

MEDICARE PART D
QUESTIONS AND ANSWERS
June 26, 2006

The Department of Health (Department) periodically receives questions regarding the administration of the Medicare Part D prescription drug benefit for nursing home residents. The questions submitted since the implementation of the benefit and the Department's responses appear below. **Please note that these responses apply only to individuals who are eligible for Medicaid.**

- 1. Question: A nursing home's administrator or its designee may act as a resident's designated representative for Medicare Part D enrollment decisions. When should a nursing home take the step of enrolling a resident in a Medicare Part D plan?**

Answer: As noted in the Department's January 6, 2006 letter, the nursing home should exhaust all efforts to identify an individual with an interest in the well-being of a resident, who can act as the resident's designated representative, before establishing the Administrator or its designee as such.

- 2. Question: If a nursing home provider enrolls a resident in a Medicare Part D plan, must the resident and his/her designated representative be notified of the enrollment?**

Answer: Yes. The plan in which the resident is enrolled, the date of enrollment, and other relevant information should be communicated to the resident and his/her designated representative upon enrollment. In addition, the resident and his/her designated representative should be notified that the resident has the right to change plans, within the rules established in the program. Nursing home residents may change plans monthly.

- 3. Question: Must the nursing home provider establish guardianship for the purposes of enrolling a resident in a Medicare Part D plan?**

Answer: No.

- 4. Question: Do the requirements included in the Department's January 6, 2006 letter, apply to all nursing home residents?**

Answer: No. The requirements apply to nursing home residents who are dually eligible for Medicare and Medicaid.