

## Medicare Prescription Drug Coverage – Part D Coming Soon

### What Should You Know and When Should You Know It

The new voluntary Medicare prescription drug benefit begins January 2006. All eligible people should evaluate their health insurance options to determine the best plan for them. To simplify the process, particularly for those with or at risk for osteoporosis, NOF provides a Medicare calendar and a set of recommendations to guide the process. (A previous Medicare article in the spring 2004 issue of the *Osteoporosis Report* describes basic elements of the new benefit. If you no longer have this edition, you can read the article online at [www.nof.org/advocacy/updates/index.htm](http://www.nof.org/advocacy/updates/index.htm)

#### *What Are Plan Options?*

Everyone on Medicare can sign up for insurance coverage through a private plan approved by Medicare. They will have a choice of at least two plans. They may sign up for a plan covering drugs that they use with their current Medicare plan. Alternatively, they may sign up for a Medicare Advantage Plan (like an HMO or PPO) that covers drugs, hospitals, doctors and other health services.

#### *Who Should Enroll?*

Medicare Part D (which provides for the new drug benefit) is a voluntary program, which means that beneficiaries can enroll but are not required to do so. Drug coverage that retirees already have may be what they want to keep. But if eligible individuals are not in a plan that covers as much or more than a Medicare drug plan, they may be penalized by having to pay a higher monthly cost when they do enroll.

Once someone signs up for a plan during the open enrollment period, with few exceptions, they cannot switch to a new plan for at least nine months.

#### *What Information Is Needed And Where Can I Obtain It?*

To make informed decisions, people should gather a broad range of information, which clearly and simply explains what plans are available to them and all the necessary data they need. This includes plan information, such as the cost of monthly premiums, cost-sharing requirements, which drugs are covered, plan quality and performance (when available), and consumer satisfaction (if available).

The Centers for Medicare and Medicaid Services will post this information on their website at least 30 days before the annual enrollment period begins. Plans also must provide this information. Additional resources are listed at the end of this article.

#### *What do I Need to Know About My Drug Coverage Plan?*

Individuals will want to find out whether a plan covers a needed drug (or drugs) as well as where that drug fits into the plan's coverage structure, which will explain the cost of the copayment necessary for each purchased drug. They will want to understand a plan's policy about exceptions – when are they made and the process to obtain them. Individuals also will want to know plan policies regarding



changes in the drugs that are available. Individuals can call a plan or visit the plan's Web site to determine the drugs that are covered.

It is important to know the regions that a plan will cover, particularly if you live in different geographic areas during the year, because if a beneficiary needs to get drugs from non-network pharmacies, they will pay considerably higher costs.

#### *How Can A Decision Be Appealed?*

Plan determination of drug coverage can be appealed by the patient, his or her representative or physician. Individuals will want to know the process and timeframe for standard and expedited appeals. For issues other than drug coverage, beneficiaries can file a grievance, a process about which people may want additional information.

#### *What Customer Services Are Offered?*

Individuals will want to know what customer services are available and how easy they are to access.

#### *Should A Person Receiving Medicare and Medicaid Benefits Enroll?*

Individuals with Medicare who receive their drugs through Medicaid will get their drugs through Medicare beginning January 2006. They should enroll in the plan that meets their needs or they automatically will be enrolled in a randomly selected plan.

#### *For Whom Is Financial Assistance Available?*

If a person's income is below \$14,355 (\$19,245 for couples) for 2005 and his/her resources are less than \$11,500 (\$23,000 for couples), they may qualify for some financial assistance. If an individual has a Medicaid or Medicare Savings Plan or receives Supplemental Security Income, they will automatically qualify for help and do not need to apply.

If a person is not in any of these programs, they should apply for help through the Social Security Administration. They can use the agency's printed or online application. Afterwards, they will have to select a Medicaid drug coverage plan. If an individual is in a state pharmaceutical assistance program, they should call that program for information about how it works with the Medicare drug benefit.

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