

Medicare Part D – Prescription Drug Coverage Enrollment Planning Tool

This grid was developed to help Adult Foster Home providers and other long-term care facilities think through how Part D will affect different residents – or even family members! The blank grid allows you to put down individual resident information – and the examples show how using the grid can help determine what is needed for each resident.

Some examples:

Name of Resident	Medicaid	Medicare	Medicare Advantage or ElderPlace	Other Insurance Coverage	What to Do
1. Bob J.	X				Nothing. Drug coverage stays the same.
2. Mrs. K	X	X	X		Nothing. Drug coverage will transition to new drug program.
3. Judy A.		X			Help her decide if she wants to join a plan – and which plan will be best for her, considering costs, medications, and pharmacy.
4. Mr. C		X		X	Has TriCare. Does not need to join plan at this time. Tell him (family) to keep a copy of the ‘creditable coverage’ letter.
5. Mrs. D	X	X			Automatically enrolled – encourage her not to opt out, and check to be sure her plan covers her medications & works with your pharmacy – otherwise help her switch to a better plan
Mom		X			Help her decide if she wants to join a plan
Uncle Joe		X		X	Has MediGap insurance that currently covers prescriptions. Will not be creditable coverage. Help him to decide if he wants to join another plan.

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Note: This form is for your own use – to help you plan for your own residents.

Resident Name/Initials	Medicaid	Medicare	Medicare Advantage or ElderPlace	Other Insurance Coverage	What to Do
1.					
2.					
3.					
4.					
5.					