TO: Field Staff  
FROM: DFR Training Team  
RE: Medicare Part C and D Plans  
DATE: 1/17/2018

What is Medicare Part C and D?

Medicare Part C is a Medicare Advantage Plan. It is a type of Medicare health plan offered by private companies that contract with Medicare to provide the same services as original Medicare Part A and Part B benefits as well as extra coverage such as vision, hearing and dental, pharmacy, and/or health and wellness programs. For additional information on Medicare Advantage Plans, please visit this page.

Medicare Part D is a prescription drug coverage plan. It is a type of Medicare health plan that is run by insurance companies or other private companies approved by Medicare to provide additional assistance with prescription costs. Each Medicare Part D plan has its own list of covered drugs and premium amounts. For more information on Prescription Drug plans, please visit here.

Most (but not all) Medicare Advantage Plans include prescription drug coverage (Part D).

What qualifies one for Medicare Part C and D?

If a client lives in the service area of the plan they want to join, has Medicare Part A and Part B and doesn’t have End-Stage Renal Disease (ESRD), they may qualify for a Medicare Advantage Plan or Part C.

Part D or prescription drug coverage is offered to everyone with Medicare.
How does it affect our programs?

It is mandatory that we inquire about other insurance and medical expenses, when applicable. If the client is paying a premium for insurance, that is a deductible expense for our programs and we must request verification.

For Part C, Medicare pays a fixed amount for the care each month to the companies but the client may also have a premium. There is specific criteria that determines if a client will pay any portion of the premium and what amount that would be. Please see the full list here.

The client pays the premium for Part D plans as well as other possible costs that vary by client. Please see full list of other expenses at this link.

Which screens do we update in ICES?

If a client reports that they pay for Medicare Part C or Part D, we must request verification as it counts as a deduction per PPM 3440.48.00 and IHCPPM 3455.15.10. Please request a copy of the front and the back of the card, a copy of the policy and proof of the premium amount. The policy cannot be entered on AEFMC but the premium amount, if any, can and should still be entered on AEFME. The code we should use on AEFME is HI. The Part B premium should be entered separately. Additionally, if the client verifies both a Part C and Part D expense, we can assume the Advantage plan does not include Part D, and that premium should be entered separately as well (minus the benchmark - see IHCPPM 3041.00.00).

As always, please document in CLRC.

Disclaimer: Hub Caps have been written to assist in providing clarification and as a quick guide for workers to reference. Hub Caps do not replace policy; please continue to use the appropriate policy manuals for detailed information.
By clicking this link and filling out the following form you agree that you have read and understand the above material.