



Medicare Prescription Drug Coverage in 2007 How to Help Patients Choose

In 2007, 55 stand-alone private prescription drug plans will be offered in California. Plans vary by cost, formulary, contract pharmacy and customer service. Identifying the most suitable plan for an individual involves customized assistance, with online access to web-based tools for plan comparison.

Use this guide as a tool to aid you in helping patients select a plan for 2007 during the annual open-enrollment period (November 15 – December 31, 2006) and beyond.

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Why patients need help:

Numerous & Complex offerings mean many patients need help:

- **55 Stand-Alone Prescription Drug Plans** are offered in California for 2007. Plans vary by formulary, cost, structure and contract pharmacies.
- **All existing plans are allowed to change effective January 1, 2007.** The best choice for 2006 may not be available in 2007, or it may no longer provide the same prescription coverage at the same cost.
- **Most patients need help choosing a plan** that is affordable, accessible, and will cover their needed medications. Part D options depend on current health and prescription coverage.

Which patients should reconsider their plan choice for 2007

- ⇒ **New or continuing Part D enrollees** should carefully evaluate which 2007 Part D plan to enroll in. Medicare plan assignments do not consider individual needs in any way.
- ⇒ **Patients with limited resources** (income and assets) should receive priority assistance, since they rely most heavily on prescription insurance to pay for necessary medications.
- ⇒ **Everyone enrolled in a 2006 PDP** should reconsider which plan is the best plan choice for 2007. Plans may change in every conceivable way, so satisfaction in 2006 is not reason enough to remain in the same plan.

Timing Considerations:

- ⇒ November 15 – December 31, 2006 is the Annual Open-Enrollment Period for Part D. This is the time Medicare allows new members to enroll, or current members to switch plans. Coverage changes are effective January 1, 2007.
- ⇒ November 15 – December 8th, 2006 is the best time to enroll in a plan for 2007. Enrolling early in the open-enrollment period helps insure that enrollment is processed by January 1.
- ⇒ Early November, 2006, plans will mail 2006 plan members the Annual Notice of Change (ANOC) outlining changes to plan costs, formulary or structure in 2007. The ANOC includes plan reassignment information, but does not contain enough information on which to base a decision about staying or switching to a new plan.

Strategies & Methods for Patient Assistance:

- ⇒ **Individualized assistance** with plan comparison is needed to maximize coverage, especially for Low-Income patients.
- ⇒ **The Medicare Prescription Drug Plan Finder**, at www.medicare.gov, is the only tool available to compare 2007 Prescription Drug Plans (PDPs).
- ⇒ **Review Enrollment Process and Plan Finder Instructions** on the following pages.

The Enrollment Process – Step-By-Step Procedures

- 1. Determine patient’s current health insurance and prescription coverage.**
- 2. For non-duals, determine LIS status for 2007(call 1-800-Medicare if uncertain). For potentially eligible individuals, offer to complete online LIS application at www.ssa.gov. (see LIS Fact Sheet)**
- 3. Discuss plan enrollment options, which are dependant on current insurance coverage. (see Section Four))**
- 4. Obtain current medication list, including names and dosages.**
- 5. Obtain patient’s zip code and patient’s preferred pharmacy (if any).**
- 6. Complete “Patient Assistance Disclaimer Form” (see Section Five)**
- 7. Enter data on Medicare Prescription Plan Finder (see Section Three)**
- 8. Advise patient of top plan choices identified by the Plan Finder.**
 - ⇒ Lowest Monthly or Annual Costs
 - ⇒ Most Medications Covered
 - ⇒ Fewest Formulary Restrictions (Quantity Limits, Prior Authorizations, Step-Therapy)
 - ⇒ Accepted at patient’s preferred pharmacy
- 9. Assist with enrollment:**

Note: Stand-Alone Prescription Drug Plans (PDPs) are not affiliated with any health care plan. PDPs are provided by private insurance companies. Enrollment is done directly with the plan (not with Medicare) or online at www.medicare.gov

Options for Enrollment:

 1. Enroll online and provide printout with written confirmation to patient.
 2. Mail patient printout of plan comparison and contact info from Plan Finder.
 3. Provide patient with plan contact information to enroll by phone. Make note to complete enrollment before 12/31/06 (keep records!)

Instructions for the Medicare Prescription Plan Finder

About the Plan Finder

The Plan Finder at www.medicare.gov is the only tool available to compare the costs and benefits of the Medicare prescription drug plans. The Plan Finder is updated more frequently than the Medicare & You Handbook, based on information provided to Medicare by the plans themselves. The Plan Finder is not always accurate.

Going Online

Go to www.medicare.gov

Click on **Compare Medicare Prescription Drug Plans**

Click on **Find & Compare Plans**

Click on **Begin General Search** (*CMS recommends the Personalized Plan Search option, but it has proven to cause confusion due to inaccurate or outdated information.*)

Enter the patient's **Zip Code**

Scroll down and answer the questions about the patient's current coverage.

For individuals with Medicare and full Medi-Cal select *Medicaid*

Click on **Continue**

Click on **Enter My Drugs**

Click on **Enter Drugs Now**: you may type in drugs or browse drugs alphabetically
(Lower Cost Generics will be displayed in ALL CAPS)

Enter drugs until complete, then click on **Continue**

Review Your Drug Dosages and Quantities

Enter Actual Dosages and Quantities – the Plan Finder defaults to common dosages.

Save Your Drug List (optional) if you think you will need to return to the list.

Do not use identifying patient data to save your list. Use a code)

Select Preferred Pharmacy (depending on patient preference, if any.)

Review Personalized Plan List

Lowest cost plans are listed first, based on insurance info that was entered.

Click on Plan Name for more detail – scroll down to view:

- ⇒ Estimated Annual Cost (Retail Pharmacy vs. Mail Order)
- ⇒ Monthly Premium
- ⇒ Annual Deductible
- ⇒ Network Pharmacies
- ⇒ Lower My Cost Share – to view alternate lower-cost meds
- ⇒ Monthly Cost Estimate (look for a doughnut hole spike in the bar chart!)

Review information with the patient, and assist patient with online enrollment, or provide contact info for one or more plans of patient's choice, or print our screen with plan options and give of mail it to patient.

Enroll in Selected Plan Online – From November 15 – December 8, 2006, online enrollment at medicare.gov can be the most expedient. In order to avoid delays after December 8th, help patients to enroll by calling the plan directly.

Part D Enrollment Triage Chart – for Patients with Medicare

Patient's Health Insurance	Tips & Options for Part D Enrollment
Medicare only	Part D is optional prescription coverage. Offer Low-Income Subsidy screening and application assistance. Late enrollment penalty applies for those who delay enrollment. Assist with Plan Comparison using www.medicare.gov ** Enroll in a 2007 plan 11/15/06-12/31/06.*
Medicare and Full Medi-Cal (With No Share-of-Cost)	Enrollment in a Part D plan is automatic. Changing plans any time is allowed, effective the following month. Full LIS should already be in place without application. Assist with Plan Comparison using www.medicare.gov ** Enroll in a 2007 plan 11/15/06-12/31/06*
Medicare Savings Program ⇒ QMB ⇒ SLMB ⇒ Q1	Full LIS should already be in place without application. Assist with Plan Comparison using www.medicare.gov ** Enroll in a 2007 plan 11/15/06-12/31/06.*
If Medicare & Medi-Cal With a Share-of-Cost (SOC)	LIS status depends on if patient has met SOC in July, 2006 or later Offer LIS application assistance if SOC has not been met. Assist with Plan Comparison using www.medicare.gov ** Enroll in a 2007 plan 11/15/06-12/31/06.*
Medicare Advantage Plan .	<i>Due to the multiple new types of Medicare Advantage (MA) Plans offered in 2007, and the complex Part D rules that apply, consult with HICAP before assisting MA plan members with Part D:</i> Health Insurance Counseling and Advocacy Program (HICAP) 1-800-839-0393
Medicare and a supplemental plan including prescription coverage ⇒ Medigap plans ⇒ Employer sponsored plans ⇒ TRICARE	Determine if prescription coverage is “creditable” (at least as good as Part D). Insurance companies must provide this info. <u>If Not Creditable:</u> Offer Low-Income Subsidy screening and application assistance. Assist with Plan Comparison using www.medicare.gov ** Enroll in a 2007 plan 11/15/06-12/31/06. <u>If Creditable:</u> There is no need to enroll in a Part D Plan. Enrollment could jeopardize some supplemental health insurance.

*Complete plan enrollment as early as possible, ideally by December 8th to insure enrollment is processed by January 1.

** When possible, review the Annual Notice of Change (ANOC) to verify 2006 plan enrollment, and any relevant plan reassignment (if applicable). Formulary changes or changes in LIS status may make it worthwhile to change plans. The ANOC should also indicate if prior authorizations or exceptions approved in 2006 will carry over into 2007.

This sample disclaimer is used by LifeLong Medical Care to inform patients of an important message: Assistance with Part D Plan selection relies on the accuracy of Medicare's web site and 800 number beneficiary assistance. It also indicates that patients (or their representatives) are ultimately responsible for choosing which plan to enroll in.

Patient Assistance Disclaimer
Selecting a Medicare Part D Prescription Drug Plan

[Clinic Name Here] can provide you with comparison information to help you decide which Medicare Part D prescription drug plan you would like to enroll in. We do this by entering your medications and pharmacy preference into the computer program that Medicare has created for this purpose. We can then share with you the information provided by Medicare about your plan options. It is your choice which plan to enroll in.

Please sign below to indicate that the above statement was shared with you (if this statement was shared on the phone, [Clinic Name Here] staff should sign and date):

Patient or Patient Rep. Signature

Date

Print Patient Name

medical record # if available

LMC Staff

PLAN NAME SELECTED BY PATIENT: _____
ENROLLMENT STATUS:
<input type="checkbox"/> Online enrollment in selected plan completed by staff.
<input type="checkbox"/> Plan contact information provided to patient for self-enrollment.
<input type="checkbox"/> Plan enrollment form provided to patient.