



Information Partners Can Use on:

# COORDINATION OF BENEFITS

Medicare Prescription Drug Coverage

Revised March 2008

This fact sheet provides information to Medicare partners about how Medicare prescription drug coverage will work with other plans that provide prescription drug coverage including State Pharmacy Assistance Programs, employer group health plans, the Federal Employee Health Benefits Program, and Military coverage (including VA and TRICARE).

Some people with Medicare have drug coverage that works with Medicare's prescription drug coverage. To ensure that bills are paid correctly, Medicare has the following process to coordinate prescription drug benefits:

- **People with Medicare have to report if they have additional drug coverage.** When people with Medicare join a Medicare drug plan, they must report to the plan if they have other prescription drug coverage. The Medicare drug plan is expected to collect this information through a mail, phone, or face-to-face survey within 30 days of enrollment and annually after the initial survey. Medicare will also get this information from some employers and payers directly. People with Medicare must also report if they are reimbursed by other payers of prescription drug coverage for out-of-pocket drug costs.
- **Pharmacists have access to drug plan enrollment information online.** When a person with Medicare fills a prescription, the pharmacy will usually be able to use an online billing system to find out if the Medicare drug plan or another plan should be billed first. The system will tell the pharmacist how much the person should pay for the prescription and whether a supplemental plan can be billed. After the pharmacist bills Medicare and, if possible, any supplemental plan, the person with Medicare will be billed at the pharmacy counter for the remaining amount.

Continued on back



Other plans that provide drug coverage may also help pay Medicare prescription drug coverage out-of-pocket costs, like copayments and deductibles. But, in some cases, the person with Medicare may have to pay out-of-pocket if the pharmacy is not able to submit the claim electronically to bill the supplemental plan. The person can later submit a claim to their supplemental drug plan for reimbursement.

For more detailed information about the coordination of benefits under Medicare prescription drug coverage, visit [www.cms.hhs.gov](http://www.cms.hhs.gov) on the web or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.