

The 2019 Changes in the Medicare Drug Benefit for People Who Have Both Medicare and Medicaid (the Dual Eligibles)

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The Arc of New Jersey

- Largest non-profit advocacy organization for people with intellectual and other developmental disabilities and their families
- Parent directed membership organization founded in 1946
- Chapters in all 21 counties
- Affiliated with The Arc of the United States
- Governed by a volunteer Board of Directors

Mission Statement

The Arc of New Jersey is committed to enhancing the quality of life of children and adults with intellectual and developmental disabilities and their families, through advocacy, empowerment, education and prevention.

Departments of The Arc of NJ

- The Arc Family Institute
- Governmental Affairs / Public Policy
- Public Affairs / Communication

Programs & Projects

- Mainstreaming Medical Care
- New Jersey Self-Advocacy Project
- Project HIRE
- Criminal Justice Advocacy Program
- Planning for Adult Life

New Medicare Cards

- All Medicare beneficiaries in New Jersey should have received a new Medicare card in the mail.
- Be sure to show this new Medicare card to all health care providers.
- If a Medicare beneficiary has not yet received a new Medicare card: must call 1-800-Medicare and check mailing address.

What is a “Dual Eligible”?

- A dual eligible is a person who has both Medicaid and Medicare benefits.
- Most dual eligibles receive their prescription drugs from Medicare Part D.
 - The exception is dual eligibles who also have private health insurance, usually through a parent's employer.

Dual Eligibles – FAQs Resources

"Understanding what happens when a person with I/DD who receives Medicaid becomes eligible for Medicare."

Last year, The Arc of NJ distributed Frequently Asked Questions (FAQs) to respond to the questions that families often ask.

The questions and answers are divided into three sections:

[FAQ- Dual Eligibles General Information](#)

[FAQ- Dual Eligibles and Prescription Medication](#)

[FAQ- Dual Eligibles and Special Needs Plans \(D-SNPs\)](#)

- ❖ Can be located at www.mainstreamingmedicalcare.org, under the *Dual Eligibles Section*

Dual Eligibles – No Deadline to Enroll in New Medicare Drug Plan

- Dual eligibles can switch to a new Medicare drug plan several times during the year. The December 7th enrollment deadlines that are announced in marketing materials and on TV are not applicable to the dual eligibles.

Federal Oversight for the Medicare Drug Benefit

- The Medicare prescription drug benefit is called **Medicare Part D**.
- The federal agency that has authority over all aspects of Medicare – including Medicare Part D – is the Centers for Medicare and Medicaid Services (CMS).

Important Terms

- **Low Income Subsidy (LIS), also called Part D “Extra Help”:** Medicare beneficiaries with limited income and resources may qualify for extra help, in the form of a Low Income Subsidy (LIS), to pay for prescription drug costs.
- **Dual eligibles are automatically eligible for the LIS.**

Important Terms (cont.)

- **Prior Authorization:** Approval that your prescriber must get from a Medicare drug plan in order for the prescription to be covered by the plan . Only certain drugs need PA, and it differs from plan to plan.
- **Step Therapy:** The practice of beginning drug therapy for a medical condition with the most cost-effective drug, and progressing to more costly drug therapy only if necessary; the primary goal is cost-containment. This requirement may be waived if prescriber can show medical necessity.

Important Terms (cont.)

- **Quantity Limits:** For safety and cost reasons, a drug plan may limit the amount of pills that they cover for a particular drug. With the physician's documentation of medical necessity, this requirement may be waived.

Two Categories of Medicare Drug Plans: Basic and Enhanced

- **Basic drug plans** meet the minimum standards set by Medicare with regard to costs and coverage.
- **Enhanced drug plans** may have a broader formulary.

The 2019 MEDICARE PART D Information for New Jersey's Dual Eligibles

What is a “Benchmark” Drug Plan?

- **When a dual eligible enrolls in a benchmark drug plan, there is no monthly premium fee.**
- The Medicare drug plans do require a monthly fee; however, for the dual eligibles, that fee is subsidized by CMS up to a specific amount (which is known as the benchmark).
- There are two types of drug plans: Basic and Enhanced, but only the Basic plans can qualify as benchmark plans.

Overview of Benchmark Drug Plans for NJ's Dual Eligibles

- Good news! There won't be any disruption for dual eligibles who are enrolled in a benchmark drug plan. All but one of the benchmark plans from 2018 will continue to be benchmark in 2019. Although one benchmark drug plan is ending, those members will be moved into another drug plan:
 - **The Symphonix Value Rx drug plan was taken over by AARP Saver Plus. There will be an automatic transfer for anyone who is currently enrolled in Symphonix into the AARP Saver Plus drug plan.**

Drug Plan Performance Rating

- The CMS ratings for NJ's drug plans range from a high of 4 stars to a low of 2 stars.
- If a drug plan has a low rating of 2.5 stars for 3 years in a row, CMS views it as a “low performing plan”

2019 Benchmark Plans in NJ

2018 BENCHMARK DRUG PLANS	BENCHMARK IN 2019?	PLAN'S PERFORMANCE RATING
AARP Medicare Rx Saver Plus	YES	3 Stars
Aetna Medicare Rx Saver	YES	3 Stars
Express Scripts Medicare - Value	YES	3.5 Stars
Humana Preferred Rx Plan	YES	3.5 Stars
SilverScript Choice	YES	3.5 Stars
Symphonix Value Rx	NO	Members will be moved to AARP Saver Plus
WellCare Classic	YES	3 Stars

Tan “Choosers” Letter

- Some dual eligibles are still enrolled in a drug plan that is not a benchmark plan.
- They are paying a monthly premium fee when they would pay \$0 if enrolled in a benchmark plan.
- CMS sends a tan colored letter to these dual eligibles, to let them know they can switch to a \$0 benchmark plan or stay in the same drug plan and pay a monthly fee. Changing to a benchmark drug plan is not required.

Disenrollment for Non-Payment of Monthly Premium in Non-Benchmark Plan

- Dual eligibles enrolled in a benchmark drug plan have no monthly premium fee.
- **CAUTION:** If dual eligibles are enrolled in a non-benchmark plan, and they don't pay the monthly fee, the drug plan **MAY** disenroll them.
- If this happens, CMS will auto-enroll them into a benchmark plan, BUT there may be a period of non-coverage of prescription drugs before this occurs.

How To Get Drug Coverage if Terminated From Drug Plan

- Ask the pharmacist to enroll the dual eligible in LINET: Limited Income Newly Eligible Transition Program, with Humana.
- This process allows pharmacist to enroll dual eligible (or other Low Income Subsidy person) into a temporary Part D plan (LINET Humana) in order to get medications immediately.
- This process is also for dual eligibles NEW to Medicare Part D who are not yet auto-enrolled.
- If pharmacists need help with LINET enrollment, they can call **800-783-1307, ext. 1.**

Medicare Part D Co-Pays for Dual Eligibles

- For most dual eligibles with developmental disabilities, drug co-pays for 2019 will be **\$1.25** for each generic and **\$3.80** for each brand name drug.
- For dual eligibles on the Community Care Program* (CCP) and Managed Long Term Services and Supports (MLTSS): **\$0** co-pays for Medicare Part D drugs.
 - *Note: The Community Care Waiver (CCW) is now known as the CCP.

Why Would Dual Eligibles Select a Non-Benchmark Drug Plan?

- If a dual eligible needs a medication not available on the formulary of benchmark drug plans, but it is available in non-benchmark plan – it may be more cost-effective to pay a relatively low monthly premium to get the needed medications.
- This decision must be made on an individual basis.
- The next 4 slides show all of NJ's Medicare Part D stand-alone drug plans for 2019. The chart also shows the monthly premium fees for NJ's non-benchmark drug plans in 2019 in the column with the heading "Premium with Medicaid."

2019 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Data as of October 19, 2018

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance * Rating	NJ PAAD	Preferred Pharmacy ** Chains
UnitedHealthcare 1-888-867-5564 aarpmedicareRx.com <i>National Plan</i>	AARP MedicareRx Walgreens	Enhanced	\$20.70	\$28.00	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5921	386	3 Stars		Walgreens (CANNOT use Wal-Mart)
	AARP MedicareRx Saver Plus	Basic	\$0	\$35.50	\$415	No Gap Coverage	S5921	349	3 Stars	PAAD pays premium	Walgreens, Wal-Mart, Select Rite Aids
	AARP MedicareRx Preferred	Enhanced	\$37.60	\$74.80	\$0	No Gap Coverage	S5820	003	3 Stars		Walgreens, Wal-Mart, Select Rite Aids
Aetna Medicare 1-855-338-7030 aetnamedicare.com <i>National Plan</i>	Aetna Medicare Rx Saver	Basic	\$0	\$34.20	\$295, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5810	038	3 Stars	PAAD pays premium but cannot enroll	CVS, Wal-Mart
	Aetna Rx Select	Enhanced	\$5.70	\$19.20	\$385, \$0 deduct for Tier 1 & Tier 2 drugs	YES	S5810	278	3 Stars		CVS (CANNOT use Walgreens)
	Aetna Medicare Rx Value Plus <i>(formerly First Health Value Plus)</i>	Enhanced	\$21.50	\$58.70	\$0	YES	S5768	127	3 Stars		CVS, Wal-Mart

* Plan's Overall Performance Rating determined by Medicare and based on 2018 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

Plans in yellow have \$0 premium for those with Medicaid, Low Income Subsidy (also known as "Extra Help") or NJPAAD. All yellow plans are referred to as "benchmark" plans.

****** Plans work with many pharmacies, but offer two pricing structures: one for "standard" network pharmacies and another for "preferred" network pharmacies. You will pay the plan's standard copays at network pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. Many independent pharmacies and grocery store pharmacies may also offer preferred pricing for your plan. Check with your plan and/or pharmacy.

2019 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance * Rating	NJ PAAD	Preferred Pharmacy Chains **
CIGNA-HealthSpring Rx 1-800-735-1459 cignamedicareRx.com <i>National Plan</i>	CIGNA-HealthSpring Rx Secure	Basic	\$34.00	\$71.20	\$415	No Gap Coverage	S5617	018	2 Stars		Walgreens, Wal-Mart, Select Rite Aids
	CIGNA-HealthSpring Rx Secure-Extra	Enhanced	\$20.40	\$57.60	\$100, \$0 deduct for Tiers 1, 2 & 3	YES	S5617	249	2 Stars		Walgreens, Wal-Mart, Select Rite Aids
	NEW CIGNA-HealthSpring Rx Secure-Essential	Enhanced	\$7.00	\$21.80	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5617	283	2 Stars		Walgreens, Wal-Mart, Select Rite Aids
EnvisionRx Plus 1-866-250-2005 envisionrxplus.com <i>National Plan</i>	EnvisionRx Plus	Basic	\$17.60	\$54.80	\$415	No Gap Coverage	S7694	004	2 Stars		CVS
Express Scripts Medicare 1-866-477-5704 express-scriptsmedicare.com <i>National Plan</i>	Express Scripts Medicare Saver	Enhanced	\$4.60	\$24.10	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5660	220	3.5 Stars		CVS, Wal-Mart
	Express Scripts Medicare-Value	Basic	\$0	\$35.50	\$415	No Gap Coverage	S5660	106	3.5 Stars	PAAD pays premium	Walgreens, Select Rite Aids
	Express Scripts Medicare Choice	Enhanced	\$56.10	\$93.30	\$350, \$0 deduct for Tier 1 & Tier 2 drugs	YES	S5660	207	3.5 Stars		Walgreens, Select Rite Aids
Horizon Blue Cross Blue Shield of NJ 1-888-765-7134 horizonblue.com	Horizon Medicare Blue Rx Standard	Basic	\$12.70	\$49.90	\$415	No Gap Coverage	S5993	001	3.5 Stars		CVS, Wal-Mart
	Horizon Medicare Blue Rx Enhanced	Enhanced	\$64.80	\$102.00	\$0	YES	S5993	003	3.5 Stars		CVS, Wal-Mart

2019 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance * Rating	NJ PAAD	Preferred Pharmacy Chains **
Humana Insurance 1-800-706-0872 humana-medicare.com <i>National Plan</i>	Humana Walmart Rx Plan	Enhanced	\$5.80	\$24.40	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S5884	150	3.5 Stars		Wal-Mart
	Humana Preferred Rx Plan	Basic	\$0	\$35.00	\$415	No Gap Coverage	S5884	131	3.5 Stars	PAAD pays premium but cannot enroll	No Preferred Pharmacies. Best price at all network pharmacies
	Humana PDP Enhanced	Enhanced	\$41.20	\$78.40	\$0	No Gap Coverage	S5884	062	3.5 Stars		
Mutual of Omaha Rx 1-800-961-9006 mutualofomaharx.com	NEW Mutual of Omaha Rx Value	Enhanced	\$5.50	\$26.40	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S7126	036	Too new to rate		CVS, Wal-Mart
	NEW Mutual of Omaha Rx Plus	Enhanced	\$4.20	\$41.40	\$415	No Gap Coverage	S7126	003	Too new to rate		CVS, Wal-Mart
SilverScript Insurance 1-866-552-6106 silverscript.com <i>National Plan</i>	SilverScript Choice	Basic	\$0	\$35.20	\$0	No Gap Coverage	S5601	008	3.5 Stars	PAAD pays premium	CVS
	SilverScript Plus	Enhanced	\$48.00	\$85.20	\$0	YES	S5601	009	3.5 Stars		CVS, Walgreens, Select Rite Aids
	NEW SilverScript Allure	Enhanced	\$42.80	\$80.00	\$0	No Gap Coverage	S5601	146	3.5 Stars		CVS, Walgreens, Select Rite Aids

2019 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance * Rating	NJ PAAD	Preferred Pharmacy Chains **
WellCare 1-888-293-5151 wellcarepdp.com <i>National Plan</i>	WellCare Classic	Basic	\$0	\$35.80	\$415, \$0 deduct for Tier 1 drugs	No Gap Coverage	S4802	78	3 Stars	PAAD pays premium	CVS
	WellCare Extra	Enhanced	\$43.80	\$81.00	\$0	No Gap Coverage	S4802	101	3 Stars		CVS
	NEW Wellcare Value Script	Enhanced	\$11.90	\$11.90	\$415, \$0 deduct for Tier 1 & Tier 2 drugs	No Gap Coverage	S4802	139	3 Stars		CVS

*Plan's Overall Performance Rating determined by Medicare and based on 2018 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

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** Plans work with many pharmacies, but offer two pricing structures: one for "standard" network pharmacies and another for "preferred" network pharmacies. You will pay the plan's standard copays at network pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. Many independent pharmacies and grocery store pharmacies may also offer preferred pricing for your plan. Check with your plan and/or pharmacy.

For assistance in choosing a Medicare Part D Drug Plan, call the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or call 1-800-Medicare.

Prepared by the State Health Insurance Assistance Program (SHIP), in the Division of Aging Services, NJ Department of Human Services.

If dual eligible also has private health insurance...

- Not permitted to have drug coverage from both private health insurance and Medicare Part D.
- If private health insurance drug coverage is as good as (or better than) Medicare Part D, employer should provide a letter of “creditable coverage.” Opt out/Disenroll from Medicare Part D.
- When a dual eligible also has private health insurance (and is not enrolled in Medicare Part D), NJ Medicaid should continue to cover the drug co-pay costs.
- If your pharmacy needs help billing both your private drug plan and Medicaid, call NJ Medicaid Pharmacy Unit for help at 609-588-2732.

Transition Policy

- For the first 90 days of 2019, CMS expects all Part D plans to **cover one 30-day fill** for drugs which the member is currently taking that are either:
 - a) not on the formulary, or
 - b) are on the formulary but require prior authorization or step therapy
- Pharmacist should print out a message from drug plan at the point of sale, saying this is a one-time transition fill.
- CMS requires the Part D plans to send written notice to each enrollee who receives a transition fill, within 3 business days.

Formulary Changes that May Affect All Dual Eligibles

- Every year, in January, Medicare drug plans are permitted to change their formulary (the list of drugs they pay for)
- Many plans are dropping coverage for brand name drugs that treat mental health problems. Consumers who take brand name drugs (such as Carbatrol, Keppra XR, Risperdal, Clozaril & Depakote) should check to see if their plan will continue to cover it. If not, and if they can't take a generic, they will need to submit an exception request.
- Caregivers should find out if the enrollee's current prescription drugs will still be covered in 2019.

No “lock-in” For Dual Eligibles!

- Dual eligibles are not “locked in” to a Medicare drug plan.
- If dual eligibles want to switch drug plans and they don’t do it in 2018, they can switch next year.
However, new in 2019: drug plans can be switched just one time each quarter.
- Drug plan changes are always effective the first day of the next month.

New Enrollees Will Get Drug Plan Identification Cards

- People who are enrolling in a new Medicare drug plan should look for the new drug plan ID card in the mail.
- Bring the new ID card to the pharmacy.

Consumer's Pharmacy Must Be Affiliated with the Drug Plan's Network

- Before switching to a new Medicare drug plan, check with your pharmacy to be certain that it is affiliated with the new drug plan.
- Most of the major pharmacy chains are affiliated with all of the Medicare drug plans.
- Small pharmacies may not have as many affiliations.

The PAAD program

- Pharmaceutical Assistance to the Aged and Disabled (PAAD) is for NJ residents with low income, but income is too high for Medicaid.
- **To qualify for PAAD:**
 - Must be 65 years of age or older, or at least 18 years old and receiving Social Security Title 2 Disability benefits and
 - For 2019, **income for a single person must be under \$27,189; if married, income must be under \$33,334.**
- **For more information, see the NJ PAAD website:**
<https://www.state.nj.us/humanservices/doas/services/paad/>

Aspects of Medicare Part D That Do Not Apply to the Dual Eligibles or to PAAD

- Monthly premium fees
 - As long as consumer is enrolled in a benchmark or PAAD-affiliated plan, there is no premium fee
- The “Donut Hole” – doesn’t exist for duals or PAAD
- No deductibles for dual eligibles or PAAD
- Drug tiers
 - As long as a drug is on the formulary, it does not matter which tier it is on
- Preferred Pharmacies –
 - You will be charged the PAAD or LIS copays at any network pharmacy for the Part D plan. You do not need to use the plan’s preferred pharmacy.

**New Jersey Dual Eligible Special
Needs Plans: D-SNPs.
Also called FIDE-SNPs:
Fully Integrated Dual Eligible
Special Needs Plans**

ENROLLMENT IS VOLUNTARY

Voluntary enrollment in Medicare HMO D-SNP

- Dual eligibles may enroll **voluntarily** in a Medicare managed care D-SNP. **Enrollees do not receive any bills when using in-network providers.**
- If thinking about joining a D-SNP:
 - Network of doctors, hospitals & prescription drugs are through the D-SNP. **Must** use that provider network. **If enrolled in D-SNP and go to out-of-network provider – dual eligible will be charged the full cost of the medical care provided.**
 - Cannot be in a stand-alone drug plan if enrolled in a D-SNP. Check the D-SNP formulary before enrolling to be sure needed drugs are on the formulary.
 - Enrollees in D-SNP have a \$0 co-pay for prescription drugs.

If enrolled in a Medicare D-SNP and want to disenroll...

- Can disenroll from D-SNP by calling **1-800-Medicare** to disenroll. Will then be in “Original” Medicare, and a Medicaid HMO. Will also select a Part D drug plan.
- You may need to wait to disenroll until the next calendar quarter under **new restrictions which only allow one enrollment change per quarter.**

More on disenrollment from a Medicare D-SNP

- The new quarterly enrollment changes apply to both Part D, Medicare Advantage and D-SNP plans.
- Only ONE change is allowed in each quarter of the year, e.g., one change between January 1 – March 31; one change between April 1 – June 30, etc.
- The change occurs on first of the month after calling Medicare or the plan.
- Example: If enrollment into a D-SNP is **requested in January**, the plan will **take effect on Feb. 1st** -- and the change for 1st quarter of the year will be used. To make another change, need to **wait until April** (the start of the 2nd quarter) to request disenrollment, with **change taking effect May 1st**. So how long the dual eligible needs to stay in the plan depends on when in the quarter they enrolled.

More on disenrollment from a Medicare D-SNP

- However, the Center for Medicare and Medicaid Services (CMS) allows for an exception to these rules on disenrollment, in special circumstances. The term Medicare uses is Special Enrollment Period (SEP).
- If there is a special circumstance, a dual eligible can change more than once in a quarter, including disenrolling from a D-SNP more quickly.
 - Example: If the dual eligible or caregiver was misled into joining the D-SNP because the agent gave false information, CMS will allow the enrollee to disenroll before the next quarter begins.

Caution Regarding Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare Advantage plans are not required to pay co-pays, in practice, co-pays are often charged. It is difficult to convince some medical providers that co-pays should be waived for dual eligibles who have enrolled in a Medicare Advantage plan.

How to Obtain Answers for Medicare Questions

- Check the www.Medicare.gov website
- Call 1-800-MEDICARE
- Call the current drug or health plan and speak with a customer service representative
- Contact a SHIP counselor (State Health Insurance Assistance Program). SHIP counselors are VERY busy until open enrollment for non-dual eligibles ends on Dec. 7th
- The next slide provides phone numbers for free Medicare counseling from the NJ SHIP program

State Health Insurance Assistance Program (SHIP) Telephone Numbers
SHIP HOTLINE: 1-800-792-8820

Local County Office	Telephone
Atlantic	888-426-9243
Bergen	201-336-7413
Burlington	609-894-9311, ext. 1494
Camden	856-858-3220
Cape May	609-886-8138
Cumberland	856-453-2220
Essex	973-637-1717
Gloucester	856-468-1742
Hudson	201-369-5280, Press 1, then ext. 4258
Hunterdon	908-788-1361
Mercer	609-695-6274 Ext. 215
Middlesex	732-777-1940 Ext. 1109
Monmouth	732-728-1331
Morris	973-784-4900 Ext. 3501
Ocean	800-668-4899
Passaic	973-569-4060
Salem	856-339-8622
Somerset	908-704-6319
Sussex	973-579-0555 Ext.1223
Union	908-273-6999
Warren	908-475-6591