

The WARF Executive Committee has received questions about changes in Medicare coverages, particularly for prescription drug coverages. The following are some tips to consider. The majority of this information comes from the Medicare website (medicare.gov)

Jim Middleton, Sindecuse Pharmacy Director, described a trend in the drug industry that creates new brand named drugs that are extremely expensive. Many of these “new” drugs contain older, cheaper, drugs that have been slightly modified, are combinations of two or more older drugs or have adjusted proportions of older compounds. These changes allow the companies to rename the drugs and greatly increase prices. Many providers, including Medicare and Western, are becoming cautious in authorizing these drugs.

The WMU healthcare plan includes coverage of prescription medications, but not all. You may find that a specific drug is not covered. Checking with your insurance carrier to see if a particular drug is carried and covered, is recommended. Information on prescription coverages can be found at:

Sindecuse Pharmacy: (269) 387-3301.

wmich.edu/hr/health-retirees

bcbsm.com You can then log into (or set up) your individual account to access detailed information.

You can contact the WMU BCBS representative at BCBS, Melissa Bosak by email at MBosak@BCBSM. She is also available on-campus by appointment through the HR Offices, call (269) 387-3620 to get an appointment.

Medicare Part D or Individual Drug Plans: Hitting the Prescription Drug Donut Hole

The donut hole, or coverage gap, is one of the most controversial parts of the Medicare Part D prescription drug benefit and of concern to many people who have joined a Part D drug plan. The donut hole occurs when you have met the maximum for prescription drugs that is set by Medicare D, or your individual prescription drug plan. After the maximum is met you will pay full cost for those medications. Although all prescription drug plans must explain the coverage gap in their literature and advertising, the donut hole comes as a shock to many enrollees when they go abruptly from making copayments for their drugs to paying 100% of the cost.

What about WMU’s Healthcare Insurance Plan?

There is no donut hole for medications if you are a member of Western’s medical insurance plan. But not all drugs are covered. Check with Sindecuse to see if yours is.

The Bottom Line

It is your responsibility to determine if the services or medications are covered prior to provision.

From the Medicare website:

- Medicare Part B covers outpatient services. Outpatient medications may be covered when provided in a doctor's office or an outpatient setting (which can include home care when medications are administered by home care specialists). The Medicare.gov website has a list of diagnostics for which outpatient (Part B) prescription medications are covered. But, this site does not indicate which specific medications are covered. Ask your physician.
- Medicare Part D covers medications taken at home, but Part D coverage is purchased individually. The WMU healthcare plan covers most prescribed medications. If you have a Medigap or Medicare Advantage plan, you should check your coverage.
- Medicare Part B: Prescription drugs (outpatient)

How often are outpatient prescription drugs covered?

Medicare Part B (Medical Insurance) doesn't cover most prescription drugs used at home, but it does cover a limited number of outpatient prescription drugs under limited conditions. Generally, drugs covered under Part B are drugs you wouldn't usually give to yourself, like those you get at a doctor's office or hospital outpatient setting.

The Medicare.gov website has a list of diagnostics for which outpatient (Part B) prescription medications are covered. But, this site does not indicate which specific medications are covered. Ask your physician if they are covered.

Prior authorization for some specific medications may be denied by Medicare, with coverage approved for less expensive medications.

Drugs not covered under Part B may be covered under your Medicare Prescription Drug Plan (Part D). If you have Part D, check your plan to see what outpatient drugs are covered. This includes if you are covered for medications by WMU, Medigap or Medicare Advantage program.

YOUR Medicare coverage is based on 3 main factors, which can mean different coverages based on where you live.

1. Federal and state laws.
2. National coverage decisions made by Medicare about whether something is covered.
3. Local coverage decisions made by companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.

2 ways to find out if Medicare covers what you need

1. Talk to your doctor or other health care provider about why you need the services, medications, or supplies; **and ask if Medicare will cover them.**

If you need something that's usually covered by Medicare but your provider thinks that Medicare won't cover it in your situation, you'll have to read and sign a notice saying that you may have to pay for the item, service, or supply. One example is having a Medicare covered annual test done, before the 365 days since the test was last done.

2. Find out if Medicare covers your item, service, or supply.
Go to www.medicare.gov/coverage. And look through the coverage tabs at the top of the website page. Note that the webpage has "find someone to talk to" for specific questions.