



# LTCPA

Long Term Care  
Pharmacy Alliance

## The New Medicare Part D Prescription Drug Benefit: Special Issues for Nursing Home Residents

In 2003, the President and Congress enacted a law creating Medicare Part D, a prescription drug benefit for elderly and disabled Americans that begins on January 1, 2006. While the new drug plan raises many issues for all seniors to consider, there are some special considerations and opportunities that apply particularly to nursing home residents.

In choosing a plan, there are several key questions for nursing home residents to consider:

- **Does Your Plan Cover Your Drugs?** Not all prescription drug plans cover the same drugs. In choosing a drug plan, it is vital to review the plan's "formulary," which is the list of drugs the plan covers.
- **Does Your Plan Place Restrictions on Access to Your Drugs?** Even if a plan covers your drugs, there may also be restrictions or requirements that deny immediate access to a particular drug. Even if a plan covers a particular drug, access to that drug may be denied until a patient has tried another drug and shown that it has failed to work. In choosing a drug plan, you should find out what special restrictions are placed on access to your drugs.
- **Does Your Plan Work with Your Nursing Home's Pharmacy?** Medicare requires all prescription drug plans to contract with special long-term care pharmacies to provide added services for nursing home residents. Long-term care pharmacies provide special services such as 24-hour access to drugs, special packaging, daily delivery and other services to aid nursing home staff and residents. These services are important for the health and safety of nursing home residents. In choosing a plan, you should verify that your plan is contracted with a long-term care pharmacy that serves your nursing home.

## **ENROLLMENT ISSUES FOR MEDICAID-ELIGIBLE NURSING HOME RESIDENTS**

Roughly two-thirds of nursing home residents are “dual-eligible,” meaning they qualify for both Medicare & Medicaid. Starting January 1, 2006, the new Medicare drug plan will replace Medicaid in paying for prescription drug coverage for dual-eligible nursing home residents.

Current dual-eligible nursing home residents must enroll in a Medicare prescription drug plan before January 1, 2006 or the Medicare program will automatically – and randomly – enroll them in one of possibly dozens of plans in their area.

This raises several very important issues for nursing home residents. While convenient, a randomly assigned plan may not be the best plan or the right plan for a nursing home resident. It may not cover your drugs, it may have unacceptable restrictions, and it may not work with the pharmacy that serves your nursing home. For all of these reasons, it is recommended that you review any plan you are auto-enrolled in.

## **NURSING HOME RESIDENTS CAN CHANGE DRUG PLANS AS THEIR MEDICAL NEEDS CHANGE**

In recognition of the frequently changing medical needs of nursing home residents, the new Medicare drug plan allows nursing home residents to change drug plans upon entering a nursing home facility and on a monthly basis.

New nursing home residents and current nursing home residents who have changed medicines or have been automatically enrolled in a Medicare prescription drug plan, should review their plan to see if they are enrolled in the best plan for their current needs.

## **ARE ASSISTED LIVING RESIDENTS ELIGIBLE?**

Assisted living residents are eligible to enroll in the Medicare prescription drug plan just as other seniors are, however they are not entitled to the special benefits provided by long-term care pharmacies, nor are they entitled to switch plans on a monthly basis.

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