

# IMPORTANT INFORMATION ABOUT MEDICATIONS IN NURSING HOMES

Effective January 1, 2006, Medicaid coverage for medications for nursing homes residents terminated.

Residents must be enrolled in a new Part D Medicare Prescription Drug Plan provided by a private company in order for the nursing home to obtain reimbursement for their medications.

If you do not know the plan you or your family member has been assigned to call the Center for Medicare and Medicaid Services (CMS) office at 1.800.MEDICARE to find out. In order to obtain plan information you must provide the individual's Medicare number and effective date of coverage. Also see website [www.medicare.gov](http://www.medicare.gov).

## **Not every Part D plan covers every medication**

You should call the plan to inquire if the plan meets the needs of members or yourself. Some key points to ask about are:

- Plan formularies. You want ensure that the medications you take are covered by the plan-check drug name, dosage, strength and quantity.
- In-network pharmacy. The pharmacy the nursing homes uses should be in the network of the plan to ensure efficiency.
- Fees. Dual eligible individuals are not subject to any additional cost for their medications. But individuals not covered by Medicaid may be responsible for co-pays.