

Getting Ready for Medicare D 2010
Reminders to NC Pharmacists
December 2009

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.

As you know, we are in the open enrollment period for Medicare Part D until 12/31/09. There are 47 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), changed what medicines they cover, and added more "utilization management tools" (PA, step therapy and quantity limits). Some PDPs and MA-PDs that were available in 2009 are gone in 2010.

- **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 the Medicare's pharmacist helpline (**1-866-835-7595**) 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 the CMS pharmacy helpline 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 effective 1/1/2010 you should use the new Limited Income Newly Eligible Transition (LI NET) program** administered by Humana (Argus as processor). This replaces Wellpoint's Point-of-Sale Facilitated Enrollment (POS FE). 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.
 - If you have questions about POS FE claims submitted prior to 1/1/2010 – call NextRx Pharmacy Benefits line at 1-800-957-5147.

- **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.

- **CHANGING PLANS and NCRx:** “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 \$2.50/generic or \$6.30/brand for covered medications in 2010, then they likely need to switch plans or appeal for coverage. Any person who qualifies for his or her state’s SPAP (State Pharmacy Assistance Program) has one “special enrollment period” outside of the annual election period (11/15 – 12/31) to join or switch drug plans. NCRx is NC’s SPAP for Medicare beneficiaries 65 and older, and the premium assistance will be up to \$29/month for 2010. Call 1-888-488-6279 or www.ncrx.gov for more information as they do not contract with all Part D plans. NC SHIP (Seniors’ Health Insurance Information Program – 1-800-443-9354), local SHIP coordinators, Medicare (1-800-Medicare) and others – depending on your county – can help Medicare beneficiaries compare Part 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 also a qualified SPAP in NC. Thus, those eligible for ADAP who also have Medicare, must enroll in a Part D plan. This benefit will be coordinated with ADAP and is mail-order. For more information: <http://www.epi.state.nc.us/epi/hiv/adap2.html> or 1-919-733-9602.

- **Medicare Advantage Plans:** In addition to the 47 stand-alone drug plans, there are dozens of Medicare Advantage 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 SHIP (1-800-443-9354) or your local SHIP coordinators.

- **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 2010 national base premium (\$31.94). As an example, if they were eligible for Part D in June 2006 (43 months from Jan. 2010), they will owe \$13.41 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.