



Part D for Safety Net Providers



Guide for Using the Online Medicare Prescription Drug Plan Finder Tool

- A. This is the only tool available nationwide to compare Medicare Prescription Drug Plans (PDPs). At times the site tools are unavailable due to high traffic volume, and inaccuracies have been found.
- B. Medicare PDPs are provided by private insurance companies. Enrollment is done directly with the PDP (not with Medicare). Enrollment can usually be done online, by phone, or by mail.
- C. It is up to patients (or their representatives) to select a PDP. The Plan Finder provides information which we can share to help them make a decision. Our information is only as good as what is made available by the Center for Medicare and Medicaid Services (CMS) on the Plan Finder.
- D. The formularies on the Plan Finder are not necessarily complete, according to CMS. Some medications may be added, but none should be removed during the open-enrollment period (ending May 15, 2006).
- E. All plans are different. Different formularies, costs, pharmacies, and customer service (exceptions/appeals process).
- F. All plans are required to cover what is “medically necessary”. If a medication is prescribed that is not on the formulary, the patient/provider must initiate the exceptions process with the plan.
- G. All PDPs are supposed to cover “all or essentially all” medications in the following six categories: anticancer, anticonvulsants, antidepressants, antipsychotics, immunosuppressants, and HIV/AIDS.

The goal is to help patients select the most affordable plan that covers most or all of currently prescribed meds, and allows them to use the pharmacy of their choice (or one they can access).

Dual Eligibles:

The initial priority is to assist dual eligible patients (Medicare and Full Medi-Cal) who will be automatically switched from Medi-Cal to a Medicare PDP for prescription drug coverage beginning on January 1, 2006.

Dual eligibles are *randomly* assigned to a PDP that will go into effect on January 1 if they do not select and enroll in a different plan. The plan they are assigned to may or may not meet their needs.

Dual eligibles have the right to change plans as often as once a month.

Dual eligibles automatically receive the best low-income subsidy that is available to help pay the costs of Medicare Prescription Drug coverage.

There are 10 PDPs in California that dual eligibles can enroll in without paying a monthly premium. They will have no deductible and no gap in coverage. They will have to pay co-payments for prescriptions (usually \$1-3 per prescription, though some may be as high as \$5)

Dual eligibles can ask pharmacists to waive co-payments if it is a financial hardship. Some pharmacies/pharmacists will do this, others will not (time will tell.) They are not allowed to advertise the option, and they will not do it across the board. We encourage low-income patients to ask if needed.

Dual eligibles can enroll in a higher cost plan if they choose, but they will have to pay a portion of the monthly premium (the amount that is over the “benchmark” premium of approximately \$24/month.)

Some medications will continue to be paid for by Medi-Cal. These include benzodiazepines, barbiturates, and over-the-counter meds that Medi-Cal currently covers.

**** Patients (including dual eligibles) who are enrolled in a Medicare Advantage Plan should not select a PDP unless they want to leave their current plan. MA plans offer their own Part D prescription drug coverage. If they choose another PDP they will lost their MA plan coverage altogether (not just for prescriptions.)**



Going online with the Medicare Prescription Drug Plan Finder

Patient information you will need to conduct Plan Finder search:

- A. Patient's current insurance coverage
- B. Patient's zip code
- C. Current list of medications and dosages
- D. Patient's preferred pharmacy (name and location)

Go To www.medicare.gov

Click on **Compare Medicare Prescription Drug Plans**

Click on **Find a Medicare Prescription Drug Plan**

Choose the General Plan Search option and click on **General Search**

Enter patient's zip code

Current prescription drug coverage (for dual eligibles select "**Prescription drug coverage through Medicaid**")

Eligible of Qualify for Additional Help (for dual eligibles, **Yes**)

Source of Letter, select **I don't know**

Decide on Plan options: **Choose a Drug Plan Type**

Choose **Search for Medicare Prescription Drug Plans**

Click on **Enter my Medications**

Click on **Search for drugs by first letter** or **Search for Drug**

Choose drugs and **Add Selected Drug to My List** until complete

Once you finish, click on **Continue with Selected Drugs**

You can then **Choose Drug Dosage** or **Continue with Common Dosage**

(enter dosages if you have them)

Once you have entered dosages, click on **Select My Preferred Pharmacy**

Unless the patient has no strong preference, click on **Continue with Pharmacy Selection**

Select pharmacy or pharmacies of patient's choice and **Continue with Selected Pharmacies**

Review Plan Summaries:

Plans should be listed with lowest cost per month plans first

For dual eligibles, there should usually be one or more plans for which they will be charged no premium.

The monthly cost share includes co-payments for meds.

Under Plan Information you can look at View Cost Detail in the pull-down menu to look at specifics of co-pays for each medication entered, or if there are other costs.

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

If you do online enrollment, you will need patient name, birth date, gender, home phone, address, Medicare # and effective date of Part A and/or Part B. They can choose to have the premium (if any) deducted from their social security check. Otherwise they will be billed by mail or EFT.

Check with your clinic director to find out if your clinic is providing online enrollment assistance, or if you should use other methods.

Personalized Plan Search Option:

If you are not sure of patient's current coverage, or if you want to try finding out what plan they are currently enrolled in, you can choose the **Personalized Plan Search** option (instead of a General Search). To use this option you will need patient's last name, date of birth, Medicare #, effective date of Medicare Part A or B (found on Medicare card) and zip code.

For questions, contact:

Deborah Workman

(510) 428- 4517

dworkman@lifelongmedical.org

East Bay Benefits Initiative