



NSCLC

National Senior Citizens Law Center

Protecting the Rights of Low-Income Older Adults

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Medicare Part D in 2013: Addressing Client Issues

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The National Senior Citizens Law Center is a non-profit organization whose principal mission is to protect the rights of low-income older adults. Through advocacy, litigation, and the education and counseling of local advocates, we seek to ensure the health and economic security of those with limited income and resources, and access to the courts for all.

Outline

- What's new (and nearly new) in Part D?
- Transition rights
- Addressing common problems-Part 1
- Addressing common problems-Part 2
- Changing plans
- Questions

What's new

Expanded drug coverage

- Benzodiazepines
- Barbituates when used in the treatment of
 - Epilepsy
 - No PA for phenobarbital
 - Cancer
 - Chronic mental health disorder

What's new

14 day dispensing in nursing homes

- Prevent waste
- Some exceptions, e.g., antibiotics
- Can't charge more than 30 day rates

What's new

Coverage gap

Beneficiary pays:

- 47.5% brand name
- 79% generic
- plus dispensing fees

What's new

Without Low Income Subsidy

Deductible	\$325
Initial coverage limit	\$2970
Out of pocket threshold	\$4750
Total covered drug spending at OOP threshold	\$6954.52
Minimum cost sharing in Catastrophic Coverage	\$2.65/\$6.60

What's new

Low Income Subsidy---Extra help	
Institutionalized Full Benefit Dual Eligible	\$0
HCBS FBDE	\$0
100% FPL or below	\$1.15/ \$3.50
Full extra help above 100% FPL	\$2.65/ \$6.60
Partial extra help	
Deductible	\$66
Cost Sharing	15%

What's new

Language access:

- Multilingual inserts to marketing materials including EOB. 15 non-Eng. Languages. Summary of Benefits and ANOC/EOC

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxx-xxxx]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-xxx-xxx-xxxx]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-xxx-xxx-xxxx。我们的中文工作人员很乐意帮助您。这是一项免费服务。

What's new

Pharmacy notices with denial

- “Medicare Prescription Drug Coverage and Your Rights”
- Basics on how to request a coverage determination.
- Still does not start appeal process.
- Still no individualized notice of reason for denial (except for transition supplies).

What's new

Opioid Overutilization Review: 120 mg or more morphine equivalent dose (MED)

- Plans should first screen out beneficiaries in cancer treatment and palliative care.
- Letters to prescribers; calls; notice to beneficiary
- Notice of decision; edits at pharmacy.
- If bene changes plans, old plan must share record with new plan.
- Plans must start process before April 2013.

Transitions

If continuing medication is off formulary or subject to PA or other UM

- When? Whenever you join a plan or, for a continuing member, at the start of plan year if the formulary changed.
- How much? 30 day supply in first 90 days
 - If smaller prescription, only get smaller amount
- Then what? Plan mails notice w/in 3 days

Transitions

- If plan can't tell whether new prescription?
 - Must assume continuing and give transition rights
- Plan can still impose safety edits. And edits to determine if Part D drug.
- Plan can still give smaller supply but must refill.
- Rights don't apply to non-Part D drug.

Transitions

Nursing home

- 31 days supply—renewable for first 90 days
- After 90 days, must provide emergency 31 day supply if off formulary or requires UM

Change in level of care

- Override “too early edits”
- Fill before leaving hospital

Transitions

Extended transition supplies may be necessary

“A Part D sponsor may need to make arrangements to continue to provide necessary drugs to an enrollee via an extension of the transition period, on a case-by case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum transition period. It is vital that sponsors give affected enrollees clear guidance regarding how to proceed after a temporary fill is provided, so that appropriate and meaningful transition can be effectuated by the end of the transition period. *Until that transition is actually made, however, either through a switch to an appropriate formulary drug, or a decision is made regarding an exception request, continuation of drug coverage is necessary, other than for drugs not covered under Part D.*”

Prescription Drug Benefit Manual, Chapter 6 at 30.4.4.3

Opportunities to change plans

Continuous special enrollment period (SEP)

- LIS
- Nursing home residents

MA-Disenrollment Period (MADP) and SEP

- Jan 1-Feb 14
- Allows disenrollment from MA plan and enrollment in PDP.
- May not change from one MA or MA-PD to another.

Opportunities to change plans

SEP to enroll in a five star plan

- Anytime during the year
- MA-PD, MA or PDP
- Not every region has five star plans

SEP to disenroll from a low performing plan

- One time chance to choose and enroll in a plan rated 3-star or better.
- Must call 1-800-Medicare

Opportunities to change plans

Other helpful SEPS

- Hurricane Sandy
- Marketing violation
- Misinformation from a federal employee

Additional Resources

Prescription Drug Benefit Manual www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/PartDManuals.html

Opioid Utilization Review guidance www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html

CMS Enrollment Guidance www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicarePresDrugEligEnrol/index.html

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