



First Health Services Corporation®

A Coventry Health Care Company

Nevada Medicaid and Nevada Check Up

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<https://medicaid.nv.gov>

Frequently Asked Questions (FAQs) Regarding the Medicare Part D Prescription Drug Plan for Medicare/Medicaid Dual-Eligible Recipients

1. Will all dual-eligible recipients be affected by the implementation of the Medicare Part D Prescription Drug Plan?

Yes, all Nevada Medicaid recipients eligible for both Medicaid and Medicare benefits will be affected.

2. How will prescription co-payments be handled?

With the exception of those residing in nursing facilities, a small co-payment will be required (\$1 for generics, \$3 for brands). These should be billed to Medicaid via the First Health Services Point of Sale (POS) system.

3. Will the drugs currently covered by Medicaid be covered by Medicare?

Although Medicare drug plans must cover drugs and/or categories of drugs that are commonly used by seniors and people with disabilities, each drug plan may vary in terms of the specific drugs that are covered. All Medicare drug plans must cover all or substantially all drugs in the following categories: anti-psychotics, antidepressants, HIV/AIDS, anticancer, immunosuppressants and anticonvulsants.

In order to determine which drugs will be covered under Medicare, either the plan's individual website or the following Formulary Finder website should be consulted:

<http://plancompare.medicare.gov/formularyfinder/drugSelect.asp>

For dual-eligible recipients, Nevada Medicaid will continue to pay for the following types of drugs that, in most cases, will not be covered by their Medicare drug plan:

- ◆ Over-the-counter medications (such as Benadryl, Colace, Senokot and Tylenol)
- ◆ Vitamins and pre-natal vitamins
- ◆ Barbiturates (such as Phenobarbital)
- ◆ Benzodiazepines (such as Ativan, Xanax, Valium, Klonopin and Restoril)
- ◆ Cough and cold preparations

4. If a dual-eligible recipient visits the pharmacy after Jan. 1, 2006, and is unaware that their drug prescription is now covered through Medicare, how can the pharmacist determine the recipient's drug plan enrollment information?

The pharmacy can submit an online query through its billing system. If the pharmacy is in-network, the pharmacist can then fill the prescription. If the pharmacy is not in-network, the pharmacy can help the recipient call their plan's help desk or 1-800-MEDICARE to determine a participating pharmacy.

5. If a recipient's Medicare drug plan does not cover a drug currently covered by Medicaid, will the Medicare drug plan pay for a limited quantity of the drug until the recipient is transitioned to an equivalent drug?

Yes. The Medicare drug plan must provide for this transition situation and allow for a minimum 30-day supply of the non-covered drug.

6. What information resources are available to recipients?

If recipients have questions about the new coverage, you may refer them to:

- ♦ Medicare information line: (800) 633-4227 (TTY 877-486-2048)
- ♦ Medicare website: <http://www.medicare.gov>
- ♦ The Division of Aging Services' State Health Insurance Assistance Program (SHIP) at (800) 307-4444 or in Las Vegas at (702) 486-3478
- ♦ Senior Rx Medicare Help Line at (866) 323-5953

7. What information resources are available to providers?

More information is available for providers at the following two webpages on the CMS website:

<http://www.cms.hhs.gov/medicarereform>

<http://www.cms.hhs.gov/medlearn/drugcoverage.asp>