

Getting Ready for Medicare D 2012
Reminders to NC Pharmacists
December 2011

Provided by Senior PharmAssist & The NC Seniors' Health Insurance Information Program (SHIIP)
See www.seniorpharmassist.org and www.ncdoi.com/Consumer/SHIIP/SHIIP.asp for more information.

Medicare's annual election period for considering Part D drug coverage was from October 15th to December 7th. The three-week time-delay before 2012 *should* allow time for Medicare, Medicaid, Social Security and the Part D plans to reconcile their files before January 1st.

Availability of Plans: In 2012, there will be 30 stand-alone Medicare-approved prescription drug plans (PDPs) available in North Carolina. In addition, many of the Medicare Advantage plans also include a drug benefit (MA-PDs), and their availability and cost varies by county. Many of the plans have changed their cost-sharing (premiums, deductibles and co-payment or co-insurance amounts), what medicines they cover, and their "utilization management tools" (PA, step therapy and quantity limits). Some PDPs (Bravo Rx and Sterling Rx) and MA-PDs (varies by county) will be gone in 2012. Several other plans changed their names or ID numbers but remain in NC. There are three new PDPs in NC – First Health Part D Value Plus, Rite Aid Envision Rx Plus, and United American-Select.

Co-branding: We understand there is a lot of concern that some Part D plans are co-branding and what activities pharmacists and pharmacies can be involved with and still avoid potential conflicts of interest. See the following website for additional information:

<http://www.cmsdrughealthplanevents.org/cms/index.php/materials/2011-medicare-marketing-guidelines-training-for-ma-and-part-d-plans/>

- **The E1 transaction or Eligibility Inquiries – To determine a Medicare beneficiary's Part D coverage information (any income or age):** Your computer software vendor should have an online eligibility verification system. This allows you to enter basic information about a Medicare beneficiary to find their drug plan data (BIN, PCN, etc.). However, pharmacies have different software and methods for conducting this search. Please speak to your management or software vendors to make sure your staff is ready to use this tool. Also, you can call Medicare **(1-800-MEDICARE)** with the patient's name, Medicare ID, DOB, and address – and they should give you the information you need to adjudicate claims.

- **POS Facilitated Enrollment:** This process is designed to ensure that "dual eligibles" (individuals who have both Medicare & Medicaid) *and* others eligible for the Part D low-income subsidy or "extra help" can get their medications filled, even though **their enrollment in a Part D plan is not active**. First, you should ask for a Part D ID card or plan letter with LI NET enrollment data. If not available, conduct an E1 query or call Medicare to determine if s/he is already enrolled in a drug plan. If they are not already in a drug plan, and you understand they have both Medicare AND either Medicaid or the "low income subsidy," then use the Limited Income Newly Eligible Transition (**LI NET**) program administered by Humana (Argus as processor). It has an open formulary, no prior authorization or network restrictions. Instead of enrolling an individual into a "benchmark" plan to cover current and retroactive periods, CMS will automatically enroll the individual into the LI NET plan for this purpose. CMS will then prospectively enroll the individual into one of the "benchmark" plans (\$0 premiums for individuals with the full low income subsidy). That enrollment should take place on the first day of the month after the LI NET enrollment but can take two months.
 - Humana's LI NET info:
 - BIN = 610649
 - PCN = 05440000
 - Cardholder ID = Beneficiary HICN
 - Patient ID = Medicaid ID or SS number
 - Group ID may be left blank.

- See details at - http://www.humana.com/pharmacists/resources/li_net.asp
 - The LI NET provider help desk for this POS FE process is: **1-800-783-1307**
 - You should continue to perform an E1 query on the individuals who you help via the LI NET program on a monthly basis because they should be enrolled by CMS into a regular Part-D plan within two months.
- **Transition Fill Policies:** There is a 90-day time frame in which Part D plans should allow a 30-day temporary fill in outpatient settings if someone is in a new plan (or in some instances when someone is continuing in a plan, but the medication is no longer on formulary or has restrictions). This applies throughout the year and is most critical to remember at the start of each calendar year. This fill should count towards TrOOP (true out-of-pocket) and should be a negotiated rate. This transition fill allows time for generic or therapeutic substitution, filling a coverage appeal, etc.
 - **CHANGING PLANS** “Dual eligible” Medicare beneficiaries, as well as anyone with “extra help” or the low-income subsidy, have a continuous “special enrollment period,” meaning they can join or switch drug plans at any time (effective the first of the following month). If someone with the full low-income subsidy is paying more than \$2.60/generic or \$6.50/brand for covered medications in 2012, then they likely need to switch plans or appeal for coverage. SHIIP (Seniors’ Health Insurance Information Program) at 1-800-443-9354, local SHIIP coordinators, Medicare (1-800-Medicare) and others – depending on your county – can help Medicare beneficiaries compare Part C and D plans using the CMS drug plan finder tool at www.medicare.gov.
 - **ADAP and Medicare D:** The NC AIDS Drug Assistance Program (ADAP) is now the only qualified SPAP (State Pharmacy Assistance Program) in NC, since NCRx ended. Those eligible for ADAP, who also have Medicare, must enroll in a Part D plan. Enrollment in a SPAP creates one “special enrollment period” outside of the annual election period (10/15 – 12/07) to join or switch Part D coverage. This benefit will be coordinated with ADAP and the current contracted vendor (Walgreens). Clients can choose to receive their medications via mail-order or through twelve (12) Walgreens stores in NC. For a list of stores and additional information, visit the website at <http://epi.publichealth.nc.gov/cd/hiv/adap.html> or call (toll-free) 1-877-466-2232.
 - **Medicare Advantage (MA) Plans:** In addition to the 30 stand-alone drug plans, there are dozens of privately-administered MA plans, some of which also include drug benefits. Many Medicare beneficiaries are confused by these plans and how the benefits differ from traditional Medicare. Please refer these questions to NC SHIIP (1-800-443-9354) or your local SHIIP coordinators. People must be very careful to make sure they select Medicare Advantage plans that are “in network” with their providers and should not make MA decisions based on medication needs alone.
 - **Late Enrollment Penalties:** The late enrollment penalty for people who have not had “creditable” coverage since Medicare drug benefits began in 2006, though they were eligible, *will not* be reflected on the CMS/Medicare website. It is based on 1% per month of the 2012 national base premium (\$31.08) and should be collected by the Part D plans and passed along to CMS. As an example, if they were eligible for Part D in June 2006 (67 months from Jan. 2012), they will owe \$20.82 per month more than had they signed up in June 2006. People who are dual eligible or have qualified for the LIS program are not subject to the late enrollment penalty.
 - **Income-Related Premium:** Also, for people with incomes above \$85,000/single or \$170,000/couple, they are now required to pay more in premiums for their Part D coverage (just like Part B; it will come out of their social security payments). This adjustment will also not be reflected on the Medicare website.