



COMMISSIONER
Chris Traylor

January 17, 2012

To: All Community Services 1915(c) Waiver Providers

Subject: Information Letter 12-02 **REVISED (TL)**
Medicare Part D Co-payments for Individuals Enrolled in Medicare and Receiving 1915(c) Waiver Services

In accordance with Section 3309 of the Affordable Care Act, effective January 1, 2012, individuals receiving Medicaid 1915(c) waiver services and enrolled in a Medicare Part D prescription drug plan (PDP), will no longer be responsible for Medicare Part D prescription co-payments. This change will impact individuals enrolled in Community Based Alternatives (CBA), Community Living Assistance and Support Services (CLASS), Medically Dependent Children Program (MDCP), Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS) and Texas Home Living (TxHmL).

The Centers for Medicare & Medicaid Services (CMS) will receive data from the Texas Health and Human Services Commission in January 2012 identifying all individuals with Medicare and Medicaid who are enrolled in a Medicaid 1915(c) waiver. CMS will be informed on a monthly basis when new individuals are enrolled in a 1915(c) waiver. When CMS receives this information, they will update the pharmacy systems, and individuals identified as being enrolled in a 1915(c) waiver will not be charged a copay for prescriptions covered by Medicare Part D for the remainder of 2012. We anticipate that the pharmacy systems will be corrected by the end of January 2012, and starting, no later than February 1, 2012, individuals on waivers will not be charged a co-payment. Therefore, pharmacies will continue to charge a co-payment until the pharmacy system reflects that the individual should not be charged a co-payment.

According to CMS, the prescription drug plans will be required to reimburse an individual for all co-payments made by the individual after January 1, 2012.

If an individual is asked to make a co-payment for a Part D prescription the individual (or the individual's guardian) should inform his or her PDP that he or she is receiving waiver services. The individual should provide documentation to the PDP confirming enrollment in a waiver. The PDP must forward the documentation to CMS for use in updating its systems. **CMS informed PDPs in December 2011 that they were responsible for accepting the documentation from the individual and forwarding the documentation to CMS.**

Acceptable documentation for verifying waiver enrollment includes:

- A copy of a State-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the individual's name and waiver effective date;

- A copy of a State-approved waiver service plan that includes the individual's name and effective date; or
- A copy of a State-issued authorization approval letter for waiver services that includes the individual's name and effective date.

Complaints regarding the information provided in this letter should be submitted to CMS by calling 1-800-MEDICARE (1-800-633-4227).

If you have questions or need additional information specific to the 1915(c) waiver programs affected by this letter, please contact: pdo@dads.state.tx.us.

Sincerely,

[Signature on file]

Teresa Richard
Director
Center for Policy and Innovation