



## **Section 7.2** Medical Institution Reporting for Medicare Part D

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### **7.2.1 Introduction**

The objective of this policy is to inform providers of the reporting and tracking requirements for providers designated as medical institutions to ensure Medicare Part D co-pays are waived for dual eligible persons.

Medicare eligible beneficiaries, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI) receive Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). Medicare Part D coverage includes co-payment and coinsurance requirements. However, Medicare Part D co-payments are waived when a dual eligible person enters a Medicaid funded medical institution for at least a full calendar month. The facility must notify the Arizona Health Care Cost Containment System (AHCCCS) when a dual eligible person is expected to be in the medical institution for at least a full calendar month to ensure co-payments for Part D are waived. The waiver of co-payments applies for the remainder of the calendar year, regardless of whether the person continues to reside in a medical institution. Given the limited resources of many dual eligible persons and to prevent the unnecessary burden of additional co-pay costs, it is imperative that these individuals are identified as soon as possible.

### **7.2.2 Terms**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

[Dual Eligible](#)

[Institution for Mental Disease \(IMD\)](#)

[Medical Institution](#)

[Medicare Advantage Prescription Drug Plan \(MA-PD\)](#)

[Prescription Drug Plan \(PDP\)](#)

### **7.2.3 Procedures**

- a. To ensure that dual eligible persons' Medicare Part D co-payments are waived when it is expected that dual eligible persons will be in a medical institution, funded by Medicaid, for at least a full calendar month, the facility must notify AHCCCS immediately upon admittance. Reporting must be done using [NARBHA PM Form 7.2.1 AHCCCS Notification to Waive](#)



## PROVIDER MANUAL

[Medicare Part D Co-Payments for Members in a Medical Institution](#) That Is Funded By Medicaid. Providers must not wait until the person has been discharged from the medical institution to submit the form. Reporting must be done on behalf of the following:

- i. Persons who have Medicare Part “D” only;
  - ii. Persons who have Medicare Part “B” only;
  - iii. Persons who have used their Medicare Part “A” lifetime inpatient benefit; and
  - iv. Persons who are in continuous placement in a single medical institution or any combination of continuous placements that are identified below.
- b. Medical institutions include the following providers:
- i. Acute Hospital
  - ii. Psychiatric Hospital – Non-IMD
  - iii. Psychiatric Hospital – IMD
  - iv. Residential Treatment Center – IMD
  - v. Residential Treatment Center – Non IMD
  - vi. Skilled nursing Facility
- c. Additional information regarding Medicare cost sharing for members covered by Medicare and Medicaid can be found in [AHCCCS Contractor Operations Manual, Policy 201](#).

### 7.2.4 References

The following citations can serve as additional resources for this content area:

[42 CFR 400.202](#)

[42 CFR 409.62](#)

[42 CFR 422.2](#)

[42 CFR 422.4](#)

[42 CFR 423.4](#)

[42 CFR 423.104](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[AHCCCS Contractor Operations Manual \(ACOM\) Policy 201](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

### 7.2.5 PM Forms

[NARBHA PM Form 7.2.1 AHCCCS Notification to Waive Medicare Part D Co-Payments for Members in a Medical Institution that if funded by Medicaid](#)

### 7.2.6 PM Attachments

None

Signature on file

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