SB 6891 - DIGEST

Provides that, only to the extent that funds are appropriated for this purpose, the department shall provide drug benefits to a full-benefit dual eligible beneficiary who is not able to obtain drug benefits from his or her medicare drug plan only when one or more of the following conditions are met: (1) The pharmacy has submitted a claim for the provision of drug benefits to the full-benefit dual eligible beneficiary's medicare drug plan and the claim has been denied payment for reasons other than processing errors or omissions made by the pharmacy, lack of medical necessity, or health or safety reasons.

(2) The pharmacy is unable to submit a claim for the provision of drug benefits solely due to the unavailability of complete or accurate medicare drug plan enrollment information from the full-benefit dual eligible beneficiary's medicare drug plan, the federal centers for medicare and medicaid services, or entities under contract with the centers for medicare and medicaid services to provide enrollment information.

(3) The medicare drug plan provides information that the full-benefit dual eligible beneficiary's deductible or copayment amount is higher than the copayment amounts that are established by medicare for full-benefit dual eligible beneficiaries.

(4) The full-benefit dual eligible beneficiary cannot pay, in whole or in part, the copayment amounts that are established by medicare for full-benefit dual eligible beneficiaries.