharmacist will confirm the person wants drug coverage. If the person agrees, they will be enrolled in Wellpoint (Anthem), a national prescription drug plan. The pharmacist will fill the prescription, submit the claim to Wellpoint (Anthem) and charge the \$1/\$3 copay amount.</p> <p>Note: The person will need to have sufficient proof of identity (state law). They may be required to have personal photo identification or other supporting documentation with them to substantiate their identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b></p>
3. Medicare & Medicaid FBDE	A FBDE opted out of their autoassigned plan, goes to a pharmacy and believes they still have Medicaid coverage	<p>The pharmacy staff should explain that Medicaid coverage for prescription drugs for people with Medicare stopped on December 31. If they want to have their drugs paid for, they will need to enroll in a Medicare drug plan.</p> <p>If they do not need a prescription filled at that time, they should be counseled that they can also join a plan by calling the plan directly, or calling 1-800-MEDICARE, or using the On-Line Enrollment Center. The enrollment will be effective the first day of the month following the submission of a complete enrollment application.</p> <p>If they do need their prescription filled at that time, the pharmacist will verify Medicare and Medicaid eligibility. The pharmacist will confirm the person wants drug coverage. If the person agrees, they will be enrolled in Wellpoint (Anthem), a national prescription drug plan. The pharmacist will fill the prescription, submit the claim to Wellpoint (Anthem) and charge the \$1/\$3 copay amount.</p> <p>Note: The person will need to have sufficient proof of identity (state law). They may be required to have personal photo identification or other supporting documentation with them to substantiate their identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b></p>

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4. Medicare & Medicaid FBDE	A FBDE person with Medicare just qualified for Medicaid in December 2005	<p>Medicare will automatically enroll the person into a drug plan once Medicare is notified by the State that the person has Medicaid. The pharmacy should check its records in the system and determine which plan the person is enrolled in. If there is no record of plan enrollment, the pharmacist should call the designated pharmacy enrollment/eligibility helpline or 1-800-MEDICARE to identify the plan in which the person is enrolled and the plan's telephone number. The pharmacy can then call the plan to get the information needed to send a claim to the plan.</p> <p>If the person needs a prescription before the enrollment record is available, the pharmacist will verify that the person has both Medicare and Medicaid coverage and is not already enrolled in a plan. The pharmacist will confirm the person wants drug coverage. If the person agrees, they will be enrolled in Wellpoint (Anthem), a national prescription drug plan. The pharmacist will submit the claim to Wellpoint (Anthem), charge the \$1/\$3 copay amount and fill the prescription.</p> <p>The person may choose not to be enrolled in Wellpoint (Anthem) at that time. If they continue to want to have their prescription filled, the person can pay the full cash price for his/her prescription. The person can also ask the pharmacy to give them only part of the prescription until he/she can enroll in a plan. Once they receive the letter notifying them of the plan in which they have been automatically enrolled, they can contact the plan to find out how to submit a claim for reimbursement of the amount the plan (and Medicare for cost sharing under LIS) would have paid.</p> <p>If the person wants to join a different plan, they can join a plan by calling the plan directly, or calling 1-800-MEDICARE, or using the On-Line Enrollment Center. The enrollment will be effective the first day of the month following the submission of a complete enrollment application.</p> <p>Note: The person will need to have sufficient proof of identity (state law). They may be required to have personal photo identification or other supporting documentation with them to substantiate their identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b></p>

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<p>5. Medicare &amp; Medicaid FBDE</p>	<p>A person just aged into Medicare this month and had Medicaid already</p> <p>Note: Medicare is working closely with states to get information about potential dual eligibles (both those who are within 3 months of aging into Medicare and those who are nearing Medicare eligibility because of a disability).</p>	<p>Medicare will automatically enroll the person into a prescription drug plan, with coverage effective as of the date the person is eligible for Medicare. The pharmacy should check its records in the system and determine which plan the person is enrolled in. If there is no record of plan enrollment, the pharmacist should call the designated pharmacy enrollment/eligibility helpline or 1-800-MEDICARE to identify the plan in which the person is enrolled and the plan's telephone number. The pharmacy can then call the plan to get the information needed to send a claim to the plan.</p> <p>If the person needs a prescription before the enrollment record is available, the pharmacist will verify that the person has both Medicare and Medicaid coverage and is not already enrolled in a plan. The pharmacist will confirm the person wants drug coverage. If the person agrees, they will be enrolled in Wellpoint (Anthem), a national prescription drug plan. The pharmacist will submit the claim to Wellpoint (Anthem), charge the \$1/\$3 copay amount and fill the prescription.</p> <p>The person may choose not to be enrolled in Wellpoint (Anthem) at that time. If they continue to want to have their prescription filled, the person can pay the full cash price for his/her prescription. The person can also ask the pharmacy to give them only part of the prescription until he/she can enroll in a plan. Once they receive the letter notifying them of the plan in which they have been automatically enrolled, they can contact the plan to find out how to submit a claim for reimbursement of the amount the plan (and Medicare for cost sharing under LIS) would have paid.</p> <p>If the person wants to join a different plan, they can join a plan by calling the plan directly, or calling 1-800-MEDICARE, or using the On-Line Enrollment Center. The enrollment will be effective the first day of the month following the submission of a complete enrollment application.</p> <p>Note: The person will need to have sufficient proof of identity (state law). They may be required to have personal photo identification or other supporting documentation with them to substantiate their identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b></p>

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6. Medicare & Medicaid FBDE	FBDE was not autoenrolled and shows up at pharmacy, but doesn't have appropriate proof of identification	Pharmacies are expected (and may even be required under State law) to establish certain safeguards to prevent fraud. Such safeguards are likely to include requiring a photo ID or other supporting documentation in order to verify the person's identity. If they do not have sufficient proof of identity, the person should be counseled to return with the necessary identification. <b>(final 12/29/05)</b>
7. Medicare & Medicaid FBDE	A FBDE was autoenrolled and needs a drug that's not on their plan's formulary	<p>The pharmacist will provide a temporary “first fill” of up to 30 days of a non-formulary drug under the plan’s new enrollee transition policy. The pharmacist may also discuss switching the prescription to a generic or therapeutic alternative that is on the plans’ formulary with the person or their prescribing physician.</p> <p>Note: Medicare drug plans are required to cover medically necessary treatments and should offer an alternative drug that works in a very similar way and generally has the same effects. <b>(final 12/29/05)</b></p>

## Medicare and Low-Income Subsidy (Not including Full Benefit Dual Eligible (NFBDE))

<b>Audience</b>	<b>What If...</b>	<b>Answer</b>
1. LIS NFBDE	A person goes to a pharmacy and although the pharmacy cannot confirm enrollment, the individual has a plan enrollment acknowledgment letter and proof of LIS	<p>The pharmacy should fill the prescription, submit a claim to the plan identified in the enrollment acknowledgment letter and charge the copayment amount.</p> <p>If a person has documentation that indicates they have qualified for extra help, but the cost sharing the pharmacy asks for is different, the person can ask the pharmacist to contact the plan to discuss the LIS documentation and to adjust the copay. Plans may not be able to determine from the documentation whether the copays should be \$1/\$3 or \$2/\$5. However, if the wrong cost sharing is charged, the plan can credit any necessary adjustment against the future copays.</p> <p>Note: The enrollment acknowledgement letter should include the information the pharmacy needs to send a claim to the plan. If the letter does not include this information, the pharmacy can call the plan to get the information needed to send a claim to the plan.</p> <p>The pharmacy can call the dedicated pharmacy enrollment/eligibility helpline or 1-800-MEDICARE to identify the plan into which the person is enrolled and obtain the plan's telephone number. <b>(final 12/29/05)</b></p>
2. LIS NFBDE	A person who has applied for and been approved for LIS but who has not yet enrolled in a plan shows up at a pharmacy thinking they have enrolled in a plan	The pharmacy should tell the person that they need to enroll in a Medicare drug plan to get Medicare drug coverage. The person can call 1-800-MEDICARE to get information and to compare the plans that are available to them. Staff at 1-800-MEDICARE can also help the person enroll in a plan of their choice. Once the plan receives a <b>complete</b> application, the person will be enrolled the first day of the following month. <b>(final 12/29/05)</b>

<b>Audience</b>	<b>What If...</b>	<b>Answer</b>
3. LIS NFBDE	A person with LIS joins a Medicare drug plan where they will have to pay part of the premium	<p>When a person who is LIS eligible enrolls in a plan with a premium not covered by the full premium subsidy, the plan must send them a notice to let them know that there are plans available to them in which they would not pay a premium. They are also told that they can call 1-800-MEDICARE for a list of the prescription drug plans in their area in which they would pay no premium.</p> <p>The person may choose to stay in the plan and pay part of the premium.</p> <p>If they want to join a plan where they will not have to pay a premium, they can do so by calling the plan directly, or calling 1-800-MEDICARE, or using the On-Line Enrollment Center. Enrollment in a different plan will automatically disenroll them from the current plan.</p> <p>The person will be enrolled in the new plan the first day of the following month. If they need to identify plans in their area where they would not have to pay a premium, they can get a list by calling 1-800-MEDICARE or visiting <a href="http://www.medicare.gov">www.medicare.gov</a>. <b>(final 12/29/05)</b></p>
4. LIS NFBDE	A person is waiting for decision about the LIS to join a plan	<p>The person should be counseled that they do not need to wait for a decision about their LIS application before joining a plan. They should enroll as soon as they make a choice. The person can call 1-800-MEDICARE to find out about low cost plans in their area, including plans in which they will not have to pay a premium if they qualify for LIS. If they later learn that they qualify for the extra help, the extra help will be retroactive to the date the complete application for LIS was filed.</p> <p>Medicare will notify the plan that the person qualifies for the subsidy and they will be charged a lower or no premium and the appropriate copays from that point forward. The plan will reimburse any cost they (or Medicare) should have paid back to the date the LIS coverage began. <b>(final 12/29/05)</b></p>

## Employer/Union Coverage

Audience	What If...	Answer
1. Employer/Union	A FBDE is also claimed by an employer/union for the retiree drug subsidy (RDS) and they are not aware that they have been autoenrolled by Medicare in a plan	<p>The person will need to determine whether the employer/union plan provides drug or medical coverage if they remain enrolled in Part D, or if the employer/union only provides coverage if they do not enroll in Part D. If the employer/union does not provide coverage to retirees that enroll in Part D, and the person has already been disenrolled from the employer/union plan, they will also need to determine whether the employer/union plans will permit then to reenroll. Once they know this information they will need to decide if they want to contact their former employer/union and request reenrollment in the employer/union plan. The person should be asked if they have single or family coverage.</p> <p><b>Single Coverage</b> If they have single coverage they should review the relative value of Medicaid health coverage and Medicare prescription drug coverage compared with the health and prescription drug coverage provided by their employer. In most cases, the combined Medicare and Medicaid coverage is likely to be better than the employer/union coverage. If this is the case the person should stay in the Medicare drug plan. If it is not the case, the person may choose to opt out of the Medicare drug plan and continue with their employer coverage.</p> <p><b>Family Coverage</b> If they have family coverage, their decision about continuing enrollment with a Medicare drug plan could affect the family coverage. The individual should contact their employer to determine the effect of the decision on the family coverage. If the person chooses to reenroll in their employer/union plan the person must opt out of the Medicare drug plan. They can also contact their local State Health Insurance and Assistance Program for assistance. Call 1-800-MEDICARE for the number of the local SHIP.</p> <p>Medicare is working with employers and unions that are participating in the retiree drug subsidy program to provide a flexible transition for their retirees who have</p>

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		<p>been autoenrolled in a Medicare drug plan. Many employers and unions have adopted flexible approaches including: allowing their retirees a grace period to opt out of their drug plan and return to the retiree plan; splitting retiree and family enrollment so spouses and dependents can continue employer/union coverage even when the retiree enrolls in a Medicare plan; and adding a supplemental coverage option.</p> <p>Caution: A person with employer/union group health coverage may not be able to drop drug coverage without also dropping health coverage. The decision of the individual may also affect coverage of family members. <b>(final 12/29/05)</b></p>
2. Employer/Union	A person whose employer is claiming them for the RDS joins a Medicare drug plan	The plan will contact the person to confirm that they want to join a Medicare drug plan prior to enrolling them. Medicare will also notify their employer/union plan sponsor that the person has attempted to enroll in a plan. If the employer/union does not provide coverage to retirees who enroll in a Medicare drug plan, they will need to make a choice. They can choose to complete the enrollment in the Medicare drug plan or continue with their retiree/union drug coverage. <b>(final 12/29/05)</b>

## Medicare-approved Discount Drug Card

Audience	What If...	Answer
1. Discount Card	A person has a Medicare-approved drug discount card	<p>The person can continue to use their Medicare-approved drug discount card until they join a Medicare prescription drug plan or until May 15, 2006, whichever comes first.</p> <p>If they qualified for a credit in 2005 to help pay for prescriptions, they can use any credit they have left until they join a Medicare prescription drug plan or until May 15, 2006, whichever comes first. <b>(final 12/29/05)</b></p>

## General

Audience	What If...	Answer
1. General	A person tries to disenroll through the Plan Finder web tool	<p>A person cannot disenroll through the web tool. A person can join a different Medicare drug plan through the web tool. The enrollment in a new plan will automatically disenroll them from their current plan. The enrollment/disenrollment is effective the first day of the following month.</p> <p>If a person wishes to disenroll from their current plan and not enroll in another plan, they should contact the plan directly or call 1-800-MEDICARE.</p> <p>For more information, read General #10 on "enrollment rules." <b>(final 12/29/05)</b></p>
2. General	A person enrolled in plan and goes to the pharmacy and the pharmacy has no record of the enrollment because the person enrolled late in the month	<p>If the person has not received his/her enrollment acknowledgement letter or other materials (including an ID card), the pharmacy should check its records and determine which plan the person is enrolled in. If there is no record of enrollment, the pharmacist should call the designated pharmacy enrollment/eligibility helpline or 1-800-MEDICARE to identify the plan in which the person is enrolled and the plan's telephone number. The pharmacy can then call the plan to get the information needed to send a claim to the plan.</p> <p>For more information, see 4-8 below." <b>(final 12/29/05)</b></p>

Audience	What If...	Answer
3. General	The person is enrolled in a plan and the pharmacy cannot confirm enrollment	<p>If the pharmacy cannot confirm enrollment, the person can pay the full cash price for his/her prescription. The person can also ask the pharmacy to give them only part of the prescription until he/she can call their plan. The person will need to contact their plan to find out how to submit a claim for reimbursement for the amount the plan (and Medicare for cost sharing under LIS if applicable) would have paid.</p> <p>Note: This situation may occur when a person completes a plan enrollment application at the very end of the month and the plan does not have sufficient time to update enrollment information or for the person to receive the enrollment acknowledgment letter. The plan prescription drug coverage will be effective the first of the following month the plan receives a <b>complete</b> enrollment application (through the last day of the month). <b>(final 12/29/05)</b></p>
4. General	The person is enrolled in a plan and has additional (secondary) coverage. What happens if the pharmacy can't confirm enrollment in a Medicare drug plan?	If the person has additional (secondary) coverage, the pharmacy will submit the claim to the additional (secondary) insurer, who may pay the claim as a primary payer. When the Medicare drug plan enrollment is confirmed, the secondary payer may seek reimbursement from the Medicare drug plan for the amount that the plan would have paid. <b>(final 12/29/05)</b>
5. General	The person is enrolled in a plan with a deductible. How will the deductible be accounted for?	If the person is in a plan with a deductible, the pharmacy will charge him/her the plan discounted price for the covered prescriptions and that amount would be applied to the deductible. <b>(final 12/29/05)</b>
6. General	The person is enrolled in a plan without a deductible. How will this work?	If the person is in a plan with no deductible, the pharmacy will use the discounted price to charge the person whatever copay or coinsurance applies. <b>(final 12/29/05)</b>
7. General	A person filled out a paper application for drug coverage, when will the enrollment be effective?	A <b>complete</b> enrollment application must be received by the drug plan by the last day of the month to be effective the first day of the following month. In order to ensure that the enrollment application is received by the plan by the last day of the month, the person should either mail the application sooner than the last day of the month, or contact 1-800-MEDICARE or use the On-Line Enrollment Center to enroll by 11:59 p.m. (PST) on the last day of the month. An application postmarked by that date will probably not be received by the plan and therefore not be effective. <b>(final 12/29/05)</b>

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8. General	A person enrolled in more than one plan prior to 01/01/06 and they think they are in a different plan than the one that is in the Medicare record.	<p>The pharmacist should instruct the person to contact 1-800-MEDICARE to determine the plan that they have actually enrolled in. If the person wants to be in another plan, the 1-800 staff can help the person enroll in another plan. This enrollment will automatically disenroll the person from their current plan. The enrollment in the new plan will be effective the first day of the following month. If the person needs a prescription, the pharmacist can fill it under the current plan until the new enrollment becomes effective.</p> <p>If a person completes a plan enrollment application at the very end of the month and the plan does not have sufficient time to update enrollment information or for the person to receive the enrollment acknowledgment letter, the pharmacy will bill the plan reflected in its system. Once the last enrollment received by the end of the month is recorded, the plans involved will reconcile the transactions. <b>(final 12/29/05)</b></p>
9. General	A person goes to a pharmacy that is listed in a Medicare drug plan's network, and the pharmacy has not contracted with the Medicare drug plan	<p>The person should call the plan's customer service line to determine if there is a nearby in-network pharmacy to serve them. If they wish to continue filling their prescriptions with this particular pharmacy, they should ask the plan whether they may pay out-of-pocket and submit a paper claim for reimbursement (if applicable).</p> <p>Routine out-of-network claims are not permitted under the Medicare drug benefit. <b>(final 12/29/05)</b></p>

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10. General	A person wants to enroll in a new plan, how can they do it?	<p>Before enrollment becomes effective, they can call their drug plan and tell them they want to cancel their enrollment or enroll in another plan before the effective date.</p> <p>After the enrollment is effective, the enrollment rules are as follows:</p> <ul style="list-style-type: none"> <li>• They have one opportunity to switch Medicare drug plans through May 15, 2006.</li> <li>• If they are eligible for a Medicare Advantage Plan, they have an additional opportunity to join a Medicare Advantage Plan through June 30, 2006. If they are already a member of a Medicare Advantage Plan, they can join another plan or switch to the Original Medicare Plan.</li> <li>• Once they have used these opportunities, they are generally limited to making changes between November 15 and December 31 each year.</li> <li>• In certain special circumstances, such as if they move out of the plan's service area, they may have a special opportunity to make an additional change. <b>(final 12/29/05)</b></li> </ul>

## Long Term Care (LTC)

Audience	What If...	Answer
1. LTC	A FBDE enters a LTC facility and does not know what plan they are enrolled in.	<p>The person will receive their Part D covered drugs from the LTC pharmacy according to their plan of care. All Medicare drug plans will pay for these drugs either because they are on the plan's formulary or through the plan's new enrollee transition policy.</p> <p>The LTC pharmacy will check its records and determine which plan the person is enrolled in. If there is no record of plan enrollment, the pharmacist should call the designated pharmacy enrollment/eligibility helpline or 1-800-Medicare to identify the plan in which the person is enrolled and to get the plan's telephone number. The pharmacy can then call the plan and get the information needed to send a claim to the plan. <b>(final 12/29/05)</b></p>

<b>Audience</b>	<b>What If...</b>	<b>Answer</b>
2. LTC	A person (NFBDE) enrolls in a Medicare drug plan very late in the month and enters a LTC facility before receiving confirmation of their enrollment in the Medicare drug plan.	The LTC pharmacy should check its records and determine which plan the person is enrolled in. If the pharmacy is not able to confirm enrollment, the person will be charged for the prescription. The person will need to contact their plan to find out how to submit a claim for reimbursement for the amount the plan (and Medicare for cost sharing under LIS if applicable) who have paid. <b>(final 12/29/05)</b>
3. LTC	A person who is not enrolled in a Medicare drug plans enters a long-term care setting.	If the person entering a LTC setting is not on a Part A stay and is not enrolled in a Medicare drug plan, they will be treated as a private pay resident. They will be billed for medications. If they chose to enroll in a Medicare drug plan, the enrollment will be effective the first day of the month following the month they enroll. <b>(final 12/29/05)</b>
4. LTC	A resident in a LTC setting is in a Medicaid spend down status and is not already enrolled in a Medicare drug plan.	If the person does not qualify for Medicaid, they are treated as a private pay resident on admission, and billed for their medications (which contributes to the "spend down"). Once the person is Medicaid eligible, Medicare will automatically enroll them in a prescription drug plan, with coverage effective the month the person is Medicaid eligible. Their low-income subsidy status will continue through the remainder of the calendar year. <b>(final 12/29/05)</b>