

MEDICARE PART D – FAQs

Frequently Asked Questions

Provider Corner:

1. If provider is rep payee will regional center still be available to assist w/Medicare Part D changes? **Yes**
 - If not, will client's SOC (share of cost) be approved to pay for co pays & premiums (non-covered services)? **Share of cost is a separate issue based upon consumer income. There will be co pays and premiums based upon the plan chosen to best meet the consumer's needs.**
2. How will the Regional Center be coming w/the mentor program to make sure client's needs are met? **ACRC will be relying heavily on the support network for that consumer (i.e., family, residential care providers, FHA, SLS, ILS). Mentor will therefore be expected to support the consumer through this transition as a part of your service delivery in collaboration with SC.**
3. What happens when there are 6 consumers in a care home and they are all assigned different plans? **Most big pharmacy will carry all 8 of the most commonly used PDPs.**

ACRC Corner:

1. If SSI pays co-pays – who bills to who? **ACRC will vendor directly with pharmacy plans for premiums. Co-pays will be paid dependent on variables, such as pharmacy waiving the co-pay, exception to co-pay, consumer resources, and ACRC. It is important for consumers to partner with pharmacy.**
 - What about limited pharmacies that distribute clozarile? – Anderson Bros. Does; are there others if they don't accept a plan? **ACRC will work diligently with consumers to assure proper coverage for prescriptions.**
2. Will the SC contact the care provider to inform them to get 3 months? **Yes, Service Coordinators will need to be in contact with consumers to support them through this process. ACRC will be relying heavily on the support network for that consumer (i.e., family, residential care providers, FHA, SLS, ILS).**
3. What if consumers are not currently assigned to an SC? **ACRC supervisors have been given the list for all consumers effected by this transition for assignment. ACRC also has an "Officer of the Day" support system.**
4. Who will the plan respond to when they respond w/in 24 hrs or 3 days? The consumer? What's the follow-up plan so no lapse in drug care? **The process will mirror the current Medi-Cal process with due process. The regional center will have little involvement in prescription management. The consumer will need to work closely with his/her physician and pharmacist.**

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5. When they say the regional center will pay the premium if the consumer needs a higher level PDP how does the billing work? **The regional center will vendor with at least the eight identified PDPs most effective for consumer needs. The regional center will vendor with other PDPs as needed.**
 - Does the bill automatically go to Alta? **The regional center is an active participant in the choosing of a PDP based upon clinical assessment and cost efficiency. The SC will write a POS for the chosen PDP.**
 - Does the consumer have to pay for it first? **No**
 - Will the new PDP card numbers be the same as the current Medicare number? Or social security number? **We do not know. It is important for consumers to keep copies of all cards regardless if they are the same number. The Medicare card will continue to be needed for medical care while the PDP card will be needed to fill prescriptions.**
6. Who is the Alta contact person if we SC's have questions we can't answer? **Jyree Ost, Pharmacist is available if medication related.**
7. For a person who's medi-medi & they have to have a plan that has a higher premium than the other's, how is that premium paid? Dos Medi-Cal (SSI) cover a certain portion first and then Alta pays the rest? **Alta will fund via POS**
 - Will SC's receive training on Alta's involvement, POS writing? Etc? **Yes, on 11/29/05.**
8. Will SSA automatically pay the premiums or will we need to request them to pay the premiums? **SSA will pay up to \$23.50 toward the premium. Alta will have an internal procedure for premiums that exceed this cost.**
9. How long should someone wait for the letter from Department of Health Services before calling Alta? **If the letter was not received by 11/16/05, contact the Service Coordinator. ACRC has a copy of each Medi/Medi consumer's chosen plan.**

Consumer Corner:

1. Incontinence supply –
Scenario: A child or consumer come from another home and was receiving already pull ups, diapers/brief approved by Alta from Alta's choice. **Not applicable. This transition only effects prescriptions for medications not durable medical equipment.**
2. After moving to any children's care home I asked this program or benefit for the child to be transferred to the supplier I am using for other consumers in my home & Alta paid – “no, this co. is vendored” by Alta. Why does ACRC pick up their choice not our choice? **ACRC has a full time pharmacist working the formularies to support consumers in the most cost effective plan for the prescriptions given by their personal physicians.**

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3. I have consumers who need to pay her co-pay for her medication. Should the regional center be paying for that? She pays for her medication through her P & I monies. **Coverage will remain the same for that consumer.**
4. What is considered low income? Where do we find the formula to find this out? **Poverty level is defined by the federal government.**
5. If a consumer, age 18, is dually covered, and has a 0 share of cost through medi-cal, will they need to use Medicare-D? **Yes**
6. For those consumers w/large share of costs w/medi-cal, will this plan offset some of the costs that they would normally have to pay out of pocket. **Share of cost is income related and will continue. Co-pay is different based upon the chosen PDP and the specific medication.**
7. Can the client's "P&I" be used to cover expenses that should be covered by "purchase of service" items such as coverage's in the cost of medicines. **Consumer funds can be used toward co-payments for prescriptions if the consumer is in a position to fund this expense.**
8. What are income guidelines (what is low income?) that qualify for SSA paying premiums? **Federal definition of poverty level.**
 - I assume that income determination uses the usual IRWE's & other deductions to establish countable income. **Yes.**

Prescription Drug Plan Corner:

1. When you find out some answers to the Kaiser coverage, please email me or call me with information so I can better assist my consumer who is currently covered by Kaiser. **ACRC refers all consumers with a Geographic Managed Care, Health Management Organization Plan or other private health care plan to contact that provider directly to identify if a PDP will interfere with current coverage. Member services or the pharmacy may be a useful point of contact.**
2. Can a Kaiser doctor can write an RX & the consumer can go to a local pharmacy & get the Rx? **Yes**
3. How do you file an exception? **Refer back to individual formulary provider to get individual information and forms. There is an individual health prescription plan process to be followed. The website or CMS telephone number may be useful: www.medicare.gov or 1-800-MEDICARE**
 - Where is the form, etc? **Individual formulary provider.**
 - **Who** can file it on behalf of the consumer? **Whoever has the legal responsibility to provide support for the consumer in this capacity. Residential care providers are appointed to provide assistance in this scenario.**

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4. The 30 day change will happen at time of request or will it be 30 days from time of request to change? **The effect will go into effect on the first day of the month following the request, so long as the request isn't late in the month. Otherwise, it will be postponed until the next month afterward.**
5. Who absorbs the cost associated w/waived co-pay fees? **Pharmacy, Social Security, funds waived fees. The Pharmacy is the best resource.**
6. Specifics on non covered Rx's. **Each specific PDP has a list of their covered medications. Medicare Part D will not cover medications for anorexia, weight loss, weight gain, fertility, cosmetics, hair growth, cough/cold, vitamins/minerals, OTCs, depressants, or sedatives.**
 - Any electronic way to determine the best formulary & PDP? **Yes, www.medicare.gov**
 - List of local pharmacies contracted w/formularies? **Every pharmacy should be associated to at least one PDP. The pharmacy will know which PDP they are connected with.**
 - W/re: 100 day supply – what about drugs that don't last that long? **Speak directly with your pharmacist. Many pharmacies will bill out for the 100 days supply but dispense it in 30-day increments.**
 - Process for individuals to request to waive co-pay fees? **Request at pharmacy. How often does one have to do this? Depends on pharmacy policy.**
 - Any paperwork associated w/reimbursements or temporary changes & coverage i.e. cough med, ACRC to cover? **Ask if medi-cal will, then call SC – who will consult w/ACRC pharm. OTC's still covered by Medi-Cal prescription.**
8. What about item like needles that are controlled, will the client, be able to receive 100 days if there is a problem? **Refer to Pharmacy.**
9. Where can I see the formularies for each drug plan? (To check patient's drug lists against enrolled plans). **Each individual web site. Copies of the most commonly used PDP's available in Alta's Library. There is a "Medicare Part D Resource Guide" available for review in the library, not available for check-out.**
10. Will each pharmacy be aware of what PDP's they take? **Yes.**
11. Do PDP's affect a consumer's health care provider? For example, a consumer is with western health advantage – medi-cal managed program – can she keep her same doctor? **Yes, a consumer can keep their current health care provider. If there is a private insurance involved, the consumer should consult with the provider to identify which PDP is most appropriate so there is not a disruption in coverage between plans.**

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12. Where do you go or who do you contact to change your PDP? **1-800-MEDICARE, talk if changing PDP have to disenroll/enroll in new one if changing PDPs. You will only have to enroll in the same PDP if changing tiers.**
13. What if someone goes to the hospital? **Covered.**
- Are the drugs given at the hospital looked at to see what is covered? **Yes.**
 - In the ER too? **Covered.** Do they give the med & then if it isn't covered & if it's not covered, bill the patient? **This is a new system and we are unsure of all of the variables. It is important that the pharmacist and physicians work together.**
 - What if the Dr. prescribes a new or additional med., will the person find out if the drug is covered or not when they go to the pharmacy? Or can the Dr. look it up? **No, too much won't know until turn in to pharm., let pharm. Coordinate with doc.**
14. Our client's only have MEDI-CAL. They have no MEDICARE. How can we know if they qualify under Medicare too? **When a person becomes eligible for Medicare, SSA sends out paperwork to the individual. You can contact Medicare to inquire.**
- If they qualify, can the case worker help us register them with Medicare? **Typically, the authorized representative completes the paperwork on behalf of the consumer. The SC is always available for support.**
15. If someone has Medicare only. How do they officially make their choice of plans? **Auto-enrolled, penalty if don't enroll.**
- Do they call Medicare & ask for a sign up form to be sent? **Forms are available on-line with each PDP.**
 - Can they choose online? **Yes, each PDP has information available on-line. Forms can be downloaded and sent in.**
16. Can you change plans later? **Yes, every 30 days.**
- Where do we get the form to make PDP changes? **Application forms will be made available on the I:/Drive for SCs and on ACRC's web-site for families.**
 - When someone becomes dual eligible, how long will they have to make appropriate decisions and changes? **3 months before, 6 months after (need to dblv)**
17. Can the formularies have information about prescription coordination support services – Real people that pharmacies can call to sort out this complex and evolving system? **Pharmacies are readily available to support the community through this transition. There is typically a contact person to ask questions of at most pharmacies.**
18. What is the penalty fee for Medicare only failing to sign up for a drug plan by 5/18/06? **1% accrued monthly.**