



## Very Important Information About Getting Prescription Drugs Under Medicare Part D And Other Health Care Services Under Medicare Part B

**To get prescription drug coverage, you must join a Medicare Part D Prescription Plan and you must enroll in Medicare Part B, if you have not already done so.**

### **What if I haven't joined a Medicare Part D Prescription Plan yet?**

If you haven't joined a Part D Prescription Plan yet, or if you need help to enroll in Medicare Part B, you should go to the Medicare website at [www.medicare.gov](http://www.medicare.gov) or call:

**1-800-MEDICARE (1-800-633-4227)**

TTY users should call 1-877-486-2048

### **Do I have a choice on how to get my Medicare Part D prescription drug benefits?**

You have two different ways to get your prescription drug benefits. The choices are:

- A Medicare Part D prescription plan that covers only prescriptions and works with the red, white and blue Medicare card
- or
- A Medicare Advantage Plan that covers prescriptions as well all other Medicare-covered services.

### **What if I can't decide which Medicare Part D prescription plan is best for me?**

If you need help deciding which Medicare Part D Prescription Plan covers your drugs and works with your pharmacy, you can call Medicare at 1-800-633-4227 or APPRISE at 1-800-783-7067.

### **What will happen if I don't join a Medicare Part D prescription plan on my own?**

If you do not join a Medicare Part D Prescription Plan on your own, Medicare will randomly enroll you in a stand-alone Medicare Part D Prescription Plan. You will be able to switch your Medicare Part D Prescription Plan at any time.

### **What happens when I join a Medicare Part D prescription plan?**

Your Medicare Part D Prescription Plan will send you a membership identification card and information about their benefits.

- You must use this Medicare Part D identification card at the pharmacy to get your prescriptions.
- You will have to pay a small co-payment\* (no more than \$5.35 per covered drug) for each prescription under the Medicare Part D Prescription Plan.

\* **NOTE:** Individuals in nursing homes, ICF/MRs, and other medical institutions do not have co-pays under Part D.

## Very Important Information about Medicare Part D (continued)

### **My prescription costs are paid by Medical Assistance now. Will I have to pay for my own prescriptions until the Medicare Part D Prescription Plan starts?**

There may be a gap in prescription drug coverage after your Medical Assistance drug coverage ends and before your Medicare Part D Prescription Plan begins. If this happens to you, ask your pharmacy to bill Anthem/Wellpoint for you until your Medicare Part D Prescription Plan begins. If this happens, you will need to show both your Medicare ID card and your ACCESS card to the pharmacy.

When you join a Medicare Part D Prescription Plan, it must cover all Part D covered drugs you currently take for the first 30 days. After that, if you find that your new Medicare Part D Prescription Plan will not cover a medically necessary drug you take, you should talk to your provider (your doctor, clinic, etc.). They can decide whether another drug, covered by your Medicare Part D Prescription Plan, will work as well instead.

If your provider thinks that you should not change medications, then either you or your provider must contact your Medicare Part D Prescription Plan to ask for an “exception.” Your doctor will need to provide information to the Medicare Part D Prescription Plan about why you need this specific drug.

### **What if the Medicare Part D Prescription Plan denies your exception request?**

You can appeal the Medicare Part D Plan’s decision. Contact your Medicare Part D Prescription Plan directly or review your plan’s handbook for directions on filing an appeal. You, your prescribing physician or other appointed representative can file an appeal on your behalf.

### **How will Medicare Part D Affect Your Doctors and Other Health Care Providers?**

Medical Assistance will still be your secondary insurance coverage for doctor’s visits, durable medical equipment, medical supplies, and other health care services. Medical Assistance will also continue to pay Medicare deductibles, coinsurance, and copays.

Present both your Medicare Card and your ACCESS Card to your health care provider. In most cases, your health care provider should not charge you up front or bill you for any balance. Your health care provider should bill Medicare as your primary insurance coverage and then bill Medical Assistance as your secondary insurance coverage. If your provider bills Medical Assistance you may have to pay a small Medical Assistance copay.

If you need help finding a doctor or other health care provider, you can:

- Contact Original Medicare to find a health care provider enrolled in Medicare or contact your Medicare Advantage Plan (if you are enrolled in one) to find a health care provider that is in your plan’s network.
- Contact your County Assistance Office (CAO) caseworker to find a Medical Assistance enrolled provider. You should be certain that the health care provider is also enrolled in original Medicare or your Medicare Advantage Plan (if you are enrolled in one).

### **Very Important Information about Medicare Part D (continued)**

Your Medicare Advantage Plan (if you are enrolled in one) has a case management unit that can provide additional help if you need it.

The Office of Medical Assistance Programs has a fee-for-service Medical Assistance case management unit that can provide additional help if you need it. The telephone number is: (voice) 1-866-542-3015 and (TTY) 1-877-202-3021.

### **FOR MORE INFORMATION**

You should call **1-800-MEDICARE** (1-800-633-4227) (TTY users should call 1-877-486-2048), if you have questions about:

- Medicare Prescription Drug Plan options
- Prescription drugs covered under Medicare
- Participating Medicare pharmacies
- Participating Medicare doctors

You can also find information on the Medicare Web site at [www.medicare.gov](http://www.medicare.gov).