



Pharmacy Claim Submission

Medicare Part D

The pharmacy must submit a claim to Medicare before submitting it to Medicaid for payment consideration. Medicaid is always the payer of last resort.

Claims submitted to Medicaid with a Medicare Part D-covered drug will be rejected and the pharmacy will be instructed to bill Medicare Part D if the client is eligible for Medicare Part D. If a pharmacy receives a rejection from Medicaid to bill the client's prescription drug plan (PDP), then the pharmacy should submit the claim to the client's PDP.

Medicaid does not pay for Medicare Part D-covered drugs, and pharmacies cannot bill Medicaid if they collect payment from a Part D dual-eligible client. (Part D clients are those entitled to Medicare Part A or Part B and eligible for some form of Medicaid.)

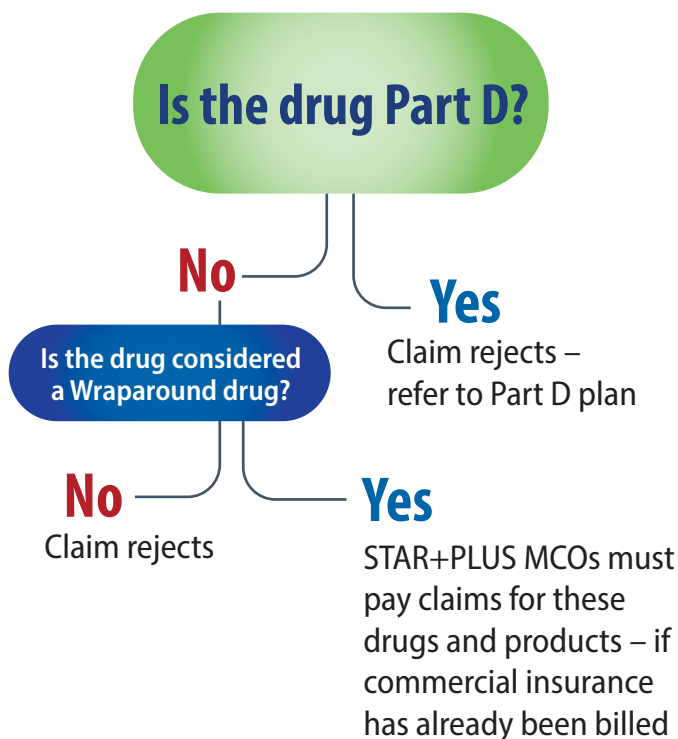
Medicaid may pay for some drugs excluded from Medicare Part D coverage.

Medicaid will pay for Wraparound drugs or products for dual-eligible clients after the pharmacy bills commercial insurance or if there is no commercial insurance on file. (Wraparound drugs are a Medicaid-only service to supplement the Medicare Part D benefit for dual-enrolled clients.)

If the client does not have plan information or says that they are not enrolled in a plan, the pharmacy provider should do one of the following:

- Call Medicare for PDP information.
- Use TROOP inquiry.
- Use the Facilitated Enrollment process.
- Submit the claim to the Medicare Limited Income NET program if the client has never been enrolled in a Medicare PDP.

If a client is STAR+PLUS dual-eligible enrolled with Medicare Part D, complete the following process:



To learn more about the Texas Vendor Drug Program, visit txvendordrug.com/formulary.
Pharmacy staff can earn free continuing education credits at txhealthsteps.com.