



MEDICAID FACT SHEET

Medicare Prescription Drug Benefit (Medicare Part D)

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) made prescription drug coverage available to 43 million Medicare beneficiaries, including approximately 6 million low-income beneficiaries who are also enrolled in Medicaid (known as dual eligibles). In Ohio, there are 1.8 million Medicare beneficiaries, including over 200,000 beneficiaries also getting benefits through the Medicaid program.

Beginning Jan. 1, 2006, Medicare began providing prescription drug coverage through Prescription Drug Plans (PDPs) and Medicare Advantage Plans (MA-PDs). These private plans are required to provide basic coverage, however, each plan's formulary may differ. Those Medicare beneficiaries who choose to enroll will be responsible for a monthly premium, a \$250 annual deductible, and co-insurance costs (up to \$3,600 out-of-pocket). For more information, call 1-800-MEDICARE or visit www.medicare.gov.

Extra Help With Drug Costs

To assist Medicare beneficiaries with costs associated with the drug benefit, extra help is available to those with limited income and resources. The Social Security Administration (SSA) is the lead agency for administering this program. Some of the benefits are:

- Little or zero premium
- Reduced or zero deductible
- Smaller co-payments

Applications can be obtained at local social security offices, at local county departments of job and family services and online at: www.socialsecurity.gov.

Extra Help Income Guidelines

	Duals w/ income less than 100% FPL	Duals w/ income > 100% FPL and all others w/ income below 135% FPL	Income between 135% & 150% FPL (no Medicaid)
Premium	\$0	\$0	Sliding Scale
Deductible	\$0	\$0	\$50
Co-insurance	\$1/\$3 co-pay	\$2/\$5 co-pay	15% coinsurance
Catastrophic	\$0	\$0	\$2/\$5 co-pay

Resource limit: Individuals: \$11,500, Couples: \$23,000

Medicare and Medicaid Dual Eligibles

As of Jan. 1, 2006, Medicaid no longer pays for **prescription drugs** for those individuals who have **BOTH** Medicare and Medicaid. These individuals are known as "dual eligibles" because they are eligible for benefits from both programs. Although prescription coverage will no longer be available for dual eligibles through Medicaid, Medicaid will still pay for other medically necessary services as needed.

Dual eligibles include: those with full Medicaid benefits, Medicaid Home and Community-Based Services Waiver enrollees (i.e., PASSPORT) and those who get services through Medicaid's Program of All-Inclusive Care for the Elderly (PACE). If no PDP selection is made, dual eligibles are automatically enrolled in a Medicare PDP and also get the extra help with drug costs. They do NOT need to apply and can change plans at anytime. Dual eligible beneficiaries will only be responsible for co-payments ranging from \$1 - \$5 for each prescription and selecting a PDP. **Please note:** PACE participants and dual eligibles who reside in long-term care facilities will not be subject to co-payments.

In addition, those enrolled in the Medicare Premium Assistance Program (e.g., QMBs, SLMBs and QI-1s) are also automatically enrolled in a PDP if no PDP is selected.



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Medicare Beneficiaries with a Medicaid Spenddown

If an individual is eligible for Medicare and has a Medicaid spenddown, they can choose to enroll in a Medicare PDP and apply for the extra help with drug costs. Those who have a Medicaid spenddown are those who meet all eligibility requirements for Medicaid, with the exception of income. To meet their monthly spenddown, they must incur medical expenses which can be deducted from their income in order to qualify for Medicaid or pay the monthly amount. Starting Jan. 1, 2006, Medicaid prescription coverage will not be available to Medicare beneficiaries who meet their Medicaid Spenddown.

To automatically get enrolled in a PDP and get the extra help for the entire calendar year, an individual with Medicare and a Medicaid Spenddown must meet their monthly spenddown at least once. Medicare beneficiaries who meet their spenddown will be automatically enrolled in a PDP and get the extra help **within two months** of meeting their spenddown. Once eligible, these individuals will only be responsible for co-payments associated with their prescriptions. To qualify for other Medicaid services, they will still be required to meet their spenddown each month and can use prescription co-payments toward meeting their spenddown.

Local Coordination Efforts

SSA, CMS and ODJFS are working together to get Medicare beneficiaries extra help with prescription drug costs and to educate low-income beneficiaries about Medicaid programs available that may offset their other health care expenses. CDJFS staff will:

- Give applications to beneficiaries and assist them with completing the application;
- Collect and mail completed applications by the next business day;
- Advise beneficiaries on where they can obtain additional information;
- Screen eligibility for Medicaid programs, if requested.

NEW FOR 2007

All consumers considered
“dually eligible” for

Medicare AND Medicaid between

July 2006 and December 2006

will be automatically eligible for

Medicare Prescription Drug Coverage

and qualify for the “extra help”
for calendar year **2007**.

Important Numbers and Websites

MEDICARE PRESCRIPTION
DRUG BENEFIT:
1-800-MEDICARE (1-800-633-4227)
www.medicare.gov

EXTRA HELP WITH PRESCRIPTION
DRUG COSTS
1-800-772-1213
www.socialsecurity.gov

OHIO SENIOR HEALTH INSURANCE
INFORMATION PROGRAM (OSHIIP)
1-800-686-1578
www.ohioinsurance.gov

OHIO MEDICAID
1-800-324-8680
www.jfs.ohio.gov/ohp