

Community Partners and the Blue Cross Blue Shield of Massachusetts Foundation hosted a Medicare Part D Training on October 21, 2005.

Participants were invited to submit additional questions following the training. Community Partners worked with presenters and other experts to address these questions.

MEDICARE PART D

When the threshold for “catastrophic” coverage (the other side of the donut hole) is reached, does it last across years, or do you restart each year?

- *It restarts each year.*

Will the Medigap enrollment period be extended in the same manner as Part D?

- *This is an issue determined by states. In Massachusetts, the regular open enrollment period for initial eligibility in the Medex plan (Blue Cross Blue Shield) and the United plan (AARP) is February and March. A special open enrollment period will occur November 15 – December 31, 2005 for enrollment as of January 1, 2006. Plans add a surcharge for enrollment after the initial eligibility period.*

Is it possible for a person to be enrolled in two prescription plans? Today an elder can have coverage through an employer and HMO. How will the dual coverage be discovered if this happens?

- *A person can be enrolled in one prescription coverage plan.*
- *Medicare Advantage HMO plans and employers are notifying beneficiaries of what they need to do. Employers are required to send out creditable coverage notices to their Medicare eligible employees/retirees; Medicare Advantage plans are sending (or have sent) their Annual Notice of Change letter to its Medicare members. That letter provides details regarding how Medicare managed care and Part D interrelate.*

Is there a unifying “stamp” that marks plans’ paperwork as a Part D plan?

- *The only document where the official Prescription Drug Program mark is required is the Part D identification card. Once they sign the licensing agreement, plans may choose to use the mark on other materials, but are not required to do so.*

Where can consumers go to judge the viability and quality of the organizations providing Prescription Drug Plans (PDPs)?

- *To be qualified as a PDP, these organizations had to meet CMS contractual requirements. Beneficiaries should go to the plan web site to review the plan, and should look to the Better Business Bureau and other consumer resources if they have concerns. The CMS Quality Improvement Organizations will be working with the plans to improve services, but no measures are planned at this stage. In Massachusetts the Massachusetts Division of Insurance (617-521-7794), www.mass.gov/doi and the Attorney General's Office (617)727-2200, www.ago.state.ma.us are places to check.*

Will Medicare drug plans work in other states while a member is vacationing for 1-5 months?

- *The beneficiary has the choice of several national plans, or a very flexible plan that allows liberal use of the benefit outside the network. Clients should look into this when selecting a plan.*



Are there "good cause" provisions for exceptions/appeals because of a psychiatric disorder that interferes with application compliance (e.g., didn't open mail and missed notification)?

- *Part D regulations do not define "good cause", but instead give examples which may apply. This leaves open the question of which situations allow for "good cause" to be found, and it seems that such determination will be made on a case by case basis. CMS has a detailed process for determining this. Currently there are no Massachusetts requirements because Part D is a federal program.*

Will the TrOOP (true out-of-pocket expense) facilitator be integrated with other payments systems – i.e., Prescription Advantage combined with Part D – for co-payment?

- The TrOOP Facilitator Contractor will work with CMS, Prescription Drug Plans (PDPs), Medicare Advantage Prescription Drug Plans (MAPDs) and carriers of supplemental coverage to coordinate benefits and track the sources of cost-sharing payments.
 - *For example: if a beneficiary elected an enhanced alternative MAPD rather than the standard, the Part D part of the combined c/d premium may be \$47.00. If the state's basic Part D premium covered by the LIS is \$30.00, then the beneficiary would pay \$17.00 in addition to her Part C premium (if any) and her Part B premium. If the beneficiary chose the standard MAPD, then the LIS would cover the premium and she would not pay anything for the Part D part of her monthly MAPD premium (She would still be responsible for her Part C health plan premium if there was one, and her Part B.) One thing to remember is that the LIS is applied toward the Part D "standard," so if the MAPD premium is lower than that, the beneficiary does not get to use the difference on the greater premium if they choose an enhanced plan or use the difference for any other premium.*

"EXTRA HELP" or LOW-INCOME SUBSIDY (LIS)

If a person applies for the Low-Income Subsidy in December 2005 and doesn't hear from Social Security about eligibility until after January 1, what will the effective date of the LIS benefit be? Will a person get reimbursed any funds they have spent the LIS would have covered?

- *Approved applications are effective the month after the application is filed. For an application filed in December and approved in January, eligibility would be effective January 1. If they file in January, the effective date would be February even if the decision was not made until March.*
- *Regarding reimbursement, the individual is protected for the subsidy back to the point at which they filed. If premiums are being taken out of their Social Security check, the excess premium will be reimbursed by SSA. However, if they have another type of payment, SSA is out of the loop and reimbursement will have to be worked out by the Prescription Drug Plan (with CMS involvement).*

Will the Drug Plan Finder on the web have information about whether the beneficiary has the LIS?

- *Yes, as it will be reflected in the prices.*



What is the "safety net" for an LIS individuals who uses the Medicare and You handbook with errors in it to choose a plan, and choose a plan with expanded benefits without realizing it. Will they have a chance to change their choice before the next open enrollment period?

- *CMS is taking steps to ensure that beneficiaries are aware of the correct premium amounts and can make informed choices if they want to change to a plan other than the plan into which they were enrolled.*

PART D AND MASSHEALTH

Are people in groups other than MassHealth Standard and MassHealth Commonwealth eligible for Part D as dual-eligibles?

- *Any MassHealth member who has a pharmacy benefit and also has Medicare is considered dually eligible and will be auto-enrolled in a Part D program.*

CMS has said it will pay a portion of the cost of three-month prescriptions written for dually-eligible individuals during the month of December. Is MassHealth able to cover three-month prescriptions?

- *As of January 1st, Medicare will take over costs of drug coverage for dually-eligible individuals. One-month prescriptions written in December will be covered by MassHealth, but three-month prescriptions will not. Dually-eligible individuals should work with MassHealth and SHINE counselors to make sure their drugs are covered by the plan they are enrolled in, or change to another plan that does cover their drugs. MassHealth is working with Medicare Part D plans to ensure that transition programs are in place.*

Will Ensure continue to be covered under MassHealth?

- *Ensure is considered "durable medical equipment" and will continued to be covered with a prior authorization by MassHealth*

What are the plans in which dually-eligible individuals may enroll?

- *Plans are listed at the end of this document.*



Plan Options for Dually-eligible Individuals
(Information on Plans from CMS Plan Finder using Medicaid-eligible Full LIS options)

Company Name (Cobrand Name)	Plan Name	Monthly Drug Premium	Annual Deductible	Cost Sharing	Formulary (% of drugs covered) ¹
United Healthcare	AARP MedicareRx Plan (Contract ID:S5820, Plan ID:002)	\$0	\$0	\$1 - \$3	95%
United Healthcare	United MedicareRx (Contract ID:S5820, Plan ID:002)	\$0	\$0	\$1 - \$3	95%
Blue Cross and Blue Shield of Massachusetts	Blue MedicareRx - Option 1 (Contract ID:S2893, Plan ID:001)	\$0	\$0	\$1 - \$3	85%
Health Net	Health Net Orange (Contract ID:S5678, Plan ID:004)	\$0	\$0	\$1 - \$3	83%
Health Net	Health Net Orange (Contract ID:S5678, Plan ID:010)	\$0	\$0	\$1 - \$3	95%
Humana Inc. (Wal*Mart)	Humana PDP Standard S5884-061 (Contract ID:S5884, Plan ID:061)	\$0	\$0	\$1 - \$3	95%
Unicare	Medicare RX Rewards (Contract ID:S5960, Plan ID:002)	\$0	\$0	\$1 - \$3	85%



Company Name (Cobrand Name)	Plan Name	Monthly Drug Premium	Annual Deductible	Cost Sharing	Formulary (% of drugs covered)¹
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan (Contract ID:S5921, Plan ID:182)	\$0	\$0	\$1 - \$3	73%
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 2 (Contract ID:S5597, Plan ID:068)	\$0	\$0	\$1 - \$3	85%
SilverScript	SilverScript (Contract ID:S5601, Plan ID:004)	\$0	\$0	\$1 - \$3	84%
United Healthcare	United Medicare MedAdvance (Contract ID:S5820, Plan ID:106)	\$0	\$0	\$1 - \$3	95%
WellCare	WellCare Signature (Contract ID:S5967, Plan ID:036)	\$0	\$0	\$1 - \$3	81%
Medco Health Solutions, Inc. (Bankers Fidelity Life)	YOURx PLAN (Contract ID:S5660, Plan ID:003)	\$0.20	\$0	\$1 - \$3	90%
Coventry AdvantraRx	AdvantraRx Value (Contract ID:S5674, Plan ID:008)	\$1.17	\$0	\$1 - \$3	77%
MEMBERHEALTH	Community Care Rx BASIC (Contract ID:S5803, Plan ID:071)	\$1.22	\$0	\$1 - \$3	87%



Company Name (Cobrand Name)	Plan Name	Monthly Drug Premium	Annual Deductible	Cost Sharing	Formulary (% of drugs covered) ¹
RxAmerica	Advantage Star Plan (Contract ID:S5644, Plan ID:068)	\$1.25	\$0	\$1 - \$3	82%
Coventry AdvantraRx	AdvantraRx Premier (Contract ID:S5674, Plan ID:009)	\$1.54	\$0	\$1 - \$3	95%
United American Insurance Company	UA Medicare Part D Prescription Drug Cov (Contract ID:S5755, Plan ID:006)	\$2.32	\$0	\$1 - \$3	90%
RxAmerica	Advantage Freedom Plan (Contract ID:S5644, Plan ID:047)	\$3.92	\$0	\$1 - \$3	81%
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan (Contract ID:S5921, Plan ID:181)	\$4.68	\$0	\$1 - \$3	82%
Unicare	Medicare RX Rewards Plus (Contract ID:S5960, Plan ID:038)	\$5.21	\$0	\$1 - \$3	85%

¹ This value indicates what percentage of the top 200 most commonly used drugs by people with Medicare is covered by a particular plan's formulary.

