

Important Medicare Part D Transition Issues for Dually Eligible Individuals

At this writing, we are hearing numerous negative reports about the experiences of people with disabilities who have been moved to Medicare Part D from Medicaid for their prescription drug coverage. Two main themes are emerging. First, people do not yet have enrollment cards in hand from their new providers and their pharmacists can not access their enrollment information. In this instance, individuals are being charged full price for their drugs despite the fact that they have coverage and are supposed to receive a one-time refill of any drug they need whether it is covered by their new plan or not.

Second, even when people can demonstrate their coverage, they are being charged inappropriate co-pays. A “full-benefit dual eligible” (i.e., anyone who has both Medicaid and Medicare and qualifies for “extra help” with their Part D premiums) is only responsible, by law, for a maximum \$2 co-pay on generic medications and \$5 co-pay on name-brand medications.

It seems that individuals in Kansas are by no means alone in these problems. Officials in numerous other states nationwide have reported that dual eligibles in their states are also unable to fill their prescriptions at the correct co-pays or fill them at all. At least a dozen states have intervened to help with co-pays until coverage issues can be resolved. As this newsletter goes to press, Kansas is joining these other states to ensure Kansans receive the medicines they need. Governor Sebelius’s office has noted that pharmacies are having difficulties with claims and that records of individuals’ plan enrollment are sometimes missing. Because these issues have caused people to be unable to get the prescriptions they need or to be charged inappropriate co-pays, the state will cover the cost of providing prescriptions for Kansans experiencing these barriers. Kansas will continue this intervention until these temporary problems with the federal Medicare system are resolved. These problems seem to be related to the transition to the new Part D program and should come to an end in the near future. In the meantime, if you or someone with whom you are working is unable to get needed prescriptions because of these issues, you should contact your local SRS office. With support from Governor Sebelius, SRS is in the process of developing a cadre of individuals to handle these issues.

In addition to your local SRS office you can contact either Senior Health Insurance Counseling for Kansas at 1-800-860-5260 or your nearest *Working Healthy* Benefits Specialist to receive assistance or to discuss your drug plan options. Further, we would like to hear about any problems you have had with the process of transitioning from Medicaid to Medicare Part D. Please contact Jean Hall at the University of Kansas by email at jhall@ku.edu or call her at 1-800-449-1439 to share your experiences.

Work Opportunities Reward Kansans (WORK) Update

Earlier this month, the Division of Health Policy and Finance submitted a response to a fifth request for additional information about WORK from the federal Centers for Medicare and Medicaid Services (CMS). If approved, WORK will allow people who qualify for certain Home and Community Based Services (HCBS) waivers to enroll in Working Healthy and still get some attendant care and assistive services.

Benefits Specialists' Corner

This issue features *Working Healthy* Benefits Specialist Earl Williams from the Emporia Area SRS Office. In his spare time, Earl enjoys working with young people. He currently serves as the Youth Director for his church and coaches a community basketball team of 8th and 9th graders. Earl's dream weekend consists of spending quality time with his family. Earl's coverage area includes the counties of Rice, McPherson, Harvey, Marion, Morris, Chase, Lyon, Butler, Greenwood, Elk, Cowley and Chautauqua. He can be reached by phone at (620) 342-2505 ext. 233 or by E-mail at EXLW@srskansas.org.

I am here to tell you that the Medicare D outreach training has been very successful. The Benefits Specialists have worked alongside staff from the Senior Health Insurance Counseling of Kansas (SHICK), the Social Security Administration (SSA), the Centers for Medicare and Medicaid Services (CMS) and some local pharmacies to try and get correct information out to our consumers. We not only focused on helping our *Working Healthy* consumers, we helped all those who came through the door looking for help with their Medicare D plans. During the presentations, I would inform those who were in attendance that even if they themselves were not receiving Medicare Part D, that it would affect someone they know, a mother or aunt or even a brother or sister. The information they received during the presentations should be networked to those who will be affected. During one of my trainings, I took an informal poll. Out of 14 people in attendance who had received the book, 'Medicare & You,' no one had read it. To my surprise, no one had opened their book to read about Medicare Part D and the changes soon coming into effect. I then asked them how many had internet access at home and only two individuals raised their hands. This showed me how important all of the outreach trainings were and continue to be for consumers throughout Kansas. The trainings are very important because this is the only resource available and utilized by many consumers.

I also wanted to congratulate the *Working Healthy* team for accomplishing a goal in 2005 - reaching the milestone of 1000 enrollees. Due to the dedication of the entire team, we reached this goal at the end of November. We advocate for those who are disabled and want to be treated like everyone else. When a person with a disability walks into a Human Resource office to apply for employment, they want to be treated like any other prospective employee. If the client can obtain *Working Healthy* benefits, this creates an environment where there is one less barrier for this prospective employee with a disability.

-Earl Williams, Working Healthy Benefits Specialist

Medicare Part D Prescription Drug Coverage Tips

People who are dually-eligible for Medicare and Medicaid are automatically enrolled in a Medicare Part D plan for prescription drug coverage. This enrollment was done at random so the plans assigned to people may or may not be their best option. The website, Medicare.gov, offers an online tool to identify plan options that are best for an individual and his or her needs. After utilizing the online tools, here are some tips to ensure you have the plan that will cover all your medications before you proceed with enrollment in your plan of choice.



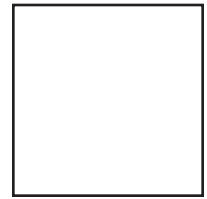
- TIP 1** - Call the plan you believe is best for you and make sure that they will cover all your medications. Some base plans may not cover non-generic drugs, so it may be in your best interest to pay a small amount for a plan that has better coverage. Also, it has been noted by some that the information provided about plans and the drugs they cover has been incorrect, so it is best to call the plan directly to make sure all the drugs you need are in fact covered before you sign up for that plan.
- TIP 2** - Call your pharmacy of choice to make sure they are providers with the plan you have chosen. Not all pharmacies are enrolled with all the plans.
- TIP 3** - Prepare a list of all of the medications you are currently taking and their dosages. Have this list on hand so that when you go online to look at plan options, contact your pharmacy, or call plans to explore your options, those providing technical assistance can give you the best possible information available. Being well-prepared and informed is one of the best tools you can have, especially when many others are seeking the same assistance.
- TIP 4** - Know that you will be charged a co-pay of \$1-\$5 for each prescription you have filled that is covered by your plan. A co-pay of \$1-\$2 is charged for generic prescription drugs and a co-pay of \$3-\$5 is charged for name-brand, non-generic prescription drugs.
- TIP 5** - Know that if you are dually eligible you may change plans monthly. So, if your prescriptions change or you find that you are not in the best plan, as a dual eligible participant you have this option. All others may change plans at the Annual Enrollment period that lasts from November 15 through December 31 of each year.

If you need further assistance determining the best plan for you or have any other questions regarding Medicare Part D, please call *Working Healthy* at 1-800-449-1439 or contact your local Benefits Specialist. Their contact information is provided below. Working Healthy Benefits Specialists are here to help you in any way they can with the information available to them at any given time. Centers for Medicare and Medicaid Services is still developing the program policy and things naturally have changed along the way and will continue to change during this transition period. Benefits Specialists continue to do great work with the technical assistance they provide despite this constantly changing information. They are dedicated to what they do and are here to help as best they can.

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**This newsletter and other information regarding Working Healthy can be found
on-line at: <http://www.workinghealthy.org>**

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