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## **Why are some medications billed to me when I have prescription insurance coverage?**

- There are instances when prescription billing information changes. Guardian needs your most recent insurance information to be able to bill directly. Please contact our Billing Department as soon as possible with any changes or updated information so we don't bill you instead.
- Most all insurance plans, including Medicare Part D drug programs do not cover over the counter (non-prescription) items. Depending on the coverage of some plans, diabetic supplies such as test strips and insulin syringes might be covered. Guardian attempts to bill these plans and only charges the resident if the item is not covered or any copays are charged by the insurance.
- Some insurance plans require an annual deductible be met before the insurance will pay. Until this deductible is met, your bill will reflect the amount the insurance is charging you for the medication.
- Many plans require that certain medications have a prior authorization review and approval process prior to approving medications for payment. The prescribing physician is responsible for obtaining the prior authorization, but Guardian provides the correct form to the physician to document and submit for approval.
- Most insurance plans have restrictions that include, but are not limited to, the quantity that can be dispensed and paid for medications. There are also restrictions on how long after a medication is dispensed that the pharmacy can submit claims for payment. Sometimes the insurance plan will not cover a medication if these restrictions occur; therefore it is very important that Guardian has the most current insurance information to bill. If a quantity restriction occurs, Guardian notifies the facility and physician so a determination of alternative therapy can be made. Guardian cannot change this without a new prescription received from the prescribing physician.
- Some prescription plans require mandatory mail order prescriptions only. Guardian is not a mail order pharmacy and cannot fill more than a 31 day supply of any medication and as such, will not get reimbursed by the insurance if it submits a claim. Guardian will attempt to get a "long term care override" for these types of prescriptions, but it is not a guarantee.
- Medicare Part D coverage gap (donut hole) refers to the period of time during the coverage year when the beneficiary will be responsible for paying the entire drug costs out-of-pocket, with no payment from the Part D plan, until costs have reached a certain threshold. This "donut hole" will be shrinking over the next several years, but there still will be costs to the resident. Please contact your Medicare Part D plan carrier for information specific to your plan, or visit the CMS (Centers for Medicare and Medicaid Services) website at [www.cms.gov](http://www.cms.gov) for additional details.