

Medicare Part D in 2015: For NC Pharmacists

Provided by Senior PharmAssist & the NC Seniors' Health Insurance Information Program (SHIIP)
www.seniorpharmassist.org & www.ncdoi.com/Consumer/SHIIP/SHIIP.asp

Most Medicare beneficiaries can only change their Medicare-approved drug coverage between October 15 and December 7 (annual election period) with benefits beginning in January. However, some beneficiaries have special enrollment periods when they can switch Medicare Advantage plans or stand-alone drug plans during the calendar year (i.e. they moved out of a service area or into an institution, lost employer coverage, have Medicaid or the low-income subsidy, etc.). *Pharmacists cannot steer individuals to certain plans, however, s/he can use (or work with others who use) the Medicare website to review plans based on someone's medication needs and share the top plans accordingly.*

Availability of Plans: In 2015 there will be 28 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. The plans change their cost-sharing (premiums, annual deductibles and co-payment or co-insurance amounts), what medicines they cover, and their "utilization management tools" (PA, step therapy and quantity limits) each year.

Medicare Advantage (MA) or Health Replacement Plans: In addition to the 28 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 (1-855-408-1212) or your local SHIIP coordinators. People must be very careful to make sure they select Medicare Advantage plans that are "in network" or at least contracted with their providers and should not make MA decisions based on medication needs alone.

Consolidations & Name Changes: Two PDP plans are leaving NC for 2015 – Health Markets Value Rx (S0128-009) & Medicare Rx Rewards Standard (S5960-114). Several 2014 MA-PDs (vary by county) will not be available in 2015. *People with plans that are leaving NC or your county have until the end of February to enroll in another plan.* Aetna Medicare Rx Saver S5810-042 was Aetna CVS Pharmacy Prescription Drug Plan (S5810-042), Cigna HealthSpring Rx Secure S5617-217 was Cigna Medicare Rx Secure S5617-217 & Cigna HealthSpring Rx Reg 8 S5932-008, Cigna HealthSpring Rx Secure Max S5617-178 was Cigna Medicare Rx Secure Max S5617-178, Cigna HealthSpring Rx Secure Xtra S5617-253 was Cigna Medicare Rx Secure Xtra S5617-253, SilverScript Choice S5601-016 was SilverScript Basic S5601-016 & SilverScript Choice S5601-117, First Health Part D Value Plus S5768-131 was First Health Part D Value Plus S5768-131 & First Health Part D Essentials S5768-039, AARP Medicare Rx Preferred S5820-007 was AARP Medicare Rx Enhanced S5921-113 & AARP Medicare Rx Preferred S5820-007, First Health Part D Premier Plus S5768-167 was First Health Part D Premier Plus S5670-048.

High-risk medications for older adults: The pressure to improve star-ratings for Medicare Part D plans has most of them putting more restrictions on certain medications that are possibly inappropriate for older adults. In addition to benzodiazepines and barbiturates, you will see more quantity limits, step therapy and PA with non-benzodiazepine hypnotics, nitrofurantoin, digoxin 0.25mg, first-generation antihistamines, tricyclic antidepressants, estrogens (oral and topical patch products, with or without progesterone), long-duration sulfonyleureas, NSAIDs (oral and injectable), and skeletal muscle relaxants (alone on or in combo products).

Co-branding and Preferred Pharmacies: Most Part D plans co-brand with certain pharmacies and create "preferred" vs. standard retail pricing. While this may lower cost for consumers, it can create conflicts of interest, make Part D decision-making even more complicated, and affect continuity of care.

The E1 transaction/Eligibility Inquiries: To determine a Medicare beneficiary's Part D coverage information (*any income or age*): Your software vendor should have an online eligibility verification system that allows you to enter basic information about the individual to find his/her drug plan data (BIN, PCN, etc.). You can also call 1-800-MEDICARE with the patient's name, Medicare ID, DOB, and address to obtain the information needed to adjudicate claims. Relay Health is the Part D Transaction Facilitator and provides technical assistance. The Pharmacy Help Desk (not for patient) is 1-800-388-2316 or <http://medifacd.relayhealth.com/e1>.

POS Facilitated Enrollment or LI NET: 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 have documentation that 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. CMS will then prospectively enroll the individual into one of the “benchmark” plans (\$0 premiums for individuals with the full low income subsidy) that 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 = 015599; PCN = 05440000; Cardholder ID = Medicare Claim #

Optional data: 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 or call 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 or “First 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 at the start of each calendar year. This fill should count towards TrOOP (true out-of-pocket) and should be a negotiated rate. This allows time for generic or therapeutic substitution, filling a coverage appeal, etc.

Changing Plans: Medicare beneficiaries with Medicaid, Medicare Savings Programs (MQB), or any level of “extra help” or Part D low income subsidy, have a continuous “special enrollment period,” which means 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 \$2.65/generic or \$6.60/brand for covered medications in 2015, then they likely need to switch plans or appeal for coverage. SHIIP (Seniors’ Health Insurance Information Program) at 1-855-408-1212, 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 Part D: The NC AIDS Drug Assistance Program (ADAP) is the only qualified SPAP (State Pharmacy Assistance Program) in NC. Those eligible for ADAP, who also have Medicare, must enroll in a Part D plan (can be stand-alone or as part of a Medicare Advantage 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). For additional information, visit the website at <http://epi.publichealth.nc.gov/cd/hiv/adap.html> or call 1-877-466-2232.

Hospice and Medicare Part D: Hospice services are paid for via a Medicare A “per diem.” However, individuals may still want access to medicines not covered by this Hospice benefit and thus need to be billed to Part D – for more information: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Downloads/2014-PartD-Hospice-Guidance-Revised-Memo.pdf> CMS recommends that the Part D plan sponsors only put PA on 4 medication classes: analgesics, anti-emetics, laxatives, and anxiolytics.

Late Enrollment Penalties (LEP): Individuals who have not had “creditable” drug coverage since either Medicare drug benefits began (in June 2006) or since they were first eligible for Medicare pay a penalty once they join a plan. This is *will not* be reflected on the CMS/Medicare website. It is based on 1% per month of the national base premium (\$33.13 so \$.33 per month for 2015). LEP is collected by the Part D plans and passed along to CMS. Those eligible for any Medicare Part D financial subsidy are not subject to the late enrollment penalty.

Income-Related Premium: Individuals with incomes above \$85,000/single or \$170,000/couple are required to pay more in premiums for their Part D coverage (just like Part B). This adjustment is not reflected on the Medicare website.