

Update for 2023 on the Medicare Drug Benefit for People Who Have Both Medicare and Medicaid (the Dual Eligibles)



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About The Arc of New Jersey

- Largest advocacy and service organization for children and adults with intellectual and developmental disabilities and their families.
- Founded in 1949 by families of individuals with IDD and remains today a consumer and family driven organization.
- Serve the entire state of New Jersey through our Local County Chapters and our State Office Programs.
- In addition to our Programs, The Arc of New Jersey is highly involved in public policy, advocacy and governmental affairs activities.

What is a “Dual Eligible”?

- A dual eligible is a person who has both Medicaid and Medicare benefits.
- The federal term for a dual eligible is “Qualified Medicare Beneficiary” or QMB.
- Most dual eligibles receive their prescription drugs from Medicare Part D – not from Medicaid.
 - The exception is dual eligibles who also have private health insurance, usually through a parent’s employer.

Dual Eligibles – FAQs

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

The Arc of NJ has 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 \(D-SNPs\)](#)

- ❖ **Available at www.mainstreamingmedicalcare.org, under the *Dual Eligibles Section***

If individual with Medicare and Medicaid 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.

Dual Eligibles – Don't have a Dec. 7th Deadline to Enroll in New Medicare Drug Plan

- Dual eligibles are not “locked in” to the same drug plan all year. The December 7th enrollment deadlines that are announced in marketing materials and on TV don't apply. Dual eligible are permitted to change drug plans one time in each quarter of the year.

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.

The 2023 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.

Drug Plan Performance Rating

- The CMS ratings for NJ's drug plans range from a high of 4 stars to a low of 1.5 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”
- One company earned only 1.5 stars - Clear Spring Health. But Medicare is allowing this plan to keep current members and enroll new members.

2023 Benchmark Plans in NJ

2023 BENCHMARK DRUG PLANS	PLAN'S PERFORMANCE RATING
AARP Medicare RX Saver Plus	4 Stars
Clear Spring Health Value Rx	1.5 Stars
Cigna Secure Rx	3.5 Stars
Humana Basic Rx Plan	4 Stars
SilverScript Choice	3.5 Stars
WellCare Classic	3.5 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

- Dual eligibles receiving DDD services have either Supports or the Community Care Program (CCP). **They have a \$0 co-pay for Medicare Part D drugs.**
- A dual eligible receiving Managed Long-Term Services and Supports (MLTSS) will have \$0 copay for Part drugs.
- If a dual eligible does not receive DDD services: Drug co-pays for 2023 will be **\$1.45** for each generic and **\$4.30** for each brand name drug.

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 3 slides show all of NJ's Medicare Part D stand-alone drug plans for 2023. The chart also shows the monthly premium fees for NJ's non-benchmark drug plans in 2023 in the column with the heading "Premium with Medicaid."

2023 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Data as of October 20, 2022

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS/Extra Help	Monthly Premium	Annual Drug Deductible	Additional Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**	Insulin Savings Program***
UnitedHealthcare 1-888-867-5564 aarpmedicarerx.com <i>National Plan</i>	AARP MedicareRx Walgreens	Enhanced	\$5.90	\$28.20	\$350 \$0 deduct for Tier 1 drugs	No Additional Gap Coverage	S5921	386	3 stars	PAAD pays the premium but does not enroll	Walgreens	
	AARP MedicareRx Saver Plus	Basic	\$0	\$36.10	\$505	No Additional Gap Coverage	S5921	349	3 stars	PAAD pays the premium	Walgreens, Walmart	
	AARP MedicareRx Preferred	Enhanced	\$74.30	\$109.30	\$0	Covers Tiers 1 & 2 in the Gap	S5820	003	3.5 stars		Walgreens, Walmart	
Cigna 1-800-735-1459 cignamedicarerx.com <i>National Plan</i>	New Cigna Saver Rx	Enhanced	\$13.80	\$13.80	\$505, \$0 deduct for Tier 1 & 2 drugs	No Additional Gap Coverage	S5617	354	3 stars	PAAD pays the premium but does not enroll	Rite Aid, Walgreens, Walmart	
	Cigna Extra Rx	Enhanced	\$38.50	\$73.50	\$100 \$0 deduct for Tiers 1, 2, 3, 6	Covers Tiers 1 & 2 in the Gap	S5617	249	3 stars		Rite Aid, Walgreens, Walmart	
	Cigna Secure Rx	Basic	\$0	\$34.30	\$505 \$0 deduct for Tiers 1 & 6 drugs	No Additional Gap Coverage	S5617	018	3 stars	PAAD pays the premium	Rite Aid, Walgreens, Walmart	

* Plan's Overall Performance Rating determined by Medicare and based on 2022 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"). 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.**

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

2023 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS/Extra Help	Monthly Premium	Annual Drug Deductible	Additional Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**	Insulin Savings Program***
Clear Spring Health 1-877-317-6082 clearspringhealthcare.com	Clear Spring Health Premier Rx	Enhanced	\$17.50	\$20.60	\$505 \$0 deduct for Tier 1 & 2 drugs	No Gap Coverage	S6946	30	1.5 stars		CVS, Rite Aid, Walmart	
	Clear Spring Health Value Rx	Basic	\$0	\$31.00	\$505	No Gap Coverage	S6946	001	1.5 stars	PAAD cannot pay the premium	CVS, Rite Aid, Walmart	
Elixir Insurance 1-888-377-1439 elixirinsurance.com <i>National Plan</i>	Elixir Rx Secure <i>(formerly called Elixir Secure Plus)</i>	Basic	\$26.00	\$61.00	\$505	No Gap Coverage	S7694	004	2.5 stars		CVS, Rite Aid, Walmart	
Horizon Blue Cross Blue Shield of NJ 1-888-765-7134 horizonblue.com	Horizon Medicare Blue Rx Saver	Enhanced	\$24.50	\$59.50	\$450 \$0 deduct for Tier 1 & 2 drugs	No Gap Coverage	S5993	007	4 stars			
	Horizon Medicare Blue Rx Standard	Basic	\$33.60	\$68.60	\$505	No Gap Coverage	S5993	001	4 stars		No Preferred Pharmacies. Best price at all network pharmacies.	
	Horizon Medicare Blue Rx Enhanced	Enhanced	\$85.50	\$120.50	\$0	Covers Tiers 1 & 2 in the Gap	S5993	003	4 stars			
Humana Insurance 1-800-706-0872 humana-medicare.com <i>National Plan</i>	Humana Walmart Value Rx Plan	Enhanced	\$0.90	\$34.00	\$505 \$0 deduct for Tier 1 & 2 drugs	No Gap Coverage	S5884	183	3 stars	PAAD pays the premium but does not enroll	Walmart	
	Humana Basic Rx Plan	Basic	\$0	\$37.00	\$505	No Gap Coverage	S5884	131	3 stars	PAAD pays the premium but does not enroll	Walmart	
	Humana Premier Rx Plan	Enhanced	\$52.30	\$87.30	\$300 \$0 deduct for Tiers 1 & 2 drugs	Covers Tiers 1 & 2 in the Gap	S5884	150	3 stars		Walmart	

2023 MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS/Extra Help	Monthly Premium	Annual Drug Deductible	Additional Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**	Insulin Savings Program***
UnitedHealthcare Mutual of Omaha Rx 1-800-961-9006 mutualofomaharx.com	<i>New</i> Mutual of Omaha Rx Essential	Enhanced	\$20.50	\$21.70	\$505 \$0 deduct for Tier 1	No Gap Coverage	S7126	106	2 stars		CVS, Rite Aid, Walmart	
	Mutual of Omaha Rx Premier	Enhanced	\$55.50	\$65.70	\$505 \$0 deduct for Tiers 1 & 2 drugs	No Gap Coverage	S7126	073	2 stars		CVS, Rite Aid, Walmart	
	Mutual of Omaha Rx Plus	Basic	\$54.70	\$89.70	\$505	No Gap Coverage	S7126	003	2 stars		CVS, Rite Aid, Walmart	
Aetna Medicare 1-833-526-2445 aetnamedicare.com <i>National Plan</i>	SilverScript Smart Saver Rx <i>(formerly named Smart Rx Plan)</i>	Enhanced	\$6.80	\$6.80	\$505 \$0 deduct for Tier 1	No Gap Coverage	S5601	179	3.5 stars	PAAD pays the premium but will not enroll	CVS, Walmart (CANNOT use Walgreens)	
	SilverScript Choice	Basic	\$0	\$35.30	\$505	No Gap Coverage	S5601	008	3.5 stars	PAAD pays the premium	CVS, Walmart	
	SilverScript Plus	Enhanced	\$61.20	\$76.20	\$0	Covers Tiers 1 & 2 in the Gap	S5601	009	3.5 stars		CVS, Walmart	
Wellcare 1-866-859-9084 wellcare.com/pdp <i>National Plan</i>	WellCare Value Script	Enhanced	\$9.30	\$9.30	\$505 \$0 deduct for Tiers 1 & 2 drugs	No Gap Coverage	S4802	139	3 stars	PAAD pays the premium but will not enroll	CVS, Walgreens	
	WellCare Classic	Basic	\$0	\$33.70	\$505	No Gap Coverage	S4802	078	3 stars	PAAD pays the premium	CVS, Walgreens	
	Wellcare Medicare Rx Value Plus	Enhanced	\$47.20	\$71.30	\$0	No Gap Coverage	S4802	207	3 stars		CVS, Walgreens	

*Plan's Overall Performance Rating determined by Medicare and based on 2022 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

Transition Policy

- For the first 90 days of 2023, 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 must take brand name drugs (such as Carbatrol, Keppra XR, 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 2023.

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 2022, they can switch next year.
Please note: 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.

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

- Monthly premium fees
 - As long as consumer is enrolled in a benchmark plan, there is no premium fee
- The “Donut Hole” – doesn’t exist for dual eligibles.
- No deductibles.
- Drug tiers
 - As long as a drug is on the formulary, it does not matter which tier it is on
- Preferred Pharmacies –
 - You do not need to use the drug 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 Copays in Medicare & Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare or Advantage plans are not required to pay doctor or other medical service 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, especially those enrolled in a Medicare Advantage plan.
- Call the plan or Medicare to complain about any providers charging copays to a dual eligible who has QMB status (Qualified Medicare Beneficiary).

Doctors do not have to treat Medicare beneficiaries who also have Medicaid

- CMS regulations do not allow doctors to “balance bill” people with Qualified Medicare Beneficiary status, i.e., not permitted to send a bill for the 20% that Medicare does not cover.
- But doctors who want to receive full payment can refuse to see QMB patients.

How to Obtain Answers for Medicare Questions

- Check the www.Medicare.gov website.
- Call 1-800-MEDICARE.
- Create a www.Medicare.gov account to see Medicare enrollment status and claims.
- 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	856-456-1121 ext 146
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