



# Health Network Alert

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## Protecting the rights of low income older adults

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### Dual Eligibles Receiving Medicaid HCBS Services Now Have Zero Part D Copayments Under ACA

Effective January 1, 2012, full-benefit dual eligibles receiving Medicaid home and community based services (HCBS) have no Medicare Part D copayments.

These beneficiaries are eligible for a full waiver of copayment requirements for their Medicare Part D prescription drugs. The provision is designed to put people who are receiving HCBS in the community on equal footing with those who are institutionalized. Full duals who reside in skilled nursing facilities already have no copayment liability.

If a full dual receiving HCBS does not show as eligible for zero copays, the individual may present evidence to her Part D plan showing HCBS status. This Best Available Evidence (BAE) can include documents dated after June 2011 showing state HCBS eligibility.

Advocates should be alert to problems that may arise around state transmission of HCBS data to CMS, and plan recognition of the new co-pay status. Beneficiaries may also need assistance in presenting BAE and in understanding the change in their co-payments.

To see details about who qualifies, timing, length of qualification, expected challenges and best available evidence policy, [click here](#).

For further information, contact Georgia Burke, [gburke@nsclc.org](mailto:gburke@nsclc.org).



Case consultation help for advocate

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