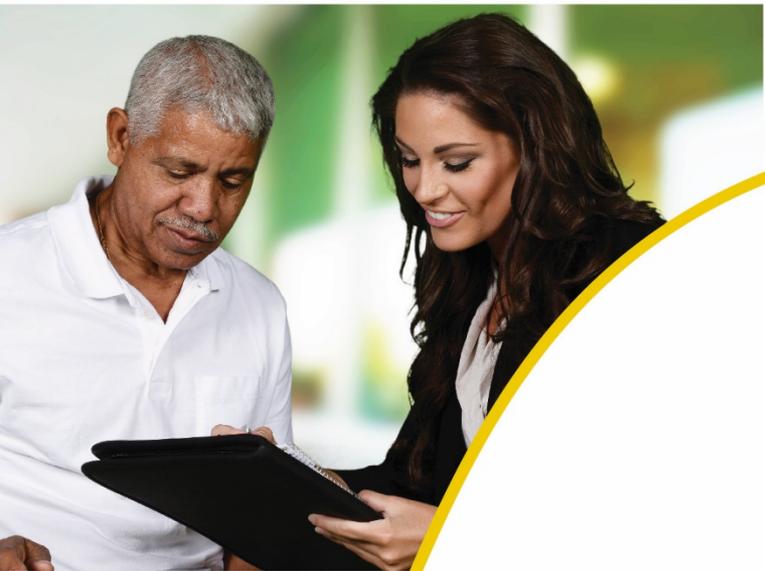




CMS
NTP
NATIONAL
TRAINING PROGRAM
MODULE 9



**Medicare Prescription
Drug Coverage**
SHIBA and WA Version
Updated August 2018





Content

Lesson 1 —The Basics.....	4-12
Lesson 2 —Medicare Part D Benefits and Costs.....	13-25
Lesson 3 —Medicare Part D Drug Coverage.....	26-34
Lesson 4 —Part D Eligibility and Enrollment.....	35-45
Lesson 5 —Extra Help With Part D Drug Costs.....	46-54
Lesson 6 —Comparing and Choosing Plans.....	55-62
Lesson 7 —Coverage Determinations and Appeals.....	63-66
Key Points to Remember.....	67
Medicare Prescription Drug Coverage Resource Guide.....	68-69
Acronyms.....	70-71



Session Objectives

This session should help you

- Differentiate Medicare Part A, Part B, and Part D drug coverage
- Summarize Part D eligibility and enrollment requirements
- Compare and choose drug plans
- Describe Extra Help with drug plan costs
- Explain coverage determinations and the appeals process



Lesson 1—The Basics

- The 4 parts of Medicare
- Prescription drug coverage under
 - Medicare Part A (Hospital Insurance)
 - Medicare Part B (Medical Insurance)

The 4 Parts of Medicare

Throughout this training, these icons are used to identify the part of Medicare being discussed.

Original Medicare



Part A
Hospital Insurance



Part B
Medical Insurance

Medicare Advantage Part C



Part A



Part B



Part D
(Usually)

Medicare Prescription Drug Coverage



Part D
Medicare
prescription drug
coverage



Medicare Prescription Drug Coverage

- Prescription drug coverage under Original Medicare Part A, Part B, or Part D depends on
 - Medical necessity
 - Health care setting
 - Medical indication (why you need it, like for cancer)
 - Any special drug coverage requirements
 - Such as immunosuppressive drugs following a transplant



Part A Prescription Drug Coverage

- Part A generally pays for
 - All drugs during a covered inpatient stay received as part of treatment in a hospital or skilled nursing facility
 - Drugs used in hospice care for symptom control and pain relief only

Part B Prescription Drug Coverage

- Part B covers limited outpatient drugs
 - Most injectable and infusible drugs given as part of a doctor's service
 - Drugs and biologicals
 - Used for the treatment of End-Stage Renal Disease
 - Drugs used at home with some types of Part B covered durable medical equipment
 - Such as nebulizers and infusion pumps
 - Some oral drugs with special coverage requirements like
 - Certain oral anti-cancer and antiemetic drugs
 - Immunosuppressive drugs, under certain circumstances



Part B Immunization Coverage

- Part B covers certain immunizations as part of Medicare-covered preventive services
 - Flu shot
 - Pneumococcal shot (to prevent pneumonia)
 - Hepatitis B shot
- Part B may cover certain vaccines after exposure to a disease or after an injury
 - Tetanus shot



Self-administered Drugs in Hospital Outpatient Settings

- Part B doesn't cover self-administered drugs in a hospital outpatient setting
 - Unless needed for hospital services
- If enrolled in Part D, drugs may be covered
 - If not admitted to hospital
 - May have to pay and submit for reimbursement

Check Your Knowledge—Question 1

Which part of Medicare pays for drugs used in hospice care for symptom control and pain relief only?

- a. Part A
- b. Part B
- c. Part D
- d. None of the above

Check Your Knowledge—Question 2

Medicare Part D doesn't cover the cost of the flu shot, a preventive service immunization.

a. True

b. False



Lesson 2—Medicare Part D Benefits and Costs

- Medicare prescription drug coverage
- Medicare drug plan benefits and costs



Part D Medicare Prescription Drug Coverage

- Medicare drug plans
 - Approved by Medicare
 - Run by private companies
 - Available to everyone with Medicare
- In most cases, you must join a plan to get coverage
- There are **2 ways** to get coverage
 - Medicare Prescription Drug Plans
 - Medicare Health Plans with prescription drug coverage



Part D Medicare Prescription Drug Plans

- Can be flexible in benefit design
- Must offer at least a standard level of coverage
- Vary in costs and drugs covered
 - Different tier and/or copayment/coinsurance levels
 - Enhanced (“extra”) coverage for drugs not typically covered by Part D
- Benefits and costs may change each year



Medicare Drug Plan Costs

- Costs vary by plan
- In 2019, most people will pay
 - A monthly premium
 - A yearly deductible (if applicable)
 - Copayments or coinsurance
 - 25% for covered brand-name drugs in the coverage gap
 - 37% for covered generic drugs in the coverage gap
 - Very little after spending \$5,100 out of pocket

Standard Structure in 2019

Ms. Smith joins a prescription drug plan. Her coverage begins on January 1. She doesn't get Extra Help and uses her Medicare drug plan membership card when she buys prescriptions. She pays a monthly premium throughout the year.

1. Yearly deductible	2. Copayment or coinsurance (what you pay at the pharmacy)	3. Coverage gap	4. Catastrophic coverage
<p>Ms. Smith pays the first \$415 of her drug costs before her plan starts to pay its share.</p>	<p>Ms. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$3,820.</p>	<p>Once Ms. Smith and her plan have spent \$3,820 for covered drugs, she's in the coverage gap. In 2019, she gets a 70% discount from the drug manufacturer on covered brand-name prescription drugs that counts as out-of-pocket spending, and helps her get out of the coverage gap. For 2019, she gets an additional 5% coverage from her plan on covered brand-name drugs and 63% coverage on covered generic drugs while in the coverage gap.</p>	<p>Once Ms. Smith has spent \$5,100 out-of-pocket for the year, her coverage gap ends. Now she only pays a small coinsurance or copayment for each covered drug until the end of the year.</p>

Improved Coverage in the Coverage Gap

Year	What You Pay for Covered Brand-Name Drugs in the Coverage Gap	What You Pay for Covered Generic Drugs in the Coverage Gap
2018	35%	44%
2019	25%	37%
2020	25%	25%



True Out-of-Pocket (TrOOP) Costs

- Expenses that count toward your out-of-pocket threshold (\$5,100 in 2019)
- After threshold you get catastrophic coverage
 - You pay only small copayment or coinsurance for covered drugs
- Explanation of Benefits (EOB) shows TrOOP costs to date
- TrOOP transfers if you switch plans mid-year

What Payments Count Toward TrOOP?

■ Payments made by

- You (including payments from your Medical Savings Account (MSA), Health Savings Account (HSA), or Flexible Spending Account (FSA) (if applicable))
- Family members or friends
- Qualified State Pharmacy Assistance Programs (SPAPs)
- Medicare's Extra Help (low- income subsidy)
- Indian Health Service (IHS)
- Most charities (unless they're established, run, or controlled by the person's current or former employer or union or by a drug manufacturer's Patient Assistance Program operating outside Part D)
- Drug manufacturer discounts on brand name/generic drugs under the Medicare Coverage Gap Program
- AIDS Drug Assistance Programs (ADAPs)



What Payments Don't Count Toward TrOOP?

- The amount paid by a Medicare drug plan
- The monthly drug plan premium
- Drugs purchased outside the U.S. and its territories
- Drugs not covered by the plan
- Drugs excluded from the definition of Part D drug, even in cases where the plan chooses to cover them as a supplemental benefit (like drugs for hair growth)
- Payments made by, or reimbursed to you by
 - Group health or retiree coverage
 - Government-funded programs
 - Other third-party groups
 - Patient Assistance Programs operating outside the Part D benefit
 - Other types of insurance
- Over-the-counter drugs or most vitamins (even if they're required by the plan as part of step therapy)



Part D Monthly Premium and Income-Related Monthly Adjustment Amounts (IRMAA)

- Based on income above a certain limit
 - Fewer than 5% pay a higher premium
 - Uses same thresholds used to compute IRMAA for the Part B premium
 - Income as reported on your IRS tax return from 2 years ago
- Required to pay if you have Part D coverage
 - Failure to pay will result in disenrollment

Income-Related Monthly Adjustment Amount (IRMAA)

Chart is based on your yearly income *in 2016* (for what you pay in 2018)

Filing an Individual Tax Return	Filing a Joint Tax Return	File Married & Separate Tax Return	In 2018 You Pay Monthly
\$85,000 or less	\$170,000 or less	\$85,000 or less	Your Plan Premium (YPP)
Above \$85,000 Up to \$107,000	Above \$170,000 Up to \$214,000	Not applicable	YPP + \$13.00*
Above \$107,000 Up to \$133,500	Above \$214,000 Up to \$267,000	Not applicable	YPP + \$33.60*
Above \$133,500 Up to \$160,000	Above \$267,000 Up to \$320,000	Not applicable	YPP + \$54.20*
Above \$160,000	Above \$320,000	Above \$85,000	YPP + \$74.80*

***IRMAA is adjusted each year, as it's calculated from the annual beneficiary base premium.**

Check Your Knowledge—Question 3

Which of the following counts toward your True out-of-pocket (TrOOP) costs?

- a. The amount paid by you for your drugs covered under the plan
- b. Your monthly drug plan premium
- c. Over-the-counter drugs and most vitamins
- d. The amount paid by your Medicare drug plan

Check Your Knowledge—Question 4

A small group of people will pay a higher monthly drug plan premium based on their income (as reported on their Internal Revenue Service tax return from 2 years ago).

a. True

b. False



Lesson 3—Medicare Part D Drug Coverage

- Covered and non-covered drugs
- Access to covered drugs



Part D Covered Drugs

- Prescription brand-name and generic drugs
 - Approved by the U.S. Food and Drug Administration
 - Used and sold in United States
 - Used for medically-accepted indications
- Includes drugs, biological products, and insulin
 - And supplies associated with injection of insulin
- Plans must cover a range of drugs in each category
- Coverage and rules vary by plan



Required Coverage

- All drugs in 6 protected categories
 - Cancer medications
 - HIV/AIDS treatments
 - Antidepressants
 - Antipsychotic medications
 - Anticonvulsive treatments
 - Immunosuppressants
- All commercially available vaccines
 - Except those covered under Part B (e.g., flu shot)



Drugs Excluded by Law Under Part D

- Drugs for anorexia, weight loss, or weight gain
- Erectile dysfunction drugs when used for the treatment of sexual or erectile dysfunction
- Fertility drugs
- Drugs for cosmetic or lifestyle purposes
- Drugs for symptomatic relief of coughs and colds
- Prescription vitamin and mineral products
- Non-prescription drugs

Formulary

- A list of prescription drugs covered by the plan
- May have tiers that cost different amounts

Tier Structure Example

Tier	You Pay	Prescription Drugs Covered
1	Lowest copayment	Most generics
2	Medium copayment	Preferred, brand name
3	High copayment	Non-preferred, brand name
4 or Specialty	Highest copayment or coinsurance	Unique, very high cost



Formulary Changes

- Plans may only change categories and classes at the beginning of each plan year
 - May make maintenance changes during year
 - Such as replacing brand-name drug with new generic
 - May make price changes during year
- Plans usually notify you 60 days before changes
 - You may be able to continue to have your drug covered until end of calendar year
 - You may ask for exception if other drugs don't work
- Plans may remove drugs withdrawn from the market by the FDA or the manufacturer without a 60-day notification

How Plans Manage Access to Drugs

Prior Authorization	<ul style="list-style-type: none">▪ Doctor must contact plan for prior approval and show medical necessity before drug will be covered
Step Therapy	<ul style="list-style-type: none">▪ Must first try similar, less expensive drug▪ Doctor may request an exception if<ul style="list-style-type: none">• Similar, less expensive drug didn't work, or• Step therapy drug is medically necessary
Quantity Limits	<ul style="list-style-type: none">▪ Plan may limit drug quantities over a period of time for safety and/or cost▪ Doctor may request an exception if additional amount is medically necessary



If Your Prescription Changes

- Get up-to-date formulary information from your plan's
 - Website
 - Customer service center
- Give your doctor a copy of plan's formulary if it isn't prescribed electronically
- If the new drug isn't on the plan's formulary
 - You can request an exemption from the plan
 - You may have to pay full price if plan still won't cover
 - You may consider changing your Part D plan when permissible to one that does cover

Check Your Knowledge—Question 5

Part D covers syringes and needles for the injection of insulin.

a. True

b. False



Lesson 4—Part D Eligibility and Enrollment

- Eligibility requirements
- When you can join or switch plans
- Creditable coverage
- Late enrollment penalty



Part D Eligibility Requirements

- You must have Medicare Part A and/or Part B to join a Medicare Prescription Drug Plan
- You must have Medicare Part A and Part B to join a Medicare Advantage Plan with drug coverage
- You must live in the plan's service area
 - You can't be incarcerated
 - You can't be unlawfully present in the U.S.
 - You can't live outside the United States
- You must join a plan to get drug coverage (in most cases)



Creditable Drug Coverage

- Current or past prescription drug coverage
 - For example, employer group health plans, retiree plans, Veterans Affairs, TRICARE, the Indian Health Service, and the Federal Employee Health Benefits Program
- Creditable if it pays, on average, as much as Medicare's standard drug coverage
- Plans inform yearly about whether creditable
- With creditable coverage you may not have to pay a late enrollment penalty

Initial Enrollment Period (IEP)

- When you first become eligible to get Medicare
 - 7-month IEP for Part D

If You Join	Coverage Begins
During the 3 months before you turn 65	Date eligible for Medicare
During the month you turn 65	First day of the following month
During the 3 months after you turn 65	First day of the month after month you apply

When You Can Join or Switch Plans

- Medicare's Open Enrollment Period is October 15–December 7 each year, coverage starts January 1
- If you don't have Medicare Part A coverage, and enroll in Part B during the General Enrollment Period (January 1–March 31), you can sign up for a Medicare Prescription Drug Plan or a Medicare Advantage plan from April 1–June 30.
 - Coverage for B, D and/or C will start July 1



When You Can Join or Switch Plans continued

- **NEW in 2019!** Medicare Advantage Open Enrollment Period
 - January 1 – March 31 each year
 - Replaces Medicare Advantage Disenrollment Period
- One- time option to change:
 - MAPD to MAPD
 - MAPD to Original Medicare and a Part D plan
 - Original Medicare and a Part D plan to MAPD
 - MA Only plan to MA Only plan
 - MA Only plan to Original Medicare
 - Original Medicare to MA Only plan



2019 Changes to Special Enrollment Period (SEP)

- Continuous SEP for people with Extra Help is changing in 2019!
 - No longer every month
 - Change plans once per calendar quarter in first 3 quarters of the year
 - To change plans in 4th quarter, would use Annual Open Enrollment Period
 - Will provide more detailed information once it is available



Other Special Enrollment Periods (SEP)

- Life events that allow an SEP include
 - You permanently move out of your plan's service area
 - You lose other creditable prescription coverage
 - You weren't properly told that your other coverage wasn't creditable, or your other coverage was reduced and is no longer creditable
 - You enter, live at, or leave a long-term care facility
 - You belong to a State Pharmaceutical Assistance Program
 - You join or switch to a plan that has a 5-star rating
 - Other exceptional circumstances

5-Star Special Enrollment Period (SEP)

- Use Medicare Plan Finder tool at [Medicare.gov](https://www.Medicare.gov) to see quality and performance ratings 
- Star ratings are given once a year in October for the past year
- Use 5-star SEP to switch to any 5-star plan one time
 - December 8–November 30 of following year
 - Coverage starts first day of month after enrolled
- Be careful not to switch from a Medicare Advantage (MA) Plan with drug coverage to an MA Plan with no Part D coverage

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]
Retail Annual: \$1,546 Mail Order Annual: N/A	\$31.80	Annual Drug Deductible: \$160 Drug Copay/ Coinsurance: \$0 - \$35, 29% - 50%	All Your Drugs on Formulary: No Drug Restrictions: No Lower Your Drug Costs MTM Program[?]: Yes	 This plan got Medicare's highest rating (5 stars) <input type="button" value="Enroll"/>



Part D Late Enrollment Penalty

- Higher premium if you wait to enroll
 - Exceptions if you have
 - Creditable coverage
 - Extra Help
- Pay penalty for as long as you have coverage
 - 1% of base beneficiary premium (\$35.02 in 2018)
 - For each full month eligible and not enrolled
 - Amount changes every year

Check Your Knowledge—Question 6

Life events that allow a Special Enrollment Period (SEP) don't include

- a. You permanently move out of your plan's service area
- b. You weren't properly told that your other coverage wasn't creditable, or your other coverage was reduced and is no longer creditable
- c. You lose other creditable prescription coverage
- d. You begin hospice care



Lesson 5—Extra Help With Part D Drug Costs

- What's Extra Help?
- How to qualify
- Enrollment
- Continuing eligibility



What Is Extra Help?

- Program to help people pay for Medicare prescription drug costs
 - Also called the Low-income Subsidy
- For people with limited income and resources
 - Lowest income and resources
 - Pay no premiums or deductible and small or no copayments
 - Slightly higher income and resources
 - Pay a reduced deductible and a little more out of pocket
- No coverage gap or late enrollment penalty if you qualify



2018* Extra Help Income and Resource Limits

- Income limits
 - Below 150% of the federal poverty level
 - \$18,456 per year for an individual, or \$24,936 per year for a married couple
 - Based on family size
- Resources limits
 - Up to \$14,100 for an individual, or \$28,150 for a married couple
 - Doesn't include \$1,500/person for funeral or burial expenses
 - Counts savings and investments
 - Real estate (except your home)

*2019 Limits not yet available



Qualifying for Extra Help

- You automatically qualify for Extra Help if you get
 - Full Medicaid coverage
 - Supplemental Security Income
 - Help from Medicaid paying your Part B premium (Medicare Savings Program)
- All others must apply
 - Online at ssa.gov/medicare/prescriptionhelp/
 - Call Social Security (SSA) at 1-800-772-1213
 - TTY: 1-800-325-0778
 - Ask for “Application for Help With Medicare Prescription Drug Plan Costs” (SSA-1020)
 - Contact your state Medicaid agency

2019 Extra Help Copayments

Extra Help Copayments	2018 Generic/Brand-name
Institutionalized (Level 3)	\$0
Receiving Home and Community-Based Services (under waiver only) (Level 3)	\$0
Up to or at 100% Federal Poverty Level (Level 2)	\$1.25/\$3.80
Full Extra Help (Level 1)	\$3.40/\$8.50
Partial Extra Help (Deductible/Cost-Sharing) (Level 4)	\$85.00/15%



Medicare's Limited Income Newly Eligible Transition (NET) Program

- Designed to remove gaps in coverage for low-income individuals moving to Part D coverage
- Gives temporary drug coverage if you have Extra Help and no Medicare drug plan
- Coverage may be immediate, current, and/or retroactive
- Medicare's Limited Income NET Program
 - Has an open formulary
 - Doesn't require prior authorization
 - Has no network pharmacy restrictions
- Run by Humana- Pharmacy can call Help Desk 1-800-783-1307

Reassignment Notices

- People reassigned notified by CMS early November (BLUE paper)
 - People whose plans are leaving the Medicare Program
 - People whose premiums are increasing
- See Guide to consumer mailings from CMS, Social Security, & plans in 2018/2019-*
- <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf>



Changes in Qualifying for Extra Help

Medicare reestablishes eligibility each fall for next year

- If you no longer automatically qualify
 - Medicare sends “Loss-of-Deemed-Status” notice in September (GRAY paper)
 - Includes Social Security application to reapply
- If your status changes and you again automatically qualify
 - Medicare sends “Deemed Status” notice (PURPLE paper)
- If you automatically qualify, but your copayment changed
 - Medicare sends “Change in Extra Help Co-payment” notice in early October (ORANGE paper)

Check Your Knowledge—Question 7

You automatically qualify for Extra Help if you get

- a. Help from Medicaid paying your Part B premium (Medicare Savings Program)
- b. Full Medicaid coverage
- c. Supplemental Security Income
- d. All of the above



Lesson 6—Comparing and Choosing Plans

- Things to consider
- Steps to choosing a Medicare drug plan
- What to expect



Things to Consider Before Joining a Plan

- Important questions to ask
 - Do you have other current health insurance?
 - Is any prescription drug coverage you might have as good as (creditable) Medicare drug coverage?
 - How does your current coverage work with Medicare?
 - Could joining a plan affect your current coverage or family member's coverage?



Steps to Choosing a Medicare Drug Plan

1. Prepare
2. Compare plans on the Medicare Plan Finder
3. Decide and enroll



Step 1: Prepare

- Prepare by getting your information together
 - Current prescription drug coverage
 - Prescription drugs, dosages, and quantities
 - Preferred pharmacies
 - Medicare card
 - ZIP code

Step 2: Compare Plans on Medicare Plan Finder

- Search for drug and health plans
- Personalize your search to find plans that meet your needs
- Compare plans based on star ratings, benefits, costs, and more



The screenshot shows the Medicare.gov Plan Finder interface. At the top, there is a search bar and navigation links for 'Español', 'Email', and 'Print'. The main navigation menu includes 'Sign Up / Change Plans', 'Your Medicare Costs', 'What Medicare Covers', 'Drug Coverage (Part D)', 'Supplements & Other Insurance', 'Claims & Appeals', 'Manage Your Health', and 'Forms, Help, & Resources'. The 'Medicare Plan Finder' section is highlighted, and the page title is 'Medicare Plan Finder'. The main content area is divided into two search options: 'General Search' and 'Personalized Search'. The 'General Search' section has a 'ZIP Code' input field and a 'Find Plans' button. The 'Personalized Search' section has fields for 'ZIP Code', 'Medicare Number' (with an example: 123-456-789A), 'Last Name', and 'Effective Date for Part A' (with 'Mnth' and 'Year' dropdowns). A sidebar on the right contains 'Plan Finder Multimedia' with a video player, 'Additional Tools' with links for 'Find and Compare Medicare Policies', 'Search by Plan Name or ID', 'Enroll Now', 'Check Your Enrollment', and 'Medicare Complaint Form', and a 'Resources' section.



Step 3: Decide and Join

- Decide which plan is best for you and enroll
 - Online enrollment
 - [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan)
 - Plan's website
 - Enroll by phone
 - Call 1-800-MEDICARE (1-800-633-4227)
 - TTY: 1-877-486-2048
 - Call the plan
 - Mail or fax paper application to plan



What New Members Can Expect

- Your plan will send you
 - An enrollment letter
 - Membership materials, including card
 - Customer service contact information
- If your current drug isn't covered by plan
 - You can get a transition supply (generally 30 days)
 - Work with prescriber to find a drug that's covered
 - Request an exception if no acceptable alternative drug is on the list



Annual Notice of Change (ANOC)

- All Medicare drug plans must send an ANOC to members by September 30
 - May be sent with Evidence of Coverage (EOC)
- Will include information for upcoming year
 - Summary of Benefits
 - Formulary
 - Changes to monthly premium and/or cost sharing
- Read ANOC carefully and compare your plan with other plan options



Lesson 7—Coverage Determinations and Appeals

- Coverage determinations
- Exception requests
- Appeals



Coverage Determination Request

- Initial decision by plan
 - Which benefits you're entitled to get
 - How much you have to pay for a benefit
 - You, your prescriber, or your appointed representative can request it
- Time frames for coverage determination request
 - May be standard (decision within 72 hours)
 - May be expedited (decision within 24 hours) if life or health may be seriously jeopardized

Exception Requests

- Two types of exceptions
 - Formulary exceptions
 - Drug not on plan's formulary, or
 - Access requirements (for example, step therapy)
 - Tier exceptions
 - For example, getting a tier 4 drug at tier 3 cost
- Need supporting statement from prescriber
 - You, your prescriber, or your appointed representative can request it
- Exception may be valid for rest of year



Requesting Appeals

- If your coverage determination or exception is denied, you can appeal the plan's decision
- Request must generally be in writing
 - Plans must accept oral (spoken) expedited requests
 - You, your prescriber, or your appointed representative can request it
- There are 5 levels of appeals
 - Read notices carefully to find next steps and time limits



Key Points to Remember

- Medicare Part D provides your Medicare prescription drug coverage
- You must take action to join a plan
- A delay in joining may result in a late enrollment penalty
- You have choices in how you get your coverage
- Extra Help is available to people with low income and resources

Medicare Prescription Drug Coverage Resource Guide

Resources

Centers for Medicare & Medicaid Services (CMS)

- Call 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048.
- Medicare.gov
- CMS.gov

Social Security

- Call 1-800-772-1213. TTY: 1-800-325-0778.
- ssa.gov

State Health Insurance Assistance Programs and State Insurance Departments



SHIP

- shiptacenter.org/

Limited Income NET Program (Humana)

- Call 1-877-783-1307 or 711 (TRS)
- Humana.com/pharmacy/pharmacists/linet

Products

Prescription Drug Benefit Manual

- CMS.gov/Medicare/prescription-drug-coverage/prescriptiondrugcovcontra/partdmanuals.html

PD Enrollment and Disenrollment Guidance

- CMS.gov/Medicare/eligibility-and-enrollment/medicarepresdrugeligenrol/index.html

Medicare Premiums: Rules for Higher-Income Beneficiaries

- SSA.gov/pubs/EN-05-10536.pdf

2017/2018 Guide to Mailings From CMS, Social Security, and Plans

- CMS.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/Consumer-Mailings.pdf

National Training Program – Partner Job Aids

- CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/National-Training-Program-Resources.html

Medicare Prescription Drug Coverage Resource Guide (continued)

Products (continued)

1. **“Your Guide to Medicare Prescription Drug Coverage”** (CMS Product No. 11109)
2. **“Things to Think About When You Compare Medicare Drug Coverage”** (CMS Product No. 11163)
3. **“4 Ways to Help Lower Your Medicare Prescription Drug Costs”** (CMS Product No. 11417)
4. **“How Medicare Drug Plans Use Pharmacies, Formularies, and Common Coverage Rules”** (CMS Product No. 11136)
5. **“Medicare Drug Coverage Under Medicare Part A, B, & D”** (CMS Product No. 11315-P)
6. **“Handling Medicare Part D Complaints”** (CMS Product No. 11259-P)
7. **“How Retiree Coverage Works With Medicare Prescription Drug Coverage”** (CMS Product No. 11403-P)
8. **“LI NET for People at Pharmacy Counter”** (CMS Product No. 11328-P)
9. **“LI NET for People With Retroactive Medicaid & SSI Eligibility”** (CMS Product No. 11401-P)
10. **“How Medicare Plans Drug Coverage Work With a Medicare Advantage Plan or Medicare Cost Plan”** (CMS Product No. 11135)

To access these products:

- View and order single copies at [Medicare.gov/publications](https://www.medicare.gov/publications).
- Order multiple copies (partners only) at [Productordering.cms.hhs.gov](https://productordering.cms.hhs.gov).
You must register your organization.

Acronyms

AIC Amount in Controversy

ALJ Administrative Law Judge

ANOC Annual Notice of Change

BPH Benign Prostatic Hyperplasia

CHIP Children's Health Insurance Program

CMS Centers for Medicare & Medicaid Services

DME Durable Medical Equipment

EOB Explanation of Benefits

EOC Evidence of Coverage

ESRD End-Stage Renal Disease

FDA U.S. Food and Drug Administration

FPL Federal Poverty Level

IEP Initial Enrollment Period

IRE Independent Review Entity

IRMAA Income-Related Monthly Adjustment Amount

IRS Internal Revenue Service

LPI Low Performance Icon

MA Medicare Advantage

Acronyms (continued)

MAC Medicare Administrative Contractor

MA-PD Medicare Advantage Plans With Prescription Coverage

MSP Medicare Savings Program

MTM Medication Therapy Management

NET Newly Eligible Transition

NTP National Training Program

PDP Prescription Drug Plan

POS Point-of-Sale

RRB Railroad Retirement Board

SCE Subsidy-Changing Event

SEP Special Enrollment Period

SNF Skilled Nursing Facility

SSA Social Security

SSI Supplemental Security Income

TrOOP True Out-of-Pocket

TTY Teletypewriter



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education/training/CMSNationalTrainingProgram.](https://www.cms.gov/outreach-and-education/training/CMSNationalTrainingProgram)

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