

SHIBA TIP SHEET:

Medicare Part D and Medicare Advantage with Prescription Drugs plan problem solving

Client's situation	Possible reasons	How SHIBA can help
Scenario 1:		
<p>Client's pharmacy tells him or her their medication is available, but the cost is much higher than expected.</p>	<ul style="list-style-type: none"> • Client had Extra Help last year, which expired on 12/31/17; (has SEP through 3/31/18) • Client lost Medicaid (has 60 day SEP) • Client is now in the deductible period of the plan year; • The price of the Rx drug rose in 2018; • The Rx drug is not on the formulary; • Plan Finder showed incorrect pricing, 	<ul style="list-style-type: none"> • Call 1-800-MEDICARE with the client - or use your SHIP Unique ID to see if the client has Extra Help – screen/apply for Extra Help; • Call the plan to confirm price of the Rx drug and if client is paying the full cost because he or she's in the deductible period; • Tell client they can file a complaint with the plan if they have the Plan Finder printout showing different Rx drug costs; • Assist client changing to a different plan.
Scenario 2:		
<p>Client thinks he or she has Medicaid or "Extra Help," but his or her costs are much higher than expected.</p>	<ul style="list-style-type: none"> • Medicaid eligibility wasn't renewed due to client not completing recertification; • Client didn't complete recertification for Extra Help; • "Extra Help" level is different than what client expects; • Client got Extra Help and it's not reflected in the pharmacy's computer system yet; • Client doesn't realize there are co-pays. 	<ul style="list-style-type: none"> • Call 1-800-MEDICARE to confirm client's Extra Help status and co-pay level or do a Plan Finder search to check status; • Ask client to check with local CSO on his or her Medicaid status and recertify if necessary; • Call HCA/Medicaid Self-Service Line to see if the client has Medicaid program, or; • Contact plan or LINET to provide best available evidence of his or her Medicaid or Extra Help.

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Scenario 3:		
<p>Pharmacy, or the Part D or MA plan says client's prescription is not "on formulary" and they do not have Medicaid or Extra Help.</p>	<p>Client's Rx drugs covered on his or her 2017 plan, are not on the formulary for the same plan in 2018.</p>	<ul style="list-style-type: none"> • Call the plan to confirm if Rx drugs are on the formulary, and if there are restrictions or a similar medication is available. Ask for instructions on getting a "coverage determination" or an "exception to the formulary." Work with provider or pharmacy to change medication or get supporting documentation to the plan. • Request a transitional supply of medication.
Scenario 4:		
<p>Pharmacy, Part D or MA plan says client's prescription is not "on formulary" and he or she does have Medicaid or Extra Help.</p>	<p>Client's Rx drugs covered on his or her 2017 plan, are not on the formulary for the same plan in 2018.</p>	<ul style="list-style-type: none"> • Call the plan to confirm the Rx drug is not on the formulary. • Suggest client talk with prescriber for a new Rx drug that's on his or her plan's formulary; • Find a plan on the Plan Finder that may cover client's Rx drugs and has minimal out-of-pocket costs. Assist client with enrolling in a Part D or MA plan with better coverage for his or her needs.
Scenario 5:		
<p>Pharmacy tells client they have no Medicare coverage.</p>	<ul style="list-style-type: none"> • Client's using an old insurance card. • Part C or D plans left the area and the client did not enroll in new plan • Plan dropped client's coverage due to lack of premium payment: <ul style="list-style-type: none"> ○ Client changed credit card or bank account and plan is no longer receiving premiums; OR ○ Client was in the hospital and unable to pay bills. 	<ul style="list-style-type: none"> • Look up plan in Plan Finder, provide name of current Part D or MA plan, give the client the phone number to call the plan to get their member ID number, Rx bin, PCN, etc. • Inform client that if the plan left the area (non-renewed) the client has until last day of February to enroll in a Part D plan. • Use your SHIP Unique ID to call 1-800-MEDICARE to get that information.

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Scenario 6:		
<p>Client can't afford his or her prescription costs and they're not sure of any details.</p>	<ul style="list-style-type: none"> • Client may have brand-name Rx drugs and high copays. • He or she may be in the donut hole or otherwise cannot pay. 	<ul style="list-style-type: none"> • Screen the client for Extra Help, MSP or Prescription Drug Assistance Foundation. • Find out if there are lower-cost Rx drugs available or use needymeds.org to research.
Scenario 7:		
<p>Client joined a Medicare Advantage plan that does not cover his or her Rx drugs.</p>	<p>Didn't compare plans for prescription coverage</p>	<ul style="list-style-type: none"> • Explain to client on Extra Help they can switch to an MA plan or Part D plan that covers all of his or her Rx drugs. • Tell client about MA disenrollment period (Jan 1- Feb 14) with right to switch to Original Medicare Parts A and B. (they may apply for Medigap but could be denied enrollment). They must enroll in a Part D prescription plan between Jan 1- Feb 14. • Check with Target, CVS discount cards, or patient assistance program, Washington Prescription Drug Program (WPDP). • See if Prescription Drug Assistance Foundation can assist. • Screen/apply for Extra Help. • Suggest client ask prescriber for samples. • Ask pharmacy if they know of other resources.

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Scenario 8:		
<p>Client is in the “Donut hole” and has higher out-of-pocket costs than previously.</p>	<p>Client has expensive brand name drugs</p>	<ul style="list-style-type: none"> • Screen/apply for Extra Help. • Check with Target, CVS discount cards, or patient assistance program, Washington Prescription Drug Program (WPDP). • See if Prescription Drug Assistance Foundation can assist. • Check with pharmacy and/or provider about substituting with a less expensive Rx drug. • Suggest client ask prescriber for samples. • Ask pharmacy if they know of other resources.
Scenario 9:		
<p>Client received Extra Help or Medicaid, but has not reviewed mail and is confused.</p>	<p>Client is not able to advocate for themselves, was away, didn't read or understand mail, changed address</p>	<ul style="list-style-type: none"> • Do personalized search in Plan Finder to see their status and enrollment. • Inform client that if not yet on a Part D plan, they may be able to use LINET now and you can help to enroll client in best Part D plan for the future.
Scenario 10:		
<p>Pharmacy tells client they're not contracted with his or her Part D or MA plan (not in-network).</p>	<p>Few pharmacies are not in network, but it could occur</p>	<ul style="list-style-type: none"> • Tell client they can call the plan to find out what pharmacies are in network. • Call the plan or use medicare.gov to look up his or her plan. • Explain to client that he or she can have prescriptions transferred to a network pharmacy.

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Scenario 11:		
<p>Pharmacy cannot dispense the medication, but the Rx drug is on the formulary.</p>	<p>There may be a restriction:</p> <ul style="list-style-type: none"> • Prior authorization • Quantity limits • Step therapy 	<ul style="list-style-type: none"> • Call the plan to understand what the issue is. • Explain to the client what the restriction means and how to work with the prescriber and plan to get Prior Authorization. • Tell client to ask their prescriber to provide records if they've tried other Rx drugs in the past. • Explain why there may be quantity limit. • Describe what a "vacation refill" is if client is going away, or the possibility of getting a small quantity of their Rx if they lost their medication.

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