

Things you can do to lower your Medicare Part D co-payments

During Medicare open enrollment this fall, individuals eligible for both Medicare and Medicaid (i.e. dual eligible) can enroll in a Medicare dual eligible special needs plan effective January 1, 2012 that helps decrease prescription drug co-payments.

Individuals on brand name medications can talk with their providers about potential opportunities to switch to generic medications.

Other help with Medicare Part D co-payments

Individuals eligible for both Medicare and Medicaid (i.e. dual eligible) residing in a nursing facility for more than 30 days do not pay Part D co-payments.

The Affordable Care Act provides that dual eligible individuals receiving home and community-based services (HCBS) will not pay co-payments beginning on a date determined by the Secretary of the federal Department of Health & Human Services but no earlier than January 1, 2012.

Dual eligible individuals with a cost share can deduct the Medicare Part D co-payments from their cost share amount.

More information for those receiving home and community-based services (HCBS)

Individuals eligible for both Medicare and Medicaid (i.e. dual eligible) receiving home and community-based services (HCBS) in their own home with incomes over \$1,045 have a cost share, as do individuals residing in an adult residential care home (ARCH), extended ARCH (E-ARCH), community care family foster home (CCFFH), or developmental disabilities domiciliary (DDDOM) home with income above the appropriate domiciliary (DOM) standard, specifically \$1325.90 for DOM 1 or \$1433.90 for DOM 2. These individuals can provide their receipts to an eligibility worker to include them as incurred medical expenses from their cost share for the next month.

Until January 1, 2012*, dual eligible individuals without a cost share will need to pay the Medicare Part D co-payments out of their personal needs allowance. For those residing in an ARCH, E-ARCH, CCFFH, or DDDOM with income below the appropriate DOM standard, their personal needs allowance was increased from \$30 to \$50 in 2007. For those receiving HCBS in their own home, their personal needs allowance was increased from \$469 to 100% of the federal poverty level, current \$1,045, in 2009.

According to 2009 data for dual eligible individuals, which are what are available for analysis, 84 people had co-pays >\$20 per month, 8 >\$25 per month, 3 >\$30 per month, and no one >\$35 per month.

| Monthly Co-pays (\$) | 0-100% FPL | |
|----------------------|------------|--------|
| | # | % |
| 0-5 | 11,135 | 55.3% |
| 5.01-10 | 5,352 | 26.6% |
| 10.01-15 | 2,692 | 13.4% |
| 15.01-20 | 890 | 4.4% |
| 20.01-25 | 76 | 0.4% |
| 25.01-30 | 5 | 0.0% |
| 30.01-35 | 3 | 0.0% |
| 35.01-40 | 0 | 0.0% |
| 40.01-45 | 0 | 0.0% |
| TOTAL | 20,153 | 100.0% |

* Or a date as specified by the federal Department of Health & Human Services.