

**HEALTH PLAN AND RBHA
MEDICAL INSTITUTION NOTIFICATION
For
DUAL ELIGIBLE MEMBERS**

When a person with Medicare who is also eligible for Medicaid (called dual eligible) is in a medical institution that is funded by Medicaid for a full calendar month, he/she is not required to pay co-payments for their Medicare covered prescription medications for the remainder of the calendar year. Given the limited resources of many of our members and to prevent the unnecessary burden of additional co-pay costs, it is imperative that these individuals are identified as soon as possible.

To ensure that the appropriate information is communicated to the Center of Medicare and Medicaid Services (CMS), **effective January 1, 2006** the attached form must be completed and faxed to AHCCCS as soon as it is determined that a member **is expected** to be in a medical institution that is funded by Medicaid for a full calendar month. This includes:

- 1) Members who have Medicare part “B” only;
- 2) Members who have used their Medicare part “A” life time inpatient benefit;
- 3) Members who are in a continuous placement in a single medical institution or any combination of continuous placements that are identified below.

Do not wait until the member has been discharged from the medical institution to submit the form.

MEDICAL INSTITUTIONS (Provider Type)

- | | |
|---|--------------------------------------|
| * Acute Hospital (PT 02) | * Psychiatric Hospital – IMD (PT 71) |
| * Psychiatric Hospital- Non IMD (PT 77) | * RTC- IMD (PT B1, B3) |
| * RTC Non IMD (PT 78, B3) | * SNF (PT 22) |
| * ICF MR (PT 22) | |

If you have any questions or require assistance, please contact your AHCCCS/ADHS Liaison.

Effective January 1, 2006 please fax completed forms to:

**AHCCCS
Members File Integrity Section (MFIS)
(602) 253-4807**