

Medicare Prescription Drug Plan Enrollment for People with Both Medicare and Medicaid

Questions & Answers

People with Medicare and Medicaid can enroll in a Medicare prescription drug (Part D) plan at any time. The plan takes effect on the first day of the month after you sign up.

Even though people with both Medicare and Medicaid can change plans at any time, there are certain times of year when it is even more important for you to consider the plan you're in and whether or not it is meeting your needs at a cost you can afford. **Plans make changes at the beginning of each year to the coverage they provide.** So each fall plans send out information about the changes they will be making the next year. During this time, Medicare also sends out information to people with Medicare and Medicaid about any changes to the prescription drug benefits they receive. Finally, new Part D plans join the Medicare program and others leave at the beginning of each year.

These changes are all very important. They can affect your choice of plans and how much your drugs will cost. Be sure to review your prescription drug coverage and the benefits you receive. Compare your current plan with others in your area. It may or may not be the best plan for you in the next year.

Always remember that if the plan you are in is not right for you, you can change to another plan at any time during the year.

Below are answers to some important questions about changes to plans, benefits and enrollment.



Should I stay in my current plan?

Maybe. Almost all Medicare Part D plans change each year. Even though you can change to another plan at any time, it is still a good idea to use the annual fall open enrollment (from November 15–December 31) to compare plans and find the plan that best meets your prescription drug needs at a cost you can afford. You also have the right to change plans at any time during the year if you find a plan that better meets your needs at a lower cost.

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2 In what ways could my plan change each year?

Your current plan may have changed:

- by charging a small monthly premium;
- your share of the costs (co-payment or coinsurance);
- the list of the drugs it covers (formulary); and/or
- the rules that make it harder for you to get your drugs, such as:
 - requiring your doctor to justify why you need a certain drug before the plan will pay for it (called prior authorization);
 - requiring your doctor to prescribe a cheaper drug in the same class of drugs first (called step therapy); and/or
 - only letting you buy a certain amount of a drug at a time (called quantity limits).

3 How do I know what changes my Part D plan makes each year?

You should receive a letter each year from your plan called an “Annual Notice of Change.”

This letter explains some of the important changes to your plan, including changes to the premium, the drugs covered (formulary), the cost of the drugs, and any restrictions used that limit your access to drugs. If you do not receive the Annual Notice of Change letter, call your plan.

While very important, **this letter probably does not have all the details you need** to determine if your current plan will still be the best plan for you. You also need to know how these changes apply to the drugs you use. You can find this information by looking on the plan’s Web site or in the Medicare Prescription Drug Plan Finder at www.medicare.gov or by calling your plan or 1-800-MEDICARE; (1-800-633-4227/TTY: 1-877-486-2048)

You may have received a summary of the formulary with the Annual Notice of Change letter. If you did not receive a copy of the formulary, call the plan and they will send you a copy or tell you if your drugs are covered. The phone number for the plan’s customer service department is included in the Annual Notice of Change letter you received. You may also get information about the formulary from the plan’s website, by using the Medicare Prescription Drug Plan Finder at www.medicare.gov, or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).



4 What does it mean if I got a letter (on tan paper in 2008) from Medicare in the fall telling me my monthly premium will no longer be fully covered by the extra help I receive from Medicare?

Your Part D plan will require you to pay a portion of the monthly premium next year. You have the choice of staying in your plan and paying part of the premium, or selecting and joining a new plan. The amount of the premium you will have to pay each month is included in the letter. Compare your current plan with other plans in your area to decide if it is best to stay in your current plan or switch to another plan. Important: Your current plan may be the best option for you if your current plan covers the drugs you take and you can afford the part of the premium you will have to pay.

5 What does it mean if I got a letter (on blue paper in 2008) from Medicare in the fall telling me that Medicare will enroll me in a new plan?

This letter means that either your current Part D plan is leaving the Medicare program and will not be available next year OR your current plan will charge you a premium if you stay in the same plan next year.

Unless you select and join a new plan on your own by the end of the year, Medicare will sign you up for a new plan beginning in January of next year. The letter will tell you which plan Medicare will assign you to if you do not join a new plan on your own. Compare the plan that Medicare will sign you up for with other plans in your area. If there is a plan that meets your needs better

than the one that Medicare has picked for you, join that plan by early December.

Important: You can also stay in your current plan if you want to pay part of the premium. This may be the best option for you if your current plan covers the drugs you take and the part of the premium you will pay will not be very much. To stay in your current plan, you must call that plan before the end of the year and tell them that you want to stay as a member of this plan. It is always a good idea to keep a written record of the date you called the plan and the name of the person you talked with about staying in the plan.

Remember: If you do not like the new plan that Medicare picked for you or that you chose yourself, you can change to another plan at any time and your new plan will take effect on the first day of the next month.

6 What if I am in a new plan, but did not receive a letter telling me I would be switched to a new plan?

It is possible that Medicare enrolled you in a new plan, but that you never received a letter to tell you of the change. Medicare enrolled you in a new plan because either your current Medicare Part D plan is leaving the Medicare program and will no longer be available next year OR your current plan would charge you a premium if you stayed in the same plan next year.

If the new plan is not right for you, you can switch to another plan at any time and your new plan will take effect on the first day of the next month.

7 Should I compare my plan with other plans available in my area?

Yes, this is very important to do.

Other plans may provide you with better or less costly coverage for the drugs you need. Often the most important factor in choosing a plan is comparing the drugs you take to the plan's formulary. The best way to compare your current plan with other plans is to use the Medicare Prescription Drug Plan Finder at www.medicare.gov—in the Prescription Drug Plans box, click on “Compare.”

It also important to know if your current plan has rules that might make it harder for you to get your drugs. On the Medicare Prescription Drug Plan Finder, click on the name of your current plan to pull up the *Plan Drug Details* page. It will tell you what rules the plan has for the drugs you take. If you do not have access to the Internet, you can also call 1-800-MEDICARE (TTY: 1-877-486-2048) and ask for help comparing plans.

8 What if I change plans, but find that I don't like my new plan?

You can switch to another plan at any time and your new plan will take effect on the first day of the next month.

9 What happens if a drug I take is not on a plan's formulary?

You must pay the **full** cost for any drug not on the formulary. That is why it is important to make sure that your drugs, especially the most expensive ones, are on the formulary of the plan that you select or that you are assigned to by Medicare. You may want to

consider switching to a plan that has the drugs you need on their formulary or asking your plan to make an exception for you by providing coverage for the drug.

You, your authorized representative or your doctor can ask for a “coverage determination” to get the exception. Your plan can tell you how to do this. Your doctor can help you with some steps in the process. The plan must decide within 72 hours (or 24 hours for what is called “expedited review”) if they will cover the drug. If the plan decides not to cover the drug, they must send you a written notice. You also have a right to appeal this decision.

10 What do I have to do if I decide that I want to stay in my current plan?

Nothing. You will stay enrolled in your current plan unless you sign up for a new plan or are switched to a new plan by Medicare. (See questions #5 & #6).

11 If I decide to change plans, how and when should I do it?

You can enroll in a new plan by contacting the plan you want to enroll in or by calling 1-800-MEDICARE (TTY: 1-877-486-2048) or by visiting www.medicare.gov. **It is best to make the change as early as possible in the month to be sure that you can get the prescriptions you need at the beginning of the next month.** There is no fee for changing to a new plan.

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12 If I'm in a Medicare Advantage Plan with drug coverage, but am not happy with the health coverage, can I switch out of it?

Yes, you can switch plans at any time, including returning to Original Medicare. If you switch to Original Medicare, you will have to join a separate Part D plan, or Medicare will enroll you in one.

13 If I automatically qualified for Extra Help this year, will I qualify next year?

You will continue to qualify if you receive both Medicare and Medicaid. You will also qualify if you have your Medicare Part B premiums paid by your state because you belong to a Medicare Savings Program; or receive both Medicare and Supplemental Security Income (SSI).

14 If I automatically qualified for Extra Help this year, but I don't next year, what do I do?

People with Medicare who automatically qualified one year, but do **not** automatically qualify the next year should receive a notice from Medicare in the fall. The notice explains why you no longer automatically qualify and will encourage you to complete an enclosed Social Security application for Extra Help as soon as possible. You can reach Social Security by calling 1-800-772-1213 (TTY: 1-800-325-0778). The application for Extra Help should be returned to Social Security in the postage-paid envelope provided. (If you receive this notice and you think you still qualify for Medicaid, contact your state Medicaid office.)

15 If I have Medicare and Medicaid and I received Extra Help one year and qualify again the next, will my drug costs change?

Each year drug co-payments usually increase, even for people who get the Extra Help. In addition, your co-payment levels may increase or decrease as a result of a change in your income or assets, or if you enter or leave a nursing facility or other institution. If you continue to automatically qualify for Extra Help but your co-payment levels are changing you should receive a letter from Medicare in the fall telling you about your new co-payment amounts for the next year.

16 Can I get free help to make decisions about Medicare Part D plans?

Yes. Every state has a State Health Insurance Assistance Program (SHIP) that offers free one-on-one counseling and assistance to people with Medicare and their families. SHIP offices are located throughout each state. To find contact information for the SHIP office closest to you, visit www.shiptalk.org or call 1-800-MEDICARE (TTY: 1-877-486-2048).

Questions You May Have After Enrollment

I enrolled in a Part D plan but I haven't heard anything. Is this normal?

No. You should have received a welcome letter and a prescription card from the plan. Call the plan right away to confirm that you are enrolled.

I enrolled in a drug plan and got a letter welcoming me into the plan, but nothing else. I have nothing to show the pharmacist. How can I get prescriptions filled?

Call your plan immediately. If you need to get your prescription filled before your card arrives, bring the letter you received from the plan that confirms you have enrolled with you to the pharmacy. If you don't have a letter, ask your pharmacist to call 1-800-MEDICARE (TTY: 1-877-486-2048). The customer service representative should be able to tell the pharmacist which plan you are enrolled in. If you continue to have problems, you should contact your local

SHIP office. You can locate your local SHIP office by visiting www.shiptalk.org or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).



3 What if the pharmacy tells me I am not in a plan?

If you have a drug card, show it to the pharmacist. If you do not know which plan you are in, ask the pharmacist to use the special process to get you enrolled in a plan so that you can get the drugs you need. This process is called an "EI query" or a "point-of-sale enrollment." Pharmacists can contact 1-800-MEDICARE for more information on how to make an EI query.

4 What if the pharmacy charges me too much for a drug?

You need to show the pharmacy that you are covered by both Medicare and Medicaid. You can show them your Medicare and Medicaid cards. There also many other documents you can show your pharmacist that you have both Medicare and Medicaid. These include letters from Medicare or your state Medicaid office.

5 Will my plan cover a drug that I need to take even if it is not on their formulary?

Maybe. You, your authorized representative or your doctor can ask for a "coverage determination" (also called an "exception") to get your plan to cover a drug when it is not on the plan's formulary. Your plan can tell you how to do this. Your doctor can help you with some steps in the process. The plan must decide within 72 hours (or 24 hours for what is called an "expedited review") if they will cover the drug. If they decide not to cover the drug, they must send you a written notice. You also have a right to appeal their decision.

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6 Will my new plan cover a drug that I was taking on my old plan?

If the drug is on the new plan's formulary, it will be covered. If it is not on the formulary, the new plan should give you a temporary supply. You can then switch to a new drug or ask the plan to make an exception to their formulary and cover the drug. (See question #9 above.)

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