

Trouble-shooting Medicare Part D for MassHealth and Prescription Advantage Recipients

MassHealth Recipients-

If you have MassHealth and Medicare, you should never have to leave the pharmacy without your medicine. If none of the suggestions for solving a billing problem listed below work, your pharmacy should still fill a one-time 30-day supply of the drug prescribed for you. A new state law says MassHealth will provide a one-time 30 day supply of a drug if Medicare Part D does not cover your drug when the prescription is presented. Call an advocate if neither your pharmacy nor MassHealth customer service helps you to get the drugs you need –see the referral list at the end for names and telephone numbers.

- 1. You don't have Medicare, you only have MassHealth, but the pharmacist says MassHealth no longer covers drugs.**

This is not correct! MassHealth drug coverage is unchanged for people who do not have Medicare. Ask the pharmacist to bill MassHealth as usual, and it should go through.

- 2. You have MassHealth and Medicare, but don't know whether you have been enrolled in a Medicare drug plan.**

Your pharmacist can send an "E1" email question to Medicare and should get back an immediate answer with the 800 number for your plan, and the information s/he needs to bill your plan for your drug.

- 3. You have MassHealth and Medicare, don't know whether you have been enrolled in a drug plan, and the pharmacist says the system does not show you to be enrolled in a drug plan.**

Your pharmacist can use your MassHealth card to check that you have MassHealth, and can use your Medicare card, use the “E1” system or call Medicare at 866-835-7595 to confirm that you have Medicare. Once s/he has done this, the “Point of Sale (POS) facilitated enrollment contractor” for your drug. Your copayment will be \$1 or \$3. You will also be enrolled in a drug plan, but can choose to switch to a different plan later.

For more information on POS billing see:

<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/POSFacilitatedEnrollmentWeb.pdf>

- 4. You have MassHealth and Medicare, you don’t have your drug plan card, but do have a letter from Medicare or the drug plan showing that you are enrolled.**

If the letter you have contains enough information, your pharmacist should bill your plan. If the letter does not contain enough information, your pharmacist should call the plan to get the information needed.

- 5. You have MassHealth and Medicare and have enrolled in a Medicare drug plan, but the pharmacist asks you for a copayment of more than \$1 or \$3.**

Your copayment should only be \$1 or \$3. If the copayment is \$2 or \$5, the pharmacy should bill MassHealth for the rest. MassHealth sent pharmacies a fax on December 30 explaining how to do this. If the pharmacist insists on \$2 or \$5, call MassHealth customer service at 800-841-2900.

If the copayment is more than \$5, it means there is a problem in communication between MassHealth, Medicare and your drug plan. Your pharmacist should call your drug plan. If the problem can’t be worked out with the plan, call Medicare and/or MassHealth.

- 6. You have MassHealth and Medicare and are enrolled in a Medicare drug plan, but your pharmacy says your plan does not cover the drug.**

All the Medicare drug plans have transition plans allowing at least a 15-day supply (most plans allow a 30-day supply) of a drug not generally covered by the drug plan without an “exception.” The pharmacist should bill the plan, following the plan’s instructions for transitional coverage.

Meanwhile, you should do one of three things about continuing to get necessary drugs in the future-

- i. Talk to your doctor about whether there is another drug just as good that is covered by your drug plan.
- ii. If no other drug will do, ask your doctor to help you ask your drug plan for an exception to cover the drug you need.

- iii. Or, switch to another drug plan that will cover the drug you need. (Enrolling in a new plan will take effect on the first of the next month and will automatically disenroll you from the old plan).

If you have the same problem in the following month, you are entitled to another 30-day emergency supply from MassHealth to give you more time to solve transition problems.

7. You have MassHealth and Medicare and are enrolled in a Medicare drug plan, but your plan denies coverage for a benzodiazepine, barbiturate or over the counter drug.

MassHealth still covers benzodiazepines, barbiturates and certain over the counter drugs (with a prescription) for people who also have Medicare.

Benzodiazepines include: Xanax, Klonopin, Valium, Ativan, etc.

Barbiturates include: Pentobarbital (Nembutal), Secobarbital (Seconal), Amobarbital (Amytal) and Phenobarbital (Luminal).

Over the counter drugs are drugs that you can purchase without a prescription. MassHealth will pay for certain over the counter drugs if you have a prescription. Note: all Part D plans will cover insulin.

If MassHealth denies payment, your pharmacist should call MassHealth at 866-246-8503

Prescription Advantage recipients –

If you have Prescription Advantage and Medicare, you should never have to leave the pharmacy without your medicine. If none of the suggestions for solving a billing problem listed below work, your pharmacy should still fill a 30-day supply of the drug prescribed for you and bill Prescription Advantage. Call an advocate if neither your pharmacy nor Prescription Advantage customer service helps you to get the drugs you need –see the referral list at the end for names and telephone numbers.

8. You don't have Medicare, you only have Prescription Advantage, but the pharmacist says Prescription Advantage no longer covers drugs.

This is not correct! Prescription Advantage drug coverage is unchanged for people who do not have Medicare. Ask the pharmacist to bill as usual, and it should go through. Prescription Advantage billing question for non-Medicare members go to the Caremark Help Desk at 800-345-5413.

9. You have Prescription Advantage and Medicare, but don't know whether you have been enrolled in a Medicare drug plan.

Your pharmacist can send an "E1" email question to Medicare and should get back an immediate answer with the 800 number for your plan, and the information s/he needs to bill your plan for your drug.

10. You have Prescription Advantage and Medicare, don't know whether you have been enrolled in a drug plan, and the pharmacist says the system does not show you to be enrolled in a drug plan.

You should have been automatically enrolled in a drug plan by Prescription Advantage by January 1, but if this didn't happen, the pharmacist should still give you a 30-day emergency supply of the drug. Check with Prescription Advantage about your enrollment status.

11. You have Prescription Advantage and Medicare, you don't have your drug plan card but do have a letter from Medicare or the drug plan showing that you are enrolled.

If the letter you have contains enough information, your pharmacist should bill your plan. If the letter does not contain enough information, your pharmacist should call the plan to get the information needed.

12. You have Prescription Advantage and Medicare and have enrolled in a Medicare drug plan, but the pharmacist asks you for a copayment of more than you paid last month.

Your copayment should be no more than if you only had Prescription Advantage and not Medicare. For some low income beneficiaries who were approved for "extra help" from Social Security, your copayment may be lower than it was in Prescription Advantage. If you think the copayment that the pharmacy is charging you is too high, your pharmacist should check with Prescription Advantage. If you pay a copayment that you think was too high, save the receipt, if the amount you were charged turns out to have been a mistake, your drug plan should reimburse you.

13. You have Prescription Advantage and Medicare and are enrolled in a Medicare drug plan, but your pharmacy says your plan does not cover the drug.

All the Medicare drug plans have transition plans allowing at least a 15-day supply (most plans allow a 30-day supply) of a drug not generally covered by the

drug plan without an “exception.” The pharmacist should bill the plan, following the plan’s instructions for transitional coverage.

Meanwhile, you should do one of three things about continuing to get necessary drugs in the future -

- 1). Talk to your doctor about whether there is another drug just as good that is covered by your drug plan.
- 2) If no other drug will do, ask your doctor to help you ask your drug plan for an exception to cover the drug you need.
- 3) Or, switch to another drug plan that will cover the drug you need.

If you have the same problem in the following month, you are entitled to another 30-day emergency supply from Prescription Advantage to give you more time to solve transition problems.

14. You have Prescription Advantage and Medicare and are enrolled in a Medicare drug plan, but your plan denies coverage for a benzodiazepine.

Prescription Advantage still covers benzodiazepines for people who also have Medicare. Benzodiazepines include: xanax, klonopin, valium, ativan, etc.

Referral List

Medicare

800-633-4227 Medicare customer service line (if you say “agent” when asked a question by automated attendant, you will eventually reach a live person)

TTY:1-877-486-2048

866-835-7595 dedicated pharmacy eligibility line

617-565-1232 Boston Regional CMS office

On line information for pharmacists (“what if” scenarios):

<http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/WhatIfScenariosPharm.pdf>

On line confirmation of name of drug plan and dual eligible or eligible for low income subsidy (extra help): www.medicare.gov →compare medicare prescription drug plans →find a medicare prescription drug plan → enter personal information

MassHealth

800-841-2900 MassHealth customer service line

866-246-8503 pharmacy billing line
Prescription Advantage

800-243-4636 Prescription Advantage customer service line
TTY 1-800-610-0241

866-715-0876 Prescription Advantage pharmacy help desk

Medicare Drug Plans

800 numbers for Medicare drug plans are listed at
<http://www.cms.hhs.gov/prescriptiondrugcovgenin/downloads/autoenrollmentersosswalk.zip>

Customer service numbers & addresses of drug plans in Massachusetts at
<https://www.medicare.gov/MPDPF/Public/Include/DataSection/Results/ListPlanByState.asp> → select Massachusetts

Community assistance/advocacy

Medicare Advocacy Project: 800-323-3205
TTY: 617-371-1228
For assistance in Spanish: 617-603-1661
For assistance in Portuguese: 617-603-1680

SHINE: 1-800-243-4636, press 1
TTY 1-800-872-0166

Medicare Access to
Benefits Hotline (ABCD) 617-348-6788
888-489-7744

MassMedline 1-866-633-1617

Tracking and reporting implementation problems

The Medicare Advocacy Project will serve as a clearinghouse for stories about implementation problems in the Part D Program. Call them at the above phone number or email Diane Paulson at dpaulson@gbls.org. You can also contact

Roxanne Reddington Wilde at redwilde@bostonabcd.org. ABCD is serving as a local contact for communicating problems to CMS.

**Prepared by Vicky Pulos, Massachusetts Law Reform Institute,
vpulos@mlri.org, with help from the Medicare Advocacy Project, Jan. 2006**

Part D Troubleshooting Checklist

Client Identifying Information:

Name

Telephone

Address & zip code

Date of Birth

Advocate: Name & Telephone/Email

MassHealth No. _____

Medicare No. _____

Medicare effective dates for Part A ____ for Part B ____

Prescription Advantage No. _____

Part D Plan Name _____

Pharmacy Name and Address

Prescription: _____

Problem at pharmacy:

Efforts to resolve problem:

Did consumer leave pharmacy with drug? Y/N

How much did consumer pay for drug? \$____

Other comments: