Transmittal

Oregon Eligibility Partnership

Oregon Department of Human Services

Date Issued: 2/15/2024 **Transmittal #:** OEP-IM-24-006

Updated 12/27/2024

Subject/Topic: 2024 Medicare Part D Stand-Alone Plan Information

Primary Audience:
- ☒ Eligibility
- ☐ Leadership
- ☐ Family Coach
- ☐ LTSS Case Management
- ☐ Support
- ☒ Other: County I/DD Program Managers

Effective Date: 1/1/2024 **Transmittal Type:** Information Memorandum

Impacted Area(s):
- ☐ New/Updated Policy/Rule
- ☐ Policy Clarification
- ☐ Reference Materials
- ☐ System(s), specify
- ☒ Other

Reference Material(s):
- Complete Medicare -Medicaid Choice Counseling QRG
- OPEN Chapter 7: Worker Guides | Section 6: MSP Worker Guides

Summary:
The Centers for Medicare and Medicaid Services (CMS) has announced the 2024 stand-alone Medicare Prescription Drug Plans (PDPs). Stand-alone PDPs that do not have a monthly premium for people getting the low-income subsidy (LIS) are called “Benchmark” plans. The LIS is also known as “Extra Help.” The LIS lowers out-of-pocket prescription costs for people who have income up to 150% of the Federal Poverty Level (FPL). The maximum copay amounts are determined by CMS every year.

People who receive SSI, Medicaid and/or a Medicare Savings Program (MSP) are automatically eligible for the LIS. Other people must apply for LIS with the Social Security Administration.

Eligibility staff help Medicare beneficiaries choose and enroll in Part D PDPs as a part of Medicare Choice Counseling. Contact the Medicare Modernization Act (MMA) Hotline to

help people dual eligible for Medicare and Medicaid resolve Part D issues or help them get temporary Part D coverage through the LI NET program.

Details:

The 2024 Benchmark premium amount for Oregon and Washington PDP Region is **$40.60**. People who are eligible for full Low-income Subsidy (LIS) or anyone receiving Medicaid and/or a Medicare Savings program benefit (OSIPM, PREG, QMBP, SLMB, and QSMF) can enroll into a regional benchmark plan.

Oregon currently has 21 Part D stand-alone plans in Oregon, **4** of which are benchmark plans. Please see the Medicare Part D Stand-Alone Prescription Drug Plan at the end of this transmittal for the list of 4 benchmark plans highlighted in yellow.

- The regional benchmark amount is the maximum premium subsidy that can be charged to full and partial LIS and Extra Help beneficiaries.
- People who get low-income subsidy and are enrolled in a standard (Basic) plan with a premium at or below the benchmark amount do not have to pay a part D premium.

Please Note: There are 4 benchmark plans, but only 3 can be enrolled into. CMS has sanctioned Clear Spring with a suspension of enrollment for contract number S6946-054. This means no one can enroll into Clear Spring, but anyone currently enrolled in the plan can keep it.

If someone enrolls in a standard plan in which the premium is above the benchmark, they will have to pay a part of the premium.

The following plans will no longer be Medicare Stand-Alone prescription plans for 2024. People in these plans will be reassigned to collating plans or randomly re-assigned.

Elixir RxSecure S7694-030---------- Members will randomly be re-assigned to a benchmark Stand-Alone prescription plan.

Clear Spring Health Premier Rx (PDP) ---------- Members will be re-assigned to Clear Spring Health Value Rx (PDP) S6946-025

People who are dual eligible for Medicare and Medicaid can make enrollment coverage changes **once per quarter within the first nine months** of the year:

- January - March
- April - June
- July - September

The LIS/Dual Special Enrollment Period (SEP) may not be used during the fourth quarter of the year (October -December). People who are dual eligible can enroll within the Annual enrollment period **Oct 15-December 7** but will not be able to enroll after December 7 up until the beginning of January. People who are enrolled within the Oct 15- December 7 enrollment period will not see the plan change until January 1.

Contact the Medicare Modernization Act (**MMA) Hotline** if someone who is dual eligible for Medicare and Medicaid needs help with any of the following Medicare Part D issues:

- Pharmacy billing issues
- Incorrect LIS copay amounts
- Plans denying specific medications.
- Temporary Part D Plan Enrollment (LI NET enrollment)
- Medicare Part D plan enrollment issues
- Determining whether a medication is covered by Part B, Part D, or Medicaid
- Or any other Medicare Part D related issues

Please fill out a MMA Problem Solving Referral (SDS 0728) form and securely e-mail it to mma.referrals@odhsoha.oregon.gov. You can also call the MMA team by calling the MMA Hotline at 1-877-585-0007.

Limited Income Newly Eligible Transition (LI NET) Program
People who need temporary Medicare Part D coverage and who are eligible for the LIS can enroll in the Limited Income Newly Eligible Transition (LI NET) program with Humana. LI NET offers up to two months of Medicare prescription coverage until the person enrolls in a Part D plan.

To make sure people who are dual eligible for Medicare and Medicaid get their prescription coverage through LI NET, eligibility workers can email an SDS 0728 to mma.referrals@odhsoha.oregon.gov.

Here is a list of all the PDPs available in Oregon in 2024. The Benchmark plans are highlighted in yellow. These plans will not charge LIS eligible people a monthly premium.

Here is the “2024” LIS Reference Sheet” This document provides the LIS levels and corresponding case coding for all categories of LIS eligibility for the

2024 calendar year, including individuals that apply through the Social Security Administration.

To learn more information about Low-income subsidy, dual eligibility and other topics around Medicare Part D, please refer to the Medicare-Medicaid Choice Counseling guide.

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Questions?
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