Volunteer continuing education

Statewide Health Insurance Benefits Advisors (SHIBA)

How to help Medicare beneficiaries afford their drug costs

October 2019 Continuing Education Outline

I. Job Aids and client publications
II. Troubleshooting and sharing time
III. Learning objectives
IV. Overview
V. Resource materials
VI. Discussion of scenarios
VII. Advanced study resources
VIII. Reminders and future training
IX. Continuing education evaluation

Handouts are at the back of the packet.

Acronyms and advanced study resources are available on My SHIBA.

For volunteer training only – not for distribution
**Job aids and client publications**

Paper copies are available at the back of this packet after the SHIBA continuing education evaluation.

*   SHIBA job aid            Not for distribution
***  Partner publication     Ok for distribution

**Medicare Help Rainbow chart** * (www.insurance.wa.gov/my-shiba)
Only the first and second pages are provided since the rest of the chart is unchanged from the previous version. (Updated 8/30/19)

**Safer Use of Opioid Pain Medication** *** (www.medicare.gov)

**Medicare’s Limited Income NET Program** ***
(www.insurance.wa.gov/my-shiba)

**Part D prescription drug cost-saving checklist** *
(www.insurance.wa.gov/my-shiba)

**Part D-covered vaccinations** *** (www.medicareinteractive.org)
Troubleshooting and sharing time

Share with your group any questions or information you have about the September topics and any local topics:

- Open Enrollment Period (OEP)
  - Describe the purpose of OEP.
  - Explain key dates for the upcoming OEP.
  - Demonstrate a basic understanding of the timeline during OEP, including when information and mailings will come out.
  - Explain the types of documents, tools and Job Aids (formerly QRCs) that SHIBA has available for counselors to assist clients with OEP.

- MACRA
  - Describe the details included in SHIBA’s publication for MACRA.
  - Explain what changes to Medigap plans are on the way in 2020.
  - Explain the exact date information associated with MACRA changes.

- Confidentiality and Unique IDs
  - Explain what SHIBA means by confidentiality.
  - Explain the purpose of a Unique ID and who would use it.
  - List five types of personal protected information.

Local topics:

- Open enrollment sharing and troubleshooting discussion.
- Medicare PlanFinder: Glitches, issues, successes? What are you finding or dealing with? Share tips with the other volunteers.
Learning objectives
After today’s training you should be able to:

- List what steps to take when a client says they can’t afford their drugs.
- Explain how to use tools available on the PlanFinder to see if there are any savings for a client.
- Help clients find assistance programs they are eligible for.
- Explain to clients the vaccine coverage and how get the best deal and pay the least for vaccines.
- Explain ways to encourage clients to work with their pharmacist and provider to make sure all their medications are necessary and safe.
- Explain to clients about who they should ask about restrictions on their opioid medications that CMS implemented safety procedures on. Be able to discuss the types of restrictions and give them specific information from CMS about their options.

Notes
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SHIBA | 800-562-6900 | October 2019 volunteer training | Page 4
INSTRUCTIONAL NOTES: Discussion of Scenarios (optional)

Scenario 1
You’re working with a client who wants to compare his drug plan choices for 2020. He is 69 and you think he has Extra Help for his drug costs, but you are not completely sure. What is the easiest way for you to find out if he has Extra Help, and also how to get the most accurate drug plan pricing for the new year?

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Scenario 2
Justine calls you for help. She has Medicare and she heard about the low cost health plans she can get on the Washington Healthplanfinder. She saw an ad that says she has from November 1 through December 15, 2019 to choose a plan. What do you tell her?

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Scenario 3
Carline’s sister has a United Healthcare/AARP Medicare Advantage prescription drug plan (MAPD). Carline currently has a Humana/Walmart Medicare prescription drug plan. Carline would like to switch to her sister’s United Healthcare/AARP Medicare Advantage plan during Medicare’s Open Enrollment Period, since her sister said she’s had great experiences with that particular plan this past year. What is it that you want to tell Carline to know or consider before she makes this change?

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Scenario 4
Luis is 68, and has been in a Medicare Advantage plan since he started Medicare at age 65. He comes to you during Open Enrollment and says he’s noticing his out-of-pocket costs for health care rise each year. His friend told him she has a plan that covers all of her out-of-pocket costs and Luis wonders if he can get one of these. What kind of plan do you think Luis’s friend has? Can Luis get one during Open Enrollment? What information should he know before making any changes?
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Scenario 5
You help your client Susannah by running the Plan Finder for her. She has Original Medicare, a Medicare Supplement and a stand-alone Part D plan, and wants to compare her coverage for 2020. She takes 17 medications and every plan you look at for her has some kind of restrictions on at least some of her drugs, such as Prior Authorization, Step Therapy or quantity limits. What information do you want her to consider when choosing her plan for 2020?
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Scenario 6 (Note: This scenario is only for counties that are experiencing MA plans leaving in 2020)
In early October, Betty got a letter from her Medicare Advantage plan telling her they won’t provide coverage after December 31, 2019. She is age 70 and angry about the change. What can you tell her about her options at this point? How long does she have to make her decisions?
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Scenario 7 (Note: This scenario is only for counties that are experiencing MA plans leaving in 2020)

In early October, Sam got a letter from his Medicare Advantage plan telling him they won’t provide coverage after December 31, 2019. He is age 57 and angry about the change. What can you tell him about his options at this point? How long does he have to make his decisions?

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Reminders and future training

Training Evaluation
Please fill out the training evaluation. We value your feedback!

2019 and 2020 training

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>Accessing supplemental benefits</td>
</tr>
<tr>
<td>December</td>
<td>No training</td>
</tr>
<tr>
<td>January 2020</td>
<td>Welcome to 2020</td>
</tr>
<tr>
<td>February</td>
<td>TBD</td>
</tr>
<tr>
<td>March</td>
<td>TBD</td>
</tr>
<tr>
<td>April</td>
<td>Volunteer Recognition, topic TBD</td>
</tr>
</tbody>
</table>

Training topics are subject to change.

Content ideas
If you have ideas, include them on your evaluation form and return it to your RTC.
Continuing education evaluation

Date of Training: ____________  Training Location: ________________

How can SHIBA improve the monthly trainings?
________________________________________________________________________________
________________________________________________________________________________
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What additional trainings within our SHIBA scope would you like to see?
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________________________________________________________________________________
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What SHIBA training materials — including SHIBA Job Aids (formerly QRCs) — would you like to see added to My SHIBA?
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Other: _________________________________________________________________________
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Optional: If you would like to be contacted, please provide your name and contact information. Someone in our office will contact you. Thank you!
Name: _________________________________________________________________________
Day Phone: ________________________ Email: ____________________________________

If you prefer to give electronic feedback about curriculum or training, please contact: Diana Schlesselman: dianas@oic.wa.gov or Liz Mercer: lizm@oic.wa.gov.

Thank you!
Medicare Help Rainbow Chart

Screen clients for programs based on household size, monthly income and resources.

<table>
<thead>
<tr>
<th>Program Income Limit</th>
<th>Program Resource Limit</th>
<th>Household Size</th>
<th>See Notes about who is counted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>SSI-Related Medicaid Income Limit</td>
<td>$791</td>
<td>$1,177</td>
<td>Check with DSHS/HCA</td>
</tr>
<tr>
<td>(AKA Categorically Needy/CN Medicaid S01, S02)</td>
<td>$2,000</td>
<td>$3,000</td>
<td>Check with DSHS/HCA</td>
</tr>
<tr>
<td>SSI Resource Limit</td>
<td>$2,000</td>
<td>$3,000</td>
<td>Check with DSHS/HCA</td>
</tr>
<tr>
<td>MN – Medically Needy / Spenddown Income basis (S95, S99)</td>
<td>&gt; $791</td>
<td>&gt; $791</td>
<td>&gt; $791</td>
</tr>
<tr>
<td>MN Resource Limit</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$3,050</td>
</tr>
<tr>
<td>MSP- QMB Income Limit 100% FPL (Federal Poverty Level) (S03)</td>
<td>$1,061</td>
<td>$1,429</td>
<td>$1,798</td>
</tr>
<tr>
<td>MSP- QMB Resource Limit</td>
<td>$7,730</td>
<td>$11,600</td>
<td>$7,730*</td>
</tr>
<tr>
<td>MSP- SLMB Income Limit 120% FPL (S05)</td>
<td>$1,269</td>
<td>$1,711</td>
<td>$2,153</td>
</tr>
<tr>
<td>MSP- QI-1 Income Limit 135% FPL (S06)</td>
<td>$1,425</td>
<td>$1,922</td>
<td>$2,420</td>
</tr>
<tr>
<td>MSP- SLMB and QI-1 Resource Limit</td>
<td>$7,730</td>
<td>$11,600</td>
<td>$7,730*</td>
</tr>
<tr>
<td>Full Extra Help Income Limit 135% FPL</td>
<td>$1,425</td>
<td>$1,922</td>
<td>$2,420</td>
</tr>
<tr>
<td>Full Extra Help Resource Limit</td>
<td>$9,230</td>
<td>$14,600</td>
<td>$9,230*</td>
</tr>
<tr>
<td>Partial Extra Help Income Limit 150% FPL</td>
<td>$1,581</td>
<td>$2,134</td>
<td>$2,686</td>
</tr>
<tr>
<td>Partial Extra Help Resource Limit</td>
<td>$14,390</td>
<td>$28,720</td>
<td>$9,230*</td>
</tr>
</tbody>
</table>

See Notes next page
Notes: These are programs for people eligible for Medicare
In all cases, if unsure about eligibility, encourage clients to apply!

Income comments
- Income amounts are listed as GROSS, before any deductions.
- These programs disregard $20 of monthly income per household, so the listed income levels are $20 higher than the Federal Poverty Level.
- People with “earned” income (from employment, including self-employment) can have a higher income than what’s shown on this chart. Programs generally count half of someone’s earned income.

Household size comments
- This chart stops at a family size of four. Contact DSHS/HCA or SSA for information on larger families.
- MSP family counts: Person applying for benefits + spouse (legally married) + any biological, adopted or step-children under age 19.
- Extra Help family counts: Person applying for benefits, + spouse (legally married AND living together), + any relative living with them who depend on them for at least half of their financial support. (Relative can be any age and related by blood, marriage or adoption.)

Resource comments
- Resources are also sometimes called “assets.”
- Resources include: Bank accounts, certificates of deposit, savings bonds, IRAs, stocks and bonds, mutual funds, cash, and property other than client’s home or auto, furniture and household items.
- *The two-person resource limit applies only if the married couple lives together. For households without a married couple, the one-person resource limit applies.

General comments
- Numbers may vary slightly due to differences in rounding.
- Income and Resource calculations for people applying for long-term care services and supports, such as nursing home care or COPES, are not on this chart. For more information, see page 3 of the DSHS publication Medicaid and Long-
Safer Use of Opioid Pain Medication

Prescription opioid pain medications—like oxycodone (OxyContin®), hydrocodone (Vicodin®), morphine, and codeine—can help treat pain after surgery or after an injury, but they carry serious risks, like addiction, overdose, and death. These risks increase the higher the dose you take, or the longer you use these pain medications, even if you take them as prescribed. Your risks also increase if you take certain other medications, like benzodiazepines (commonly used for anxiety and sleep), or get opioids from multiple doctors and pharmacies. Medicare is dedicated to helping you use prescription opioid pain medications more safely.

Safety reviews at the pharmacy

When you fill a prescription at the pharmacy, Medicare drug plans and pharmacists routinely check to make sure the prescription is correct, that there are no interactions, and that the medication is appropriate for you. They also conduct safety reviews to monitor the safe use of opioids and other frequently abused medications. These reviews are especially important if you have more than one doctor who prescribes these drugs. In some cases, the Medicare drug plan or pharmacist may need to first talk to your doctor before the prescription can be filled.

Your drug plan or pharmacist may do a safety review when you fill a prescription if you:

- Take potentially unsafe opioid amounts as determined by the drug plan or pharmacist.
- Take opioids with benzodiazepines like Xanax®, Valium®, and Klonopin®.
- Are newly using opioids—you may be limited to an initial 7-day supply or less, to decrease the likelihood of addiction or long-term use.

If your pharmacy can’t fill your prescription as written, the pharmacist will give you a notice explaining how you or your doctor can call or write to your plan to ask for a coverage decision. If your health requires it, you can ask the plan for a fast coverage decision. You may also ask your plan for an exception to its rules before you go to the pharmacy, so you’ll know if your plan will cover the medication. Visit Medicare.gov/claims-appeals/file-an-appeal/medicare-prescription-drug-coverage-appeals to learn how to ask for an exception.
Drug Management Programs

Some Medicare drug plans (Part D) will have a Drug Management Program to help patients who are at risk for prescription drug abuse. If you get opioids from multiple doctors or pharmacies, your plan may talk with your doctors to make sure you need these medications and that you’re using them safely.

If your Medicare drug plan decides your use of prescription opioids and benzodiazepines may not be safe, the plan may limit your coverage of these drugs. For example, you may be required to get these medications only from certain doctors or pharmacies to better coordinate your health care.

Before your Medicare drug plan places you in its drug management program, it will notify you by letter, and you’ll be able to tell the plan which doctors or pharmacies you prefer to use. You and your doctor can appeal if you disagree with your plan’s decision or think the plan made a mistake.

Note: The safety reviews and Drug Management Programs generally won’t apply to you if you have cancer, get hospice, palliative, or end-of-life care, or if you live in a long-term care facility.

Talk with your doctor

Talk with your doctor about all your pain treatment options, including whether taking an opioid medication is right for you. You might be able to take other medications or do other things to help manage your pain with less risk. What works best is different for each patient. Treatment decisions to start, stop or reduce prescription opioids are individualized and should be made by you and your doctor.

For more information on safe and effective pain management, visit CDC.gov/drugoverdose/patients/index.html.

For more information on what Medicare covers and drug coverage rules, visit Medicare.gov. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Paid for by the Department of Health & Human Services.
Medicare’s Limited Income NET Program
Quick reference guide

Program eligibility
Individuals must not be enrolled in any other Medicare Part D prescription drug plan and must have either Medicare and Medicaid, or Medicare and the Low-Income Subsidy (LIS).

Two ways to submit a claim
1. Use the 4Rx data in the patient’s enrollment confirmation letter, and use the Medicare claim number (on the red, white and blue Medicare card).
2. If the patient does not have a letter, use the entire Medicare claim number (on the red, white and blue Medicare card) and the 4Rx data below:
   - BIN = 015599
   - PCN = 05440000
   - Group ID = May be left blank
   - Cardholder ID = Medicare claim number (include letters)
   - Optional field:
     - Patient ID = Medicaid ID or Social Security number

Questions?
Call the Help Desk at 1-800-783-1307, or visit: www.humana.com/linet

Visit these program websites:

www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNet.html
This website provides:
- Tip sheet – Immediate need
- Tip sheet – Retroactive coverage
- Four steps for pharmacy providers
- Payer sheet

www.humana.com/linet
This website provides:
- Four steps for pharmacy providers
- Payer sheet
- Continuing education credits (Education on demand study modules are available for pharmacists and pharmacy technicians)

Call the Help Desk at 1-800-783-1307
If you are a pharmacy provider
- for claim rejections: Press 1, then
- for Medicare Part B vs. Part D drug: Press 2
- for eligibility verification: Press 3
- to repeat options: Press 4
If you are a physician/prescriber Press 2
If you are a beneficiary/other Press 3

Medicare’s Limited Income NET Program administered by Humana®

TIPS FOR PHARMACY PROVIDERS

2967ALL0517 GHHH5LGHH 1-800-783-1307 www.humana.com/linet
About Medicare's Limited Income NET Program

The Centers for Medicare & Medicaid Services (CMS) created this program to provide:

**1. Point-of-sale prescription drug coverage** for individuals with Medicare's Low-Income Subsidy (LIS, also called “Extra Help”) who are not yet enrolled in a Medicare Part D prescription drug plan.

**2. Retroactive prescription drug coverage** for new “dual eligibles” — those individuals who are newly eligible for both Medicare and Medicaid, or Medicare and Supplemental Security Income (SSI).

Temporary coverage

All enrollees are temporarily covered by Medicare’s Limited Income NET Program until CMS enrolls them in a standalone Medicare Part D prescription drug plan.

Note:
Use the 4Rx data on the temporary card provided in the patient’s enrollment confirmation letter for Medicare’s Limited Income NET Program.

If the patient does not have an enrollment confirmation letter for Medicare’s Limited Income NET Program, follow the “Four steps for Pharmacy Providers” shown at right.

Four steps for pharmacy providers

1. **Request plan ID card**
   If the patient has a Medicare Part D plan ID card or a Medicare Part D plan letter with 4Rx data, submit claims to the Part D payer. If not, go to step 2.

2. **Submit an E1 transaction**
   Submit a query to Medicare’s online eligibility query system.
   - If the E1 query returns BIN/PCN, submit the claim to that Medicare Part D plan.
   - If the E1 query returns a Contract ID and help desk numbers, contact that Medicare Part D plan for the 4Rx data.
   - If the E1 query returns a telephone number for Contract ID “X0001,” the patient is enrolled in Medicare’s Limited Income NET Program. Use the 4Rx data located in this brochure’s Quick Reference Guide. If the query does not return plan enrollment, go to step 3.

3. **Verify eligibility for Medicare and either Medicaid or Low-Income Subsidy (LIS)**
   If the patient cannot provide proof of eligibility, don’t submit the claim. Refer the patient to his or her State Health Insurance Assistance Program (SHIP). If the patient is eligible for Medicare’s Limited Income NET Program, go to step 4.

4. **Submit claim**
   Enter claim using the 4Rx data found in this brochure’s Quick Reference Guide. For more information, see the program payer sheet: [www.humana.com/linet](http://www.humana.com/linet).
Part D prescription drug cost-saving checklist

If clients are having trouble affording the costs associated with their Part D prescription drugs, they can consider the following options to reduce costs:

✓ **Run a cost comparison on the Medicare PlanFinder.**

✓ **Apply for Extra Help.** They may qualify if they have limited income and assets.

✓ **Ask their pharmacist.** They may be able to save money by filling three months at a time instead of one.

✓ **Talk to their doctor about generic drugs.** Generic drugs are often less expensive than brand-name drugs. Encourage them to ask their doctor if a generic drug could work for them.

✓ **Ask their doctor about samples.** This is only a temporary solution though, as their doctor likely cannot provide samples for the long term.

✓ **Appeal for a formulary exception or a tiering exception.** If their drug is not covered or covered on a high-cost sharing tier, they can appeal to their plan. They can ask their doctor for help with the appeal.

✓ **Check for any Patient Assistance Programs they might qualify for.** Some drug manufacturers offer these programs. Their doctor might have to apply for them, and eligibility varies based on the program.

✓ **Look for charity programs that help pay drug costs.**

✓ **See a safety net provider.** Pharmacies in certain government-funded hospitals and community health centers may provide medications at lower costs, depending on their circumstances. They can call the hospital or health center directly to learn more.

✓ **Ask their pharmacist to waive your copay.** Their pharmacist might be able to waive copays on a case-by-case basis.

✓ **Ask their hospital pharmacy about charity care.** Some hospitals can adjust drug copays based on income.

**Source:** *Adapted from June 2018 Medicare Minutes, www.shiptacenter.org.*
Part D-covered vaccinations

If your provider recommends that you get a vaccine, in most cases it will be covered by your Part D plan. Part D plans must include most commercially available vaccines on their formularies, including the vaccine for shingles (herpes zoster). The only exceptions are flu, pneumonia, and hepatitis B vaccinations, which are covered by Part B.

The amount you pay for your vaccine may vary depending on where you get vaccinated. Be sure to check your plan’s coverage rules and see where you can get your vaccine at the lowest cost. Typically, you will pay the least for your vaccinations at:

- In-network pharmacies
- A doctor’s office that
  - coordinates with a pharmacy to bill your Part D plan for the entire cost of the vaccination process (the drug and its injection)
  - or, can bill your plan directly for the vaccination process using an electronic billing system

When you are vaccinated in either of the above settings, you should only need to pay the plan’s approved coinsurance or copay for the drug and vaccination process. When you get a vaccine at your doctor’s office, ask the provider to call your Part D plan first to find out if your provider can bill your Part D plan directly. If this is possible, you should not have to pay the full out-of-pocket cost and later request reimbursement from your plan.

You may end up paying more for your vaccination if your provider:

- cannot coordinate with a pharmacy to bill your Part D plan for the entire cost of the vaccination process (the drug and its injection)
• and/or, cannot bill your plan directly for the vaccination process using an electronic billing system

In these circumstances, your provider will bill you for the entire cost of the vaccination (the drug and its injection). You will have to pay the entire bill up front and request reimbursement from your Part D plan. It is important to know that your provider may charge you more than the Part D approved amount for the vaccination, but your plan will only reimburse up to the approved amount—and you will not be refunded for any amount you pay the provider above the Part D approved amount.

If you have Extra Help, you can go to any provider or in-network pharmacy to get vaccines. You will be covered for your vaccination and will only be responsible for the Extra Help copay. However, if you get your vaccine from a provider who does not directly bill your plan, you may need to pay the entire bill up front and then request reimbursement from your plan.