

National Medicare Training Program Workbook



**Module 8:
Medicare Drug Coverage
Under Part A, Part B, and Part D**



*...helping people with Medicare
make informed health care decisions*

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Module 8: Medicare Drug Coverage Under Part A, Part B, and Part D



This presentation was created to help health care providers and partners understand how Medicare Prescription Drug Plans (Part D) interface with Parts A and B of Original Medicare.

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the Federal agency that administers Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). The information in this module was correct as of April 2009. To check for an updated version of this training module, visit <http://www.cms.hhs.gov/NationalMedicareTrainingProgram/TL/list.asp>.

Slides with this symbol in your workbook are not included in the presentation, but are provided as a resource for more detail.

This set of National Medicare Training Program materials is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

Notes:

SLIDE 2 *Speaker's Notes*

It is not unusual for people with Medicare to receive prescription drugs through more than one insurer. Coordination of benefits (COB) allows plans that provide prescription coverage for people with Medicare to determine their respective payment responsibilities. This process avoids mistaken payments and prevents confusion about which insurance should pay.

This module will help you understand how Medicare prescription drug coverage (Part D) interfaces with Parts A and B of Original Medicare.

After a brief overview, we will discuss:

- Prescription drug coverage under Medicare Part A
- Prescription drug coverage under Medicare Part B
- Medicare prescription drug coverage under Medicare Part D
- Medicare Parts A, B, and D coordination of benefits
- Additional information sources

Session Topics

- Overview
- Drug coverage under Medicare Part A
- Drug coverage under Medicare Part B
- Medicare prescription drug coverage—Part D
- Medicare parts A/B/D coordination
- Information sources

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 3 *Speaker's Notes*

Determining whether a drug is covered under Part A, B, or D depends on several factors, including:

- The health care setting (e.g., home or institution) where the health care will be provided
- The medical indication or reason why the person needs the medication (e.g., cancer).
- Any special coverage requirements, such as those for immunosuppressive drugs

Medicare Parts A, B, and D

- Coverage under Part A, B, or D factors
 - Health care setting
 - For example, home or institution
 - Medical indication
 - For example, cancer
 - Special coverage requirements
 - For example, those for immunosuppressive drugs

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 4 *Speaker's Notes*

Medicare Part A and Part B generally do not cover outpatient prescription drugs; most are now covered under Part D. However, Medicare Part A and Part B will cover certain drugs under certain conditions.

This presentation is designed to help you determine which part of Medicare covers a drug in a particular situation, assuming all other requirements are met, e.g., a drug must still be medically necessary to be covered.

This information relates to people in Original Medicare. People who have a Medicare Advantage Plan (MA) (like an HMO or PPO) with prescription drug coverage get all their Medicare-covered health care from the plan, including covered prescription drugs. The cost of the drug under the MA plan may vary depending upon whether it is covered under Medicare Part A, B, or D.

Part A and B Drug Coverage

- Parts A and B generally do not cover outpatient drugs
- Most outpatient drugs are covered under Part D
- Parts A and B cover drugs in particular situations
 - All requirements must be met
 - Drug must be medically necessary
- People with MA Plan with drug coverage
 - Get all Medicare-covered health care from the plan
 - Get covered prescription drugs from the plan

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 5 *Speaker's Notes*

Part A—Hospital Insurance

People with Medicare who are hospital or skilled nursing facility (SNF) inpatients during covered stays may receive drugs as part of their treatment.

Medicare Part A payments made to hospitals and SNFs generally cover all drugs provided during a stay.

Part B can pay hospitals and SNFs for certain categories of Part B covered drugs if:

- A person does not have Part A coverage,
- If Part A coverage for the stay has run out, or
- If a stay is not covered by Part A.

Part A Drug Coverage

- Generally covers all drugs
 - During a covered stay
 - Inpatients of hospitals or skilled nursing facilities
 - Receiving drugs as part of treatment
- Part B can pay hospitals and SNFs
 - Person does not have Part A coverage
 - Part A coverage for the stay has run out
 - Stay is not covered

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 6 *Speaker's Notes*

Part A also covers hospice care for people who are terminally ill and their families. Hospice care is meant to give comfort and relief from pain during the last months of life, not to cure the terminal illness. The patient must sign a statement choosing hospice care instead of benefits to treat the terminal illness. Medical services to treat other conditions are still covered by Medicare.

Medicare Hospice Benefits

- In Medicare-approved hospice program
 - Medicare Part A **will** pay
 - Drugs for symptom control or pain relief
 - Medicare Part A **will not** pay
 - Drugs intended to cure the terminal illness
 - In a Medicare Part D drug plan
 - Plan may pay for drugs not covered by Part A

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For people who have elected Medicare hospice benefits:

- Medicare Part A will pay for drugs for symptom control or pain relief. However, Medicare will not pay for prescriptions intended to cure the terminal illness.
- For people who are in a Medicare Prescription Drug Plan (Part D), the plan may be able to pay for drugs to treat conditions unrelated to the terminal illness. These drugs would need to be medically necessary and either on the Part D Plan's formulary or brought onto the formulary through a formulary exception.

Notes:

SLIDE 7 *Speaker's Notes*

Part B—Medical Insurance

Medicare Part B covers a limited set of drugs. Medicare Part B covers injectable and infusible drugs that are not usually self-administered and that are furnished and administered as part of a physician service. If the injection is usually self-administered (e.g., Imitrex) or is not furnished and administered as part of a physician service, it is not covered by Part B.

Medicare Part B also covers a limited number of other types of outpatient drugs. There may be regional differences in Part B drug coverage policies in the absence of a national coverage decision.

For example, Medicare Part B covers certain oral anti-cancer and oral antiemetic drugs, immunosuppressive drugs for people who had a Medicare covered transplant, erythropoietin for people with End-Stage Renal Disease, parenteral nutrition for people with a permanent dysfunction of the digestive tract, drugs requiring administration via a nebulizer or infusion pump in the home, and certain vaccines; influenza, pneumococcal, and for intermediate to high-risk individuals, Hepatitis B.

Medicare Part B also covers some other vaccines (such as a tetanus shot) when they are related to the treatment of an injury or illness.

Part B Drug Coverage

- Part B covers a limited set of outpatient drugs
 - Injectable and infusible drugs
 - Not usually self-administered
 - Furnished and administered as part of a physician service
 - Some other types of drugs

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 8 *Speaker's Notes*

For drugs to be covered by Medicare Part B, the person will need to choose a pharmacy or supplier that is a participating durable medical equipment (DME) provider in the Medicare Part B program.

For Medicare Part B to cover a drug in a particular situation, all requirements have to be met, e.g., a drug must still be medically necessary.

Part B Drug Coverage

- Oral drugs or DME drugs covered by Part B
 - Supplier must be DME provider
 - Drug must be medically necessary
 - According to guidelines

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 9 *Speaker's Notes*

Medicare Part B only covers drugs administered through a Part B-covered item, i.e., when used in conjunction with covered durable medical equipment in the patient's home.

In addition, at this time Part B covers three categories of oral drugs with special coverage requirements: oral anti-cancer, oral anti-emetic, and under certain circumstances immunosuppressive drugs.

The actual covered drugs are listed on the next few slides in your workbook for your reference.

NOTE: For long-term care facilities that do not qualify as a patient's home, we recommend that providers prescribing the above categories of drugs include in the written order both the diagnosis and indication for the drug as well as a statement of status such as "Nursing Home Part D."

Part B Drug Coverage

- Drugs administered through Part B-covered DME
 - Such as nebulizer or pump
 - Only when used with DME in patient's home
- Oral drugs with special coverage requirements
 - Anti-cancer drugs
 - Anti-emetic drugs
 - Immunosuppressive drugs
 - And other non-oral forms

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Notes:

SLIDE 10
Speaker's Notes

This slide shows the oral anti-cancer drugs covered by Part B. Note this is not an exhaustive list of Part B-covered drugs and it is possible for the list to change over time.

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Oral Anticancer Drugs*

- Busulfan
- Capecitabine
- Cyclophosphamide
- Etoposide
- Melphalan
- Methotrexate
- Temozolomide

*List is subject to change

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Notes:

SLIDE 11 *Speaker's Notes*

This slide lists the oral anti-emetic (anti-nausea) drugs covered under Part B. This is not an exhaustive list and it is possible for the list of drugs to change over time.

Oral Anti-emetics Prescribed for Use Within 48 Hours of Chemotherapy*

- 3 oral drug combination of
 - Aprepitant
 - A 5-HT3 Antagonist
 - Dexamethasone
- Chlorpromazine Hydrochloride
- Diphenhydramine Hydrochloride
- Dolasetron Mesylate (within 24 hours)
- Dronabinol
- Granisetron Hydrochloride (within 24 hours)
- Hydroxyzine Pamoate
- Ondansetron Hydrochloride
- Nabilone
- Perphenazine
- Prochlorperazine Maleate
- Promethazine Hydrochloride
- Trimethobenzamide Hydrochloride

*List is subject to change

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Notes:

SLIDE 12 *Speaker's Notes*

This slide shows the list of immunosuppressive drugs covered by Medicare Part B. Again, this list is subject to change.

Immunosuppressive Drugs*

- Azathioprine-oral
- Azathioprine-parenteral
- Cyclophosphamide-Oral
- Cyclosporine-Oral
- Cyclosporine-Parenteral
- Daclizumab-Parenteral
- Lymphocyte Immune Globulin, Antithymocyte Globulin-Parenteral
- Methotrexate-Oral
- Methylprednisolone-Oral
- Methylprednisolone Sodium Succinate Injection
- Muromonab-Cd3-Parenteral
- Mycophenolate Acid-Oral
- Mycophenolate Mofetil-Oral
- Prednisolone-Oral
- Prednisone-Oral
- Sirolimus-Oral
- Tacrolimus-Oral
- Tacrolimus-Parenteral

*List is subject to change

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Notes:

SLIDE 13 *Speaker's Notes*

Immunosuppressive drug therapy is only covered by Medicare Part B for people who were entitled to Part A at the time of a kidney transplant, the transplant was performed at a Medicare-approved facility, and

- Medicare made payment for the transplant, or
- If Medicare made no payment, Medicare was secondary payer.

NOTE: People who apply for Medicare based on ESRD within 12 months of a kidney transplant can get Part A retroactive to the month of the transplant. They can choose to either delay Part B or take Part B with coverage retroactive to the Part A entitlement date or effective with the month the application is filed.

People who don't meet the conditions for Part B coverage of immunosuppressive drugs may be able to get coverage by enrolling in Part D.

It's important to note that Medicare entitlement ends 36 months after a successful kidney transplant if ESRD is the only reason for Medicare entitlement, i.e., the person is not age 65 and does not receive Social Security disability benefits. In this situation, all Medicare coverage will end. Enrolling in Part D does not change this period.

Entitled to Part A at time of transplant AND Medicare paid for the transplant OR Medicare was secondary payer but made no payment	⇒ Covered by Part B
Transplant conditions not met	⇒ Part D may cover

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Notes:

SLIDE 14 *Speaker's Notes*

Should Transplant Recipients Enroll in Part D?

Now let's talk more about Part D enrollment considerations for people with ESRD and employer group health plan coverage.

It is important to note that people cannot get drugs through Medicare prescription drug coverage (Part D) that they can get under Part B. This includes immunosuppressive drug therapy under the conditions we just discussed.

NOTE: Part D will not cover immunosuppressive drugs if they would be covered by Part B but the person has not enrolled in Part B.

Under Part B, Medicare generally pays 80% of the cost of medications and the patient must pay the balance. This is called coinsurance.

Part D cost-sharing varies depending on the plan. The out-of-pocket expenses for Part B drugs do not count in determining when the catastrophic coverage limit is reached under Part D.

In addition, Part D could help pay for outpatient drugs needed to treat other medical conditions, such as high blood pressure, uncontrolled blood sugar, or high cholesterol.

Immunosuppressive Drug Coverage — ESRD

- Covered under Part B
 - Medicare pays 80%
 - Patient pays 20%
 - Will not count toward catastrophic under Part D
- Part D
 - Pays for immunosuppressive drugs
 - If conditions for Part B coverage not met
 - Helps pay for drugs needed for other conditions

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Notes:

SLIDE 15 *Speaker's Notes*

Part B generally doesn't pay for "self-administered drugs" (drugs you would normally take on your own) while you are in a hospital outpatient setting unless they are required for the hospital outpatient services provided. The hospital may bill you for these drugs.

If you are enrolled in a Medicare drug plan (Part D), these drugs may be covered. Your Medicare drug plan will check to see if you could have gotten these self-administered drugs from an in-network pharmacy, and taken a dose before your outpatient hospital appointment. Most hospital pharmacies don't participate in Medicare Part D. You may need to pay up front and out-of-pocket for these drugs and submit the claim to your Medicare drug plan for a refund. Check with your hospital to see if they participate in Part D.

To submit a claim, follow the instructions in your plan's enrollment materials, or call your plan for information about how to submit a claim. If the drug is covered by your Medicare drug plan, your plan may only reimburse you the in-network cost for the drug minus any deductibles, copayments, or coinsurance that you would normally be charged for the drug. This amount counts towards your Part D out-of-pocket costs (if the claim is submitted to your plan).

If the drug isn't covered by your Medicare drug plan, you need to pay what the hospital charges for the drug. You can always request an exception if your plan tells you that a drug isn't on their formulary.

Hospital Outpatient Settings

- Part B doesn't cover "Self-administered drugs"
 - Unless required for the hospital outpatient services
- Part D may cover if requirements under Part A or Part B not met
 - May need to pay up front/out-of-pocket
 - Submit the claim to Part D plan for refund
 - Check with the hospital to see if it participates in Part D

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 16 *Speaker's Notes*

To be covered by Medicare Part D, a drug must be available only by prescription, approved by the Food and Drug Administration (FDA), used and sold in the United States, and used for a medically-accepted indication.

Part D–covered drugs include prescription drugs, biological products, and insulin. Medical supplies associated with the injection of insulin, such as syringes, needles, alcohol swabs, and gauze, are also covered.

If an individual does not meet the coverage requirements for a drug under Part A or Part B, the drug may then be covered under Part D. Examples may include immunosuppressive drugs after an organ transplant, some oral anticancer drugs, parenteral nutrition, and drugs that are not usually self-administered.

Part D

- Coverage of Part D covered drugs
- Includes supplies associated with injection of insulin
- May cover certain drugs if requirements under Part A or Part B are not met

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 17 *Speaker's Notes*

CMS requires Medicare drug plans cover “all or substantially all” medications in the following categories:

- Cancer medications
- HIV/AIDS treatments
- Antidepressants
- Antipsychotic medications
- Anticonvulsive treatments for epilepsy and other conditions
- Immunosuppressants

Part D Coverage

- “All or substantially all” drugs to treat certain conditions
 - Cancer medications
 - HIV/AIDS treatments
 - Antidepressants
 - Antipsychotic medications
 - Anticonvulsive treatments
 - For epilepsy and other conditions
 - Immunosuppressants

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Notes:

SLIDE 18 *Speaker's Notes*

Medicare Part D drug plans must include all commercially available vaccines on their drug formularies (except vaccines, such as the flu and pneumococcal pneumonia shots that are covered under Part B). The plan member or the provider can contact the Medicare drug plan for more information about vaccine coverage and any additional information the plan may need.

Vaccines

- Part D coverage of vaccines
 - All drug plans must include
 - All commercially available vaccines
 - Except those covered under Part B
- Contact drug plan for information

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Notes:

SLIDE 19 *Speaker's Notes*

Some drugs are excluded by law from Medicare prescription drug coverage (Part D). However, Part D plans may choose to cover them at their own cost or share the cost with enrollees. These include drugs for anorexia, weight loss or weight gain; fertility; cosmetic or lifestyle purposes (e.g., hair growth); symptomatic relief of coughs and colds; prescription vitamin and mineral products (except prenatal vitamins and fluoride preparations); non-prescription over-the-counter drugs; barbiturates; benzodiazepines; and drugs for erectile dysfunction.

Excluded Drugs

- Drugs for anorexia, weight loss, or weight gain
- Fertility drugs
- Drugs for cosmetic purposes or hair growth
- Cough and cold medicine
- Prescription vitamins
 - Except prenatal and fluoride preparations
- Nonprescription drugs (over-the-counter drugs)
- Barbiturates
- Benzodiazepines
- Erectile dysfunction drugs

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Notes:

SLIDE 20 *Speaker's Notes*

Not all drugs are covered by each plan; each plan has a formulary or list of covered drugs. Plans' formularies must include a range of drugs to make sure people with different medical conditions can get the treatment they need.

A plan's formulary may not include every drug a person takes. However, in most cases, a similar drug that is safe and effective will be available.

To have lower costs, many plans place drugs into different "tiers," with differing cost amounts. Each plan can form its tiers in different ways. In some plans with these different cost levels or tiers, people can often save money by choosing a generic drug instead of the brand-name drug.

A generic drug works the same way as the brand-name drug and has been approved by the FDA as safe and effective. Today, more than half of all prescriptions in the U.S. are filled with generic drugs.

Coverage Varies

- Plans have formularies
 - May not include all outpatient drugs
 - Usually cover similar drugs
 - Safe and effective
 - May have different cost levels ("tiers")
 - Choosing generic drugs can save money
- People can get treatment they need

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 21 *Speaker's Notes*

You probably know that Part D plans can use several processes to manage access to the drugs on their formularies.

Plans can manage access through:

- Tiers—Different cost levels for different types of drugs (e.g., generic, preferred, brand-name)
- Prior authorization—Doctor must contact plan before prescription will be covered
- Step therapy—Person must try a similar, usually less-expensive drug that has proven effective
- Quantity limits—Plans may limit quantity of drugs they cover over a certain period of time

All plans must have coverage determination and appeals processes in place that will allow their members to obtain the prescriptions that are medically necessary.

Access to Covered Drugs

- Plans can manage access to covered drugs
 - Tiers
 - Prior authorization
 - Step therapy
 - Quantity limits
- Plans must have processes in place
 - Members obtain medically necessary prescriptions
 - Request coverage determinations and appeals

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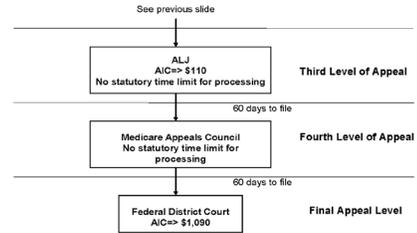
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Notes:

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Coverage Determination and Appeals Process—Part D (continued)



A/C = Amount in controversy
ALJ = Administrative Law Judge

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Notes:

SLIDE 24 *Speaker's Notes*

Many people who have Medicare Part D also have another form of prescription drug coverage. Generally, Medicare provides primary coverage for prescription drugs when a person has other coverage. Whenever Medicare is primary, the Part D plan is billed and will pay first.

Part D plans will always deny primary claims for members with employer group health plan (EGHP) if Medicare is the secondary payer. That would apply for:

- Persons age 65 or over with EGHP based on current employment of self or spouse by a firm with 20 or more employees
- Persons with Medicare based on a disability with large EGHP (100 or more employees)
- Persons with Medicare based on ESRD during the 30-month coordination period with EGHP and firm is any size

Part D Coordination of Benefits

- Medicare generally provides primary coverage for prescription drugs
 - Part D plan pays first
- If employer group health plan is primary
 - Part D plan denies primary claims

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Notes:

SLIDE 25 *Speaker's Notes*

In non-EGHP Medicare Secondary Payer (MSP) situations, the Part D plan will not pay primary if it is already aware that the enrollee has workers' compensation, Black Lung Program, or no-fault/liability coverage and has previously established that a certain drug is being used exclusively to treat a related injury. For example, when an enrollee refills a prescription previously paid for by Worker's Compensation, the Part D plan may deny primary payment and default to the secondary payer.

In all other non-EGHP MSP situations, such as when a plan does not know whether a covered drug is related to an injury, Part D plans will always make a conditional primary payment to ease the burden on the policyholder.

The payment is "conditional" because it must be repaid to Medicare once a settlement, judgment, or award is reached. The proposed settlement or update should be reported to Medicare by calling 1-800-MEDICARE and asking for the Medicare Coordination of Benefits Contractor, or by mailing relevant documents to the COB contractor.

Plan is aware that enrollee has workers' compensation, Black Lung Program, or no-fault/liability coverage and has previously established that a certain drug is being used exclusively to treat a related injury	Part D plan will not pay primary
In all other instances (i.e., plan does not know whether covered drug is related to an injury)	Part D plans will always make conditional primary payment to ease burden on policyholder

Notes:

SLIDE 26 *Speaker's Notes*

Part D plans may rely on the information physicians include with the prescription for making coverage determinations to the same extent they rely on acquiring similar information directly from physicians on prior authorization forms (e.g., diagnosis information to determine if the prescription is related to a Medicare-covered transplant, long-term care location, etc.)

This information is intended to facilitate, but not replace, a plan's existing processes for making a coverage determination. Pharmacists may need to explain to enrollees how the prior authorization requirements are met. They may also need to provide the Part D sponsor additional information to establish that the drug is covered by Part D.

Part D Determinations

- Part D plan coverage determination
 - May rely on information from physicians
 - Should not replace plan's process
 - Pharmacists' help in determining Part D status
 - Explain prior authorization requirements
 - Provide more information to plan

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Medicare Drug Coverage Under Part A, Part B, and Part D

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Notes:

SLIDE 27 *Speaker's Notes*

In conclusion, if payment for a drug could be available to an individual under Part A or Part B, then it will not be covered under Part D. This will be the case even if a beneficiary has Part A, but not Part B, or vice versa. Drugs covered under Parts A and B are considered available to people eligible for Part D if the person could choose to pay the appropriate premiums and deductibles.

NOTE: Part D sponsors must offer a uniform benefit package in order to carry out the intent of Congress. If Part B-covered drugs were included in the Part D benefit package only for those enrollees without Part B, it would not be possible for Part D sponsors to offer uniform benefit packages for a uniform premium. In addition, payment for a drug under Part A or B is available to any individual who could sign up for Parts A or B, regardless of whether they have actually enrolled or are waiting to be enrolled.

All individuals who are entitled to premium-free Part A are eligible to enroll in Part B. This includes individuals who are entitled to Part A based on age, disability, and ESRD. All individuals who are entitled to Part B only are age 65 or older and, in almost all instances, not eligible for premium-free Part A. However, they are eligible to buy into Part A for a premium.

Part A/B/D Conclusion

- If payment is available under Part A or B
 - Drug will **not** be covered under Part D
 - Even if a person has only Part A or only Part B
 - Payment considered available
 - If person could choose to pay Part A and B premiums and deductibles

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Notes:

SLIDE 28

Exercise

- A. Most outpatient drugs are covered under Medicare Part A.
1. True
 2. False

Exercise

- A. Most outpatient drugs are covered under Medicare Part A.
1. True
 2. False

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Notes:

SLIDE 29
Exercise

B. Medicare Part A payments made to hospitals and Skilled Nursing Facilities generally cover all drugs provided during a stay.

- 1. True
- 2. False

Exercise

B. Medicare Part A payments made to hospitals and Skilled Nursing Facilities generally cover all drugs provided during a stay.

- 1. True
- 2. False

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Notes:

SLIDE 30

Exercise

C. Part B can pay hospitals and Skilled Nursing Facilities for certain categories of Part B covered drugs if a person does not have Part A coverage.

1. True
2. False

Exercise

C. Part B can pay hospitals and Skilled Nursing Facilities for certain categories of Part B covered drugs if a person does not have Part A coverage.

1. True
2. False

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Notes:

SLIDE 31
Exercise

D. In Medicare-approved hospice program Medicare Part A will not pay for drugs for symptom control or pain relief

- 1. True
- 2. False

Exercise

D. In Medicare-approved hospice program Medicare Part A will not pay for drugs for symptom control or pain relief.

- 1. True
- 2. False

Notes:

SLIDE 32

Exercise

E. If payment for a drug could be available to an individual under Part A or Part B, then it will not be covered under Part D.

1. True
2. False

Exercise

E. If payment for a drug could be available to an individual under Part A or Part B, then it will not be covered under Part D.

1. True
2. False

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Notes:

SLIDE 33 *Speaker's Notes*

For more detailed information on Medicare drug coverage, you can go to www.medicare.gov under "Search Tools" and select "Find out what Medicare Covers" or "Compare Medicare Prescription Drug Plans." This slide also shows the web address for the Medicare Part D Coverage Determination Request Form.

For More Information...

- Medicare Drug Coverage
 - Medicare.gov
 - Search Tools
 - Find out what Medicare Covers or
 - Compare Medicare Prescription Drug Plans
- Medicare Part D Coverage Determination Request Form
 - http://www.cms.hhs.gov/MLNProducts/Downloads/Form_Exceptions_final.pdf

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Notes:
