

Medicare Part D: 2007

Presented by MMA Project Team
Oregon Dept. of Human Services

Objectives

- Eligibility for Medicare Part D
- Low-Income Subsidy Eligibility
- Medicare Advantage Eligibility
- Plan Changes in Oregon
- Enrollment Tools and Form 7208M
- Third Party Insurance

Eligibility for Part D

- People with Medicare Part A and/or Part B
- People with Medicare must enroll in a Medicare-approved drug plan...
 - ...unless they have drug coverage through a third party resource that equals or betters standard Medicare coverage.

Medicare vs. Medicaid Drug Coverage

- Medicare Part D covers:
 - Most outpatient, self-administered prescription drugs
- People with Medicare and Medicaid drug coverage:
 - Medicaid covers Part D-excluded drugs (Benzodiazepines, Barbituates, Prescription Vitamins, Over-the-Counter Medications and Vitamins).

LIS Eligibility

- The Low-Income Subsidy (LIS) helps people with Medicare with premium, deductible, and drug costs.
 - People with Title XIX assistance are deemed eligible.
 - People without Title XIX assistance apply for LIS through Social Security.
 - Title XIX assistance: Medicaid, or Medicare Savings Program (QMB, SMB, SMF).

LIS Eligibility

- Any Title XIX client whose case closed between March 1, 2005 and June 30, 2006 must apply for LIS.
- Any Title XIX client – who has an active case on or after July 1, 2006 – will be deemed LIS eligible for 2007.

LIS Costs for 2007

Client	2006	2007
Clients in Nursing Home (ISI)	\$0	\$0
Full Dual Eligible Clients under 100% FPL (FS1)	\$1 generic; \$3 name-brand	\$1 generic; \$3.10 name-brand
QMB-only clients (FS1) and all clients above 100% FPL (FS2)	\$2 generic; \$5 name-brand	\$2.15 generic; \$5.35 name-brand

Coding for LIS

- FS1: all clients at or below 100% FPL
 - Including QMB-only
- FS2: all clients above 100% FPL
- ISI: all full dual eligible clients who are in institutionalized care for a full calendar month or who you *reasonably assume will* be in an institution for a full calendar month.
 - Medical Institution= Nursing Facility, EOTC, Oregon State Hospital, or an Acute Care Hospital.
 - Use this case descriptor as soon as it is anticipated that the client will be in the facility for a full month.
- SEE SPD WORKER GUIDE, A.3

Medicare Advantage Eligibility

- All people with Medicare Parts A and B may enroll in a Medicare Advantage Plan
- Medicare Advantage Plans provide Part A and B coverage.
- Many Medicare Advantage Plans also provide Part D coverage.

Medicare Advantage and Full Duals

- Some Medicare Advantage Plans are Special Needs Plans (SNPs)
 - SNPs include plans that only cover dual eligibles
- Some SNPs are affiliated with Medicaid Fully-Capitated Health Plans.
 - Example: Trillium MA-PD and LIPA
- Clients can receive all Medicare and Medicaid coverage through managed care.
- QMB-only clients currently cannot join SNPs.

Medicare Advantage

- Clients may opt out of Medicare Advantage coverage, even if the choice results in disenrollment from Medicaid Managed Care.
- Staff use the MMC exemption code when clients:
 - opt out of a MA associated with a fully-capitated health plan;
 - are disenrolled from the fully-capitated health plan, and;
 - have no other fully-capitated health plans in the area.
- See OMAP Worker Guide V, p. 8.

CMS and Plan Communication

- Late September: letter and LIS application to clients no longer *deemed* eligible for LIS
- Early October: CMS sends deemed eligibles letter with 2007 copayments
- Late October: Plans send out Annual Notice of Change (ANOC):
 - The ANOC includes formulary changes.

Changes to \$0 Premium Plans

- New \$0 premium plans for clients:
 - Aetna Medicare Rx Essentials
 - HealthSpring PDP
 - AARP Medicare Rx Saver
 - UnitedHealth Rx Basic (formerly PacifiCare Saver)
- Plans that no longer have a \$0 premium:
 - Asuris Medicare Script
 - Wellcare Signature
 - Rx America Advantage Freedom
 - United Medicare MedAdvance

Plan Changes

- Medicare will auto-enroll clients in November if:
 - Clients are in a plan that stops in 2007, or
 - Clients stayed in their Medicare assigned plan in 2006, but the plan does not have a \$0 premium in 2007.
- Medicare will NOT auto-enroll clients who CHOSE plans in 2006 that will have a partial premium in 2007.

Reactive Choice-Counseling

- Clients will need choice counseling if:
 - Their plan carries a partial premium in 2007. These clients can be worked in November and December;
 - Their plan does not cover all of their drugs in 2007. These clients can be worked in January.
- Clients will need assistance if they choose to join a Medicare Advantage Plan/SNP.

Enrollment Assistance Tools

- The new design of Medicare's website
 - Personal profiles
 - Compare plans
 - Cost Estimator-more advanced

Enrolling Clients in a SNP

- Helping clients with the OMAP 7208M form
- Client option to enroll or to opt out (MMC)
- Procedures on Oregon ACCESS
 - Medicare A, B and D on Health Insurance Tab, with effective Medicare A and B date;
 - Print 7208M form;
 - Generate 7208M form for client's signature.

Health Ins.
 Med. Services
 Medical Cost
 Physical
 Medical Trans

Health Insurance List

Insurance Type	Company	Premium Amt	Verified
1 Medicare Part A & B & D	Trillium	.00	Yes

Health Insurance Detail

Type: **Medicare Part A & B & D**

OHP/Managed Health Care Coverage:

Medicare Part D Enrollment Assistance Offered

<p>Company</p> <p>Name: Trillium</p> <p>Address: <input type="text"/></p> <p>Line 2: <input type="text"/></p> <p>City State ZIP: <input type="text"/> <input type="text"/> - <input type="text"/></p> <p>Tele Nmbr: () - <input type="text"/> Ext <input type="text"/></p>	<p>Policy</p> <p>Holder: <input type="text"/></p> <p>Nmbr: 526147896A</p> <p>Group: <input type="text"/></p> <p>Premium: .00 Spend Down Deduction: <input type="checkbox"/></p> <p>Start Date: 12/01/2005 End Date: 00/00/0000</p> <p>Verified: <input checked="" type="checkbox"/></p>
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Person Insured

Name	Coverage Thru Employer?	Share Amt	
CLIENT , SAM A	<input type="checkbox"/>	.00	<input type="button" value="Add"/> <input type="button" value="Remove"/>

Print Forms

Case RA Screening Call

Form Number:

Form	Form number	Description	Preview	Print	Sets
Case	OHP7207	Continuity of Care Referral	<input type="checkbox"/>	<input type="checkbox"/>	2
	OHP7208M	Medicare Advantage Plan Election	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
	OMAP405T	Medical Transportation Order	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP409	Transportation Authorization	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP729	Admin Medical Exam	<input type="checkbox"/>	<input type="checkbox"/>	3
	OMAP729A	Psychiatric or Psychological Eval	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP729D	Medical Record Checklist	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP729E	Physical Func. Capacity Report	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP729F	Mental Residual Function Capacity	<input type="checkbox"/>	<input type="checkbox"/>	1
	OMAP729G	Rating of Impairment Severity	<input type="checkbox"/>	<input type="checkbox"/>	1
	SDS002	Assessment Summary Form	<input type="checkbox"/>	<input type="checkbox"/>	1
	SDS458A	Financial Planning Title XIX	<input type="checkbox"/>	<input type="checkbox"/>	1
	SDS514	Request for Exception	<input type="checkbox"/>	<input type="checkbox"/>	1

Clear Defaults

539A 539E

Client Demographics

539C 539E
 539F 850B

539A Duplex options

Short-edge binding
 Long-edge binding

Date Sent

Today's Date
 No Date

Select Worker :

Close

Help

Preview

Print

Printer Setup

Start



11:13 AM

Medicare Advantage Plan Election

Personal Information

Name CLIENT, SAMA			Phone (555) 555-5555
Street Address (permanent residence) 1313 Mockingbird Lane			
City, State, Zip Salem, OR 97301			County Marion
Date of Birth 1/1/1965	Gender M	State Identifier Number KV200N4N	Medicare Claim Number 526147896A

Important Information

Your Primary Care Provider (Last, First)	Part A - Hospital Ins. Effective Date 12/1/2005	Part B - Medical Ins. Effective Date 12/1/2005
Name of the Medicare Advantage Plan you are choosing	Name of Your Current OMAP Medical Plan	

Do you have End Stage Renal Disease (ESRD) or receive routine dialysis treatment, Yes No

Close

Help

Print

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Clients with Third Party Insurance

- Clients with Third Party Insurance will likely lose it if they enroll in a Part D drug plan or a Medicare Advantage SNP.
 - Exception: Clients with VA, TriCare, or FEHB drug coverage.

Local Expectations



Questions?



Who to contact

Problem-solving:

- 1-877-585-0007

- Policy questions:

- Max Brown

- 503-945-6993

- Christina Jaramillo

- 503-947-5281

