

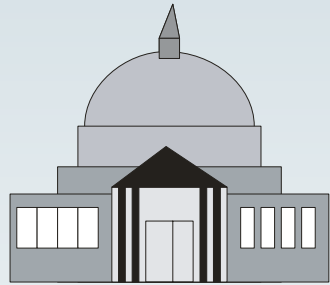


# Medicare Part D

In 2003, the Medicare Program was changed to help make it easier to run the program from Washington, D.C.

The Medicare D Prescription Drug Program is run from the “Centers for Medicare and Medicaid Services” (CMS) at the Department of Health and Human Services.

Now people who receive Medicare can sign-up for a Prescription Drug Plan, or (**PDP**).





# Medicare Part D

If you receive both Medicare and Medi-Cal, you are **“DUAL ELIGIBLE.”**



Because Medi-Cal is a state program, and Medicare is a national program, the national office of the **Department of Health and Human Services** will assign you to a Prescription Drug Plan, however you can change **PDPs**.

While there are 19 **approved PDPs** in California, CMS will assign people who are dual eligible to only 8 **of these plans**.



The Centers for Medicare and Medicaid Services (CMS) has **evenly divided those who are dual eligible among the 8 plans**.

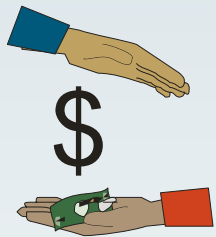
# Premiums



Some of the prescription drug plans have **premiums**. (A premium is a monthly fee that a plan charges for the prescription drug coverage.)



The **Social Security Administration (SSA)** will pay the premiums for people with low incomes.



This new Prescription Drug Plan will require a **co-payment**. (A co-payment is a fee paid each time a drug is purchased.)



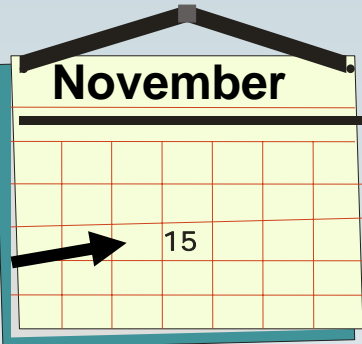
People can request to have the **co-payment waived** if they can't afford it.

# The Schedule

In November, 2005 if you are dual eligible, you will receive a letter from the national office of the Department of Health and Human Services that tells you which drug plan you have been assigned to.

**By November 15**, all people should have received a letter.

You will have until December 31, 2005 to change your Prescription Drug Plan if it does not meet your medication needs.

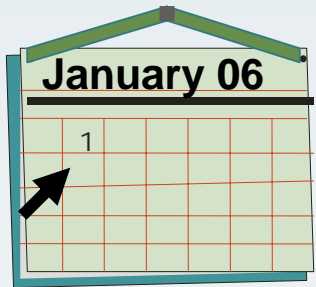
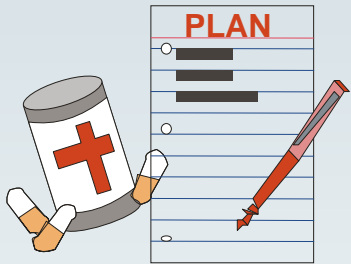
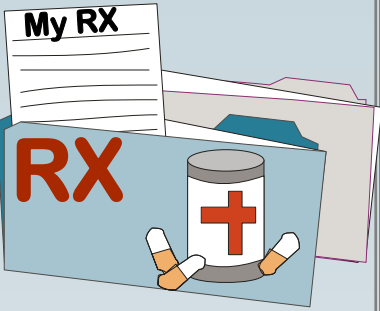


# The Formulary

You may need to change your Prescription Drug Plan (**PDP**) because the **formularies** of the Drug Plan you have been assigned may not include the medications you need. (A *formulary* is a list of prescription medications that a drug plan will pay for).

When medications **are not listed** on a drug plan's formulary, then the drug plan **will not pay** for them.

The New Drug Plans will start **January 1, 2006**.

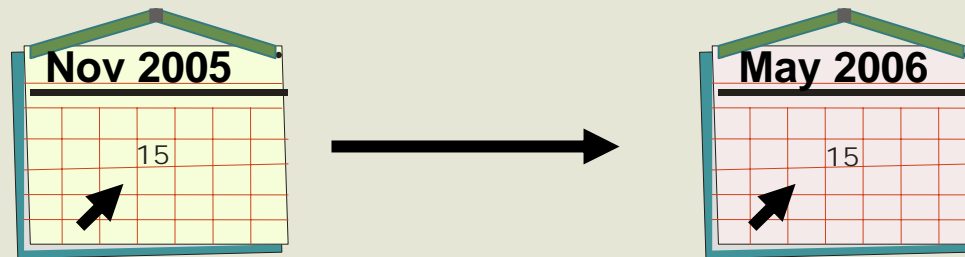




# Medicare Only

## IF YOU ONLY RECEIVE MEDICARE

You will need to sign up for a drug plan  
between  
**November 15, 2005** and **May 15, 2006**

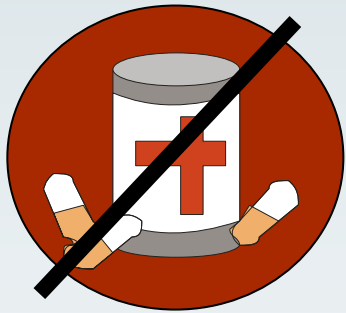


If you sign up after **May 15, 2006**  
you will have to pay a penalty.

# Drug Exclusions

The following types of drugs are excluded from the Medicare D program, but **will be covered by Medi-Cal.**

- Prenatal Over The Counter vitamins, (vitamin K (Phytonadione), niacin, etc)
- Non-prescription drugs (*example* - Tylenol, Motrin, Aleve, Colace)
- Barbiturates (*example* - Phenobarbital)
- Benzodiazepine (*examples* - Ativan, Klonopin, Valium)

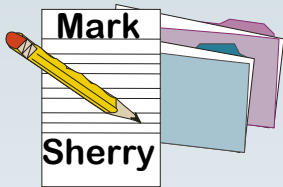
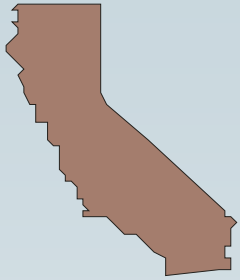


# There is Help

**The State of California and the Regional Center will help you with this change:**

The California Department of Developmental Services (**DDS**) and the Regional Center have a **list of all regional center clients who are dual eligible.**

The regional center has additional **available staff** to help with the enrollment to the new Prescription Drug Plans for **two years.**

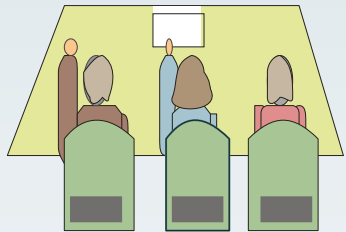


**2 years**

# There is Help



The Regional Center is now looking at the medications you need to determine if they are included in the formulary of one of the **8** available Drug Plans.



They are working with the Department of Health Services (**DHS**) to make sure that you have been assigned to a Drug Plan that covers your medications.

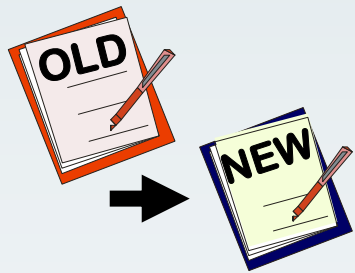
# There is Help



If you **have not** been assigned to a Drug Plan that covers your medications, the regional center will contact you.



They will work with you to fill out the paperwork to **change** to a Drug Plan that covers your medications.



If you need to **switch** to a Plan with a higher premium, the regional center has been given money (\$) from the State of California to pay for that.

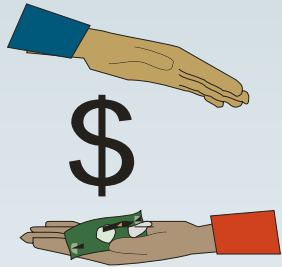
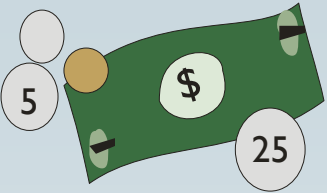
# There is Help

**Money is available** to help people pay for medications that are needed and are not covered by a Drug Plan.

There is money available to **pay prescription co-pays**, if it is needed.

The regional center will check to see what formulary from the Drug Plans meet the needs of each person.

They may **recommend a different Drug Plan** that has better coverage.

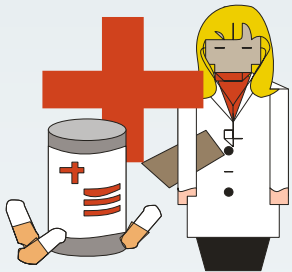
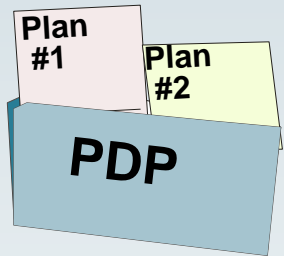
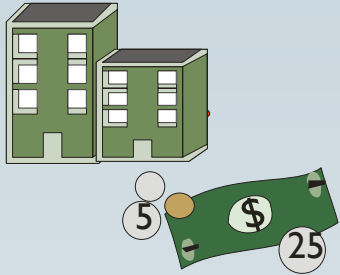


# There is Help

The regional center will pay the premium for a better Plan instead of co-pays, or the prescription, if the formulary doesn't cover the medication.

There are **many options** and the regional center will help people find the best Drug Plan.

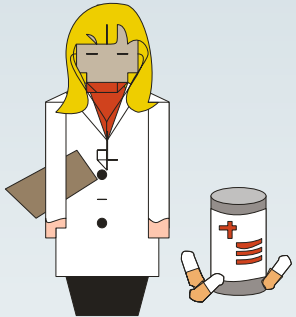
The regional center has a **pharmacist and a doctor** to help make recommendations.



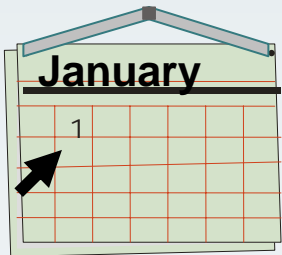
# Prescription Request



You can request extra medication in **December** for up to **100 days** so you will not run out - in case there is a problem with your pharmacy or **PDP**.



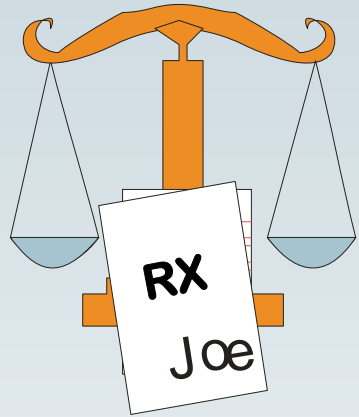
Ask your doctor for a **new prescription** that will cover medications for up to **100 days**. This is **available only in December** and is paid by Medi-Cal.



This can help avoid not getting medications beginning **January , 2006**.

# Exceptions and Appeals

The Medicare D Program does allow for exceptions.



The regional center may also work with you to file an **exception** if none of the Drug Plans include your needed medication in their formulary.

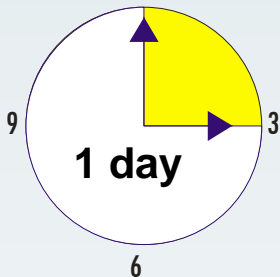
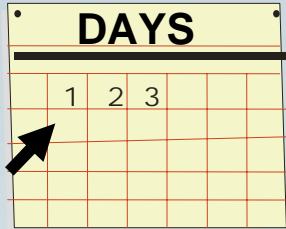
*(An exception is an official legal request to ask that a drug be considered for coverage).*

# Exceptions and Appeals

The Plan has to respond to your exception request within **72 hours** (3 days).

A faster response (*an expedited request*) can be made when “**life, health or ability to regain maximum function**” is in jeopardy.

Prescription Drug Plans **must respond** to expedited requests within **24 hours**.

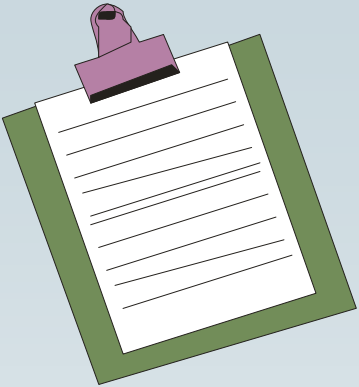


# Exceptions and Appeals

IF a PDP denies an exception request, an **APPEAL** of the decision can be made.

*(An appeal is a legal procedure where a case is brought before a committee, judge, or court for evaluation and a decision).*

**Appeals can happen** in many ways, and can take a long time.



# Good to Know Facts

## Important things to know about the Medicare Part D Prescription Drug Program

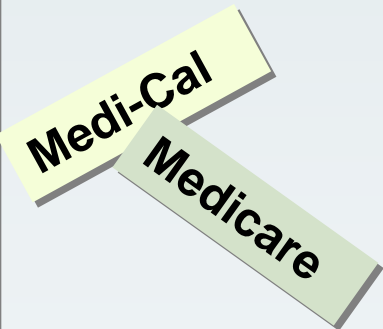
You can change Prescription Drug Plans every **30 days**. Also, you can **receive your medications through a mail program**.

Your current **pharmacy may not be part of the Prescription Drug Plan you chose. Ask them!**

You do not have to accept the change to your prescription program from Medi-Cal to Medicare Part D. If you do not, there will not be coverage for your prescriptions, if you are dual eligible for Medi-Cal and Medicare.



### PHARMACY



# Good Tips

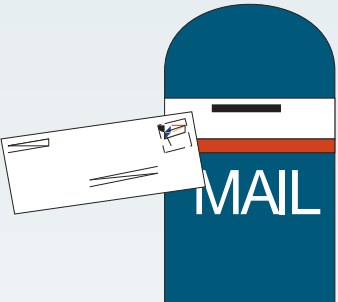
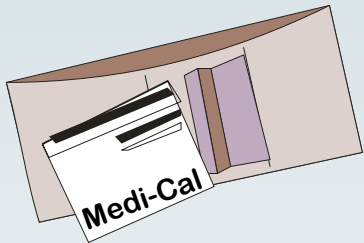
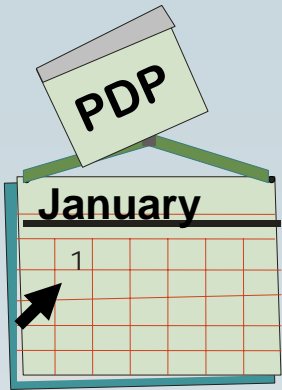
You will receive a **NEW PDP CARD** that will cover your drug plan.

If you **do not receive** your new PDP card or a letter from the PDP by **January 1, 2006**, call your regional center Service Coordinator.

Do not throw away your current **Medi-Cal card**, you will still need it for your other health services.

**Look for your letter** in the mail this month about your Drug Plan assignment!

**Call** your Service Coordinator at the regional center with any questions you have!



# Prescription Drug Plans

## Organization

## Plan Name

Anthem Insurance Companies

Blue Medicare RX

Health Net Life Ins/Health Net Ins of NY

Health Net Orange

Humana Insurance

Humana PDP Standard

Pacificare Life and health Insurance

PacifiCare Saver Plan

Sierra Health and Life Insurance

Sierra Rx

Unicare

Medicare Rx Rewards

United health Care Insurance

United HealthRx

WellCare Health

WellCare Signature



**PLANS**

# Getting Help

## Health Insurance Counseling & Advocacy Program

*Nonprofit insurance counseling*

[www.calmedicare.org](http://www.calmedicare.org)

## Medicare and Formulary Finder

(800)MEDICARE - (800)633-42273

[www.medicare.gov](http://www.medicare.gov)

## Prescription Drug Plan Finder Tool

[www.cms.hhs.gov](http://www.cms.hhs.gov)

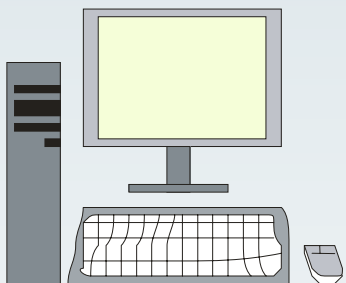
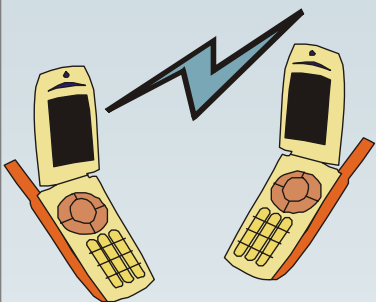
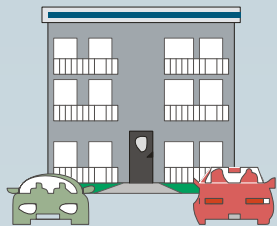
## Health Insurance Counseling and Advocacy Program

*Nonprofit insurance counseling*

[www.calmedicare.org](http://www.calmedicare.org)

## Medicare Part D Prescription Drug Coverage Guide for people with developmental disabilities

[www.thedesk.info/PartD](http://www.thedesk.info/PartD)



**Adapted & Designed:**  
Board Resource Center  
866-757-2457  
[www.brcenter.org](http://www.brcenter.org)

