

Medicare Part D

Extra Help & Appeals

- What is “Extra Help”
- Qualifying for Extra Help
- Medicaid & Automatic Enrollment
- LI-NET
- Continuing Eligibility
- What New Members Can Expect
- Long Term Care Facilities
- Coverage Determination
- Exception Requests
- Appeals



What is “Extra Help”

- Program to help people pay for Medicare prescription drug costs
- Sometimes called the Low-Income Subsidy (LIS)
- For people with lowest income and resources
 - Pay no premiums or deductibles & small or no copayments
- Those with slightly higher income and resources
 - Pay reduced deductible and a little more out of pocket
- No coverage gap for people who qualify for LIS
- Institutionalized Medicaid beneficiaries and Medicaid waiver program recipients have \$0 copays



Extra Help



Qualifying for Extra Help

- You automatically qualify for Extra Help if
 - You get full Medicaid benefits
 - You get Supplemental Security Income (SSI)
 - Medicaid helps pay your Medicare premiums
 - Medicare Savings Programs (QMB, SLMB, QI)
- All others must apply with Social Security
 - Online at www.socialsecurity.gov, or
 - Call **1-800-772-1213** (TTY 1-800-325-0778)



Income and Resource Limits

■ Income

– Below 150% Federal poverty level

- \$1,471 per month for an individual or
- \$1,991 per month for a married couple
- Based on family size

*2015
amounts*

■ Resources

– Up to \$13,640 (individual)

– Up to \$27,250 (married couple)

- Includes \$1,500/person funeral or burial expenses
- Counts savings and stocks
- Does not count home you live in

*2015
amounts*



2015 Standard Drug Benefit

Benefit Parameters	2014	2015
Deductible	\$310	\$320
Initial Coverage Limit	\$2,850	\$2,960
Out-of-Pocket Threshold	\$4,550	\$4,700
Total Covered Drug Spending at OOP Threshold	\$6,455	\$6,680
Minimum Cost-Sharing in Catastrophic Coverage	\$2.55/\$6.35	\$2.65/\$6.60
Extra Help Copayments	2014	2014
Institutionalized	\$0	\$0
Receiving Home and Community-Based Services (under waiver only)	\$0	\$0
Up to or at 100% Federal Poverty Level (FPL)	\$1.20/\$3.50	\$1.20/\$3.60
Full Extra Help	\$2.55/\$6.35	\$2.65/\$6.60
Partial Extra Help (Deductible/Cost-Sharing)	\$63/15%	\$66/15%



Medicare and Full Medicaid

- You are auto-enrolled into a plan unless
 - You are already in a Part D plan
 - You choose and join a plan on your own
 - Are enrolled in employer/union plan receiving subsidy
 - You call the plan or 1-800-MEDICARE to opt out
- You are covered 1st month you are covered by
 - Medicaid and are entitled to Medicare
- Will get auto-enrollment letter on yellow paper
- You have a continuous Special Enrollment Period



Automatic Enrollment

- John is on Medicaid and his Part B Premium is paid for him. He does not need to apply for the Extra Help because he is automatically enrolled.
- Jacob qualifies for Extra Help based on his income and resources, but is not on a Medicaid program that pays his Part B Premium. He would need to fill out an application at Social Security to get Extra Help with his Part D expenses.



Others Qualified for Extra Help

- Facilitated into a plan unless
 - You already are in a Part D plan
 - You choose and join own plan
 - You're enrolled in employer/union plan receiving subsidy
 - You call the plan or 1-800-MEDICARE to opt out
- Coverage is effective 2 months after CMS notifies
- Have continuous Special Enrollment Period



Example

- James is newly eligible for a Medicare Savings Program in June. If he does not pick a Medicare Part D plan, he will automatically be enrolled in one in August. James is free to choose whichever drug plan he wants, and has a continuous special enrollment period to change plans.



LI-NET

- Limited Income Newly Eligible Transition Program (LI-NET)
 - Combined auto-enrollment and Point-of-Sale Facilitated Enrollment
- Provides Part D coverage for all uncovered
 - Full duals and SSI-only beneficiaries retroactively
 - LIS eligible beneficiaries on a current basis



LI-NET Coverage and Enrollment

- Coverage
 - Full Dual/SSI-only up to 36 months
 - Partial Dual/LIS Applicants up to 30 days
 - Unconfirmed up to 7 days
- Enrolled in LI NET for temporary coverage
 - In Standard PDP for future coverage
- Open Formulary, No Prior Authorization, No Pharmacy Restrictions
- Standard PDP Rights for Enrollees, Eligibility Reviews for Non-Enrollees



How Do You Access Medicare's Limited Income NET Program?

Auto-Enrollment by CMS

- CMS auto-enrolls you if you have Medicare and get either full Medicaid coverage or SSI benefits

Point of Sale (POS) Use

- You may use Medicare's Limited Income NET Program at the pharmacy counter (point-of-sale)

Submit a Receipt

- You may submit pharmacy receipts (not just a cashier's receipt) for prescriptions already paid for out-of-pocket during periods you're eligible



Continuing Eligibility for Extra Help

- People who applied and qualified for Extra Help
 - Four types of redetermination processes
 - Initial
 - Cyclical or recurring
 - Subsidy-changing event (SCE)
 - Other event (change other than SCE)



Re-establishing Eligibility for People Who Automatically Qualify

- CMS re-establishes eligibility each fall for next calendar year
 - If you no longer automatically qualify
 - CMS sends letter in September (gray paper)
 - Includes SSA application
 - If you automatically qualify, but your copayment changed
 - CMS sends letter in early October (orange paper)



What New Members Can Expect

- Members receive:
 - An enrollment letter
 - Membership materials, including card
 - Customer service contact information
- If current Rx drug is not covered by plan
 - Member can get transition supply (generally 30-days)
 - Work with prescriber to find a drug that is covered
 - Request exception if no acceptable alternative drug on list



Annual Notice of Change

- All Part D plans send to all members by October 31
 - May arrive with Evidence of Coverage
- Will include information for upcoming year
 - Summary of Benefits
 - Formulary
 - Changes
 - New premium
 - Cost sharing – copayments and coinsurance
 - Other



Residents of Long-Term Care Facilities

- Get drugs from pharmacy chosen by facility
- Will have convenient access
- Can change plans at any time
- With Medicare and full Medicaid benefits
 - Have no deductible and no copayments



Coverage Determination Request

- Initial decision by plan
 - Which benefits you are entitled to receive
 - How much you are required to pay for a benefit
 - Can be requested by you, your prescriber, or your appointed representative
- Timeframes for coverage determination request
 - May be standard (decision within 72 hours)
 - May be expedited (decision within 24 hours)
 - If life or health is seriously jeopardized



Part D Exception Requests

- Two types of exceptions
 - Tiers
 - e.g., getting Tier 2 drug at Tier 1 cost
 - Formulary
 - Drug not on plan's formulary or
 - Access requirements
- Requests can be made only by you, your appointed representative, or the prescriber
- Requires supporting statement from physician



Exceptions

- Kathy is prescribed a medication that is not on her plan's formulary. Her doctor does not think she can safely take the equivalents on her formulary, so he helps her fill out an exception to get the drug covered for her. Kathy's Part D Plan agrees to pay for the medication, but it can choose how much Kathy pays.

Approved Exceptions

- Exception valid for refills for remainder of year if:
 - Person remains enrolled in the plan and
 - Physician continues to prescribe drug, and
 - Drug stays safe to treat person's condition
- Plan may extend coverage into new plan year
 - If not, must send written notice
 - At least 60 days before plan year ends



Example

- Paul is prescribed a drug that his Medicare Part D Plan requires prior authorization for. His doctor helps him fill out a form stating the medical reason for the drug, and the Part D plan covers it. They will also cover it for any refills on that drug for the rest of the year.



Coverage Determination Timeframe

- Plan must notify of coverage determination
 - Standard request within 72 hours
 - Expedited request within 24 hours
 - Exception involved
 - Time clock starts when plan receives physician statement
 - Missed timeframe
 - Goes to independent review entity (IRE)
 - MAXIMUS – www.medicarepartdappeals.com
 - Skip 1st level of appeal



Requesting Appeals

- If your coverage determination or exception is denied, you can appeal the plan's decision
- In general, appeal requests must be written
 - Plans must accept expedited requests orally
- An appeal can be requested by
 - You
 - Your doctor
 - Your appointed representative
- There are 5 levels of appeals



Medicare Part D Appeals Process

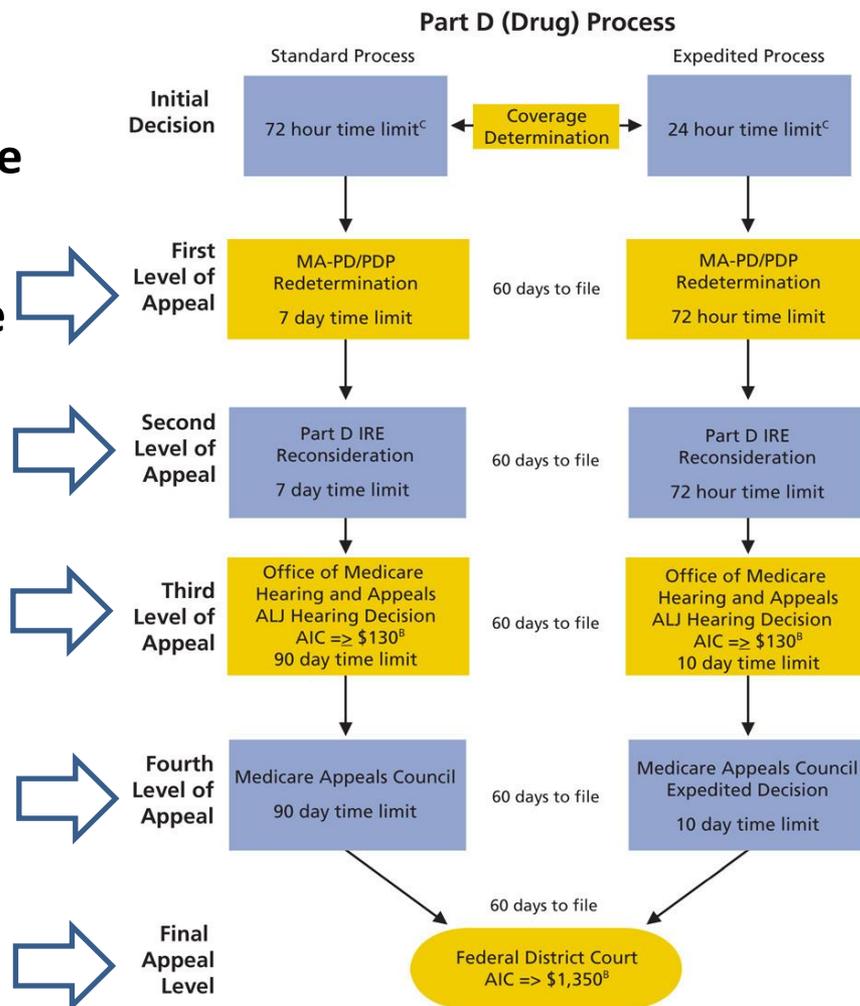
Redetermination with the Part D plan (sponsor)

Reconsideration with the independent review entity (IRE)

Hearing with an administrative law judge (ALJ)

Review by the Medicare Appeals Council (MAC)

Review by a federal district court



Counseling Example

- The following slide has an example of a some questions someone might ask during a counseling session.
- Listen to the counseling example and think of other topics that might come up during the session
- What tools do you have to help this client?



Counseling Example

- Listen to the following example counseling session.
- Carl wonders if he qualifies for extra help to pay for his prescription drug costs.



Counseling Example

- Here are some follow-up issues to discuss with Carl
- Could Carl have the Extra Help along with a Medicare Advantage Plan?
 - Yes, the Extra Help will work with a Medicare Advantage Plan to lower drug costs and copays
- Does Carl need to reapply for the help every year?
 - Generally no, but he needs to open any letter that comes from Social Security. They may need him to fill out paperwork periodically to verify he still meets qualifications.



Quiz

- Please take the following quiz about Extra Help, Appeals and Coverage Determinations. You will have two chances to complete the quiz. If you do not successfully complete it, please call the OSHIIP hotline at 1-800-686-1578 for further instruction.



What agency processes the applications for the Extra Help with Part D?

- A) Center for Medicare and Medicaid Services
- B) Social Security Administration
- C) Ohio Department of Jobs and Family Services
- D) Ohio Department of Insurance



If someone is over the income and resource limits for Extra Help, they are not eligible to sign up for a Medicare Part D plan.

A) True

B) False



Everyone who is eligible for Extra Help is automatically enrolled in it and does not need to fill out an application

A) True

B) False



Complete the sentence below by filling in the blank.

A is the initial decision by a plan whether or not it will cover a drug not on the formulary or one that is subject to prior authorization, step therapy or quantity limits.



Complete the sentence below by filling
in the blank.

Expedited coverage determinations have
to be completed by the plan within

hours.



The Extra Help will help fill in which of the following Part D related costs?

- A) Premium
- B) Deductible
- C) Copays
- D) Doughnut Hole
- E) All of the Above



All people on the Extra Help will get the same level of assistance.

A) True

B) False



Extra Help recipients will be automatically enrolled in a Part D plan if they do not choose one on their own.

A) True

B) False



What website can you use to apply for Extra Help?

- A) www.insurance.ohio.gov
- B) www.ssa.gov
- C) www.medicare.gov
- D) www.cms.gov



Complete the sentence below by filling in the blank.

The Extra Help is also known as the

