



## Job Aid - Medicare Prescription Drug Coverage Scripts for Partners



In an effort to provide the person with Medicare information that is appropriate for him or her (or the situation), there are scripts that address several issues.

### **Drug Coverage Overview**

This script gives general information about Medicare prescription drug coverage.

### **Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage**

This script is used to determine if the caller is in an enrollment/disenrollment period.

### **Drug Coverage Enrollment How to Enroll**

This script is used to explain the requirements for enrolling into a Medicare drug plan. It also explains the different ways to enroll in a drug plan and how paper applications work during the various enrollment periods.

### **Drug Coverage New Enrollment No Membership Card**

This script is used to explain how to use a Medicare drug plan if the beneficiary does not yet have a membership card.

### **Drug Coverage LIS Medicaid Dual Eligible Spend Down**

This script is used if the caller states they have Medicare AND Medicaid. It explains that because they have both, their prescription drug coverage will be changing.

### **Drug Coverage and Other Coverage**

This script is used when the beneficiary wants to know how another type of coverage works with the Medicare drug coverage.

### **Drug Coverage LIS Extra Help Apply**

This script is used for information about the extra help (LIS).



## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **Drug Coverage Redirect Pharmacy Line**

This script is used for pharmacists who call the pharmacy eligibility line and are rerouted through the 1-800-Medicare IVR.

### **America's Health Choice Plan Terminations**

This script is used for callers who have questions or are affected by the termination of America's Health Choice Medicare Advantage Plan (H1034) or Medicare prescription drug plan (S9086).

### **Drug Coverage Cost Information**

This script is used if the caller wants to information on Medicare drug plan costs such as the late enrollment penalty, the coverage gap, true out of pocket costs, ways to pay the premium, and delays in premium deductions. It also explains costs for people with Medicare who qualify for the extra help (LIS) .

### **Drug Coverage Part A Part B Covered Drugs**

This script is used if the caller wants to know if drugs that are currently covered under Part A or Part B will continue to be covered.

### **Drug Coverage Involuntary Disenrollment**


This script gives reasons why the drug plan may/must disenroll a member.

### **Drug Coverage Medicare Advantage**

This script is used if the caller states they belong to a Medicare Advantage Plan (or other Medicare Health Plan). It explains that Medicare is working with their Medicare Advantage (or other Medicare Health Plan) to help them provide more coverage or lower the cost of their existing coverage.

### **Drug Coverage Formulary and Pharmacy Information**

This script should be used for callers who have questions about drugs covered under Medicare drug plans, formulary lists, applying for an exception, pharmacy selection, or how to fill a prescription. It also contains information on formulary restrictions and the transition process for enrolling in a drug plan.





## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **Drug Coverage LIS Food Stamps Housing Assistance**

This script should be read if the caller is concerned about losing their food stamps or housing assistance when they apply for the extra help.

### **Drug Coverage Plan Mailings LIS Mailings**

This script describes the mailings that people with Medicare will receive after joining a Medicare prescription drug plan.

### **Drug Coverage LIS Auto Facilitated Enrollment How to Enroll**

This script explains the ways that people who are eligible for the extra help can join a prescription drug plan.

### **Drug Coverage Coordination of Benefits COB**

This script explains the coordination of benefits with drug plans and other insurance.

### **Drug Coverage Pharmacist Employer Referral**

This script gives contact information for pharmacists and employers.

### **Drug Coverage Employer Retiree Dropping Coverage**

This script gives information if the caller states that their employer or union is dropping their retiree health and/or drug coverage.

### **Drug Coverage LIS Territories**

This script explains how the drug coverage will work if you have Medicaid and live in one of the US Territories.

### **Drug Coverage Nursing Home Fax**

This script should be used if someone from a Nursing Home calls to find out which Medicare drug plan their resident is enrolled in.



## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **PILOT CSRS ONLY – Drug Coverage 3-Way Calls to Plans**

This script should be used only by Richmond Super Users to conduct 3-way phone calls between callers and Medicare drug plans

### **SunCoast Physicians Health Plan H5942 Termination Florida**

This script should be used if a caller will be affected by or has questions about the termination of the SunCoast Physicians Health Medicare Advantage Plan (H5942) in the following Florida counties: Broward, Dade, and Palm Beach.

### **Drug Coverage Enrollment Travel Move States Snowbird**

This script contains information about how the drug plans work for people who live in more than one state or move to a different state.

### **Plan Specific Humana First Seniority Freedom United Sierra Health Universal American and MemberHealth**

This script should be used if the caller has a question about several specific plans.

### **Drug Coverage LIS Pharmacist Questions**

This script was created to answer questions from Pharmacists.

### **Drug Coverage Urgent Crisis Call Beneficiary at the Pharmacy**

This script should be used if the caller has Medicare and Medicaid and has an urgent need to get his/her prescriptions.

### **Drug Coverage LIS WellPoint POS UNICARE**

This script should be used if a caller states that the WellPoint Point of Service Facilitated Enrollment Solution is not working.





## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **Drug Coverage LIS Facilitated Enrollment Plan Welcome Letter**

This script should be used if a caller received a welcome letter from a plan that they did not enroll in.

### **Drug Coverage LIS Center for Extra Help Phone Calls**

This script should be used if the caller received a phone call from someone at the Center For Extra Help With Medicare Drug Costs.

### **Drug Coverage LIS New York EPIC**

This script explains that EPIC is requiring some enrollees to give personal information in order for EPIC to send in an application for extra help.

### **Plan Complaints**

This script should be used if the caller has complaints about the Medicare drug coverage.

### **Drug Coverage Plan Termination Nonrenewal Consolidation**

This script should be used if a caller gets a letter saying their drug plan is terminating or being consolidated with another plan.

### **DoctorCare Termination Florida Claims Denied**

This script should be used for people affected by the termination of the DoctorCare plan.

### **CS Drug Coverage Local Plans in Your Area**

This script should be used to explain that the publication “Local Plans in Your Area” is no longer available.

### **Drug Coverage LIS Plan Reassignments**

This script should be used if a LIS beneficiary is reassigned into another drug plan.





## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **Drug Coverage Enrollment Plan Unknown**

This script should be used if the caller has not received his/her plan's card and needs his/her prescriptions filled.

### **Drug Coverage LIS Plan Unknown**

This script should be used if a caller who qualifies for the extra help has not been auto-enrolled in a Medicare drug plan and has an immediate need to fill their prescriptions.

### **Drug Coverage LIS Illinois Medicaid Error**

This script should be used if the caller lives in Illinois and received the extra help incorrectly.

### **Universal Health Care Any, Any, Any Plan H5820 Termination**

This script should be used if the caller is calling about the financial status of the Universal Health Care Insurance Company's Private Fee-For-Service (PFFS) Plans (Any, Any, Any Plans).

### **Drug Coverage Part B GlaxoSmithKline GSK Settlement**

This script should be used to answer questions about the lawsuit filed against GlaxoSmithKline. The lawsuit claimed that they were overcharging on the co-payments of certain drugs.

### **Plan Enrollment Reconciliation Letter**

This script should be used if the caller received a letter or phone call from a drug plan or Medicare Advantage Plan about a change in his or her enrollment status.

### **Drug Coverage West Virginia Coventry Advantra Freedom PFFS H5227**

This script should be used for callers who were enrolled into Coventry Advantra Freedom Private Fee-for-Service Plan (H5227, PBP 802) by West Virginia Public Employees Insurance Agency (PEIA).





## Job Aid- Medicare Prescription Drug Coverage Scripts for Partners



### **America's Health Choice Plan H1034 Termination**

This script should be used for callers who were affected by or have questions about the termination of the Medicare Advantage Plan (H1034) offered by America's Health Choice.

### **Today's Options Pyramid H5421 American Progressive PFFS H3333**

This script should be used for callers who received a letter from Today's Options Pyramid Life and American progressive plans. The letter requests payment for claims paid for a plan member who was retroactively disenrolled from the plan.



<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<b>Script:</b> Medicare offers drug coverage to all people with Part A and/or Part B. You can get this coverage by joining a Medicare drug plan during a valid enrollment period.  Insurance and private companies work with Medicare to offer Medicare drug plans in your area. Plans may vary in coverage, costs and participating pharmacies. Medicare drug plans cover brand name and generic drugs.  If you have limited income and resources, you may qualify for extra help paying for Medicare drug costs. Most people who qualify will pay no premiums, no deductibles, and no more than \$5.60 in 2008 (\$5.35 in 2007) for each prescription. The amount of extra help depends on your income and resources. <b>Remember, everyone with Medicare is eligible for drug coverage, regardless of income and resources, health status or current drug costs.</b>  Even if you don't take a lot of drugs now, you may still want to join a Medicare drug plan. If you don't join a drug plan when you are first eligible, you may have to pay a penalty if you decide to enroll later. This means you will pay a higher premium for as long as you have Medicare drug coverage.  <b>Do you want to know if you can enroll in a plan now?</b> **Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage  <b>Do you want information about cost?</b> **Drug Coverage Cost Information  <b>Do you want to find out if you qualify for extra help?</b> **Drug Coverage LIS Extra Help Apply  <b>Do you have full Medicaid benefits?</b> **Drug Coverage LIS Medicaid Dual Eligible Spend Down  <b>Do you have drug coverage from another source?</b> **Drug Coverage and Other Coverage  <b>Do you have a Medicare Advantage plan?</b> **Drug Coverage Medicare Advantage  <b>Do you live in a US Territory?</b> **Drug Coverage LIS Territories  <b>Do you want to compare Medicare drug plans in your area or are you ready to join a plan?</b> **CS Medicare.gov Tools	
<b>Tips:</b> TIP = Medicare prescription drug coverage works the same for Railroad Retirement Board (RRB) beneficiaries. Please do not refer callers to the RRB for questions about Medicare prescription drug coverage. TIP = If your drug plan has any of your personal information incorrect, please contact the plan so they can correct their records. REFERRAL = SHIP, <b>only</b> if the caller has received his or her plan information and needs help selecting the best plan. All other questions should be answered by the CSR and <b>not</b> referred to the SHIP. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage SCRIPT = Drug Coverage LIS Extra Help Apply SCRIPT = Drug Coverage Formulary and Pharmacy Information TIP = The first enrollment period was November 15, 2005 to May 15, 2006 for PDPs. It extended until June 30, 2006 for MA plans.	



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**START »** This script outlines each election period to help you determine if the beneficiary is eligible to join, switch, or disenroll. If that is what the beneficiary wants to do, please click on the first button below.

**Join, switch, or leave (disenroll / opt out) a drug plan or Medicare Advantage Plan**

This will take you through the different election periods to determine if the caller is eligible.

**Misleading SEP**

This is a shortcut to the information about marketing misrepresentation.

**General election period information**

This will give you a description of the election periods before going through the script.

**Disenrollment status check OR cancellation.**

This can be used by Tier I or Tier II CSRs.

**Caller wants to disenroll and NGD is down.**

**Tier II CSRs only - Disenrollment process**

Use AFTER the join/switch/leave button OR a warm Tier I transfer.

**Tier II CSRs only - Claims/services are being denied after MA disenrollment**

**Shortcut Links**

These shortcut links should be used after the script directs you to.

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

[TOP](#) [BACK](#)

Tier I and Tier II **Shortcut** links to be used after the script directs you to:

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b> Tier II Only
<b>E</b> Tier II Only	<b>F</b> Tier II Only	<b>G</b> Tier II Only	<b>H</b> Tier II Only
<b>I</b> Tier II Only	<b>J</b> Tier II Only	<b>K</b> Tier II Only	<b>L</b> Tier II Only
<b>M</b> Tier II Only	<b>N</b>	<b>O</b>	

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### General election period information

[TOP](#) [BACK](#)

There are certain times during the year when you can join, switch, or disenroll.

**For Medicare Advantage Plans, the election periods are:**

1. **Initial Coverage Election Period** - you can join a Medicare Advantage Plan when you are first eligible for Medicare.
2. **Special Enrollment Period** - you can make changes to your coverage in certain situations.

3 of 179

## Enrollment, Disenrollment, Periods, Drug Coverage and Medicare Advantage

3. **Annual Election Period** - you can make changes to your coverage during November 15 to December 31 of each year.
4. **Open Enrollment Period** - January 1 to March 31 of each year.

### For Medicare drug plans, the election periods are:

1. **Initial Enrollment Period** - you can join a drug plan when you are first eligible for Medicare.
2. **Special Enrollment Period** - you can make changes to your coverage in certain situations.
3. **Annual Election Period** - you can make changes to your coverage during November 15 to December 31 of each year.
4. **Open Enrollment Period for Medicare Advantage Plans** - January 1 to March 31 of each year.

**\*\*CSR NOTE:** Generally, you can make changes only during the annual election period.\*\*

#### **TIP BOX:**

TIP = From January 1, 2007 through July 31, 2007, there was a one-time Limited Open Enrollment Period (L-OEP) for Medicare Advantage Plans. If you were in Original Medicare and you did not already qualify for another enrollment period, you could join a Medicare Advantage Plan (without drug coverage) under the L-OEP. This did not apply to Medicare Medical Savings Plans (MSAs), MA-PDPs, or PDPs. However, this enrollment period is now over and cannot be used.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Open Enrollment Period

[TOP](#) [BACK](#)

You may be able to make a change during the open enrollment period for Medicare Advantage Plans. From January 1 - March 31, which is the open enrollment period, the following changes can be made:

If you are already in:	You may be able to enroll in:
Medicare Advantage Prescription Drug Plan	<ul style="list-style-type: none"> <li>- another Medicare Advantage Prescription Drug Plan or</li> <li>- Original Medicare + Prescription Drug Plan or</li> <li>- PFFS that doesn't offer drug coverage + a stand alone Prescription Drug Plan</li> </ul>
Medicare Advantage only	<ul style="list-style-type: none"> <li>- another Medicare Advantage only or</li> <li>- Original Medicare only</li> </ul>
Original Medicare + Prescription Drug Plan	<ul style="list-style-type: none"> <li>- Medicare Advantage Prescription Drug Plan or</li> <li>- PFFS that doesn't offer drug coverage + same stand alone Prescription Drug Plan</li> </ul>
Original Medicare only	<ul style="list-style-type: none"> <li>- Medicare Advantage with no drug coverage</li> </ul>
PFFS that doesn't offer drug coverage + a stand alone Prescription Drug Plan	<ul style="list-style-type: none"> <li>- Medicare Advantage Prescription Drug Plan or</li> <li>- another PFFS that doesn't offer drug coverage + same stand alone Prescription Drug Plan or</li> <li>- Original Medicare + Prescription Drug Plan</li> </ul>

Medicare Advantage Plans are **not required** to accept applications during the open enrollment period. You should check with the plan to see if they are accepting new members. However, if you want to disenroll, the plan must accept your disenrollment request so that you can return to Original Medicare.

You will be disenrolled from your Medicare Advantage Plan (MA or MA PDP) if you decide to join another plan (MA, MA PDP or PDP) depending on the type of change you are allowed to make.

If you disenroll during this open enrollment period, your disenrollment will be effective on the last day of the month in which you disenroll. If you switch plans, your new plan will start on the first day of the next month.

**Finalist Disenrollment Periods, Drug Coverage and Medicare Advantage**  
Please keep in mind that if you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

Join, switch, or leave (disenroll / opt out)

[TOP](#) [BACK](#)

Click on the type of plan that the caller **wants to join** or **wants to disenroll from**:

**Medicare Advantage Plan  
(no drug coverage)**

**Drug Plan (PDP) or Medicare  
Advantage Drug Plan (MA PDP)**  
("drug plan" throughout the script refers to both)

If you enroll, switch or disenroll but change your mind before the change goes into effect, you must call your plan to cancel the enrollment/disenrollment request. If applicable, you should also contact the plan that you want to stay in. Once your plan becomes effective, you must wait until your next enrollment period (special or annual) to make changes to your coverage. The last plan that you join will be the one that becomes effective. (For example, if you try to join 2 plans in one month, the last plan will be effective.)

Please keep in mind that if you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan.

**Medicare Advantage Plans include:** ([click here for a definition of any of the following plans](#))

- Coordinated Care Plans (CCPs)
  - Health Maintenance Organizations (HMOs)
    - ~ Cost Plans
  - Provider-Sponsored Organizations (PSOs)
  - Preferred Provider Organizations (PPOs)
    - ~ Local PPO
    - ~ Regional PPO
  - Special Needs Plans (SNP)
- Private Fee-for-Service (PFFS) Plans
- Medical Savings Account (MSA) Plans
- Religious Fraternal Benefit (RFB) Society Plans

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Definitions

[TOP](#)

[BACK](#)

- **Medicare Advantage Plan** - A Medicare program that gives you more choices among health plans. Everyone who has Medicare Part A and Part B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply). It is sometimes referred to as "Part C" of the Medicare program.
- **Coordinated Care Plans (CCPs)** - A plan that includes a Medicare-approved network of providers that must deliver a benefit package approved by the Centers for Medicare and Medicaid Services (CMS).
- **Point of Service (POS)** - A benefit option that an MA coordinated care plan can offer to its members. Under the POS benefit option, the MA plan allows members the option of getting certain services outside of the MA plan's provider network for an additional cost.
- **Health Maintenance Organizations (HMOs)** - A coordinated care plan where a group of doctors, hospitals, and other health care providers agree to give health care to people with Medicare for a set amount of money from Medicare every month. You usually must get your care from the providers in the plan.
- **Cost Plans** - A plan operated by a Health Maintenance Organization (HMO) or Competitive Medical Plan (CMP).
- **Provider-Sponsored Organizations (PSOs)** - A coordinated care plan that is



## Enrollment, Disenrollment Periods, Drug Coverage, and Medicare Advantage

- **Preferred Provider Organizations (PPOs)** - A coordinated care plan that has a network of providers that have agreed to a specified reimbursement for covered benefits and provides for reimbursement for all covered benefits regardless of whether the benefits are provided within the network of providers.
- **Local PPO** - A PPO with a service area that is smaller than a Regional PPO; the service area may consist of a county, partial county, or multiple-county service areas.
- **Regional PPO** - A PPO that can only be offered in an MA Region, which is defined as an area within the 50 States and the District of Columbia.
- **Special Needs Plans (SNP)** - Any type of coordinated care plan that meets the Centers for Medicare and Medicaid Services' SNP requirements and either exclusively enrolls special needs individuals or enrolls a greater proportion of special needs individuals.
- **Private Fee-for-Service (PFFS) Plans** - A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.
- **Medical Savings Account (MSA) Plans** - A Medicare health plan option made up of two parts. One part is a Medicare MSA Health Insurance Policy with a high deductible. The other part is a special savings account where Medicare deposits money to help you pay your medical bills.
- **Religious Fraternal Benefit (RFB) Society Plans** - A Medicare health plan which may restrict enrollment to members of the church, convention or group with which the society is affiliated.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage

[TOP](#) [BACK](#)

Is this change for 2007 or 2008?

**2007**

Includes SEP reasons.

**2008**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Initial Coverage Election Period

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** If the caller wants to **disenroll**, [CLICK HERE](#) for SEP reasons.\*\*

If you are newly eligible for both Medicare Part A **and** Part B because of age or disability, you can join a Medicare Advantage Plan during a 7-month period. This period starts 3 months **before** the month you are eligible for Medicare Part A and Part B and ends 3 months **after** you are eligible for Medicare Part A and Part B.

#### Enrolling in Part B

If you are working and covered by an employer group health plan and you do not enroll in Part B during your Medicare initial enrollment period, you will have an opportunity to enroll in Part B through a special enrollment period when you retire. Since you must have both Part A and Part B in order to join a Medicare Advantage Plan, you will be able to enroll in a Medicare Advantage Plan starting 3 months before your Part B coverage starts (even if you already have Part A).

**\*\*Does the beneficiary qualify for the initial coverage election period?**

If YES, [click here](#)

If NO, [click here](#) for SEP language.

[TOP](#) [BACK](#)

#### TIP BOX:

SCRIPT = [EE Medicare Initial General and Transfer Enrollment Periods](#), for information on Part B enrollment periods.  
SCRIPT = [EE Special Enrollment Period for Working Aged](#), for information on Part B enrollment periods.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#)

[BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you. Some of the special enrollment periods that I list may be limited to only an enrollment or disenrollment request (meaning some will not allow one or the other).

The reasons are:

**\*\*Click for more info about each\*\***

12 of 179

## Enrollment, Disenrollment, Periods, Drug Coverage, and Medicare Advantage

1. You **move** and are no longer eligible for your Medicare Advantage Plan because you are outside of the service area.
2. You live in, move into, or move out of an institution, such as a **long term care (LTC) facility**.
3. Your Medicare Advantage Plan is **terminating/non-renewing** its contract.
4. You **join or leave** an **employer/union group health plan**.
5. You **join or leave** a Program of All-inclusive Care for the Elderly (**PACE**).
6. You receive the **extra help** (Medicaid, Medicare Savings Program, SSI, applied for LIS and approved).
7. You **left a Medigap** policy to join a Medicare Advantage Plan for the first time. You now want to join another Medigap policy and **return to Original Medicare** and it has been **less than a year** since you joined the Medicare Advantage Plan.
8. Your eligibility for Medicare was made **retroactively**.
9. You have End-Stage Renal Disease (**ESRD**) and your eligibility for Medicare was made **retroactively**.
10. In the **last 12 months**, you joined a Medicare Advantage Plan during the initial enrollment period surrounding your **65th birthday**. You now want to **return to Original Medicare**.
11. You are either gaining or losing **Medicare Special Needs Plan** status.
12. You are calling because you are no longer in the plan you thought you had been in since 2006 or you are requesting a retroactive change to your 2006 enrollment (**Enrollment Reconciliation**).
13. You were **misled into joining a Medicare Advantage Plan** (with or without drug coverage) when you thought you were joining a different type of plan. You want to disenroll or switch to the plan you originally wanted. **\*\*Check the MA PDP tab to verify that the caller is in an MA Plan.\*\***
14. You are affected by the **termination** of the **America's Health Choice**, Inc.'s Medicare Advantage Plan (H1034).

**\*\*If above reasons don't apply, [CLICK HERE](#) for AEP language.**

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

You must notify your current plan that you are moving.

**QUALIFICATIONS:**

This special enrollment period exists for the following situations:

1. You are no longer eligible for your Medicare Advantage Plan because you permanently moved out of the plan's service area.
2. You will have new Medicare Advantage Plans or Medicare drug plans available to you because you are permanently moving to a different area.

If your current plan offers coverage in your new area, you can choose to keep that plan or you can switch to a different plan.

**WHEN TO MAKE A CHANGE:**

You can join a Medicare Advantage Plan in your new area as early as the first day of the month before you move. This way, your new coverage can begin the first day of the month in which you move. Or, you can join up to 2 months after you move.

**EFFECTIVE DATE OF COVERAGE:**

You can choose the effective date to be up to 3 months after the month in which the Medicare Advantage Plan receives your application. However, the effective date cannot be earlier than the date you move.

**MORE THAN 6 MONTHS OUT OF CURRENT PLAN'S SERVICE AREA:**

If you are out of the service area for more than six months without telling your plan and they find out you are not in the service area, your special enrollment period then starts at the beginning of the sixth month and stops at the end of the eighth month.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to disenroll or opt out</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

**QUALIFICATIONS:**

You get a continuous open enrollment period if you live in, move into, or move out of a:

- Skilled nursing facility (SNF)
- Nursing facility (NF)
- Intermediate care facility for the mentally retarded (ICF/MR)
- Psychiatric hospital or unit
- Rehabilitation hospital or unit
- Long-term care hospital
- Swing-bed hospital

**WHEN TO MAKE A CHANGE:**

If you or live in or enter one of these facilities, you get an ongoing open enrollment period for the time you're in the facility. The enrollment period ends 2 months after you leave the facility.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Medicare Advantage Plans are <b>not required</b> to accept applications during the open enrollment period. You should check with the plan to see if they are accepting new members. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> Medicare Advantage Plans are <b>not required</b> to accept applications during the open enrollment period. You should check with the plan to see if they are accepting new members. If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. The plan must accept your disenrollment request so that you can return to Original Medicare. Your plan may contact you for more information.  
[CLICK HERE](#)

[TOP](#)

[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#)[BACK](#)

If your plan is not renewing its contract or the plan is ending, you get a special enrollment period to join another plan. The plan will let you know what your options are.

**WHEN TO MAKE A CHANGE AND EFFECTIVE DATE OF COVERAGE:**

The special enrollment period to make a change and the effective date of the new plan will depend on the situation. For example:

- **If the contract is not renewing**, the special enrollment period begins October 1 and ends December 31. You can choose to have an effective date of November 1, December 1, or January 1, as long as the plan receives your request before the first of the month.
- **If the plan is ending**, the special enrollment period begins 2 months before the proposed end date and it ends 1 month after the month the plan ends. If you don't want to join another Medicare Advantage Plan, you will automatically return to Original Medicare.
- **If Medicare tells the plan to end**, the special enrollment period begins one month before the end date and ends 2 months after the end date. If you don't want to join another Medicare Advantage Plan, you will automatically return to Original Medicare.
- **If Medicare tells the plan to end immediately**, you will receive a notice that explains the special enrollment period.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**TIP BOX:**

SCRIPT = [EE Medicare Advantage Plan Nonrenewal](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

**QUALIFICATIONS:**

You get a special enrollment period if:

- You want to join or leave an employer-sponsored Medicare Advantage Plan.
- You want to leave your Medicare Advantage Plan to join an employer-sponsored plan of any kind.
- You are leaving your employer-sponsored plan and you want to join a Medicare Advantage Plan.

**WHEN TO MAKE A CHANGE:**

The special enrollment period is available while you have an employer-sponsored plan and ends 2 months after the employer-sponsored coverage ends.

**EFFECTIVE DATE OF COVERAGE:**

You can choose the effective date of your enrollment or disenrollment to be up to 3 months from the month in which the plan receives the election request.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to disenroll or opt out</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#)[BACK](#)**QUALIFICATIONS AND WHEN TO MAKE A CHANGE:**

1. You can leave your Medicare Advantage Plan at any time to join a Program of All-inclusive Care for the Elderly (PACE) program.
2. If you disenroll from a Program of All-inclusive Care for the Elderly (PACE), you have 2 months to join a Medicare Advantage Plan.

**EFFECTIVE DATE OF COVERAGE:**

The effective date of coverage depends on the situation.

- In most cases, if you choose to **join a plan**, the enrollment effective date will be the first day of the month after the plan receives the request.
- If you choose to **disenroll from a plan**, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to disenroll or opt out</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

[TOP](#)[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

#### **QUALIFICATIONS AND WHEN TO MAKE A CHANGE:**

If you **qualify for the extra help**, you can join, switch, or disenroll at any time.

If you **lose your extra help status**, you get a special enrollment period to join a different Medicare Advantage Plan. This special enrollment period begins the month you lose extra help eligibility and ends 2 months later.

#### **EFFECTIVE DATE OF COVERAGE:**

21 of 179

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

- If you choose to **join a plan**, the enrollment effective date will be the first day of the month after the plan receives the request.
- If you choose to **disenroll from a plan**, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

#### **CALLER HAS MEDICAID:**

If you haven't already, you should talk to your State Medicaid Office to make sure that changing plans won't affect your current coverage.

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Check the MA PDP tab to see what type of Medicare Advantage Plan the caller is in and if the effective date is less than a year from today's date.\*\*

**\*\*Is the effective date of the MA plan or the MA PDP plan less than one year from today?**

**YES**

**NO**

[Check for other SEPs reasons]

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#)

[BACK](#)

Based on the information in our system, you may be eligible for a special enrollment period to leave your Medicare Advantage Plan to return to Original Medicare. The disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.



## Enrollment, Disenrollment Periods, Drug Coverage, and Medicare Advantage

If you want to join a prescription drug plan, you can join now during the **annual election period** (November 15 - December 31). Some people with Medicare also qualify for a **special enrollment period**.

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

#### QUALIFICATIONS:

Since your Medicare eligibility was made retroactively, you missed your Medicare Advantage initial coverage election period. Because of this, you get a special enrollment period to join a Medicare Advantage Plan. You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

#### WHEN TO MAKE A CHANGE:

The special enrollment period begins the month you receive notice that you are entitled to Medicare. It ends 2 months after the month you receive the notice.

#### EFFECTIVE DATE OF COVERAGE:

The effective date of coverage depends on the situation, but it is not earlier than the first day of the month in which you receive notice of your Medicare entitlement

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

#### **QUALIFICATIONS:**

Since your Medicare eligibility was made retroactively, you missed your Medicare Advantage initial coverage election period. Because of this, you get a special enrollment period if you meet the following conditions:

- You were in a health plan offered by the same Medicare Advantage organization the month before becoming eligible for Medicare Part A and Part B;
- You developed End-Stage Renal Disease (ESRD) while you were a member of that health plan;
- You are still enrolled in that health plan.

#### **WHEN TO MAKE A CHANGE:**

The special enrollment period begins the month you receive notice that you are entitled to Medicare. It ends 2 months after the month you receive the notice.

#### **EFFECTIVE DATE OF COVERAGE:**

27 of 179

**Enrollment Disenrollment Periods, Drug Coverage, and Medicare Advantage**  
The effective date will be the first day of the month after the Medicare Advantage Plan receives the enrollment request.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Medicare Advantage Special Enrollment Period

[TOP](#) [BACK](#)

**QUALIFICATIONS:**

Special Needs Plans are a type of Medicare Advantage Plan. You are eligible for a special enrollment period to join a Medicare Special Needs Plan if you:

- Are in an institution (like a nursing home), or
- Are eligible for both Medicare and Medicaid, or
- Have certain chronic or disabling conditions. The plan will confirm the chronic condition with your doctor or other provider.

This special enrollment periods end once you join the Special Needs Plan.

**If you are no longer eligible for a Special Needs Plan**, you are also eligible for a special enrollment period to join another type of plan. This special enrollment period begins the month you lose your special needs status and ends 3 months later.

**EFFECTIVE DATE OF COVERAGE**

- When joining a **Special Needs Plan**, the effective date will be the first day of the month after the plan receives the enrollment request.
- When joining **another type of plan**, the effective date will vary. You should contact your new plan to find out when it will start.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Enrollment Exceptions (EEs)

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Call the Help Queue. You should remain in queue until an actual agent is reached. DO NOT perform a blind transfer. Tell the Help Queue which EE reason you think the caller qualifies for.

- If it is truly an EE, the Help Queue will take ownership of the call and file the EE. Do not process an enrollment or disenrollment. Help Queue will handle the EE request.
- If it is not an EE, the Help Queue will tell you how to handle the call.

**\*\*DO NOT FILE AN EE FOR ANY REASON. The Help Queue will be the only ones filing EEs.\*\***

[Click here](#) for AEP language.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Medicare Advantage Annual Election Period

[TOP](#) [BACK](#)

You can join, switch, or leave a plan now because it is the annual election period, which is November 15 to December 31. The change will be effective on January 1 of next year.

If you are already in a plan and you want to switch, you should simply join another plan. This will automatically disenroll you from the plan that you do not want.

If you disenroll from your Medicare Advantage Plan, you will automatically return to Original Medicare.

**\*\*For Medicare Advantage Plans [CLICK HERE](#)\*\***

**\*\*CSR NOTE:** If the caller would like to disenroll, [CLICK HERE](#).

**TIP BOX:**

SCRIPT = [CS Medicare.gov Tools](#)

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Transfer to Tier II

[TOP](#)

[BACK](#)

#### Tier I CSRs:

Since you are interested in joining a Medicare Advantage Plan, I need to transfer you to a Medicare Benefits Specialist who can help you. You may be asked to repeat some of your personal information. I am going to transfer your call now. Please do not hang up. There may be a period of silence before the Medicare Benefits Specialist answers.

**\*\*CSR NOTE:** If the caller knows the name of the MA-PD plan he or she would like to enroll in, use the script "CS Medicare.gov Tools" and the CSR Plan Finder tool to assist the caller.

\*\*

**\*\*CSR NOTE:** When transferring for enrollment/disenrollment, tell the Tier II the reason that the beneficiary qualifies for enrollment/disenrollment. For example, let the Tier II know that they qualify for a specific SEP.\*\*

**If the caller is eligible for an enrollment period (SEP or IEP) that allows them to have a future effective date that is later than the first day of the next month, READ:**

Since you want your plan to start later than the first day of next month, you will need to contact the plan that you want to join. You should let them know when you want your coverage to start. **\*\*CSR NOTE:** If the caller is in the IEP, the effective date cannot be earlier than the Medicare effective date.\*\*

#### Tier II CSRs:

I can help you compare Medicare Advantage Plans now.

**\*\*Use script "[CS Medicare.gov Tools](#)" and the CSR Plan Finder Tool to assist the caller.\*\***

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check OR cancellation

[TOP](#) [BACK](#)

If caller disenrolled and **claims or services are being denied**, [transfer to a Tier II](#).  
**Tier II:** [Click here](#).

If caller wants to **cancel** the disenrollment, [click here](#).

**If the caller wants to check the status of a disenrollment, READ:**

It normally takes up to 15 business days for a disenrollment request to be processed. Once your request is processed, you will receive a confirmation letter about your disenrollment. You will receive this letter within 30 days from your request. I will check our records to verify your disenrollment request.

**\*\*CSR NOTE:** Check the MA PDP tab to find the disenrollment effective date. When you return to this script, click **Shortcut A** at the top.\*\*

**\*\*Is there a disenrollment effective date in the MA PDP tab?\***

[YES](#)

[NO](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#)

[BACK](#)

Your disenrollment was effective on [insert date]. You will be receiving a letter confirming your disenrollment request.

**\*\*If it has been more than 30 days and the caller has not received a letter, ASK:**

Did you request the disenrollment through 1-800-MEDICARE or through your plan?

[1-800-MEDICARE](#)

[Plan](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Complete Duplicate Letter Request email template. \*\*

**READ:** You will receive a confirmation letter within 7 to 10 business days.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#) [BACK](#)

Please call your plan to request a confirmation letter.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Check the Activities applet to view the call history for when the disenrollment was requested. When you return to this script, click **Shortcut B** at the top.\*\*

**\*\*Is there a disenrollment request in the call history?\***

**YES**

**NO**

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Verify date of disenrollment request.\*\*

**If it has been more than 15 business days (3 weeks) since disenrollment was requested, READ:**

Since it has been more than 15 business days since you requested a disenrollment, I will forward your information to the Centers for Medicare and Medicaid Services (CMS) Regional Office to research further. Once your disenrollment request is processed, you will receive a letter confirming it or stating why it was denied.

**\*\*CSR NOTE:** Complete the PDP Plan Referral Complaint form. For Complaint Category, select "Enrollment/Disenrollment"; for Complaint, select "Untimely processing of enrollment requests."\*\*

**If it has been less than 15 business days (3 weeks) since disenrollment was requested, READ:**

I see that you requested disenrollment on [insert date]. Please allow up to 15 business days for your disenrollment request to be processed. Once your request is processed, you will receive a letter confirming your disenrollment request or stating why it was denied. If you do not receive a letter within 30 days from your request, please call us back.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment status check

[TOP](#) [BACK](#)

**\*\*If the caller is insistent that they received confirmation of the disenrollment, please verify information in the CSR Plan Finder Tool.\*\***

- If the CSR Plan Finder Tool shows the beneficiary is still enrolled, [transfer to a Tier II](#) for investigation.
- If the CSR Plan Finder Tool shows no enrollment, a transfer is not needed. **READ:** Please contact your plan to confirm your disenrollment. If you have a claim that was denied, ask your provider to resubmit the claim.

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

[TOP](#) [BACK](#)

In most cases, the effective date of your disenrollment will be on the last day of the month in which the plan receives your disenrollment request. (\*\***CSR NOTE:** Exceptions to the "in most cases" are for enrollment periods that allow you to pick a different effective date.\*\*)

Once a disenrollment has been processed through our system, we can't cancel it. However, you can contact your plan before the disenrollment effective date to cancel.

Is this request for you or for someone else?

[Caller is Beneficiary](#)

[Caller is Someone Else](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

Have you already requested a disenrollment before this phone call?

**Yes**

**No**

**TOP**

**BACK**

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

[TOP](#) [BACK](#)

**READ ALL** (unless a Tier II received the call as a cold transfer and the caller says that they just did this with another CSR):

If you legally represent the person with Medicare, then you must confirm that you have the authority to make changes for him/her.

You must have a durable Power of Attorney, proof of court-appointed legal guardianship, or proof of other authorization required by State law permitting you to make choices for the person with Medicare (such as a birth certificate for parents of the person with Medicare under the age of 18).

I need you to confirm that you have this authorization and can send proof, if requested, to the plan or to Medicare.

Do you have the necessary authorization and can you produce this document if requested?

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

Yes

No

**DIRECTIONS FOR CSRS:**

In the CSR Comments field in the Activities applet, enter the caller's name and phone number and that they attested to being a legal representative.

- If you are a Tier II and this process already happened with a Tier I, enter in the Comments field that attestation was done with another CSR.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

I'm sorry. At this time I cannot process your disenrollment request. Please call back when you have the proper authorization or when the person with Medicare is present to provide verbal permission.

[TOP](#)[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

Have you joined another Medicare Advantage Plan (MA) or Medicare Prescription Drug Plan (MA PDP or PDP)?

[Yes](#)

[No](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment

Your enrollment in another Medicare Advantage Plan or Medicare Prescription Drug Plan will automatically disenroll you from your current plan. You will receive a letter from your new plan confirming your enrollment and a letter from your current plan confirming your disenrollment. I can check our records to see if your disenrollment has been processed.

**\*\*CSR NOTE:** Check MA PDP tab to see if caller has been disenrolled. If no date is showing, refer caller to his new plan to verify his enrollment.\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Transfer to Tier II

**Tier I CSRs:**

I am going to transfer you to a Medicare Benefits Specialist who can help you with your disenrollment request. You may be asked to repeat some of your personal information. I am going to transfer your call now. Please do not hang up. There may be a period of silence before the Medicare Benefits Specialist answers.

**\*\*CSR NOTE:** When transferring for enrollment/disenrollment, tell the Tier II why the beneficiary qualifies for enrollment/disenrollment. For example, let the Tier II know that they qualify for a specific SEP.\*\*

**Tier II CSRs:**

[CLICK HERE](#) to start the disenrollment process.

[TOP](#)[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Transfer to Tier II

**Tier I CSRs:**

I am going to transfer you to a Medicare Benefits Specialist who can help you with your disenrollment request. You may be asked to repeat some of your personal information. I am going to transfer your call now. Please do not hang up. There may be a period of silence before the Medicare Benefits Specialist answers.

**\*\*CSR NOTE:** When transferring for enrollment/disenrollment, tell the Tier II why the beneficiary qualifies for enrollment/disenrollment. For example, let the Tier II know that they qualify for a specific SEP.\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

[TOP](#) [BACK](#)

By opting out, you will be disenrolled from your current drug plan. You also will not be automatically enrolled by Medicare again.

**\*\*CSR NOTE:** If the beneficiary opts out before the facilitated enrollment effective date, the person will not be enrolled. If the beneficiary opts out of a plan they are currently enrolled in, the disenrollment effective date will be the last day of the month in which the request was made.\*\*

**\*\*Read this paragraph only if the effective date is more than 2 months in the future:**  
Since the effective date of your enrollment is 2 or more months in the future, we cannot process the opt out request yet. Please call us back when you are less than one month from the effective date.

**\*\*CSR NOTE:** The opt out request will be good forever. The beneficiary will not need to call and do it again in the future.

Is this request for you or for someone else?

[Caller is Beneficiary](#)

[Caller is Someone Else](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

[TOP](#)

[BACK](#)

**READ ALL** (unless a Tier II received the call as a cold transfer and the caller says that they just did this with another CSR):

If you legally represent the person with Medicare, then you must confirm that you have the authority to make changes for him/her.

You must have a durable Power of Attorney, proof of court-appointed legal guardianship, or

Enrollment, Disenrollment, Periods, Drug Coverage and Medicare Advantage  
proof of other authorization required by State law permitting you to make choices for the person with Medicare (such as a birth certificate for parents of the person with Medicare under the age of 18).

I need you to confirm that you have this authorization and can send proof, if requested, to the plan or to Medicare.

Do you have the necessary authorization and can you produce this document if requested?

Yes	No
-----	----

**DIRECTIONS FOR CSRS:**

In the CSR Comments field in the Activities applet, enter the caller's name and phone number and that they attested to being a legal representative.

- If you are a Tier II and this process already happened with a Tier I, enter in the Comments field that attestation was done with another CSR.

TOP	BACK
-----	------

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

Have you already requested (before this phone call) to opt out of this plan by contacting 1-800-MEDICARE?

[Yes](#)

[No](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

It normally takes up to 15 business days for the opt out request to be processed. Once your request is processed, you will receive a letter confirming your decision to decline Medicare prescription drug coverage. I will check our records to verify your opt out request.

**\*\*If it has been longer than 15 business days since the disenrollment request:**

- Tier I: [Transfer to Tier II](#)
- Tier II: Verify that the Opt Out Flag is "Y" and [click here](#).

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

To get Medicare drug coverage later, all you have to do is call us back.

If you had Medicaid drug coverage and decide not to get Medicare drug coverage now, you will be without the drug coverage formerly provided by Medicaid and your drug coverage will have to come from somewhere else.

Do you want to opt out of the Medicare drug coverage?

**Yes**

**No**

**TOP**

**BACK**

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Opt Out

You will stay enrolled in the plan that you are currently in unless you decide to disenroll later.

[TOP](#)

[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment or Opt Out

[TOP](#)

[BACK](#)

**CSR NOTE:** Check the MA PDP tab to make sure that the caller is already in a plan. When you return to this script, click **Shortcut C** at the top.

**\*\*CSR NOTE:** If the plan type is showing "8-Demonstration" in the MA PDP tab, please check the list below. If the plan is not listed below, it is not a "demo," and the rules for MA plan enrollment and disenrollment apply. We cannot disenroll people from demonstration projects. Most demonstration projects start with the number 90. **The following demonstration projects start with an "H":**

H5443 – Care Level Management (Care Level Management Direct, Inc)  
H5445 – Health Buddy Program (Health Hero Network, Inc. Demo)  
H2232 – Mass General Care Management (Massachusetts General Physicians)  
H3348 – Montefiore Care Guidance (Montefiore Medical Center)  
H5444 – RMS KEY to Better Health (RMS DM, LLC Demo Project)  
H4532 – Texas Senior Trails (Texas Tech Physicians Associates)  
H5413 – LifeMasters Program in Florida (LifeMasters Supported Selfcare, Inc. Demo Project)  
H8011 – MPower Health Medicare Medical Savings Account (MSA)

**Click here** if the caller is in a demonstration project (that starts with 90 or is listed above) and wants to leave.

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller is in plan - continue**

**NGD doesn't show a plan**

**TOP**

**BACK**

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment or Opt Out

[TOP](#) [BACK](#)

If you do not want to switch plans, you can disenroll. If you disenroll from your Medicare Advantage Plan and you do not join another Medicare Advantage Plan, you will automatically return to Original Medicare.

#### **AUTO-ENROLLED AND OPT OUT:**

If you were automatically enrolled by Medicare and you don't want a Medicare drug plan, you must "opt out" of the coverage so that you are not automatically enrolled into another plan.

#### **PENALTY:**

If you drop your Medicare drug coverage and don't join another plan until later, you may have to pay a penalty for being without creditable coverage. This means your monthly premium will be increased. If you DO have creditable coverage, you will not have to pay a penalty if you decide to join a Medicare drug plan later. Creditable coverage is drug coverage that is at least as good as Medicare's standard coverage. **\*\*See script "[Drug Coverage Cost Information](#)" for more information.\*\***

#### **\*\*What does the caller want to do?**

**Disenroll**

(MA and PDP)

**Opt Out**

(only for auto-enrolled or facilitated enrolled;  
not for MA Plans without drug coverage)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Demonstration Disenrollment

If you are in a demonstration project, you are still covered by Original Medicare. If you want to leave the demonstration, you should contact the plan that offers it. **\*\*See script "[CC Medicare Demonstrations and Pilot Programs](#)" for information.\*\***

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

F

### Medicare Advantage Plan 2008

[TOP](#)

[BACK](#)

You can join, switch, or leave a plan now because it is the annual election period, which is November 15 to December 31. The change will be effective on January 1 of next year.

If you are already in a plan and you want to switch, you should simply join another plan. This will automatically disenroll you from the plan that you do not want.

If you disenroll from your Medicare Advantage Plan, you will automatically return to Original Medicare.

**\*\*For Medicare Advantage Plans [CLICK HERE](#)\*\***

**\*\*CSR NOTE:** If the caller would like to disenroll, [CLICK HERE](#).

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**TIP BOX:**

SCRIPT = [CS Medicare.gov Tools](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage

[TOP](#) [BACK](#)

Is this change for 2007 or 2008?

**2007**

Includes SEP reasons.

**2008**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Initial Enrollment Period

[TOP](#)

[BACK](#)

If you are newly eligible for Medicare (or turning age 65), you can join a Medicare drug plan during a 7-month period, which starts 3 months before the month you are eligible for Medicare (or turn age 65) and ends 3 months after you are eligible for Medicare (or turn age 65). This is true if you are eligible for Medicare because of age or disability. If you join now because of a disability, you will have another initial enrollment period once you turn age 65.

You only need Medicare Part A **or** Part B in order to join a drug plan. You also have to live in the service area of a Medicare drug plan.

#### QUALIFICATIONS:

- [Your Medicare will become effective in the next 3 months](#), OR
- [Your Medicare became effective in the past 3 months](#), OR
- [You get Medicare retroactively, which gives you an initial enrollment period that starts the month in which you receive the notice of Medicare entitlement and continues for three months after this month](#), OR
- [You were on Medicare because of a disability and you are turning age 65 \(in the next 64 of 179](#)



## Enrollment Disenrollment Periods, Drug Coverage and Medicare Advantage ~~3 months or in the past 3 months).~~

### **\*\*Does the caller qualify for the IEP?**

If YES, click on the language above that applies to the situation.

If NO, [click here](#) for SEP language.

Even if you are working and you delay Part B, your initial enrollment period is still 3 months before your Medicare eligibility, the month of your Medicare eligibility, and the 3 months after your Medicare eligibility. This is because you can join a Medicare drug plan with only Medicare Part A coverage (you do not have to have Part B).

#### **TIP BOX:**

TIP = At the beginning of the Medicare drug coverage program, the initial enrollment period for all people with Medicare was November 15, 2005 to May 15, 2006.

TIP = You can go to Beneficiaries applet to find the effective date of either Part A or Part B (whichever is **earlier**).

SCRIPT = [EE Medicare Initial General and Transfer Enrollment Periods](#), for information on Part B enrollment periods.

SCRIPT = [EE Special Enrollment Period for Working Aged](#), for information on Part B enrollment periods.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Initial Enrollment Period

[TOP](#)

[BACK](#)

#### WHEN TO MAKE A CHANGE:

Based on the information you provided, you may be able to join a Medicare drug plan because you are in your initial enrollment period. This period starts 3 months before the month you become eligible for Medicare and ends 3 months after the month in which you become eligible for Medicare. (It is a total of 7 months.)

#### EFFECTIVE DATE OF COVERAGE:

If you apply **before** your Medicare starts, the drug plan will start on the same day as your Medicare. If you apply **after** your Medicare starts, your drug plan will start on the first day of the month after your plan receives the application.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Initial Enrollment Period

[TOP](#) [BACK](#)

#### WHEN TO MAKE A CHANGE:

Based on the information you provided, you may be able to join a Medicare drug plan because you missed your initial enrollment period. You may get another initial enrollment period that starts the month in which you received notice of your Medicare entitlement and ends 3 months after this month.

#### EFFECTIVE DATE OF COVERAGE:

Your drug plan will start on the first day of the month after your plan receives the application. You will not get retroactive drug coverage.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Initial Enrollment Period

[TOP](#) [BACK](#)

#### WHEN TO MAKE A CHANGE:

Based on the information you provided, you may be able to join a Medicare drug plan because you are in your initial enrollment period. This period starts 3 months before the month you turn age 65 and ends 3 months after the month in which you turn age 65. (It is a total of 7 months.)

#### EFFECTIVE DATE OF COVERAGE:

If you apply **before** the month in which you turn age 65, the drug plan will start on the first day of the month you turn age 65. If you apply **after** you turn age 65, your drug plan will start on the first day of the month after your plan receives the application.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Enrollment

[TOP](#) [BACK](#)

I can help you compare plans and apply today.

**\*\*CSR NOTE:** Use script "[CS Medicare.gov Tools](#)" and the CSR Plan Finder Tool.\*\*

**Enrollment Disenrollment Periods, Drug Coverage and Medicare Advantage**  
If the caller is eligible for an enrollment period (SEP or IEP) that allows them to have a

**future effective date that is later than the first day of the next month, READ:**

Since you want your plan to start later than the first day of next month, you will need to contact the plan that you want to join. You should let them know when you want your coverage to start. **\*\*CSR NOTE:** If the caller is in the IEP, the effective date cannot be earlier than the Medicare effective date.\*\*

**CHANGED MIND:**

If you change your mind, you can switch plans or cancel your enrollment **before** the effective date of your plan. Once your plan becomes effective, you have to wait until the next enrollment period (including a special enrollment period) to make changes to your coverage.

**PENALTY:**

You may have to pay a penalty if you didn't join a drug plan when you were first eligible, even if you are given a special enrollment period. **\*\*See the script "[Drug Coverage Cost Information](#)" for information on the late enrollment penalty.\*\***

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

If you do not qualify for a special enrollment period, you can join, switch or disenroll now during the annual election period, which is November 15 to December 31. Any change made during the annual election period will take effect on January 1 of next year.

Generally, your special enrollment period is over once you join, switch, or disenroll. Your enrollment or disenrollment request is not guaranteed until you get a letter from the plan. The plan will check your eligibility for a special enrollment period. Some of the special enrollment periods that I list may be limited to only an enrollment or disenrollment request (meaning some will not allow one or the other).

**\*\*CSR NOTE:** For the full list of reasons, [CLICK HERE](#). Otherwise, follow the links/questions below.\*\*

1. Do you qualify for the extra help? **\*\*Check the MA PDP tab\*\*** [>YES](#)
2. Do you (or did you previously) have drug coverage through another type of insurance? [>YES](#)
3. Are your living arrangements changing? [>YES](#)
4. [>Other](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you.

The reasons are:

**\*\*Click for more info about each\*\***

72 of 179



1. Enrollment Disenrollment Periods, Drug Coverage and Medicare Advantage  
You receive the **extra help** (Medicaid, Medicare Savings Program, SSP, applied for LIS and approved).
2. You **lost** your eligibility for the **extra help**, and you want to switch plans or disenroll.
3. You **join or leave** a Program of All-inclusive Care for the Elderly (**PACE**).
4. You are enrolled in a State Pharmacy Assistance Program (**SPAP**). If caller doesn't know if they are in an SPAP, [click here](#).

**\*\*If above reasons don't apply, [CLICK HERE](#) (for AEP language).**

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you.

The reasons are:

**\*\*Click for more info about each\*\***

1. You **involuntarily** lose your current **creditable** drug coverage.
2. You **join or leave a creditable** employer/union group-sponsored health plan (including COBRA).
3. You joined a Medicare drug plan, but later found out that **you have other drug coverage** that is **creditable**. Because of this, you want to **disenroll** from the Medicare drug plan.
4. You **thought you had other drug coverage that was creditable**, but later found out that it is **not** creditable. You now want to **join** a drug plan.
5. You **join or leave** a Program of All-inclusive Care for the Elderly (**PACE**).
6. You are enrolled in a State Pharmacy Assistance Program (**SPAP**). If caller doesn't know if they are in an SPAP, [click here](#).
7. You **left a Medigap policy** to join a Medicare Advantage Plan for the first time. You now want to join another Medigap policy and **return to Original Medicare** and it has been **less than a year** since you joined the Medicare Advantage Plan.
8. In the **last 12 months**, you joined a Medicare Advantage Plan during the initial enrollment period surrounding your **65th birthday**. You now want to **return to Original Medicare**.
9. You have TRICARE, VA benefits or other creditable drug coverage and you enrolled in a Medicare drug plan, **causing this other coverage to become secondary**. You want to disenroll from the Medicare drug plan. OR You have a Medicare drug plan and you want to disenroll in order to join TRICARE or the VA.

Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*If above reasons don't apply, [CLICK HERE](#) (for AEP language).**

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you.

The reasons are:

**\*\*Click for more info about each\*\***

1. You **move**, or are moving, outside the service area of the plan (this includes someone who is leaving prison and someone who recently moved back into the United States).
2. You live in, move into, or move out of an **institution**, such as a long term care (LTC) facility.

**\*\*If above reasons don't apply, [CLICK HERE](#) (for AEP language).**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you.

The reasons are:

**\*\*Click for more info about each\*\***

1. You don't have Part A and you **enroll in Part B** during the **general enrollment period** (January - March). **\*\*Check Beneficiaries applet - there should not be an effective date for Part A AND the effective date for Part B should be July 1. If both are true, click here.**  
**\*\***
2. You are either gaining or losing **Medicare Special Needs Plan** status. Therefore, you either want to join or leave a Medicare drug plan.
3. Your Medicare drug plan is **terminating/non-renewing** its contract.
4. You are calling because you are no longer in the plan you thought you had been in since 2006 or you are requesting a retroactive change to your 2006 enrollment (**Enrollment Reconciliation**).
5. You were **misled into joining a Medicare Advantage Plan** (with or without drug coverage) when you thought you were joining a different type of plan. You want to

77 of 179

**Enrollment, Disenrollment, Periods, Drug Coverage, and Medicare Advantage**  
description or switch to the plan you originally wanted. \*\* Check the MA PDP tab to verify that the caller is in an MA Plan.\*\*

6. You are affected by the **termination** of the **America's Health Choice**, Inc.'s Medicare Advantage Plan (H1034) or Medicare prescription drug plan (S9086).

**\*\*If above reasons don't apply, [CLICK HERE](#) (for AEP language).**

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)

**READ:** I am about to read a list of reasons that would allow a special enrollment period. Please stop me if you hear a reason that applies to you.

The reasons are:

**\*\*Click for more info about each\*\***

1. You receive the **extra help** (Medicaid, Medicare Savings Program, SSI, applied for LIS and approved).
2. You **lost** your eligibility for the **extra help**, and you want to switch plans or disenroll.
3. You **move**, or are moving, outside the service area of the plan (this includes someone who is leaving prison and someone who recently moved back into the United States).
4. You live in, move into, or move out of an **institution**, such as a long term care (LTC) facility.
5. You don't have Part A and you **enroll in Part B** during the **general enrollment period** (January - March). **\*\*Check Beneficiaries applet - there should not be an effective date for Part A AND the effective date for Part B should be July 1. If both are true, click here.**  
**\*\***
6. You **involuntarily** lose your current **creditable** drug coverage.
7. You **join or leave a creditable** employer/union group-sponsored health plan (including COBRA).
8. You joined a Medicare drug plan, but later found out that **you have other drug coverage** that is **creditable**. Because of this, you want to **disenroll** from the Medicare drug plan.
9. You **thought you had other drug coverage that was creditable**, but later found out that it is **not** creditable. You now want to **join** a drug plan.
10. You **join or leave** a Program of All-inclusive Care for the Elderly (**PACE**).
11. You are enrolled in a State Pharmacy Assistance Program (**SPAP**). If caller doesn't know if they are in an SPAP, [click here](#).
12. You **left a Medigap policy** to join a Medicare Advantage Plan for the first time. You now want to join another Medigap policy and **return to Original Medicare** and it has  
79 of 179

**Enrollment, Disenrollment, Periods, Drug Coverage, and Medicare Advantage**  
**been less than a year since you joined the Medicare Advantage Plan.**

13. In the **last 12 months**, you joined a Medicare Advantage Plan during the initial enrollment period surrounding your **65th birthday**. You now want to **return to Original Medicare**.
14. You are either gaining or losing **Medicare Special Needs Plan** status. Therefore, you either want to join or leave a Medicare drug plan.
15. You have TRICARE, VA benefits or other creditable drug coverage and you enrolled in a Medicare drug plan, **causing this other coverage to become secondary**. You want to disenroll from the Medicare drug plan. OR You have a Medicare drug plan and you want to disenroll in order to join TRICARE or the VA.
16. Your Medicare drug plan is **terminating/non-renewing** its contract.
17. You are calling because you are no longer in the plan you thought you had been in since 2006 or you are requesting a retroactive change to your 2006 enrollment (**Enrollment Reconciliation**).
18. You were **mised into joining a Medicare Advantage Plan** (with or without drug coverage) when you thought you were joining a different type of plan. You want to disenroll or switch to the plan you originally wanted. **\*\*Check the MA PDP tab to verify that the caller is in an MA Plan.\*\***
19. You are affected by the **termination** of the **America's Health Choice**, Inc.'s Medicare Advantage Plan (H1034) or Medicare prescription drug plan (S9086).

**\*\*If above reasons don't apply, [CLICK HERE](#) (for AEP language).**

[TOP](#)

[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

#### **QUALIFICATIONS AND WHEN TO MAKE A CHANGE:**

If you **qualify for the extra help**, you can join, switch, or disenroll at any time.

#### **EFFECTIVE DATE OF COVERAGE:**

- If you choose to **join a plan**, the enrollment effective date will be the first day of the month after the plan receives the request.
- If you choose to **disenroll from a plan**, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

#### **CALLER HAS MEDICAID:**

If you haven't already, you should talk to your State Medicaid Office to make sure that changing plans won't affect your current coverage.

**\*\*CSR NOTE:** If the caller **lost his or her extra help status**, [CLICK HERE](#) for information on that SEP.\*\*

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

#### **LOSE EXTRA HELP FOR NEXT YEAR:**

If you lose your extra help status because you are no longer eligible for the following calendar year, you get a special enrollment period to join a different drug plan or to disenroll from your current drug plan. This special enrollment period is from January 1 to March 31 of each year.

#### **LOSE EXTRA HELP DURING THIS YEAR:**

If you lose your extra help status at another time during the year, you get a special enrollment period to join a different drug plan or to disenroll from your current drug plan. This special enrollment period begins the month in which you lose the extra help eligibility and ends 2 months later.

#### **EFFECTIVE DATE OF COVERAGE:**

If you choose to join a plan, the enrollment effective date will be the first day of the month after the plan receives the request. If you choose to disenroll from a plan, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to disenroll or opt out</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

[TOP](#) [BACK](#)

## Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

### QUALIFICATIONS:

This special enrollment period exists for the following situations:

1. You are no longer eligible for your drug plan because you permanently moved out of the plan's service area.
2. You were not eligible to join a Medicare drug plan because you didn't live in a plan's service area, but now you are moving to an area that has drug coverage. This includes people who have been out of the United States and have now moved back to the United States **and** individuals who were incarcerated (in prison) and are now moving back into a service area because they have been released.
3. You will have new Medicare drug plans (PDP or MA PDP) available to you because you are permanently moving to a different area. You can join a drug plan in your new area even if you were not in a plan in your old area.

### WHEN TO MAKE A CHANGE:

You must notify your current plan that you are moving. You can join a Medicare drug plan in your new area as early as the first day of the month before you move (coverage starts on the first day of the month after the month you request enrollment). This way, your new coverage will begin the first day of the month in which you move. Or, you can join up to 2 months after you move.

### EFFECTIVE DATE OF COVERAGE:

If you choose to join a plan, the enrollment effective date will be the first day of the month after the new plan receives the request. If you choose to disenroll from a plan, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)**QUALIFICATIONS:**

You get a special enrollment period if you live in, move into, or move out of a:

- Skilled nursing facility (SNF)
- Nursing facility (NF)
- Intermediate care facility for the mentally retarded (ICF/MR)
- Psychiatric hospital or unit
- Rehabilitation hospital or unit
- Long-term care hospital
- Swing-bed hospital

**WHEN TO MAKE A CHANGE:**

If you live in or enter one of these facilities, you get an ongoing special enrollment period for the time you're living in the facility. Once you leave, you will get another special enrollment period to switch plans that lasts up to 2 months after you leave the facility.

**EFFECTIVE DATE OF COVERAGE:**

If you choose to join a plan, the enrollment effective date will be the first day of the month after the plan receives your request, but not prior to the month your residency begins. If you choose to disenroll from a plan, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

Since you enrolled in Part B during the general enrollment period (January to March), you can join a drug plan from April 1 to June 30. It will start on July 1.

**If it is between April 1 and June 30:**

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

#### WHEN TO MAKE A CHANGE:

The special enrollment period begins the month you're told of the loss of creditable coverage and either ends 2 months after the loss or 2 months after you're told, whichever is later. If the coverage is lost because you didn't pay your premiums, you won't get a special enrollment period.

#### EFFECTIVE DATE OF COVERAGE:

The effective date of your enrollment into a drug plan can be the first day of the next month, or you can choose an effective date in the future, but the date cannot be more than 2 months from the end of the special enrollment period.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)**QUALIFICATIONS:**

This special enrollment period exists for the following situations:

1. You want to join an employer/union group-sponsored Medicare drug plan.
2. You want to leave a Medicare drug plan because you want to join an employer/union-sponsored plan of any kind.
3. You want to join a Medicare drug plan because you are dropping your employer/union group-sponsored plan (including COBRA).

If you drop your employer/union group-sponsored coverage, you **may not** be able to get it back. You may not be able to drop your employer/union **drug** coverage without also dropping your employer/union **health** coverage.

**WHEN TO MAKE A CHANGE:**

The special enrollment period lasts for as long as you have an employer/union group-sponsored plan and ends 2 months after the month the employer/union group-sponsored coverage ends.

**EFFECTIVE DATE OF COVERAGE:**

The effective date of your enrollment into a drug plan can be the first day of the next month, or you can choose an effective date of up to 3 months in the future.

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

**Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage**

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

Since your other drug coverage is considered to be creditable, you get a special enrollment period to disenroll from your Medicare drug plan. The length and effective date for this special enrollment period depend on the situation.

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

Since your other drug coverage is not considered to be creditable, you get a special enrollment period to join a Medicare drug plan. The length and effective date for this special enrollment period depend on the situation.

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#)

[BACK](#)

#### **QUALIFICATIONS AND WHEN TO MAKE A CHANGE:**

1. You can leave your Medicare drug plan at any time to join a Program of All-inclusive Care for the Elderly (PACE) program. Your PACE program will offer prescription drug coverage.
2. If you disenroll from a Program of All-inclusive Care for the Elderly (PACE), you have 2 months to join a Medicare drug plan.

#### **EFFECTIVE DATE OF COVERAGE:**

The effective date for this special enrollment period depends on the situation.



### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<b>Caller wants to enroll</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to switch plans</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

What is the name of the program that you are in?

**\*\*CSR NOTE:** Go to "State Pharmacy Assistance Programs (SPAP) and Part D" in Reference Materials to see if that program is on the list of SPAPs.\*\*

If it is on the list, [click here](#).

If it is not, [click here](#) to go back to the list of SEPs.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)

**\*\*Read only if the caller is enrolled in a qualified SPAP\*\***

**WHEN TO MAKE A CHANGE:**

You get one chance per calendar year to join, switch, or disenroll drug plans if you are in a qualified State Pharmacy Assistance Program (SPAP).

**EFFECTIVE DATE OF COVERAGE:**

If you choose to join a plan, the enrollment effective date will be the first day of the month after the plan receives the request. If you choose to disenroll from a plan, the disenrollment effective date will be on the last day of the month in which the plan receives your disenrollment request.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to switch plans</b></p>	<p><b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)

**TIP BOX:**

REFERENCE MATERIAL = Access "State Pharmacy Assistance Programs (SPAP) and Part D" in Reference Materials to verify that an organization is a SPAP. The document also contains which SPAPs enrolled their beneficiaries and when this occurred.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Check the MA PDP tab to see what type of Medicare Advantage Plan the caller is in and if the effective date is less than a year from today's date.\*\*

Is the effective date of the MA plan or the MA PDP plan less than one year from today?

**YES**

**NO**

[Check for other SEPs reasons]

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

Based on the information you provided, you may be eligible for a special enrollment period to leave your Medicare Advantage Plan to return to Original Medicare and join a prescription drug plan. The length and effective date for this special enrollment period depend on the situation.

**\*\*CSR NOTE:** When the caller joins a prescription drug plan, it will automatically disenroll them from the Medicare Advantage Plan and return them to Original Medicare.\*\*

<b>Caller wants to switch to Original Medicare and a prescription drug plan</b>	<b>READ:</b> If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>
<b>Caller wants to disenroll or opt out</b>	<b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Drug Coverage Special Enrollment Period

[TOP](#)[BACK](#)**QUALIFICATIONS:**

Special Needs Plans are a type of Medicare Advantage Plan. You are eligible for a special enrollment period to join a Medicare Special Needs Plan if you:

- Are in an institution (like a nursing home), or
- Are eligible for both Medicare and Medicaid, or
- Have certain chronic or disabling conditions. The plan will confirm the chronic condition with your doctor or other provider.

This special enrollment period ends once you join the Special Needs Plan.

**WHEN TO MAKE A CHANGE AND EFFECTIVE DATE OF COVERAGE:**

- **If you become eligible for a Special Needs Plan**, you can disenroll from your Medicare drug plan at any time in order to join a Special Needs Plan. You will receive your prescription drug coverage from your Special Needs Plan.
- **If you are no longer eligible for a Special Needs Plan**, you may be eligible for a special enrollment period to join a prescription drug plan. The special enrollment period begins on the effective date of your involuntary disenrollment and ends 3 months later. The effective date of your Medicare drug plan will vary. You should contact your plan to find out when it will start.

<p><b>Caller wants to enroll</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>
<p><b>Caller wants to disenroll or opt out</b></p>	<p><b>READ:</b> Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. <a href="#">CLICK HERE</a></p>

[TOP](#)[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

#### QUALIFICATIONS:

Since you have TRICARE, VA or other creditable drug coverage and a Medicare drug plan, this other coverage is secondary to Medicare. You are eligible for a special enrollment period to disenroll from the Medicare drug plan. This will allow the other coverage to be primary again.

If you have a Medicare drug plan and you have or want to join TRICARE or VA coverage, you are eligible for a special enrollment period to disenroll from your Medicare drug plan. In the case of TRICARE, this will allow the TRICARE coverage to be primary again.

**Caller wants to disenroll or opt out**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your disenrollment. Your plan may contact you for more information. [CLICK HERE](#)



### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*If caller believes they are losing TRICARE because they were enrolled in a Medicare drug plan, READ:**

You have not lost or cancelled TRICARE by enrolling in a Medicare drug plan. However, since you have both TRICARE and a Medicare drug plan, the Medicare drug plan will pay first and TRICARE becomes the secondary payer. If your pharmacist checks your insurance status in their system, the pharmacist should see that the Medicare drug plan is primary and TRICARE is the secondary payer for the drug claims. If you disenroll from the Medicare drug plan, TRICARE prescription drug coverage will be primary again. **\*\*CSR NOTE:** If caller wants to disenroll or opt out so that TRICARE is primary, [CLICK HERE](#).\*\*

**\*\*If the caller passes disclosure and the MA PDP tab shows they were in a Medicare drug plan but disenrolled previously, READ:**

Our records show that you disenrolled from your Medicare drug plan effective [DATE]. 1-800-MEDICARE cannot send out letters stating that someone does not have a Medicare drug plan. You should contact Express Scripts, TRICARE's pharmacy contractor, and let them know that you are no longer in a Medicare drug plan. You can call TRICARE's Express Scripts customer call center at 1-866-363-8779.

**TIP BOX:**

SCRIPT = [Drug Coverage and Other Coverage](#), for general information about TRICARE and VA benefits

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Special Enrollment Period

[TOP](#) [BACK](#)

If your plan is not renewing its contract or the plan is ending, you get a special enrollment period to join another plan. The plan will let you know what your options are.

#### **WHEN TO MAKE A CHANGE AND EFFECTIVE DATE OF COVERAGE:**

The special enrollment period to make a change and the effective date of the new plan will depend on the situation. For example:

- **If the contract is not renewing**, the special enrollment period begins October 1 and ends December 31. You can choose to have an effective date of November 1, December 1, or January 1, as long as the plan receives your request before the first of the month.
- **If the plan is ending**, the special enrollment period begins 2 months before the proposed end date and it ends one month after the month in which the plan ends. If you don't want to join another Medicare drug plan, you will automatically be disenrolled when your plan ends.
- **If Medicare tells the plan to end**, the special enrollment period begins one month before the end date and ends 2 months after the end date. If you don't want to join another Medicare drug plan, you will automatically be disenrolled when your plan ends.
- **If Medicare tells the plan to end immediately**, you will receive a notice that explains the special enrollment period.

**Caller wants to enroll**

**READ:** Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

### Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**Caller wants to switch plans**

**READ:** If you want to switch plans, you should simply join another one. This will automatically disenroll you from your old plan. Please keep in mind that it is up to the plan to verify your information and work with Medicare to confirm your enrollment. Your plan may contact you for more information. [CLICK HERE](#)

**TIP BOX:**

SCRIPT = [EE Medicare Advantage Plan Nonrenewal](#)

[TOP](#)

[BACK](#)

## Drug Coverage Enrollment Exceptions (EEs)

[TOP](#)[BACK](#)

**ASK:** Why did you miss the enrollment period (IEP, AEP, or SEP)?

**\*DO NOT READ THE FOLLOWING TO THE CALLER\***

### CSR NOTE:

- If the caller enrolled directly with the drug plan and the plan has no record of the enrollment, OR
  - If the caller received a letter stating that they were disenrolled and this is an error (for example: the letter says that they lost Part A and/or Part B OR there is a date of death on file)
- These should be regular complaints. **Do not log them as an Enrollment Exception (EE).** Go to the PDP Plan Referral.

### The only reasons that will allow for an exception are:

1. A serious medical emergency, such as an unexpected hospitalization that caused a person to miss enrolling in a drug plan during an enrollment period (IEP, AEP, or SEP). **\*\*CSR NOTE:** The beneficiary has to be in the hospital for the majority of the enrollment period (IEP, AEP, or SEP). (This is for the Regional Office to decide after the EE is submitted.)\*\*
2. The caller makes a change to their hospice status (joins or leaves) and wants to either join or leave a Medicare drug plan.
3. The caller was misled into joining one type of plan when they thought they were joining another type of plan. (\*\*This does not apply to MA Plans or MA-PDPs because there is a special enrollment period for them.\*\*)
4. The caller lives in Craig, Alaska on Prince Royal Island and is currently enrolled in United/AARP.
5. The caller is in one of the following plans (check the MA PDP tab, write down the contract ID, and when you return to this script, click **Shortcut N** at the top), they say that the website had a different annual cost for this plan, AND they would not have enrolled based on the true cost. The plans are: H0351, H0544, H0564, H0755, H3366, H3814, H3954, H3964, H4206, H5422, S4802, S5557, S5617, S5660, S5678, S5803, S5904, S5917, S5983.

**Examples that would NOT ALLOW for an exception** (\*\*if caller falls into one of these categories, DO NOT file an EE\*\*):

- Unsuccessful attempt to call 1-800-MEDICARE or the drug plan
- Bad weather

- Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage
- Home Computer Crashed
- Caller didn't know about the Medicare drug coverage
- Power or phone failure that prevented enrollment
- A mailed enrollment form returned as undeliverable on or after the end of the enrollment period
- Caller just started taking prescriptions and wants to join a drug plan.
- Caller just changed prescriptions and wants to join or switch plans.

Does the caller get an exception based on one of the FIVE reasons above?

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Enrollment Exceptions (EEs)

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Call the Help Queue. You should remain in queue until an actual agent is reached. DO NOT perform a blind transfer. Tell the Help Queue which EE reason you think the caller qualifies for.

- If it is truly an EE, the Help Queue will take ownership of the call and file the EE. Do not process an enrollment or disenrollment. Help Queue will handle the EE request.
- If it is not an EE, the Help Queue will tell you how to handle the call.

**\*\*DO NOT FILE AN EE FOR ANY REASON. The Help Queue will be the only ones filing EEs.\*\***

[Click here](#) for AEP language.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage Annual Election Period

[TOP](#) [BACK](#)

You can join, switch, or leave a plan now because it is the annual election period, which is November 15 to December 31. The change will be effective on January 1 of next year.

If you are already in a plan and you want to switch, you should simply join another plan. This will automatically disenroll you from the plan that you do not want.

If you disenroll from your Medicare Advantage Plan, you will automatically return to Original Medicare.

Would you like to compare drug plans now?

**\*\*For Medicare Advantage Plans [CLICK HERE](#)\*\***

**\*\*CSR NOTE:** If the caller would like to disenroll, [CLICK HERE](#).

**TIP BOX:**

SCRIPT = [CS Medicare.gov Tools](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Drug Coverage 2008

[TOP](#) [BACK](#)

You can join, switch, or leave a plan now because it is the annual election period, which is November 15 to December 31. The change will be effective on January 1 of next year.

If you are already in a plan and you want to switch, you should simply join another plan. This

112 of 179



Enrollment, Disenrollment, Periods, Drug Coverage and Medicare Advantage  
will automatically disenroll you from the plan that you do not want.

If you disenroll from your Medicare Advantage Plan, you will automatically return to Original Medicare.

Would you like to compare drug plans now?

\*\*For Medicare Advantage Plans [CLICK HERE](#)\*\*

\*\***CSR NOTE:** If the caller would like to disenroll, [CLICK HERE](#).

**TIP BOX:**

SCRIPT = [CS Medicare.gov Tools](#)

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*If the caller is not the beneficiary and hasn't already attested, [click here](#) for disenrollment and [click here](#) for opt out.\*\***

**\*\*What does the caller want to do?**

**Disenroll**  
(MA and PDP)

**Opt Out**  
(only for auto-enrolled or facilitated enrolled)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*What type of plan does the caller want to disenroll from?**

[Medicare Advantage](#)

[Medicare Advantage Prescription  
Drug Plan](#)

[Prescription Drug Plan](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

I am going to submit a disenrollment request for you from [insert plan name]. Keep using your current plan until your disenrollment date. After your disenrollment date, [insert plan name] will not cover your health care costs. You will automatically return to Original Medicare.

Once I submit your disenrollment request, I cannot stop or cancel it. However, you can cancel the disenrollment if you call your plan before the disenrollment effective date. A cancellation cannot be processed **after** the disenrollment effective date.

**\*\*If the caller wants to re-enroll because they can't cancel their disenrollment, [CLICK HERE](#).**

One moment please, while I submit your disenrollment request.

**\*\*CSR NOTE:** Go to the MA PDP tab to complete the disenrollment. (When you return to this script, click **Shortcut E** at the top or [click here](#).)\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

I am going to submit a disenrollment request for you from [insert plan name]. Keep using your current plan until your disenrollment date. After your disenrollment date, [insert plan name] will not cover your prescription drugs or health care costs.

Once I submit your disenrollment request, I cannot stop or cancel it. However, you can

### Enrollment, Disenrollment Periods, Drug Coverage, and Medicare Advantage

cancel the disenrollment if you call your plan before the disenrollment effective date. A cancellation cannot be processed **after** the disenrollment effective date.

**\*\*If the caller wants to re-enroll because they can't cancel their disenrollment, [CLICK HERE](#).**

One moment please, while I submit your disenrollment request.

**\*\*CSR NOTE:** Go to the MA PDP tab to complete the disenrollment. (When you return to this script, click **Shortcut E** at the top or [click here](#).)\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

I am going to submit a disenrollment request for you from [insert plan name]. Keep using your current plan until your disenrollment date. After your disenrollment date, [insert plan name] will not cover your prescription drugs.

Once I submit your disenrollment request, I cannot stop or cancel it. However, you can cancel the disenrollment if you call your plan before the disenrollment effective date. A cancellation cannot be processed **after** the disenrollment effective date.

**\*\*If the caller wants to re-enroll because they can't cancel their disenrollment, [CLICK HERE](#).**

One moment please, while I submit your disenrollment request.

**\*\*CSR NOTE:** Go to the MA PDP tab to complete the disenrollment. (When you return to this script, click **Shortcut E** at the top or [click here](#).)\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

I am going to submit an opt-out request for you. This will cancel your enrollment in [plan name]. You will not be enrolled automatically by Medicare again.

If you decide in the future that you want a Medicare drug plan, you can [enroll in a new plan](#) during a valid enrollment period.

**\*\*If the caller wants to re-enroll because they can't cancel their opt out, [CLICK HERE](#).**

One moment please, while I submit your opt-out request.

**\*\*CSR NOTE:** Go to the MA PDP tab to complete the disenrollment. (When you return to this script, click **Shortcut E** at the top or [click here](#).)\*\*

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*Were you able to complete the disenrollment or opt out request?**

**YES**

**NO**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

### **Closing for disenrollment**

I have submitted your request for disenrollment. It normally takes 15 business days to be processed. Your effective date for this disenrollment will be the last day of the month in which the plan receives the request. Once your disenrollment has been processed, you will receive a confirmation letter. It is up to the plan to verify your information and work with Medicare to confirm your disenrollment.

### **Closing for opt out**

I have submitted your request to opt out of Medicare drug coverage and future automatic enrollment into a Medicare drug plan. The effective date will be the last day of the month in

**Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage**  
which the plan receives the request. It normally takes 15 business days for the opt-out request to be processed. Once your request is processed, you will receive a letter confirming your decision to decline Medicare drug coverage. It is up to the plan to verify your information and work with Medicare to confirm your disenrollment. If you decide you want Medicare drug coverage in the future, you can enroll in a new plan at any time.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Unsuccessful Disenrollment

[TOP](#) [BACK](#)

#### **Disenrollment request unsuccessful**

I am sorry. I am unable to complete your disenrollment request today. I cannot verify the plan information you provided. If you know the phone number of your plan, you can call them and they will process your disenrollment.

#### **Opt out request unsuccessful**

I am sorry. I am unable to complete your opt out request today. I cannot verify the plan information you provided. Please contact the plan to see if you are currently enrolled.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### NGD is Down

[TOP](#) [BACK](#)

I'm sorry but we are not able to access your records at this time to process your disenrollment request. You can call us back later or you can call your plan to disenroll.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**CSR Reminder:** While verifying disenrollment dates, check the Activities applet to see if the disenrollment has been processed.

Has it been more than 15 business days since you requested a disenrollment?

[YES](#)

[NO](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Please allow 15 business days for your disenrollment request to be processed. Once your request is processed, you will receive a confirmation letter.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

Did you contact your plan or 1-800-MEDICARE to request the disenrollment?

[Plan](#)

[1-800-MEDICARE](#)

[TOP](#)

[BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Are you being denied emergency care because your provider shows that you are still enrolled in a Medicare Advantage Plan?

[YES](#)

[NO](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***[TOP](#)[BACK](#)**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut F at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage	Action
Disenrollment date is the same			<a href="#">Click here</a>
Disenrollment dates are not consistent			<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date shown	No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date is the same		No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date shown	Disenrollment date shown	<a href="#">Click here</a>
No disenrollment date shown	No disenrollment date shown	No disenrollment date shown	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Our system is showing that your disenrollment was effective on [insert date]. Please ask your provider to resubmit the claim.

**\*\*CSR NOTE: If the caller says that the doctor already resubmitted the claim, transfer to the claims CSR for the type of service.\*\***

**\*\*If you are a Claims CSR, [click here](#).**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Please contact your plan for the status of your disenrollment.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Our system is not showing a disenrollment date for you. Please call your plan regarding your disenrollment request. Once your disenrollment information has been updated in our system, your provider should resubmit your claim to Medicare for processing.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Medicare is aware that there may be problems processing some disenrollments and is working to correct them. I will forward your information to the Centers for Medicare and Medicaid Services (CMS). Once your disenrollment information has been updated in our system, which takes about 15 business days, your provider should resubmit the claim to Medicare for processing. I apologize for any inconvenience this may have caused you.

**\*\*CSR NOTE:** Complete the MA Disenrollment Log. Send an email to your site point of contact (POC) and be sure to include all the specific details about the situation, including what makes it urgent. The subject line should contain the word "urgent."\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Our system is showing that your disenrollment was effective on [insert date]. Please ask your provider to resubmit the claim.

**\*\*CSR NOTE:** If it has been more than 5 days from today's date, complete the MA Disenrollment Log.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Medicare is aware that there may be problems processing some disenrollments and is working to correct them. I will forward your information to the Centers for Medicare and Medicaid Services (CMS). Once your disenrollment information has been updated in our system, which takes about 15 business days, your provider should resubmit the claim to Medicare for processing. I apologize for any inconvenience this may have caused you.

**\*\*CSR NOTE:** Complete the MA Disenrollment Log. Send an email to your site point of contact (POC) and be sure to include all the specific details about the situation, including what makes it urgent. The subject line should contain the word "urgent".\*\*

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Medicare is aware that there may be problems processing some disenrollments and is working to correct them. I will forward your information to the Centers for Medicare and Medicaid Services (CMS). Once your disenrollment information has been updated in our system, which takes about 15 business days, your provider should resubmit the claim to Medicare for processing. I apologize for any inconvenience this may have caused you.

**\*\*CSR NOTE:** Complete the MA Disenrollment Log.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**If the Audit Indicator in the MA PDP tab shows that the case was audited, READ:**  
The disenrollment has been processed. Please ask your provider to resubmit the claim.

**If the case has NOT been audited, READ:**  
Medicare is aware that there may be problems processing some disenrollments and is working to correct them. I will forward your information to the Centers for Medicare and Medicaid Services (CMS). Once your disenrollment information has been updated in our system, which takes about 15 business days, your provider should resubmit the claim to Medicare for processing. I apologize for any inconvenience this may have caused you.

**\*\*CSR NOTE:** Complete the MA Disenrollment Log.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**If the Audit Indicator in the MA PDP tab shows that the case was audited, READ:**  
The disenrollment has been processed. Please ask your provider to resubmit the claim.

**If the case has NOT been audited:**

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD." In the Issue/Complaint field, note that the beneficiary has a letter from the plan with a date different from that on our records.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Did you receive a letter confirming your disenrollment?

**YES**

**NO**

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

What is the date on your letter? Is the date on the letter correct?

[YES](#)

[NO](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut G at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage	Action
-------------------	-------------------------------	--------------------	--------

Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage			
Disenrollment dates match date on letter			<a href="#">Click here</a>
Disenrollment dates do not match date on letter			<a href="#">Click here</a>
Disenrollment date matches letter	No disenrollment date or date doesn't match letter	No disenrollment date or date doesn't match letter	<a href="#">Click here</a>
Disenrollment date matches letter		No disenrollment date or date doesn't match letter	<a href="#">Click here</a>
No disenrollment date	No disenrollment date	No disenrollment date	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Please ask your provider to resubmit the claim.

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD." In the Issue/Complaint field, note that the beneficiary has a letter from the plan with a date different from that on our records.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD." In the Issue/Complaint field, note that the caller says a confirmation letter has been received.\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Medicare is aware that there may be problems processing some disenrollments and is working to correct them. I will forward your information to the Centers for Medicare and Medicaid Services (CMS). Once your disenrollment information has been updated in our system, which takes about 15 business days, your provider should resubmit the claim to Medicare for processing. I apologize for any inconvenience this may have caused you.

**\*\*CSR NOTE:** Complete the MA Disenrollment Log.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut H at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage Data	Action
		Disenrollment dates match date on letter	<a href="#">Click here</a>
		Disenrollment dates are same but do not match date on letter	<a href="#">Click here</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD." In the Issue/Complaint field, note that the caller says a confirmation letter has been received.\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Our system is showing a disenrollment date of [insert date]. Please call your plan to verify your disenrollment date.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut I at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage Data	Action
Disenrollment date is the same			<a href="#">Click here</a>
Disenrollment dates are not consistent			<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date shown	No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date is the same		No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date	Disenrollment date shown	<a href="#">Click here</a>
No disenrollment date	No disenrollment date	No disenrollment date	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Are you being denied emergency care because your provider shows that you are still enrolled in a Medicare Advantage Plan?

YES

NO

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut J at the top.\*\***

Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage			
MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage Data	Action
Disenrollment date is the same			<a href="#">Click here</a>
Disenrollment dates are not consistent			<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date shown	No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date is the same		No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date	Disenrollment date shown	<a href="#">Click here</a>
No disenrollment date	No disenrollment date	No disenrollment date	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD."\*\*

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

Did you receive a letter confirming your disenrollment?

[YES](#)

[NO](#)

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

What is the date on your letter? Is the date on the letter correct?

**YES**

**NO**

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut K at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage Data	Action
Disenrollment dates match date on letter			<a href="#">Click here</a>
Disenrollment dates do not match date on letter			<a href="#">Click here</a>
Disenrollment date matches letter	No disenrollment date or date doesn't match letter	No disenrollment date or date doesn't match letter	<a href="#">Click here</a>
Disenrollment date matches letter		No disenrollment date or date doesn't match letter	<a href="#">Click here</a>
No disenrollment date	No disenrollment date	No disenrollment date	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut L at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage Data	Action
Disenrollment dates match date on letter			<a href="#">Click here</a>

159 of 179

Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage  
Disenrollment dates are same but do not match date on letter [Click here](#)

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*Review Activities applet to verify when disenrollment was requested.\***

- **If disenrollment effective date is the first of the month following the disenrollment request, READ:**

Our records show that you requested to disenroll on [insert date], and therefore, the effective date is correct.

- **If disenrollment effective date is later than the first of the month following the disenrollment request date:**

**\*\*CSR NOTE: Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD."\*\***

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

Our system shows that your disenrollment was effective on [insert date]. I can send you a letter confirming your disenrollment date, which you will receive within 7 to 10 business days. Please ask your provider to resubmit the claim.

**\*\*CSR NOTE:** Complete the Duplicate Letter Request Email Template.\*\*

**\*\*CSR NOTE:** If the caller says that the doctor already resubmitted the claim, transfer to the claims CSR for the type of service.\*\*

**\*\*If you are a Claims CSR, [click here](#).**\*\*

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Claims CSRs.\*\***

[TOP](#) [BACK](#)

**\*\*Follow the steps below to assist the caller with his or her denied claim.\*\***

1. Query for the claim.
2. Look up the reason code for the denial.
3. If the claim was denied **because of a Medicare Advantage enrollment**, escalate to the contractor for a complex inquiry. However, if the claim was denied for another reason, follow normal protocol.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#)

[BACK](#)

**\*\*In the Enrollment Compare tab, check the MA PDP Enrollment, Medicare Advantage CWF System, and Medicare Advantage applets. When you return to this script, click Shortcut M at the top.\*\***

MA PDP Enrollment	Medicare Advantage CWF System	Medicare Advantage	Action
Disenrollment date is the same			<a href="#">Click here</a>
Disenrollment dates are not consistent			<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date shown	No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date is the same		No disenrollment date shown	<a href="#">Click here</a>
Disenrollment date shown	No disenrollment date	Disenrollment date shown	<a href="#">Click here</a>
No disenrollment date	No disenrollment date	No disenrollment date	<a href="#">Click here</a>
No plan is listed	Plan is listed	Plan is listed	<a href="#">Click here</a>
Plan listed (no date)	No plan is listed	No plan is listed	<a href="#">Click here</a>

Enrollment	Disenrollment	Periods	Drug Coverage	and Medicare Advantage
No plan is listed	No plan is listed	No plan is listed	<a href="#">Click here</a>	

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**\*\*Check Activities applet to verify date disenrollment was requested.**

- **If more than 15 business days:**

**\*\*CSR NOTE:** Complete the PDP Plan Referral form requesting a retroactive disenrollment using "MA-RD."**\*\***

- **If less than 15 business days, READ:**

Please allow up to 15 business days for your disenrollment request to be processed. Once your request is processed, you will receive a letter confirming your disenrollment or stating why it was denied.

- **If nothing is in Activities, READ:**

Please contact your plan for the status of your disenrollment.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Disenrollment Cancellation

[TOP](#) [BACK](#)

If you enroll, switch, or disenroll but change your mind **before the change goes into effect**, you must call your plan to cancel the enrollment or disenrollment request. If applicable, you should also contact the plan that you want to stay in. Once your plan becomes effective, you must wait until your next valid enrollment period (special or annual) to make changes to your coverage.

**\*\*If the caller wants us to try to cancel the disenrollment, transfer to a Tier II.\*\***

#### **Tier I CSRs:**

I am going to transfer you to a Medicare Benefits Specialist who may be able to help you with your cancellation request. You may be asked to repeat some of your personal information. I am going to transfer your call now. Please do not hang up. There may be a period of silence before the Medicare Benefits Specialist answers.

#### **Tier II CSRs:**

[CLICK HERE](#) for the cancellation process.

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*This section is only for Tier IIs.\*\***

[TOP](#) [BACK](#)

**READ:**

I will check our system to see if I can cancel your disenrollment. If the disenrollment is no longer pending in our system, you will have to call the plan to cancel the request. Once the disenrollment is effective, you must wait until your next valid enrollment period to make changes to your coverage.

**\*\*CSR NOTE:** Use the MA PDP Disenrollment tab and highlight the record to be cancelled to verify that it is Pending. If it is Pending, click the Cancel Request button. If it is not pending, refer the caller to the plan to have the disenrollment cancelled.\*\*

[TOP](#) [BACK](#)



## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Enrollment Reconciliation

[TOP](#) [BACK](#)

**\*\*Use the script "[Plan Enrollment Reconciliation](#)".\*\***

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Marketing Misrepresentation

TOP

BACK

**\*\*If the caller's record has an Employer Subsidy through West Virginia Public Employees that ended on 6/30/2007 AND/OR an enrollment into Advantra Freedom offered by Coventry (H5227, PBP 802) with an effective date of 7/1/2007, [CLICK HERE](#).\*\***

**Otherwise, continue with the information below.**

---

**\*DO NOT READ THE FOLLOWING TO THE CALLER\***

**\*\*CSR NOTE:** Below is a list of **examples** of misleading information. The list is not all-inclusive. 1-800-MEDICARE CSRs do not determine whether or not someone qualifies for this SEP. If you are in doubt, choose the "No/Not Sure" option below.\*\*

**Some examples that would be considered misleading or incorrect information include:**

- Statements that indicate or suggest that the plan is accepted by all providers in the area who accept Medicare.
- Statements that describe the product as a Medigap policy or "Med Supp" plan that supplements Medicare.
- Statements to potential enrollees that indicate or suggest that they can switch back to their other plan or Original Medicare "at any time" or outside of existing enrollment periods.
- Other misleading or incorrect statements made by plan employees, agents, or brokers or in plan materials that are designed to entice beneficiaries to enroll in the plan.

**Some examples that would not be considered to be incorrect or misleading information:**

- The beneficiary wants to disenroll from the plan, without any specific allegation about

### Enrollment, Disenrollment, Periods, Drug Coverage and Medicare Advantage misleading or incorrect information.

- The beneficiary uses a provider (or group of providers) who previously participated in the plan but no longer does so, assuming that access to services still exists.

**\*\*CSR NOTE:** There is no time restriction on this SEP. Regardless of how long ago the beneficiary feels that he or she was misled, you can still make the change that the caller is requesting.\*\*

Does the caller qualify for the SEP based on the information listed above? If you are not sure, please click the "NO / NOT SURE" button.

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### West Virginia Coventry Advantra Freedom PFFS

[TOP](#) [BACK](#)

**\*\*Do not enroll the caller into another plan or process a disenrollment without first using the script, "[Drug Coverage West Virginia Coventry Advantra Freedom PFFS H5227](#)".\*\***

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

## Marketing Misrepresentation

[TOP](#)[BACK](#)

## READ:

Based on the information you provided, you may be able to switch or disenroll from your plan because you may be eligible for a special enrollment period. I can make the change that you are requesting today. It will be effective on the first day of the next month. You will be getting information from your plan within the next 14 days.

**\*\*TIER I AND TIER II CSR NOTE:** In order to process the caller's request, you will need to do one of the following. If the caller is in a PFFS Plan or Cost Plan and a stand-alone PDP is involved in the switch, you may need to do both. [CLICK HERE](#) for an explanation.

1. Submit an enrollment request using the online enrollment center (OEC). Insert the phrase "1-800-Medicare Marketing Misrepresentation SEP" into the "For CMS Use Only" comment box. Enter the OEC confirmation number into the Drug Plan Finder Confirmation # field in NGD.  
**\*\*If the "Enroll Now" button is not available for the plan the beneficiary wants because the plan is not participating in the online enrollment, [CLICK HERE](#)\*\***
2. To begin the Disenrollment process, [CLICK HERE](#) to prepare the transfer to a Tier II.  
**\*\*If you enrolled the caller into a plan, enter the plan name and contract number into the CSR Comments field in NGD.\*\***  
**\*\*Tier IIs ONLY: [CLICK HERE for the disenrollment process](#). If the caller wants a retroactive change, return to this section of the script after processing the disenrollment (and see below for instructions). You should NOT submit a retroactive disenrollment, which is called an MA-RD (MA RETRO DISENROLLMENTS) or PDP-RD (PDP RETROACTIVE DISENROLLMENTS).\*\***

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**\*\*TIER I AND TIER II CSR NOTE: If the caller requests a retroactive change**, warm transfer to the Help Queue and explain that the caller qualifies for the MA marketing misrepresentation SEP and is requesting a retroactive change. The Help Queue will submit this as an **Enrollment Exception (EE)** by using the PDP Plan Referral form.

- If you submitted an enrollment, provide the plan name and contract number to the Help Queue.
- If you processed a disenrollment, explain to Help Queue all actions that were taken during the call, including any enrollments or disenrollments (including any actions taken by another CSR).

The **Help Queue agent** needs to enter the "Bypass" Code and NOT the contract number into the Complaint Contract Number field. Help Queue should follow the "Plan Complaints" script in the PDP Plan Referral form for additional instructions regarding this EE.

**TIP BOX:**

TRANSFER = Tier II (Medicare Benefits Specialist)  
TIP = There is no time restriction on this SEP. Regardless of how long ago the beneficiary feels that he or she was misled, you can still make the change that the caller is requesting.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### Marketing Misrepresentation

[TOP](#)

[BACK](#)

**\*\*Do not read any of the following to your caller.\*\***

**\*\*CSR NOTE:** Call the Help Queue. You should remain in queue until an actual agent is reached. DO NOT perform a blind transfer. **Tell the Help Queue** that you are transferring the call because you do not think this qualifies or you are not sure if this qualifies for the SEP reason that says:

"You were **misled into joining a Medicare Advantage Plan** (with or without drug coverage) when you thought you were joining a different type of plan. You want to disenroll or switch to the plan you originally wanted."

The Help Queue agent will take ownership of the call. As long as the caller feels that he or she was misled, Help Queue should take ownership. It is not the CSR's responsibility to decide if the situation is really misleading.

**TIP BOX:**

TRANSFER = Help Queue

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

"Enroll Now" button is not available

[TOP](#)

[BACK](#)

**\*\*If the "Enroll Now" button is not available for the beneficiary's plan of choice, READ:** The plan you want to enroll in does not participate in online enrollment. I will be transferring you to another Customer Service Representative who will gather some information from you to submit your enrollment request. Please hold while I transfer you now.

**\*\*CSR NOTE:** Warm transfer to Help Queue to file an Enrollment Exception (EE). Explain that you used the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage." **You must provide the following information to the Help Queue:**



### Enrollment, Disenrollment Periods, Drug Coverage, and Medicare Advantage

The beneficiary wants to enroll into [PLAN NAME], which is [CONTRACT NUMBER]. However, the plan does not participate in online enrollment in the CSR Plan Finder Tool."

The Help Queue agent will take ownership of the call. As long as the caller feels that he or she was misled, Help Queue should take ownership. It is not the CSR's responsibility to decide if the situation is really misleading.

[TOP](#)

[BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

### America's Health Choice Plan Termination

[TOP](#) [BACK](#)

**\*\*Use the script "[America's Health Choice Plan Terminations](#)" if the caller is affected by the termination of America's Health Choice Plan (H1034 or S9086).\*\***

[TOP](#) [BACK](#)

## Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

[TOP](#)[BACK](#)

If the caller is in:	The following is required:
Private Fee-for-Service (PFFS) Plan and a stand-alone prescription drug plan (PDP)	Two separate actions*
Cost Plan and a stand-alone PDP	Two separate actions*

**\*\*CSR NOTE:** Two separate actions mean that the two parts act independently of each other. Changes to one plan (for example, the stand-alone PDP) will not affect the other plan (for example, the PFFS Plan).

For example, if the caller wants to return to Original Medicare without drug coverage, two separate disenrollments are needed - one for the PFFS or Cost Plan and one for the stand-alone PDP.\*\*

[TOP](#)[BACK](#)

**Status:** Active

**Deactivated Date:** N/A

**Script:**

Joining a Medicare drug plan is your choice. If you do not join, you will not lose your Medicare Part A or B.

To get Medicare drug coverage, you must join a drug plan in your area during an enrollment period. You can join one that only covers prescription drugs or you can join a Medicare Advantage Drug Plan that will also cover your doctor and hospital care.

To join a drug plan, you must have Medicare Part A and/or B and live in the service area of the plan. This means that you can't join a drug plan if you don't live in the United States or its territories.

Before joining a Medicare drug plan, you should compare the costs, the network pharmacies, and the covered drugs so that you choose a plan that meets your needs.

You will stay in the same plan until you switch or disenroll. During the annual election period, you should compare your plan options even if you don't think you want to switch.

**If you enroll, switch, or disenroll but change your mind before the change goes into effect,** you must call your plan to cancel the enrollment or disenrollment request. If applicable, you should also contact the plan that you want to stay in. Once your plan becomes effective, you must wait until the next available enrollment period to make changes to your coverage. The last plan that you join will be the one that becomes effective. (For example, if you try to join 2 plans in one month, the last plan will be effective.)

**You can join by:**

1. Allowing me to submit an application for you. (Not all plans allow me to do this.)
2. Going to [www.medicare.gov](http://www.medicare.gov) and using the online enrollment center. (Not all plans offer enrollment on [medicare.gov](http://medicare.gov).)
3. Contacting the drug plan for a paper enrollment form and mailing or faxing it back to the company. You may also be able to enroll on the plan's website or over the phone. (Not all plans offer enrollment over the phone.)
4. Group enrollment, because your employer may enroll you into a group or union-sponsored plan.

If you mail a paper application during:

1. the **annual election period**, the drug plan must receive it by December 31 for coverage to start on January 1. If you don't meet this deadline, you will have to wait until the next annual election period, unless you qualify for a special enrollment period.
2. a **special enrollment period**, the drug plan must receive it by the end of the month for coverage to be effective on the first day of the next month.
3. an **initial enrollment period**:
  - the drug plan must receive it before you are eligible for Medicare for coverage to be effective on the same day as your Medicare becomes effective **OR**
  - after you are eligible for Medicare, the plan must receive it by the end of the month for coverage to be effective on the first day of the next month.

It may take up to 30 days to process your application. Therefore, **it is a good idea to enroll early in the enrollment period** to make sure you get your materials (your membership card, acknowledgement letter, and welcome package) before your coverage starts. If you haven't heard from your plan after 30

days, please contact them for the status. Keep in mind that if you are enrolling during the annual election period, the effective date will be January 1.

If any of the required information on the enrollment form is missing or does not match Medicare's records, the plan may contact you to get the missing or corrected information. This could delay the plan's ability to process your enrollment. If you don't provide the needed information within 15 days or by the end of the enrollment period (whichever is first), your application will be denied.

**\*\*For drug plans only - Don't read to a beneficiary\*\***

**If a drug plan calls and wants to know why they can't see a beneficiary's enrollment, READ:**

Please contact your Enrollment Services division so that they can update the files.

**Tips:**

TIP = You and your spouse have to join a Medicare drug plan separately.

SCRIPT = Drug Coverage LIS Auto Facilitated Enrollment How to Enroll, if the caller has Medicaid, gets help from the state to pay for their premiums, has SSI, or has applied and been approved for the extra help

SCRIPT = Drug Coverage Medicare Advantage, if the caller has questions regarding Medicare Advantage Prescription Drug Plans

SCRIPT = CS Medicare.gov Tools

SCRIPT = Drug Coverage Formulary and Pharmacy Information

SCRIPT = Drug Coverage New Enrollment No Membership Card

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<b>Script:</b> Once your plan receives your application, they will send you a letter confirming that they have it. You can take this letter to the pharmacy as proof of your enrollment to get your prescriptions. If you didn't get this letter, you can take your welcome letter from the plan.  Plans do not have to wait for confirmation from Medicare to process an application. If your drug plan won't process the application until they hear from Medicare, you must call your plan and ask for an acknowledgement letter so you can fill your prescriptions.  If you didn't get ANY materials from your plan, you may have to pay out-of-pocket for the prescription. You should save your receipts and work with your plan to be reimbursed.  If you qualify for extra help, you should also take any of the following as proof: <ul style="list-style-type: none"><li>• a copy of the yellow or green automatic enrollment letter</li><li>• a Medicaid card</li><li>• an approval letter from the Social Security Administration</li><li>• other proof that you qualify for extra help</li></ul> Be sure to keep these materials for your records.	
<b>Tips:</b> REFERRAL = Medicare drug plan SCRIPT = Drug Coverage Enrollment Plan Unknown SCRIPT = Drug Coverage LIS Plan Unknown SCRIPT = CS Medicare.gov Tools SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage	
<b>Keywords:</b> Drug Coverage New Enrollment End of Month No Membership Card Application Confirmation Letter Acknowledgement Letter Receipts Reimbursed	

**Status:** Active

**Deactivated Date:** n/a

**Script:**

Almost all of your drugs are covered by a Medicare drug plan instead of Medicaid. Medicaid will pay for your other medical costs.

If you have Medicare and Medicaid, you automatically qualify for extra help with Medicare drug costs. If you have yet to join a Medicare drug plan, Medicare will choose one for you. It's important to see if the plan Medicare enrolled you in covers the drugs you use. You should also see if you can go to the pharmacies you prefer. Remember that drug coverage varies by plan and you can change plans if the one Medicare chose does not meet your needs.

**Caller has Medicare and becomes eligible for Medicaid:**

Medicare will enroll you into a drug plan that will start on the first day of the month after your **Medicaid** coverage started. You can switch plans any time.

**Caller has Medicaid and becomes eligible for Medicare:**

Medicare will enroll you into a drug plan that will start on the first day of the month that your **Medicare** coverage started. You can switch plans any time.

**If you qualify for the extra help retroactively** (ex: a retroactive approval for full Medicaid benefits), you qualify for reimbursement of premiums and cost-sharing as long as you were in a plan during that time. Contact the plan to find out how to be reimbursed.

**Caller receives Medicaid through "spend down":**

If you qualify for Medicaid because you met the spend down limit, you also get extra help paying for Medicare drug coverage. Medicare will send you a notice explaining this. Once you qualify for extra help, you'll be eligible for the rest of the calendar year.

**Caller asks why they have to pay a co-pay now but didn't with Medicaid:**

Medicare drug coverage has a national standard and the same rules apply for plans across the country. Medicaid differs from state to state and can be affected by state budgets. This means that some states may limit cost sharing and/or may lower or limit their drug coverage.

**Tips:**

TIP = The Wellpoint POS option can be used if automatic enrollment did not occur and the caller needs drug coverage now.

SCRIPT = Drug Coverage LIS Plan Unknown, if beneficiary wants to join a plan now, has Medicaid and NGD does not show deemed status.

TIP = The wrap-around prescription drug program for New York Medicaid ended on December 31, 2006. Please contact the State Medicaid Office for more information.

REFERRAL = State Medicaid Office, if caller

- is unsure whether they have Medicaid.
- states they have Medicaid, but NGD doesn't show deemed status.

TIP = If caller lost or never got the auto-enrollment letter, you can tell them what plan they are in by going to the MA PDP tab in the Beneficiaries screen.

SCRIPT = Drug Coverage Plan Mailings LIS Mailings [Extra Help Mailing], if caller lost or never got the auto-enrollment letter and wants another copy.

SCRIPT = Drug Coverage Cost Information

SCRIPT= EE SLMB QMB Q-1 Program, if caller needs assistance paying for Medicare costs (other than drug coverage).

SCRIPT = CS Long Term Care LTC, if caller lives in a LTC facility, assisted living facility, or some other type of nursing home.

REFERENCE MATERIAL = State Medicaid Offices Covering Excluded Drugs, if caller wants information on drugs excluded from Medicare coverage that may be covered by Medicaid.

REFERENCE MATERIAL = "State Part D Copayment for Full Dual Eligibles" for a list of states that are providing co-payment assistance to Full Benefit Dual Eligibles.

REFERENCE MATERIAL = Drug Coverage Medicaid Spend Down

## Drug Coverage and Other Coverage

**START »** \*\*CSR NOTE: Use this script if the caller wants to know how his or her other coverage will work with the Medicare drug coverage.\*\*

**What kind of coverage do you have?**

<b>CHAMPVA</b>	<b>Veterans Benefits Administration</b>
<b>TRICARE</b>	<b>Federal Employee Health Benefits (FEHB)</b>
<b>Employer/Union - Creditable Coverage Information</b>	<b>Employer/Union - General Information</b> Retiree Drug Subsidy
<b>Employer/Union - Extra Help (LIS)</b>	<b>Supplemental Health Insurance (not Medigap)</b>
<b>Medigap</b>	<b>State Pharmacy Assistance Program (SPAP)</b>
<b>Pharmaceutical Manufacturer Patient Assistance Program (PAP)</b>	<b>Program of All-inclusive Care for the Elderly (PACE)</b>
<b>Indian Health Services</b>	<b>Non-Medicare Drug Discount Card</b>
<b>Other Retail Pharmacy Discount</b> (Wal-Mart, K-Mart, Target, etc.)	



## Drug Coverage CHAMPVA

[TOP](#)[BACK](#)

**Joining a Medicare drug plan is always your choice. You are not required to join a Medicare drug plan; it is optional.** If you have Civilian Health & Medical Program of the Veterans Administration (CHAMPVA) and you join a Medicare drug plan, Medicare will be the primary payer and CHAMPVA will be the secondary payer. This means that Medicare will pay first and CHAMPVA will reimburse your copayment up to 75% of the CHAMPVA allowable amount for covered prescriptions. You will be responsible for any costs not covered by these two programs.

CHAMPVA prescription drug coverage is considered creditable prescription drug coverage, meaning it is at least as good as Medicare prescription drug coverage. This means that if you decide you want to join a Medicare prescription drug plan after you are first eligible, you won't have to pay a late enrollment penalty. You must join during a valid enrollment period.

If you have limited income and resources, you may qualify for extra help that pays your Medicare prescription drug plan costs. If you think you may qualify, you should apply for the extra help and join a Medicare drug plan. You can still keep your CHAMPVA coverage as a secondary payer.

If you are enrolled in the CHAMPVA Meds by Mail program and you join a Medicare prescription drug plan, **you will no longer be eligible for Meds by Mail**. This is because

Meds by Mail is only for those who do not have any other drug coverage.

For more information, you can call CHAMPVA at 1-800-733-8387 or visit [www.va.gov/hac](http://www.va.gov/hac) on the Web.

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = CHAMPVA at 1-800-733-8387 or [www.va.gov/hac](http://www.va.gov/hac)  
SCRIPT = MP CHAMPVA

[TOP](#)

[BACK](#)

## Non-Medicare Drug Discount Card

[TOP](#)[BACK](#)

You may use a discount card or other pharmacy discount during your deductible period or while in the coverage gap. In some cases, a network pharmacy may accept a discount card or offer another cash price discount so that you can pay less for a prescription than your plan's negotiated price. This is considered a one-time "lower cash" or special price. If you are able to obtain a cash discount to pay an amount that's lower than your plan's price, you will need to send your receipt to your Medicare drug plan. This ensures that your plan will count the amount you paid towards your out-of-pocket costs.

### **Example (One-time "lower cash" or special price):**

You are in the coverage gap, so you have to pay for the total amount of your prescription. The plan usually charges \$100 (its negotiated price) for the drug you need. By using a discount card, you could get that drug for \$95. If you use your Medicare drug plan card, you will pay \$100. If you don't use your Medicare drug plan card and use the pharmacy's savings card, you will pay \$95. You can take advantage of the lower price, and send your receipt to your drug plan. Your plan will count the \$95 toward your total out-of-pocket costs and total drug spending under the plan.

\*\*If the caller says that his or her pharmacy (for example, Wal-Mart, K-Mart, Target) is offering extra discounts, [click here](#).\*\*

[TOP](#)[BACK](#)

### **TIP BOX:**

REFERRAL = Medicare drug plan

TIP = These programs and/or cards **will not** affect your Medicare coverage.

## Retail Pharmacy Discounts

[TOP](#)[BACK](#)

If you enroll in a Medicare drug plan, you will have access to a long list of prescription drugs at discounted prices, but you can still benefit from retail pharmacy programs (such as Wal-Mart, Target, K-Mart, and other retail programs that cover selected generic drugs for \$4, etc.).

For example, if you have a Medicare drug plan that charges 25% coinsurance and you use the Wal-Mart pharmacy, you will have to pay only \$1 (25% of \$4) for the generic drugs covered by the Wal-Mart program. You will pay \$4 for these medications if you are meeting a deductible or are in the coverage gap (in most cases).

It is important to realize that these retail pharmacy programs do not cover all generic drugs nor do they typically cover any brand-name drugs, many of which do not have generic versions available. In addition, while you have the choice of getting your drugs at a number of pharmacies or by mail-order under the Medicare drug coverage, the retail pharmacy programs generally apply only to covered generics purchased at the retail pharmacy (and

not available through your Medicare drug plan's mail-order option).

Enrolling in a Medicare drug plan will give you access to a larger list of prescription drugs at discounted prices in case you need a prescription drug that is not on a limited list of specially discounted generic drugs offered by a retail pharmacy. You will still benefit from discounts for selected generic drugs purchased at these retail pharmacies offering these special prices, but you will have broader coverage as well.

[TOP](#)[BACK](#)**TIP BOX:**

REFERRAL = Medicare drug plan

REFERRAL = Retail pharmacy, if the caller has questions about the program

TIP = These programs and/or cards **will not** affect your Medicare coverage.

TIP = Keep in mind that if you disenroll from your Medicare drug plan and decide to enroll later, you will have to pay a penalty for the time that you were not covered by a creditable drug plan. The \$4 generic drug program is not considered to be creditable coverage.

[TOP](#)[BACK](#)

## Employer/Union - General Information

[TOP](#)[BACK](#)

Your current or former employer or union should have sent you information that lets you know how your current coverage compares to the standard Medicare drug coverage. You may have received this information by mail, in a letter or newsletter, or by email. This information is important because it can affect the decision you need to make about joining a Medicare drug plan. Do not make any decisions until you have reviewed this information. If you did not receive information from your employer or union, you should contact the employer or union or the benefits administrator for your current coverage. The same rules apply if you are covered under someone else's current or former employer or union insurance (for example, a spouse's or parent's).

Your current or former employer or union must send you this information:

1. before November 15th of each year.
2. before your initial enrollment period (IEP) for Medicare.
3. if you already have Medicare and you join an employer or union plan.
4. if your employer or union terminates (ends) the drug coverage they offer.
5. if your employer or union drug coverage changes so that it is no longer as good as, or becomes as good as, the standard Medicare drug coverage.
6. whenever you request it.

### **Retiree Drug Subsidy (RDS)**

Medicare is offering help to employers and unions to encourage them to keep providing high quality prescription drug coverage. If your employer or union is claiming you for the retiree drug subsidy, you should first talk to your benefits administrator before making any changes to your current coverage. If you try to join a Medicare drug plan, your benefits administrator and/or the Medicare drug plan may contact you to confirm your choice.

You may not be able to have both Medicare drug coverage and employer/retiree drug coverage if your employer is claiming you for the retiree drug subsidy. If your employer is claiming you for retiree drug subsidy, you will not be auto-enrolled in a Medicare drug plan. Your employer is responsible for telling you how their coverage works with Medicare.

Each year, your former employer or union may decide if they want to continue offering retiree drug coverage. They will notify you if your coverage changes. You should contact your former employer or union with any questions.

**If the caller states that his or her enrollment was denied because he or she has (or the plan believes he or she has) prescription drug coverage from a former employer**

**or union, READ:**

If you have prescription drug coverage from a former employer or union and you enroll in a Medicare prescription drug plan, the Medicare drug plan may contact you. The plan must verify that you want to enroll and explain that you may lose your employer coverage (both health and drug). If you verify that you still want to enroll, the Medicare drug plan should not deny your enrollment. However, enrollment cannot be completed with Medicare until you verify with the plan that you understand that you may lose your employer coverage and you still want to enroll in the Medicare drug plan. The plan will submit a "Retiree Drug Subsidy (RDS) override" which lets Medicare know that you want to enroll in the Medicare drug plan. You should also contact your employer plan before making any changes to your coverage.

If you believe that the information is not correct (i.e. you do not have drug coverage from a former employer or union), you should take two actions:

1. Contact the Medicare drug plan to confirm that you want to enroll in the plan. The plan will submit a "Retiree Drug Subsidy (RDS) override" which lets Medicare know that you want to enroll in the drug plan. The plan does not need to wait for the employer coverage information to be corrected in order to process your enrollment.
2. Contact the employer or union to ask them to submit corrected information about the employer coverage.

**To see if an employer or union is claiming the caller for the retiree drug subsidy:**

**\*\*Go to the MA PDP tab and check the Employer Subsidy Indicator. Make sure you review the dates of coverage for the retiree drug subsidy on the screen (for example, if the dates are in the past, the beneficiary is no longer being claimed for the retiree drug subsidy). If the beneficiary doesn't agree with the retiree drug subsidy information in the tab, refer the caller to the former employer or union.\*\***

[TOP](#)
[BACK](#)
**TIP BOX:**

TIP = Workers' compensation is not considered creditable coverage.

TIP = To see if an employer or union is claiming the caller for the retiree drug subsidy: Go to the MA PDP tab in NGD and check the Employer Subsidy Indicator.

REFERENCE MATERIAL = Employer Union Creditable Coverage Model Language

REFERENCE MATERIAL = Employer Union Non-creditable Coverage Model Language

SCRIPT = [Drug Coverage Employer Retiree Creditable Non-creditable](#)

## Employer/Union - Extra Help (LIS)

[TOP](#)[BACK](#)

### **Read if the caller has drug coverage through an employer or union and will also get the extra help:**

Talk to your employer or union or the benefits administrator of your employer or union health insurance coverage. You may not need both Medicare drug coverage and your current drug coverage. Compare how much your costs are with your current drug coverage to what your costs would be with Medicare drug coverage and the extra help. **If you drop your current employer or union coverage, you might not be able to get it back.**

If you did not join a Medicare drug plan yourself, Medicare may have enrolled you in a plan, even if you also have drug coverage through an employer, union, TRICARE, Veterans Benefits Administration (VBA), or Federal Employee Health Benefits (FEHB).

- If you **do not** want to be enrolled into a Medicare drug plan, you must opt out of (decline) Medicare drug coverage so you are not auto-enrolled into another plan.
- If you **do** want to be enrolled into a Medicare drug plan, you need to see how it will affect your current coverage. In some cases, employers or unions have rules that say you cannot have **both** a Medicare drug plan and your employer or union plan. **Your current coverage may end for you and your dependents.** It is important that you talk to your employer or union or the benefits administrator of your current coverage before making any decisions.

If you have full Medicaid coverage, you will be auto-enrolled in a Medicare drug plan even if your employer or union is claiming you for the retiree drug subsidy. If you want to keep your employer coverage, you will need to opt out of (decline) the Medicare drug coverage.

You will **not** be auto-enrolled in a Medicare drug plan if your employer or union is claiming you for the retiree drug subsidy **and** one of the following is true:

- You get help from your state in paying your Medicare premiums.
- You get Social Security Income.
- You applied and were approved for the extra help for prescription drug coverage.

Medicare is offering this subsidy to employers and unions to encourage them to keep providing high quality prescription coverage.

[TOP](#)[BACK](#)



**TIP BOX:**

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage, if the caller wants to decline the coverage (opt out).

SCRIPT = Drug Coverage LIS Auto Facilitated Enrollment How to Enroll

TIP = To see if an employer or union is claiming the caller for the retiree drug subsidy: Go to the MA PDP tab in NGD and check the Employer Subsidy Indicator.

TIP = Workers' compensation is not considered creditable coverage.

TRANSFER = Tier II, if the caller wants to opt out.

[TOP](#)

[BACK](#)

## Employer/Union - Creditable Coverage Information

[TOP](#)[BACK](#)

If your current employer or union coverage **is at least as good as** the standard Medicare drug coverage (this is called creditable):

- You can keep it as long as it is still offered.  
AND
- You won't have to pay a penalty if you drop or lose your coverage. If you **involuntarily lose** the coverage, you must join a Medicare drug plan with an effective date that is within 60 days of the coverage end date. If you **choose to drop** the coverage, you must join a Medicare drug plan within three months of dropping the coverage. However, if you do not enroll in a Medicare drug plan and have a period of 63 days or longer without coverage that is as good as Medicare's coverage, you may have to pay a penalty when you do enroll.

Keep a copy of the notice that says you have creditable coverage. If you join a Medicare drug plan after you are first eligible, you'll need to provide this as proof. Your plan may contact you for additional information. They will determine whether you have had continuous creditable drug coverage and send this information to Medicare.

If your current employer or union coverage **is not at least as good as** the standard Medicare drug coverage (non-creditable), you may be able to:

- Keep your current employer or union drug plan and join a Medicare drug plan that gives you more complete coverage.
- Keep only your current employer or union drug plan. If you join a Medicare drug plan after you are first eligible, you'll have to pay a penalty.

- Drop your current coverage and join a Medicare drug plan or a Medicare Advantage drug plan.

If you drop your employer or union coverage, you **may not** be able to get it back. You may not be able to drop your employer or union **drug** coverage without also dropping your employer or union **health** coverage.

In some cases, employers or unions have rules that say you cannot have **both** a Medicare drug plan and your employer or union plan. Your current coverage may end for you **and** your dependents.

You should talk to your employer or union and/or the benefits administrator about all of your options.

If you are covered under COBRA, you should check with your former employer/union or the benefits administrator to see if the coverage is creditable.

Workers' compensation is not considered creditable coverage.

**If the caller didn't receive a creditable coverage notice:**

If you did not receive a creditable coverage notice by mail, in a letter or newsletter, or by email, you must request in writing a copy of the creditable coverage notice from your employer or union. You must send it by certified/registered mail. Keep a copy of your letter for your records.

\*\*If the caller didn't get a response after the written request, send to Reference Center.

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = The same rules apply if you are covered under someone else's current or former employer or union insurance (for example, a spouse's or parent's).

REFERENCE MATERIAL = Employer Union Creditable Coverage Model Language

REFERENCE MATERIAL = Employer Union Non-creditable Coverage Model Language

TIP = You may not be able to have both Medicare drug coverage and employer/retiree drug coverage if your employer is claiming you for the retiree drug subsidy. Your employer is responsible for telling you how their coverage works with Medicare.

## Drug Coverage Veterans VA

[TOP](#)[BACK](#)

If you get health benefits from the Veterans Benefits Administration (VBA), your coverage will not change. If you decide that VA drug coverage meets your needs, you can choose not to join a Medicare drug plan. You can keep your current coverage.

It will almost always be to your advantage to keep your current coverage without making any changes. Enrolling into a Medicare drug plan will likely **not** lower your total drug costs. An exception is if you have limited income and resources and qualify for Medicare's extra help; then a Medicare drug plan may lower your drug costs.

VA prescription drug coverage is considered creditable drug coverage, which means it is at least as good as Medicare drug coverage. If you decide you want to join a Medicare drug plan after you are first eligible, you won't have to pay a late enrollment penalty if you join within 63 days of involuntarily losing your VA coverage. If you don't **lose** your coverage and you want to join a Medicare drug plan, you must wait for a valid enrollment period. You will not have to pay a late enrollment penalty.

If you have VA coverage and you choose to disenroll from your Medicare drug plan, you get a special enrollment period to do so.

You should contact your local VA facility before making any changes to your drug coverage.

### ADDITIONAL INFORMATION

Based on your prescription drug needs, you may choose to have **both** VA and Medicare drug coverage.

If you are thinking about joining a Medicare drug plan and you have VA benefits, you should consider the following:

- **Where you live**

You may benefit from Medicare drug coverage if you are in a nursing home that does not let you use your current VA drug benefits. You may also want Medicare drug coverage if you live far from a VA facility.

- **Where you want to fill your prescriptions**

In most cases, with VA drug coverage, you must get your drugs from a VA pharmacy in person or by mail. If you'd rather get your prescriptions from local retail pharmacies, you may want to consider a Medicare drug plan.

[TOP](#)[BACK](#)

**TIP BOX:**

SCRIPT = [Drug Coverage LIS Employer Retiree](#), if the caller got an auto enrollment letter.

WEB = [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility)

REFERRAL = VA Health Benefits Service Center: 1-877-222-8387

SCRIPT = Drug Coverage LIS Extra Help Apply

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

[TOP](#)

[BACK](#)

## Drug Coverage TRICARE

[TOP](#)[BACK](#)

If you have TRICARE, your coverage will not change if you also have a Medicare drug plan, with one exception. You are not eligible to use the TRICARE mail order program unless the drug is not covered by your Medicare drug plan. If you decide that TRICARE drug coverage meets your needs, you can choose not to join a Medicare drug plan and keep your current coverage.

It will almost always be to your advantage to keep your current coverage without making any changes. Enrolling in a Medicare drug plan will likely **not** lower your total drug costs. An exception is if you have limited income and resources and qualify for Medicare's extra help; then a Medicare drug plan may lower your drug costs.

TRICARE prescription drug coverage is considered creditable drug coverage, which means it is at least as good as Medicare drug coverage. If you decide you want to join a Medicare drug plan after you are first eligible, you won't have to pay a late enrollment penalty. You must wait for a valid enrollment period unless you involuntarily lose your TRICARE coverage. If you involuntarily lose your TRICARE coverage, you can join a Medicare drug plan within 63 days of losing TRICARE, in order to avoid paying a late enrollment penalty.

If you have TRICARE coverage and you choose to disenroll from your Medicare drug plan, you can disenroll at any time. Your disenrollment will be effective the first of the month following your request to disenroll.

If you have any questions about your eligibility for TRICARE pharmacy benefits, contact the Defense Manpower Data Center (DMDC) Support Office at 1-800-538-9552.

### ADDITIONAL INFORMATION

Although you can have both TRICARE and a Medicare drug plan, the Medicare drug plan will always pay first for Medicare-covered drugs. TRICARE will then pay for TRICARE-covered drugs. For information on the TRICARE pharmacy benefit, visit [www.tricare.osd.mil/pharmacy](http://www.tricare.osd.mil/pharmacy) or call 1-877-363-6337.

**\*\*If the caller got a creditable coverage letter from TRICARE telling him or her to decline Medicare drug coverage, READ:**

You need to decline Medicare drug coverage only if Medicare enrolled you into a plan and you don't want Medicare drug coverage at all. If you chose a Medicare drug plan on your

own and you don't want it anymore, you will need to disenroll. However, you can have both TRICARE and a Medicare drug plan if you want.

**\*\*If the caller believes he or she is losing TRICARE because he or she was enrolled in a Medicare drug plan, READ:**

You have not lost or cancelled TRICARE by enrolling in a Medicare drug plan. However, since you have both TRICARE and a Medicare drug plan, the Medicare drug plan will pay first and TRICARE becomes the secondary payer. If your pharmacist checks your insurance status in their system, the pharmacist should see that the Medicare drug plan is primary and TRICARE is the secondary payer for the drug claims. If you disenroll from the Medicare drug plan, TRICARE prescription drug coverage will be primary again.

**\*\*CSR NOTE:** If the caller wants to disenroll or opt out so that TRICARE is primary again, READ Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage.\*\*

[TOP](#)[BACK](#)

**TIP BOX:**

SCRIPT = [Drug Coverage LIS Employer Retiree](#), if the caller got an auto enrollment letter.

REFERRAL = TRICARE: 1-888-363-5433

REFERRAL = To use the TRICARE Mail Order Program, call 1-866-363-8667 or for the TRICARE Retail Network Pharmacy Program, call 1-866-363-8779.

SCRIPT = Drug Coverage LIS Extra Help Apply

WEB = [www.TRICARE.osd.mil](http://www.TRICARE.osd.mil)

[TOP](#)[BACK](#)

## Drug Coverage Federal FEHB

[TOP](#)

[BACK](#)

If you get Federal Employee Health Benefits (FEHB), your coverage will not change. If you decide that your FEHB drug coverage meets your needs, you can choose not to join a Medicare drug plan. You can keep your current coverage.

It will almost always be to your advantage to keep your current coverage without making any changes. Enrolling in a Medicare drug plan will likely **not lower** your total drug costs. An exception is if you have limited income and resources and qualify for Medicare's extra help; then a Medicare drug plan may lower your drug costs.



FEHB prescription drug coverage is considered creditable drug coverage, which means it is at least as good as Medicare drug coverage. If you decide you want to join a Medicare drug plan after you are first eligible, you won't have to pay a late enrollment penalty if you join within 63 days of **involuntarily losing** your Federal Employee Health Benefits coverage.

You cannot drop FEHB drug coverage without also dropping other FEHB health benefits which could substantially add to your medical costs. If you chose to **drop** the coverage, you must join a Medicare drug plan within three months of dropping the coverage. However, if you do not join a Medicare drug plan right away and go for a period of 63 continuous days (or longer) without creditable coverage, you may have to pay a penalty when you join.

If you don't **lose or drop** your coverage and you want to join a Medicare drug plan, you must wait for a valid enrollment period. You will not have to pay a late enrollment penalty.

You should contact your FEHB insurer before making any changes to your drug coverage.

[TOP](#)[BACK](#)**TIP BOX:**

SCRIPT = [Drug Coverage LIS Employer Retiree](#), if the caller got an auto enrollment letter.

REFERRAL = Federal Employee Health Benefits (FEHB) insurer: 1-888-767-6738

SCRIPT = Drug Coverage LIS Extra Help Apply

[TOP](#)[BACK](#)

## Drug Coverage Indian Health

[TOP](#)[BACK](#)

**\*\*Use if the caller is an American Indian or an Alaska Native AND gets services from an Indian health program.**

Many Indian health pharmacies offer Medicare drug plans. You and your Indian health provider will benefit if you select one of these plans. You will continue to get prescriptions just as you do now. However, your Indian health provider will save money and may be able to increase services to your community, because Medicare will pay your pharmacy back for your drugs.

You can find out which Medicare drug plans work with your pharmacy by contacting your Indian health pharmacy or I can assist you now.\*

You may be able to get help paying for your Medicare drug plan premiums, deductible and coinsurance:

- Each Indian health program has different rules. Contact your local Indian health program.
- You may be eligible for extra help. Contact your healthcare provider or the Social Security Administration (SSA).

If you have both Medicare and Medicaid, you will be automatically enrolled in a Medicare drug plan. You will get a letter telling you which plan Medicare chose for you. You should check with your Indian health provider or call Medicare to make sure that your Indian health provider participates in your Medicare drug plan. If it doesn't, you should choose another plan.

Prescription drug coverage from an Indian Health Service, Tribal, and Urban Indian (I/T/U) Program is **at least as good as** the Medicare standard drug coverage (creditable drug coverage). Your Indian health provider will provide you with a notice telling you that your coverage is as good as Medicare's. If you decide to join a Medicare drug plan after you are first eligible, save this notice and show it to your plan to avoid a late enrollment penalty. You must join during a valid enrollment period.

If you have any questions or need help choosing a plan, please contact your local Indian health provider.

[TOP](#)[BACK](#)

**TIP BOX:**

\*TIP = Access the CSR Plan Finder Tool and find a plan that contracts with the caller's network pharmacy.

SCRIPT = CS Medicare.gov Tools

TIP = **Also use this script if the caller identifies himself or herself in the following way: Indian, Native American, Indian elder, Indian Health Service, Tribe, Tribal member, Tribal health, or by a specific Tribe.**

REFERRAL = The Indian Health Service (IHS) is a federal agency under the Department of Health and Human Services that provides health care for American Indians and Alaska Natives. See Reference Materials document for contact information.

REFERENCE MATERIAL = Drug Coverage - Indian Health Services Area Office Points of Contact

REFERRAL = SSA

SCRIPT = Drug Coverage LIS Auto Facilitated Enrollment How to Enroll, if the caller was automatically enrolled and wants more information on choosing another plan.

SCRIPT = Drug Coverage Overview

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

SCRIPT = Drug Coverage LIS Extra Help Apply

[TOP](#)

[BACK](#)

## Medigap

[TOP](#)[BACK](#)

Currently, no Medigap policies with drug coverage are being sold. However, you may have joined a Medigap policy in the past that includes drug coverage.

**Does your Medigap policy cover prescription drugs (that is, do you have one of the standardized Medigap plans H, I, or J or a non-standardized Medigap plan that includes drug coverage)?**

If YES, READ: You can't have prescription coverage from both a Medigap policy and a Medicare drug plan. You will generally save money and get better coverage with the new Medicare prescription drug coverage. Medicare coverage will never run out even if you have high drug costs.

Your Medigap plan should have sent you information that explains how your current coverage compares to the standard Medicare prescription drug coverage. Do not make any decisions until you have read this information. If you did not receive it, you should contact your Medigap plan.

If your Medigap plan has told you that your current coverage **is, on average, at least as good as** the Medicare standard prescription drug coverage (creditable drug coverage):

- You can keep it as long as it is still offered by your Medigap plan.  
AND
- You won't have to pay a penalty if you decide to join a Medicare drug plan after you are first eligible. You must join during a valid enrollment period. If your Medigap policy ends, you must join a Medicare drug plan within 60 days after it ends.

If you are **involuntarily losing** your creditable coverage, you can join a Medicare drug plan during a special enrollment period. However, if you **choose to drop** your Medigap policy, you will have to wait until a valid enrollment period to join a Medicare drug plan; you do not get a special enrollment period.

If your Medigap plan has told you that your current coverage **is not, on average, at least as good as** standard Medicare prescription drug coverage (non-creditable):

- You can join a Medicare drug plan during a valid enrollment period. You will need to tell your Medigap plan to remove the drug coverage portion of your Medigap policy. You will not be able to get it back. You can also switch to a Medigap policy that doesn't cover prescription drugs.  
OR
- You can decide to keep your Medigap drug coverage and not join a Medicare prescription drug plan. However, if you decide to join a Medicare prescription drug plan after you are first eligible, you will have to wait until the next annual election period and pay a higher premium.

If NO, READ: You will be able to keep your Medigap policy and get a Medicare drug plan.

[TOP](#)[BACK](#)**TIP BOX:**

SCRIPT = MP Mgp Medigap, if the caller wants to know how to join a Medigap plan or if he or she can still sign up for a Medigap plan that covers prescription drugs.

[TOP](#)[BACK](#)

## Drug Coverage PACE

[TOP](#)

[BACK](#)

**CSR NOTE: If the caller asks about PACENET (for the state of Pennsylvania), this is a SPAP. Please [click here](#).**

**CSR NOTE: If the caller lives in Pennsylvania and received a letter stating that he or she was being auto-enrolled by PACE or PACENET, [click here](#).**

If you are in a Program of All-inclusive Care for the Elderly (PACE) and wish to stay in your PACE plan with prescription drug coverage, you don't have to do anything to continue to get your drug coverage through PACE as you do now. Your PACE plan will automatically include the Medicare prescription drug coverage.

If you join a **separate** Medicare drug plan, you will be disenrolled from your PACE plan. Remember, your PACE program provides not only your prescription drug coverage, but all of your health care services. This means if you join a separate Medicare drug plan, you will no longer get other health care services from your PACE plan.

If you are currently in a PACE plan and want to switch to a different Medicare drug plan, you must join a Medicare drug plan within 63 days of your PACE disenrollment date and you won't have to pay a penalty. Remember, if you join a separate Medicare drug plan, you will no longer receive other health care services from your PACE plan. You must join a Medicare drug plan during a valid enrollment period.

If you join a Medicare drug plan but later decide to enroll in PACE, you can disenroll from the Medicare drug plan and switch to a PACE plan at any time, as long as you qualify for the PACE benefit.

If you stay in your PACE plan and have **Medicare but not Medicaid**, you will pay a separate monthly premium for your Medicare drug coverage, as well as another premium for all other services that you get through PACE. You may qualify for extra help from Medicare paying for your prescriptions depending on your income and resources.

If you stay in your PACE plan and have **Medicare and Medicaid**, you do not need to do anything. You will continue to get your drugs as you do now at no out-of-pocket cost to you. You automatically qualify for extra help paying for Medicare drug coverage.

[TOP](#)[BACK](#)**TIP BOX:**

TIP = If you have questions about the Medicare prescription drug coverage or would like help completing an application for extra help paying for Medicare prescription drug coverage, talk to your social worker or any other staff person at your PACE organization.

SCRIPT = Drug Coverage LIS Extra Help Apply

SCRIPT = Drug Coverage Cost Information

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

[TOP](#)[BACK](#)

## PACE/PACENET Auto Enrollment into Medicare Drug Plans

[TOP](#)

[BACK](#)

Pharmaceutical Assistance Contract for the Elderly (PACE) and PACE Needs Enhancement Tier (PACENET) are enrolling their members into Medicare drug plans. PACE and PACENET will work closely with Medicare so that you can get coverage under both programs.

The combined programs will be called PACE Plus Medicare. You will receive the same coverage that you get now, as well as additional benefits through the Medicare drug coverage.

For information on how PACE and PACENET will work with the Medicare drug coverage, you can call 1-800-225-7223.



[TOP](#)

[BACK](#)

**TIP BOX:**

REFERENCE MATERIAL = PACE and Medicare Drug Coverage  
Assignment Letter

REFERENCE MATERIAL = PACENET and Medicare Drug Coverage  
Assignment Letter

[TOP](#)

[BACK](#)

## Pharmaceutical Manufacturer Patient Assistance Program (PAP)

[TOP](#)[BACK](#)

Pharmaceutical companies may sponsor Patient Assistance Programs (PAPs) that provide assistance for the drugs they manufacture.

Payments made by your Patient Assistance Program (PAP) may or may not count towards your true out-of-pocket (TrOOP) costs. It depends on whether the Patient Assistance Program works **with** the Medicare drug coverage or **outside of** the Medicare drug coverage. You should check with your Patient Assistance Program to see how it will work with a Medicare prescription drug plan.

### **If the caller's PAP works outside the Medicare drug coverage:**

Since the Patient Assistance Program works outside of the Medicare drug coverage, any drugs covered by the Patient Assistance Program will not count towards your true out-of-pocket (TrOOP) balance. However, if the Patient Assistance Program charges a small copayment, this **can** count towards your true out-of-pocket (TrOOP) costs. In order for your plan to apply the copayment amount, you will have to submit the documentation directly to the plan. You should contact them for more information.

### **If the caller says his or her PAP is ending:**

Medicare is not forcing the program to end, but Medicare cannot require a Patient Assistance Program to continue coverage if they choose not to do so.

### **If the caller says that his or her PAP is paying his or her Medicare drug plan's premium:**

That is a decision made by the Patient Assistance Program and is not against Medicare rules.

[TOP](#)[BACK](#)

**TIP BOX:**

WEB = <http://www.medicare.gov/pap/index.asp>

[TOP](#)

[BACK](#)

## State Pharmacy Assistance Program (SPAP)

[TOP](#)[BACK](#)

Each state that has a State Pharmacy Assistance Program (SPAP) will decide how its program will work with the Medicare drug coverage.

- Some states may choose to give extra coverage when you join a Medicare drug plan to assist with your out-of-pocket expenses.
- Some states may have a separate state program that helps with prescriptions.

You should contact your State Pharmacy Assistance Program for more information.

**\*\*CSR NOTE: If the caller received a letter stating that he or she was being auto-enrolled into a Medicare drug plan by the State Pharmacy Assistance Program (SPAP):**

- PACE or PACENET in Pennsylvania, [click here](#).
- Missouri Rx Plan (MoRx) in Missouri, [click here](#).

[TOP](#)[BACK](#)

### TIP BOX:

REFERENCE MATERIAL = State Pharmacy Assistance Programs (SPAPs) and Part D, for a list of names and phone numbers for the State Pharmacy Assistance Programs. You can use this to refer the caller to the appropriate SPAP or to verify that an organization is a SPAP.

WEB = <http://www.medicare.gov/spap.asp>

SCRIPT = Drug Coverage LIS New York EPIC

[TOP](#)[BACK](#)

## Missouri Rx Plan Auto Enrollment into Medicare Drug Plans

[TOP](#)

[BACK](#)

The Missouri Rx Plan (MoRx) enrolled some of its plan members into one of five Medicare drug plans. The purpose of this enrollment was to give you the best possible help with your drug costs.

The letter you received includes a list of the five preferred Medicare drug plans that are working with Missouri Rx to give you better access to more covered drugs. The five Medicare drug plans are:

- Community Care Rx Basic
- First Health Premier
- Humana PDP Standard
- AARP MedicareRx Plan

- **AARP MedicareRx Plan - Saver**

As of August 1, 2007, you were enrolled into one of these five plans. Enrollment into these plans does **not** affect your Missouri Rx Plan benefits. If you wanted to keep your current Medicare drug plan instead of being enrolled into one of the five preferred plans, you needed to return the second page of the letter you received, signed and dated, on or before May 31, 2007.

If you want to switch to a different plan now, you must be in a valid enrollment period.

**\*\*CSR NOTE:** For information on enrollment periods, see the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

**If the caller is dual-eligible and enrolled in a Medicare Advantage Prescription Drug Plan (MA PDP), Special Needs Plan (SNP), or employer prescription drug plan, READ:** You should not have been automatically enrolled by Missouri Rx Plan. You are still in the same plan you were in previously and also have your Missouri Rx Plan.

If you have additional questions, please contact the Missouri Rx Plan at 1-800-375-1406.

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERENCE MATERIAL = Missouri Rx Plan Medicare Drug Coverage Assignment Letter

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

[TOP](#)

[BACK](#)

## Supplemental Health Insurance (not Medigap)

[TOP](#)

[BACK](#)

You should check with your Supplemental Health Insurance Plan to see how it will compare to Medicare drug coverage.

[TOP](#)

[BACK](#)

## Drug Coverage LIS Extra Help Apply

**START » Use this script for information about the extra help. (If the caller lives in one of the U.S. Territories, read the script: Drug Coverage LIS Territories.)**

If the caller wants to know if he or she is eligible for the extra help and passes disclosure, **use the MA PDP tab** to provide information.

**\*\*For help with the MA PDP tab, please review the [MA PDP Job Aid](#).\*\***

» If the **Deemed Indicator = Y** or the caller is LIS approved, [click here](#) to provide information based on the fields in the MA PDP tab.

» If the **Deemed Indicator = N**, the caller is not LIS approved, or cannot pass disclosure, [click here](#) for income and resource questions.

» If the caller says they were approved for the extra help, but our system does not show it, [click here](#).

---

» Click on one of the links below for information on the extra help:

[HOW TO APPLY](#)

[REAPPLYING](#)

[INCOME/RESOURCE  
LIMITS](#)

[LIS INFORMATION  
WRONG IN SYSTEM](#)

[LETTER ABOUT LIS  
STATUS](#)



**DEEMED INDICATOR = Y OR CALLER IS LIS APPROVED**[TOP](#)[BACK](#)

Our records show that you qualify for extra help paying for Medicare prescription drug coverage. Most people who are eligible for this extra help will have reduced premiums, deductibles, and will pay no more than \$5.60 (\$5.35 in 2007) for each prescription. The amount of extra help depends on your income and resources. To get drug coverage, you will need to join a Medicare prescription drug plan. I can help you apply for a drug plan if you are in a valid enrollment period.

**\*\*CSR NOTE:** If the caller wants information on his or her personal subsidy level, go to the MA PDP tab and check the Limited Income Subsidy History applet.\*\*

**\*\*CSR NOTE: If the caller wants to know if they will continue to be eligible for the extra help the following year, READ:**

If you qualify for extra help during the current calendar year, each fall, the Centers for Medicare and Medicaid Services (CMS) will determine if you will continue to be eligible for the extra help for the following calendar year. If you became eligible for Medicaid from July to December, you will automatically be eligible for the extra help until the end of the year and in the following year.

[TOP](#)[BACK](#)**TIP BOX:**

SCRIPT = CS Medicare.gov Tools

[TOP](#)[BACK](#)

## HOW TO APPLY

[TOP](#)[BACK](#)

Most people who are eligible for this extra help will have reduced premiums, deductibles, and will pay no more than \$5.60 (\$5.35 in 2007) for each prescription. The amount of extra help depends on your income and resources.

You can apply for extra help at any time by filling out and mailing an application to the Social Security Administration (SSA). I can send you an application, or you can also request one from the Social Security Administration by calling them, applying online at [www.ssa.gov](http://www.ssa.gov), or by visiting your local Social Security office.

### [CLICK HERE IF THE CALLER ASKS ABOUT APPLYING AT THE MEDICAID OFFICE](#)

After you apply, you'll get a letter stating whether or not you qualify and what you need to do next. If you disagree with the decision, you have the right to appeal within 60 days from the date you received your letter. Contact the Social Security Administration to find out how to file the appeal.

When you are approved for the extra help, it will automatically be applied to your plan's costs starting on the day that your extra help became effective. You'll receive it for the duration of the year, as long as there are no changes to your status.

- If you are already in a drug plan, the extra help starts the first day of the month in which your application was received.
- If you are not already in a plan and you are auto-enrolled into a plan by Medicare, the enrollment will be retroactive to the date of your approval for the extra help.

This means that you can get reimbursed for any premiums and cost-sharing that you paid retroactive to the date that the extra help started. You will need to contact the plan to find out how to be reimbursed.

If you're not in a plan, but you apply for extra help and are approved, you will get a special enrollment period to join a drug plan. (\*\*SCRIPT, Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage\*\*) If you were approved for the extra help AND joined a plan by December 31, 2007, you do not have to pay a late enrollment penalty.

Please contact SSA to:

- get help filling out an application.
- check the status of an application.
- appeal the decision.
- get a copy of your decision letter.
- ask any questions related to your decision letter.

#### ADDITIONAL INFORMATION:

You and your spouse can apply for the extra help on one application. However, when you join a drug plan, you will need to use separate applications.

If you apply at the Social Security Administration for the extra help and are approved, you will need to notify Social Security if your **marital status changes**. This includes marriage, divorce, annulment, permanent separation, death of a spouse, or if you resume living with your spouse after a separation. If this change causes you to lose your extra help, it will be effective the month after you report it.

If you apply at your local Medicaid office, your state may have rules that require you to report any status changes, such as a change in marital status. Please contact them for more information.

When applying for the extra help, you must submit an original application (not a photocopy).

The application will ask for your level of income and resources. You won't have to send any documents when you apply.

The Social Security Administration (SSA) does not accept applications by phone.

[TOP](#)[BACK](#)

**TIP BOX:**

REFERRAL = SSA

PRINT FULFILLMENT = SSA Low Income Subsidy Application -  
21020 (**Do NOT send to residents of U.S. Territories**)

REFERENCE MATERIAL = SSA LIS Determination- Partial Subsidy

REFERENCE MATERIAL = SSA LIS Determination- Full Subsidy

[TOP](#)

[BACK](#)

## APPLYING AT MEDICAID

[TOP](#)

[BACK](#)

Applying for extra help through SSA gives you the quickest decision, but you can also apply at your local Medicaid office. The state will then decide if you qualify for this help or other assistance that your state provides.

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = Medicaid, if caller applied at the local Medicaid office.

[TOP](#)

[BACK](#)

## REAPPLYING FOR EXTRA HELP

[TOP](#)[BACK](#)

If you qualify for the extra help, you'll receive it for the duration of the year, as long as there are no changes to your status. Your eligibility will be reviewed each year and you'll be told if you qualify for extra help for the next year. If you do qualify, you won't need to reapply. However, if in any year you are told that you don't qualify and you do not agree, you will have to reapply.

If you applied at the Social Security Administration for the extra help and were approved, you will need to notify Social Security if your **marital status changes**. This includes marriage, divorce, annulment, permanent separation, death of a spouse, or if you resume living with your spouse after a separation. If this change causes you to lose your extra help, it will be effective the month after you report it.

If you applied at your local Medicaid office, your state may have rules that require you to report any status changes, such as a change in marital status. Please contact them for more information.

[TOP](#)[BACK](#)**TIP BOX:**

REFERENCE MATERIAL = SSA LIS Determination- Denial

[TOP](#)[BACK](#)

---

**What best describes your situation? \*\*Click the appropriate link.\*\***

» [MARRIED AND LIVING TOGETHER](#)

» [SINGLE, A WIDOW\(ER\), OR YOUR SPOUSE DOES NOT LIVE WITH YOU](#)

[TOP](#)

[BACK](#)

## INCOME/RESOURCE LIMITS FOR PEOPLE WHO ARE MARRIED AND LIVING TOGETHER

[TOP](#)

[BACK](#)

### **INCOME**

If your annual income is below \$20,535, you may qualify for the extra help. Even if your annual income is higher, you may still qualify. Some examples in which your income may be higher would be if you or your spouse:

- Support other family members who live with you.
- Have earnings from work.
- Live in Alaska or Hawaii.

The income amounts will increase each year.

### **RESOURCES**

If your savings, investments, and real estate (other than your home) are worth less than \$23,410 in 2007, you may qualify for the extra help. You should include the things you own by yourself, with your spouse, or with someone else. Do not include your home or personal possessions.

The resource levels will increase each year.

» **Does the caller have income/resources under these amounts?**

**Yes / No**

[TOP](#)

[BACK](#)



## INCOME/RESOURCE LIMITS FOR PEOPLE WHO ARE SINGLE

[TOP](#)

[BACK](#)

### **INCOME**

If your annual income is below \$15,315, you may qualify for the extra help. Even if your annual income is higher, you may still qualify. Some examples in which your income may be higher would be if you:

- Support other family members who live with you.
- Have earnings from work.
- Live in Alaska or Hawaii.

The income amounts will increase each year.

### **RESOURCES**

If your savings, investments, and real estate (other than your home) are worth less than \$11,710 in 2007, you may qualify for the extra help. You should include the things you own by yourself or with someone else. Do not include your home or personal possessions.

The resource levels will increase each year.

» **Does the caller have income/resources under these amounts?**

**Yes / No**

**TOP**

**BACK**

[TOP](#)

[BACK](#)

Based on your answers, you may not qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

I would be happy to send you an application. You can also request one from the Social Security Administration (SSA) by calling them, visiting [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or by visiting your local SSA office. Would you like me to send you an application today?

**[CLICK HERE IF THE CALLER WANTS HELP WITH FILLING OUT AN APPLICATION OR TO CHECK ON THE STATUS OF AN APPLICATION](#)**

[TOP](#)

[BACK](#)

**TIP BOX:**

FULFILLMENT = SSA Low Income Subsidy Application - 21020 **(Do NOT send to residents of U.S. Territories)**  
REFERRAL = Social Security Administration

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

Based on your answers, you MAY qualify for extra help paying for Medicare prescription drug coverage. However, the only way to know for sure whether you qualify for extra help is to apply.

I would be happy to send you an application. You can also request one from the Social Security Administration (SSA) by calling them, visiting [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or by visiting your local SSA office. Would you like me to send you an application today?

**[CLICK HERE IF THE CALLER WANTS HELP WITH FILLING OUT AN APPLICATION OR TO CHECK ON THE STATUS OF AN APPLICATION](#)**

[TOP](#)

[BACK](#)

**TIP BOX:**

FULFILLMENT = SSA Low Income Subsidy Application - 21020 (**Do NOT send to residents of U.S. Territories**)  
REFERRAL = Social Security Administration

[TOP](#)

[BACK](#)

## CALLER IS APPROVED, BUT SYSTEM DOES NOT SHOW IT

[TOP](#)

[BACK](#)

Please keep a copy of your award letter. You may need to show it to your plan as proof that you qualify for extra help.

Medicare drug plans must use a "best available evidence" policy which requires plans to collect documentation confirming your extra help status. Medicare's system is updated at the beginning of each month.

If your drug plan wishes to verify your eligibility for the extra help, the plan may contact the State Medicaid Office or the Social Security Administration, depending on who approved your eligibility.

**\*\*CSR NOTE:** If the caller wants more information on the "best available evidence" policy, [CLICK HERE](#).\*\*

[TOP](#)

[BACK](#)

### **TIP BOX:**

REFERRAL = Medicare drug plan

[TOP](#)

[BACK](#)

## LIS INFORMATION WRONG IN SYSTEM

[TOP](#)

[BACK](#)

If the information the Centers for Medicare and Medicaid Services (CMS) has about your extra help status is incorrect, you should contact your Medicare drug plan. Medicare drug plans must use a "best available evidence" policy which requires plans to collect documentation confirming your extra help status. Medicare's system is updated at the beginning of each month.

If you have a copy of your award letter, it can be used as proof of your eligibility for the extra help.

If your drug plan wishes to verify your eligibility for the extra help, the plan may contact the

State Medicaid Office or the Social Security Administration, depending on who approved your eligibility.

Has proof of your eligibility for the extra help been given to your Medicare drug plan?

If you have Medicaid, proof of your eligibility includes:	If you live in an institution, proof of your eligibility includes:
<ul style="list-style-type: none"> <li>• A copy of your Medicaid card, showing your eligibility dates</li> <li>• Proof of verifying your Medicaid coverage, including the date the verification was made. This documentation should include the name, title, and phone number of the state employee who verified your Medicaid status</li> <li>• A copy of a state document confirming your eligibility for Medicaid</li> <li>• A print out of your state's electronic enrollment file showing your eligibility for Medicaid</li> <li>• A screen print from the Medicaid system showing your Medicaid status</li> <li>• Other documentation from the state showing your Medicaid status</li> </ul>	<ul style="list-style-type: none"> <li>• A remittance from the facility showing Medicaid payment for a full calendar month</li> <li>• A copy of a state document confirming that Medicaid made payment to the facility for a full calendar month</li> <li>• A screen print from Medicaid's systems showing your institutional status for payment purposes for at least a full calendar month.</li> </ul>

**IF PROOF HAS BEEN PROVIDED:**

Transfer to the Help Queue. Tell the Help Queue that "best available evidence" has been presented and the plan is still charging the full copayment.

**IF PROOF HAS NOT BEEN PROVIDED, READ:**

Please make sure that proof of your eligibility for the extra help is given to your Medicare drug plan. If the plan wishes to verify your eligibility for the extra help, they may contact the State Medicaid Office or the Social Security Administration, depending on who approved your eligibility.

[TOP](#)   [BACK](#)

**TIP BOX:**

REFERRAL = Medicare drug plan  
 TRANSFER = Help Queue, if "best available evidence" has already been provided.

[TOP](#)

[BACK](#)

## LETTER ABOUT LIS STATUS

**READ:** Please look at the first page of your letter. Look for one of the following statements:

- **We must review your eligibility for extra help with Medicare Prescription Drug plan costs** (Redetermination Letter - from SSA on white paper)  
or
- **We are changing the amount of the extra help you get with Medicare prescription drug plan costs** (Reevaluation Letter - from SSA on white paper)  
or
- **Please keep this notice for your records** (Redeeming Notice - from CMS on gray or



orange paper)

[TOP](#)

[BACK](#)

## REDETERMINATION LETTER

[TOP](#)

[BACK](#)

**\*\*CSR NOTE:** The caller should receive this notice from SSA on white paper.\*\*

You received this letter because the Social Security Administration (SSA) needs to see how your income and financial status compare with the information on file. They will check to be sure that you are still eligible and that your extra help is correct. You have 30 days to submit a response to this letter. The Social Security Administration then uses this information to determine your eligibility for extra help for the following year.

After you submit your response, you will receive a follow-up letter from the Social Security Administration.

If you do not submit a response, you will no longer receive the extra help.

**\*\*If the caller wants information on the follow-up letter, [click here](#).**\*\*

[TOP](#)

[BACK](#)

### **TIP BOX:**

REFERENCE MATERIAL = Drug Coverage Notice of Review  
Redetermination Letter (English)

REFERENCE MATERIAL = Drug Coverage Notice of Review  
Redetermination Letter (Spanish)

[TOP](#)

[BACK](#)

## SSA REEVALUATION LETTER

[TOP](#)

[BACK](#)

**\*\*CSR NOTE:** The caller should receive this notice from SSA on white paper.\*\*

You will receive this letter after responding to a previous letter from the Social Security Administration (SSA). Your response should have included updated information for your income and resources and is used to determine whether you qualify for the extra help in the coming year. Based on the updated information you provide, SSA will reevaluate their determination for your extra help.

If the reevaluation results in losing the extra help or a change in copayment, keep in mind that your costs will change. You get a special enrollment period to choose a different plan. It is very important that you choose a Medicare drug plan that meets your needs. You should see if the plan Medicare chose for you covers the drugs you use and if you can go to the pharmacies you prefer. The special enrollment period is January 1 through March 31 of each calendar year or begins the month in which you received your reevaluation notice and

lasts up to 2 months after (whichever occurs later in the year).

**\*\*CSR NOTE:** If the caller wants to know his or her copayment level, use the MA PDP to provide the information.\*\*

ADDITIONAL INFORMATION:

If you disagree with the reevaluation and would like to appeal the decision, you will have 60 days from the date of this letter to ask for an appeal. To file the appeal, you can contact the Social Security Administration at 1-800-772-1213 or you can download a copy of the form "Request for Appeal of Determination for Help with Medicare Prescription Drug Plan Costs" (SSA - 1021) from [www.ssa.gov](http://www.ssa.gov).

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = SSA

[TOP](#)

[BACK](#)

## REDEEMING NOTICE

[TOP](#)[BACK](#)

**\*\*CSR NOTE:** Some people received a "Loss of Status" redeeming notice but have since re-qualified for extra help. These people may not have been notified of their new status yet. Verify the caller's LIS status in NGD by going to the Deemed Reason Code in the Deemed Eligible History in the MA PDP tab.\*\*

---

**\*\*CSR NOTE:** The caller should receive this notice from CMS on gray paper.\*\*

**READ:** What does the letter say after "Please keep this notice for your records"?

**If the letter says "You are getting this notice because starting January 1, you will no longer automatically qualify for extra help", READ:** You received this letter from Medicare because your income or resources have changed. Effective January 1, you no longer qualify automatically for the extra help because you no longer:

- qualify for both Medicare and Medicaid; OR
- receive help from your state paying for your Medicare premiums; OR
- receive Supplemental Security Income (SSI) benefits.

**You will continue to have coverage through your plan, as long as they still offer coverage in 2008.** If you have questions about how your current coverage will be affected by this change, or you want to see what other options are available with the same company, you will need to call your plan.

The good news is you may still be able to save on your Medicare prescription drug coverage costs. You may still qualify by applying for extra help with the Social Security Administration or your State Medicaid Office. The letter that you received should have included an application for the extra help along with a postage-paid envelope.

If the caller does not have an application and/or would like more information about applying for the extra help, [CLICK HERE](#).

---

**\*\*CSR NOTE:** The caller should receive this notice from CMS on orange paper.\*\*

**If the letter says "You will continue to qualify for extra help to pay for Medicare prescription drug coverage next year", READ:** You received this letter because your copayment amount has changed. You still qualify for the extra help automatically for all of this year. Your old and new copayment amounts are listed in the second paragraph of this letter.

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = [CLICK HERE IF THE CALLER DOES NOT AGREE WITH THE LETTER](#) (applies to both letters)

TIP = If caller received the letter in English and would like it in Spanish, have them look for the publication number at the lower right-hand corner of the letter. GO TO Print Fulfillment to order a copy in Spanish.

REFERENCE MATERIAL = Redeeming Notice (Loss of Status)

REFERENCE MATERIAL = Redeeming Notice (Change in Copay)

FULFILLMENT = Redeeming Notice (Loss of Status) Spanish - 11198-S

FULFILLMENT = Redeeming Notice (Change in Copay) Spanish - 11199-S

[TOP](#)

[BACK](#)

## REAPPLYING

[TOP](#)

[BACK](#)

The easiest way to reapply is by filling out and mailing the application that was included with your letter from Medicare. If you have questions about filling out the application, please contact the Social Security Administration (SSA) at 1-800-772-1213 (TTY users should call 1-800-325-0778). You can also visit Social Security online at [www.ssa.gov](http://www.ssa.gov).

You can also reapply by:

- completing an application for the extra help online at [www.ssa.gov](http://www.ssa.gov);
- contacting SSA by phone;
- mailing in a paper application; OR
- visiting the local Social Security office.

Whatever method you choose, be sure to apply as soon as possible. There is no cost or

obligation to apply.

Remember, you can always apply or reapply for extra help if your income and resources change. Would you like information on the income and resource limits for the extra help?

**[CLICK HERE IF THE CALLER WANTS INFORMATION ON INCOME/RESOURCE LIMITS](#)**

If the caller asks, "What if I still don't qualify for extra help?" **[CLICK HERE](#)**

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = SSA

REFERRAL = State Medicaid Office

[TOP](#)

[BACK](#)



## STILL DON'T QUALIFY

[TOP](#)

[BACK](#)

If you don't qualify for extra help, there may be other options for lowering your prescription drug costs.

- Your state may have programs that provide help paying for your prescription drug costs. Please contact your State Medicaid Office for more information.
- Many of the major drug companies offer Pharmaceutical Assistance Programs (PAPs) for people with Medicare drug plans.
- You may be able to join a State Pharmacy Assistance Program (SPAP).

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = State Medicaid Office

SCRIPT = Drug Coverage Cost Information, if caller wants more information on costs and SPAPs or PAPs [Coverage Gap Donut Hole].

SCRIPT = Drug Coverage and Other Coverage, if the caller wants more information on how SPAPs and PAPs work with Medicare drug coverage.

[TOP](#)

[BACK](#)

**DISAGREES WITH REDEEMING NOTICE**[TOP](#)[BACK](#)

**\*\*IF THE CALLER DISAGREES WITH THE COPAYMENT AMOUNT**, confirm that the copayment amount that the caller disagrees with matches the copayment amount showing in NGD.\*\*

If you disagree with the decision in the letter you received, contact your State Medicaid Office.

**\*\*CSR NOTE:** If the caller complains about the copayment increase (ex: \$5.35 in 2007 vs. \$5.60 in 2008) but his or her subsidy level has not changed, use your soft skills to explain that there has been no change in his or her subsidy approval.\*\*

---

**\*\*IF THE CALLER DISAGREES WITH THE LOSS OF LIS ELIGIBILITY**, continue with this portion. You can determine why the caller's LIS status changed by hovering over the Deemed Reason Code in the Deemed Eligible History in the MA PDP tab. A definition of the Deemed Reason Code will then appear.\*\*

If you disagree with the decision in the letter you received, contact your State Medicaid Office or the Social Security Administration to verify your eligibility for Medicaid or SSI benefits. If you received this letter because you:

- **no longer qualify for Medicaid**, please contact your State Medicaid Office.
- **no longer get help paying for your Medicare premiums**, please contact your State Medicaid Office.
- **no longer receive Supplemental Security Income (SSI)**, please contact the Social Security Administration at 1-800-772-1213.

[TOP](#)[BACK](#)**TIP BOX:**

REFERRAL = State Medicaid Office

REFERRAL = SSA

SCRIPT = Drug Coverage Cost Information [LIS Cost], for LIS copayment amounts for 2007 and 2008.

## Drug Coverage Cost Information

**START »** Use this script for information about drug coverage costs.

» Click on one of the links below for information on drug coverage costs:

<a href="#">COST</a>	<a href="#">LIS COST</a>	<a href="#">COVERAGE GAP DONUT HOLE</a>
<a href="#">LATE ENROLLMENT PENALTY</a>	<a href="#">OUT OF POCKET TROOP</a>	<a href="#">HOW TO PAY YOUR PREMIUMS</a>
	<a href="#">DELAY IN PREMIUM PAYMENT</a>	

## 2008 COST

[TOP](#)[BACK](#)

**\*\*Use this section ONLY if the caller does not have LIS.\*\***

Medicare drug plans vary. This means that monthly premiums, deductibles, copayments, and formularies differ depending on the plan. Your costs also depend on which drugs you use and if you get extra help. **Costs vary from year to year and start over each calendar year (January - December).** This means that you will have to meet the deductible each year and your premiums, deductibles, and copayments may change.

Plans must offer coverage that is as good as the Medicare minimum standard coverage.

**\*\*CSR NOTE:** If the caller wants to know about the costs in 2007, [click here](#).

### **2008 Medicare minimum standard coverage (this is an example, but stress that plan coverage varies):**

The expected average premium for a Medicare drug plan in 2008 will be about \$25.00. Premiums for some plans may be higher or lower, and you may be able to get a plan without a monthly premium, deductible, or coverage gap.

For a minimum standard plan in 2008, you will pay the first \$275 for your drugs. This amount is your **deductible**.

After you pay the yearly deductible, here's how the costs will work in 2008:

- You pay 25% of your yearly drug costs, from \$275 to \$2,510, and your plan pays the other 75% of these costs. This means you pay \$558.75 out-of-pocket during this phase of the benefit. This period is the **initial coverage level**. The costs until the end of the initial coverage level are based on the full cost of the drugs.
- You pay 100% of the next \$3,216.25 in drug costs until you reach \$4,050 in out-of-pocket costs. This amount is the **coverage gap**. (**\*\*CSR NOTE:** \$275 deductible +

\$558.75 (25% share of \$275 to \$2510) + \$3,216.25 = \$4,050 out-of-pocket cost.\*\*)

- After you have spent \$4,050 out-of-pocket, you pay 5% of your drug costs (or a small copayment) for the rest of the calendar year and your plan pays the rest. This is **catastrophic coverage**.

Some plans may have a different structure, including a set copayment amount (specific dollar amount) instead of a coinsurance (a percentage of the drug cost), different limits on the initial coverage level and coverage gap. Payments made for monthly premiums or toward drugs not covered by the plan (due to not being on the formulary or being excluded by Medicare Law) will not count toward your deductible, initial coverage level, or catastrophic coverage.

**\*\*CSR NOTE:** Use the CSR Plan Finder Tool for cost information on each plan.\*\*

[TOP](#)[BACK](#)**TIP BOX:**

**SCRIPT** = [Coverage Gap Donut Hole](#)

**REFERRAL** = Medicare prescription drug plan, if the caller feels that he or she is being charged the wrong copayment amount or if the caller has any other cost-related questions about his or her plan. You can also refer to the drug plan if the caller has questions about the coverage gap and/or wants to know if he or she has reached the coverage gap.

**SCRIPT** = [Out of Pocket TROOP](#)

**SCRIPT** = [Late Enrollment Penalty](#)

**SCRIPT** = CS Medicare.gov Tools

**REFERENCE MATERIALS** = Definitions document, for explanation of these terms

[TOP](#)[BACK](#)

## 2007 COST

[TOP](#)

[BACK](#)

**\*\*Use this section ONLY if the caller does not have LIS.\*\***

**2007 Medicare minimum standard coverage (this is an example, but stress that plan coverage varies):**

When you join, you'll pay a monthly premium in addition to other Medicare premiums you pay now. The 2007 average premium is about \$27.35, but premiums may be higher or lower. You may be able to get a plan without a monthly premium, deductible or coverage gap.

For a minimum standard plan, you pay the first \$265 for your drugs. This is called your **deductible**. This amount may vary for other types of plans.

After you pay the yearly deductible, here's how the costs work in 2007:

- You pay 25% of your yearly drug costs, from \$265 to \$2,400, and your plan pays the other 75% of these costs. This means you pay \$533.75 out-of-pocket for this phase of the benefit. This period is called the **initial coverage level**. Keep in mind that the costs until the end of the initial coverage level (\$2,400) are based on the full cost of the drugs, not what you pay.
- You pay 100% of the next \$3051.25 in drug costs until you have \$3,850 in out-of-pocket costs. This amount is called the **coverage gap**. (**CSR NOTE:** \$265 deductible + \$533.75 (25% share of \$265 to \$2400) + \$3051.25 = \$3850 out-of-pocket cost.)
- After you have spent \$3,850 out-of-pocket, you pay 5% of your drug costs (or a small copayment) for the rest of the calendar year and your plan pays the rest. This is called **catastrophic coverage**.

[TOP](#)[BACK](#)



## LATE ENROLLMENT PENALTY

[TOP](#)[BACK](#)

If you don't join a Medicare prescription drug plan when you're first eligible, you'll have to wait until your next enrollment opportunity to join a drug plan, and you may have to pay a higher premium because of a late enrollment penalty. If your Medicare drug plan determines that you have a continuous period of 63 days or more without creditable drug coverage (coverage that is at least as good as Medicare's coverage), you will receive a late enrollment penalty letter, a reconsideration notice and a reconsideration request form. If you are assessed a late enrollment penalty, the amount will be billed or deducted with your drug plan premium.

If you **drop** your Medicare drug coverage and you have a break in drug coverage of 63 days or more, your premium may be increased by a penalty for being without creditable prescription drug coverage.

You won't have to pay a late enrollment penalty if you currently have creditable drug coverage. To find out if your drug coverage is as good as Medicare's drug coverage, you need to ask the organization that offers your prescription drug coverage. They may have already sent you a written notice explaining whether the coverage is creditable.

If your creditable coverage ends, you'll get a special enrollment period (SEP) that begins the month that you're told of the loss of coverage and ends either 60 days after the loss or 60 days after you're told, whichever is later. If you don't join a plan during this SEP, you'll have to wait until the next enrollment period and you will have to pay a penalty. In most cases, the next valid enrollment opportunity will be November 15th - December 31st. If you enroll during this time, your coverage will start on January 1st of the next year. (See script: Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage.)

If you are **under the age of 65 and disabled** and you decide to pick up Medicare's drug coverage at a later date, but before you turn 65, you will have to pay a penalty. Once you turn age 65, you will get a new initial enrollment period to add drug coverage and the penalty will be dropped.

**\*\*If the caller asks what his or her premium penalty is, or if you need an example, [CLICK HERE](#).\*\***

**\*\*If the caller qualifies for the extra help, [CLICK HERE](#) for more information.\*\***

If you file for reconsideration to have your late enrollment penalty reduced or dropped, the plan will still bill you for the penalty until a decision has been made. If you are in direct-bill status and you do not pay the late enrollment penalty, you can be disenrolled from the drug plan for non-payment of premiums. (\*\***CSR NOTE**: For more information about the reconsideration process, go to the script RP Drug Coverage Denial Claim Enrollment Appeal.\*\*)

[TOP](#)[BACK](#)**TIP BOX:**

**SCRIPT** = RP Drug Coverage Denial Claim Enrollment Appeal

**TIP** = If you lived in an area that was affected by Hurricane Katrina, and you enrolled in a Medicare drug plan by December 31, 2006, you won't have to pay a penalty.

**TIP** = If you were affected by Hurricane Rita or Wilma and did not enroll when you were first eligible, you may have to pay a higher premium because of a late enrollment penalty.

[TOP](#)[BACK](#)

## LATE ENROLLMENT PENALTY (EXAMPLE)

[TOP](#)[BACK](#)

I can't tell you what the exact amount of your penalty would be, if one applies to you. I can tell you only how to get a very rough estimate. To estimate the penalty, find the national base beneficiary premium for the year (\$27.93 in 2008, \$27.35 in 2007) and take 1% of that (\$0.279 in 2008, \$0.27 in 2007). Multiply it by the number of uncovered, full calendar months (during any continuous period of 63 days or more), since the end of your initial enrollment period, during which you did not have creditable coverage. Take the answer and round it to the nearest ten cents. This is the estimated monthly penalty amount that will be added to your plan's premium as long as you have Medicare drug coverage. This amount will be added even if the plan's premium is \$0. Your penalty will change each year that the national average premium changes.

(The **63-day continuous period** begins on the day after the beneficiary's initial enrollment period has ended and ends the day before his or her enrollment into a Medicare drug plan becomes effective.)

**Example:** Let's say you decided to enroll in Medicare's drug coverage starting January 1, 2007, but your initial enrollment period ended on May 15, 2006 and you didn't have other drug coverage that was as good as Medicare's. This means that you will be assessed a 7% penalty because you were without coverage for seven full months (June - December). Your penalty will be 7% of the base beneficiary premium for 2007 or \$1.90 per month. This amount will be added to your plan's premium.

You must enroll in a Medicare drug plan to know for sure if the penalty applies to you, and if so, how much it will be. I do not have personalized information on this. Unless you enroll, the Medicare drug plan will not be able to tell you the exact amount either. Once you enroll, the Medicare drug plan will inform the Centers for Medicare and Medicaid Services (CMS) of any gaps in coverage and the plan will be able to tell you the total premium amount, including any penalty, if one applies. If a penalty applies to you, it will be collected when you pay your plan premiums.

[TOP](#)[BACK](#)**TIP BOX:****SCRIPT** = RP Drug Coverage Denial Claim Enrollment Appeal**REFERRAL** = Medicare drug plan[TOP](#)[BACK](#)

## LATE ENROLLMENT PENALTY (EXTRA HELP)

[TOP](#)

[BACK](#)

If you qualify for the extra help but did not join a Medicare drug plan when you were first eligible, you will **not** have to pay a late enrollment penalty as long as you join a Medicare drug plan by December 31, 2008 and you remain continuously enrolled.

**In 2009**, if you disenroll or haven't joined a plan and have a continuous period of 63 days or more without drug coverage, a late enrollment penalty will be applied when you re-enroll into a Medicare drug plan. However, the months in which you did not have drug coverage in

2006, 2007, and 2008 will not be included when the penalty is calculated.

[TOP](#)

[BACK](#)

## OUT OF POCKET TROOP

[TOP](#)
[BACK](#)

Certain payments made while in a Medicare drug plan are known as true out-of-pocket costs (TROOP). These costs are extremely important in determining whether you have entered the catastrophic coverage phase of the benefit. For every month that you buy covered drugs, you will receive an Explanation of Benefits that shows your total out-of-pocket costs to date. If you switch to another plan during the calendar year (January - December), your out-of-pocket costs will transfer with you.

Payments that **will** count as TROOP costs are:

1. Annual deductible
2. Amount paid for each drug
3. Payments made during the coverage gap. Costs during this time will count only if the drugs:
  - Are on the plan formulary
  - Weren't on the formulary, but were allowed to count toward your out-of-pocket costs by a coverage determination, exceptions process, or special appeal
  - Were purchased at an out-of-network pharmacy with plan permission

**\*\*You may use a discount card or other pharmacy discount during the gap. Submit receipts to the plan so these purchases count as TROOP costs.\*\***

These costs will **never** count as TROOP costs:

- Your premium
- Drugs purchased outside the United States and its territories
- Drugs not covered by your plan
- Drugs covered by your plan that are excluded by Medicare law
- Over-the-counter drugs or vitamins (even if required by your plan as part of step therapy)

Payments **will** count as TROOP costs if they are made by:

- Family members
- **Qualified** State Pharmacy Assistance Programs (SPAPs)  
 (\*\***CSR NOTE:** Refer to Reference Material document State Pharmacy Assistance Programs (SPAP) and Part D for a list of Qualified SPAPs.\*\*)
- Medicare's extra help
- Most charities (unless established, run or controlled by a current or former employer or union)

Payments will **not** count as TROOP costs if they are made by:

- Group Health Plans
- Your Medicare drug plan
- Insurance Plans (includes Medigap and supplemental insurance)
- Other third party groups (such as: TRICARE, Workers Comp)
- Government programs
- Non-Qualified State Pharmacy Assistance Programs (SPAPs)
- Pharmaceutical Manufacturer Patient Assistance Programs (PAPs)
- Medicaid
- Aids Drug Assistance Programs (ADAPs)
- Health Reimbursement Accounts (for non-working, aged beneficiaries)

If you have coverage from a third party that pays part of your TROOP costs, notify your Medicare drug plan.

[TOP](#)

[BACK](#)

**TIP BOX:**

**SCRIPT** = Drug Coverage and Other Coverage

**SCRIPT** = [Coverage Gap Donut Hole](#)

**REFERENCE MATERIAL** = State Pharmacy Assistance Programs (SPAP) and Part D (for names of Qualified SPAPs and includes information on SPAP wraparound programs)

[TOP](#)

[BACK](#)



## HOW TO PAY YOUR PREMIUMS

[TOP](#)

[BACK](#)

### **Premium Payment Methods:**

When you join a plan, you will be asked how you would like to pay for your premiums. The four options available are:

1. Give your plan permission to deduct the premium from a savings or checking account.
2. Have the premium charged to a credit card or debit card.
3. Have your plan bill you and then send a check or money order to your plan.
4. Have your premium taken out of your Social Security benefits every month. (This is similar to the way that some Part B premiums are paid.) The premium cannot be taken out of Civil Service or Railroad Retirement Board benefits at this time.

**\*\*CSR NOTE:** If someone chooses option #1, #2, or #3 above, he or she may be billed for premiums on a monthly, quarterly, or other basis. It is up to the plan to decide how often they will bill for their premiums, but the plan must at least offer monthly billing.\*\*

Once the plan processes your enrollment, premium payment information is submitted

electronically to the Centers for Medicare and Medicaid Services (CMS). Then, CMS either:

- notifies the plan to bill you directly for the premium **or**
- electronically notifies the Social Security Administration (SSA) to automatically withhold the premium from your monthly SSA benefits.

Once automatic withholding has started, the plan premium will be deducted from your Social Security benefits for the same month of coverage. For example, your June Social Security benefit will have a deduction for June's premium.

**If you want to change your method of payment, you will need to contact your plan.**

**ADDITIONAL INFORMATION:**

If you disenroll or switch plans, your enrollment in a new plan will automatically stop the premium deduction from your old plan. You cannot be charged for two plans' premiums for the same month.

**\*\*CSR NOTE: Use this portion if a caller wants to know how his or her premium withholding will be affected from one enrollment period to the next. Verify that the caller is not affected by the SSA premium issues before reading this information.\*\***

**If the caller is currently in premium withhold and is not switching plans, READ:**

Your Social Security withholding will not be interrupted.

**If the caller is either not in a plan or in direct bill status and is joining a new plan with premium withhold, READ:**

Please be advised that it may take up to 2 or 3 months before deductions begin. This means that when the deductions begin, 2 or 3 monthly premiums may be withheld in a lump sum from your Social Security benefit.

**If the caller is in a plan with premium withhold and he or she switches to a different plan with premium withhold, READ:**

Please be advised that it may take up to 2 or 3 months before deductions for your new plan begin. This means that you may have 2 or 3 monthly premiums from your old plan withheld from your Social Security benefit until the deductions from your new plan begin. When the deductions begin for your new plan, there will be an adjustment for any premiums withheld from your old plan, as well as the deduction for your new plan.

**If the caller is in a plan with premium withhold and he or she switches to a different plan without premium withhold, READ:**

Please be advised that it may take up to 2 or 3 months before deductions for your old plan stop. This means that you may have 2 or 3 monthly premiums from your old plan withheld from your Social Security benefit until the deductions stop. When the deductions stop, you will receive a refund for the premiums that were withheld for your old plan.

**If the caller receives assistance other than extra help from SSA or State Medicaid,**

**READ:**

When another organization, such as a State Pharmacy Assistance Program (SPAP), pays a portion of your drug plan premium and you choose to have automatic premium withholding from your SSA benefits, the entire premium amount will be deducted. Your drug plan will then send you a refund for the overpayment of premiums. If you do not wish to have the entire premium deducted from your SSA benefits, you can choose to pay any balance for your premium directly to the plan (this means you would pay only your portion of the premium and the other organization would pay its portion).

[TOP](#)[BACK](#)**TIP BOX:**

**REFERRAL** = The Plan. Do not refer callers to SSA for questions about Medicare drug plan premiums.

**SCRIPT** = [Delay in Premium Payment](#), if the caller switched plans and premiums are still being deducted from SSA benefits for his or her old plan.

[TOP](#)[BACK](#)

## DELAY IN PREMIUM PAYMENT

[TOP](#)[BACK](#)

**If the caller says his or her premiums are not being deducted from his or her SSA benefits, ASK:** How long has it been since you requested to have your premiums deducted?

**3+ MONTHS:** \*\*Have the caller pass Disclosure and **go to** the Surveys tab. Follow the script "Premium Refund Issue Lookup."\*\*

**LESS THAN 3 MONTHS:** It can take several months for premiums to start being deducted from SSA benefits. Do not send a payment check to your plan during this time. When the withdrawal begins, you'll see a deduction for the months during which you had coverage but the premium wasn't withheld from your check. This is a one-time occurrence and future deductions will be for one month of premiums.

**Deduction request was initially accepted but now premiums are not being deducted:** If there is a discrepancy in the amount that should be withheld from your SSA benefits, the deduction will stop. If this happens, Medicare will ask your drug plan to bill you directly for your premiums. Call your plan if you want to know why your deductions stopped.

**Request for premium deduction was rejected:** If the request to have your premiums taken from your SSA benefits is rejected, your plan will contact you about payment options.

This might happen if your monthly Social Security benefits are not enough to cover your drug plan premiums.

**Plan says premiums are not being paid:** \*\*Have the caller pass Disclosure and go to the Surveys tab. Follow the script "Premium Refund Issue Lookup."\*\*

**Caller previously had automatic deduction and requested a change to direct billing:** If you previously had automatic deduction and requested a change to direct billing, your premiums may continue to be deducted. If this happens, you will receive a separate refund. Premiums will be refunded back to the date your direct billing began.

#### ADDITIONAL INFORMATION:

If you disenroll or switch plans, premiums from the old plan may still be deducted from your SSA benefits. As soon as the systems are updated, SSA will refund any premiums paid to the first plan. You should get this refund within 3 months after enrolling in a new plan. You do not need to do anything.

**\*\*CSR NOTE:** If the caller has already talked to the plan and has not received a refund within 3 months, check the "Premium Refund Issue Lookup" in the Surveys tab.\*\*

[TOP](#)[BACK](#)

#### **TIP BOX:**

**SCRIPT = Premium Refund Issue Lookup** (in the Surveys tab)

**REFERRAL =** Do **not** refer callers to SSA for questions about Medicare drug plan premiums. These questions should be referred to the drug plan.

[TOP](#)[BACK](#)

## 2008 COVERAGE GAP DONUT HOLE

[TOP](#)[BACK](#)

The coverage gap, sometimes called the "donut hole," is the period in which you pay 100% of your drug costs. Keep in mind that your costs start over at the beginning of each calendar year (January - December).

**\*\*CSR NOTE:** If the caller wants to know about the coverage gap in 2007, [click here](#).

**Based on Medicare's minimum standard coverage, the coverage gap will work this way in 2008 (stress to the caller that plans vary):**

When the total cost (what you and your plan pay) for your drugs reaches \$2,510, you enter the coverage gap. You then have to pay 100% of your drug costs (negotiated price, not the full retail price) until you reach \$4,050 in out-of-pocket costs for the year. This means that

you have spent \$3,216.25 in drug costs while in the coverage gap.

**\*\*CSR NOTE:** \$275 deductible + \$558.75 (25% of \$275 to \$2510) + \$3,216.25 = \$4,050 out-of-pocket cost.\*\*

**If you qualify for the extra help**, you will not have a coverage gap. Instead, you will pay a small copayment or coinsurance amount. What you pay at this time **may** be greater than the amount you paid previously for your drugs. However, this amount will never be more than the copayment or coinsurance amount for which you were approved. **\*\*CSR NOTE:** If the caller wants to know his or her copayment amount, **go to** the MA PDP tab.\*\*

Some plans offer coverage while you're in the coverage gap. There is at least one plan in each state that offers some coverage during the coverage gap. Unless you switch to one of these plans during a valid enrollment period, you can't avoid the gap by switching drug plans during the year. A record of your drug costs will transfer with you to your new drug plan. If you want to know if you have reached the coverage gap, please contact your plan.

If your plan has a coverage gap, you may be able to avoid, or delay reaching, the coverage gap and continue saving on drug costs.

Would you like more information on this? [Click Here](#) to give the caller additional information from "5 Ways to Lower Your Costs During the Coverage Gap" on [www.medicare.gov](http://www.medicare.gov).

**\*\*CSR NOTE:** Use the CSR Plan Finder Tool to help the caller estimate when he or she will enter the Coverage Gap. On the Prescription Drug Plan Comparison page, choose "View Cost Details" from the "More About This Plan" section. The Total Monthly Cost Estimator is a bar chart that shows when the person will enter the gap.\*\*

[TOP](#)

[BACK](#)

**TIP BOX:**

**SCRIPT** = [Cost](#)

**SCRIPT** = [LIS Cost](#)

**SCRIPT** = [Out of Pocket TROOP](#), if the caller wants information on what counts toward his or her out-of-pocket costs.

**SCRIPT** = CS Medicare.gov Tools

**SCRIPT** = Drug Coverage LIS Extra Help Apply

**SCRIPT** = Drug Coverage and Other Coverage

**REFERENCE MATERIAL** = State Pharmacy Assistance Programs (SPAP) and Part D (includes information on SPAP wraparound programs)

**FULFILLMENT** = Bridging the Coverage Gap (11213)

## 2007 COVERAGE GAP DONUT HOLE

[TOP](#)[BACK](#)

**Based on Medicare's minimum standard coverage, the coverage gap will work this way (use this as an EXAMPLE ONLY because plans vary):**

When the total cost (what you and your plan pay) for your drugs reaches \$2,400, you will enter the coverage gap. You will then have to pay 100% of your drug costs (negotiated price, not the full retail price) until you have spent \$3,850 in out-of-pocket costs for the year. This would mean that you will spend \$3051.25 in drug costs while in the coverage gap.

**\*\*CSR NOTE:** \$265 (deductible) + \$533.75 (25% of \$265 to \$2400) + \$3,051.25 (cost while in coverage gap) = \$3850 out-of-pocket costs.\*\*

[TOP](#)[BACK](#)



## DRUG COVERAGE LIS COST

[TOP](#)
[BACK](#)

**\*\*CSR NOTE: If the caller wants to know the amount that he or she was approved for, use the Limited Income Subsidy History applet or Deemed History applet in the MA PDP Tab. If the caller wants to know exactly how much he or she will have to pay in a particular plan, use the CSR Plan Finder Tool and authenticate.\*\***

Deemed Copay Level	2008 Copay Level	2007 Copay Level
1	HIGH (\$2.25/\$5.60)	HIGH (\$2.15/\$5.35)
2	LOW (\$1.05/\$3.10)	LOW (\$1.00/\$3.10)
3	No Copay	No Copay
4	15% Coinsurance	15% Coinsurance

**If the caller is deemed eligible for the extra help or applied and was awarded the full (100%) subsidy (Part D Subsidy Level, in LIS History), READ:**

Since you qualify for extra help, you will pay either no deductible or a \$56 deductible (\$53 in 2007) and a small amount for each covered prescription you have filled. There may be plans available in which you would pay no monthly premium. There are other plans where you would have to pay a portion of the premium. Be sure to ask about the premium when you are comparing plans.

**If the caller applied and was awarded a partial (25%, 50%, or 75%) subsidy (Part D Subsidy Level, in LIS History), READ:**

Since you were approved for this extra help, you will pay a lower monthly premium. Your premium will be reduced based on the percentage listed in your award letter. You will also have a reduced deductible and copayments when you get a covered prescription filled. These amounts will vary depending upon which Medicare drug plan you are enrolled in. When you compare plans, ask how much

your deductible and copayments would be for each plan.

If you qualify for the extra help retroactively, you can get reimbursed for any premiums and cost-sharing that you paid retroactive to the date that your extra help started. You will need to contact the plan to find out how to be reimbursed.

#### ADDITIONAL INFORMATION:

If you join a Medicare Advantage or other Medicare Health Plan that offers prescription drug coverage (MA-PDP), your extra help will be applied only to the Medicare prescription drug coverage costs.

If you did not join a Medicare drug plan when you were first eligible **and** you qualify for the extra help, you will not have to pay a late enrollment penalty as long as you join a Medicare drug plan by December 31, 2008. **In 2009**, if you disenroll or haven't joined a plan and have a continuous period of 63 days or more without drug coverage, a late enrollment penalty will be applied when you re-enroll into a Medicare drug plan. However, the months in which you did not have drug coverage in 2006, 2007, and 2008 will not be included when the penalty is calculated.

**If you qualify for the extra help, you will not have a coverage gap.** Instead, you will pay a small copayment or coinsurance amount. What you pay at this time **may** be greater than the amount you paid previously for your drugs. However, this amount will never be more than the copayment or coinsurance amount for which you were approved. If you take a drug that is not on the plan's formulary, you will have to pay the full price for that drug, even if you are getting the extra help. **\*\*CSR NOTE:** If caller wants his or her copayment amount, **go to** the MA PDP tab.\*\*

If your plan's monthly premium is more than \$1 above the 2008 benchmark premium (\$2 above in 2007) in your area, the extra help you receive will not cover the full cost of your plan's premium. This means that you will have to pay part of your premium. For example, if the benchmark premium in your area is \$26.50 and your plan's premium is \$29.50, you are responsible for paying the additional \$3.00 per month to your plan.

**\*\*CSR NOTE:** **Go to** the Reference Materials document "2007 Low Income Subsidy Premium Amounts" or "2008 Low Income Subsidy Premium Amounts" to find the 2007 or 2008 LIS benchmark premium for the caller's area.\*\*

[TOP](#)[BACK](#)

**TIP BOX:**

**REFERRAL** = Medicare prescription drug plan, if the caller feels that he or she is being charged the wrong copayment amount or the caller has any other cost-related questions about his or her plan.

**SCRIPT** = [Coverage Gap Donut Hole](#)

**SCRIPT** = Drug Coverage LIS Auto Facilitated Enrollment How to Enroll

**SCRIPT** = Drug Coverage LIS Extra Help Apply, for information about the award letters.

**REFERENCE MATERIAL** = 2007 Low Income Subsidy Premium Amounts

**REFERENCE MATERIAL** = 2008 Low Income Subsidy Premium Amounts

[TOP](#)

[BACK](#)

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> <b>If Medicare Part A is covering your stay in an inpatient hospital or skilled nursing facility,</b> your drugs will be paid by Part A. Part A will stop paying for your drugs when you leave the facility or when your benefit runs out, whichever is first.</p> <p><b>After Part A stops paying for your drugs:</b></p> <ul style="list-style-type: none"><li>• If you are in a LTC facility* and if the drug must be taken in a doctor's office or requires the use of a piece of durable medical equipment (such as a nebulizer), a Medicare drug plan may cover the drug when it is administered in the LTC facility*. These drugs will <b>not</b> be covered by Part B when administered in the LTC facility*.</li><li>• Immunosuppressive drugs (if the transplant was covered by Medicare), certain oral anti-cancer drugs, certain oral anti-emetic drugs (if taken by cancer patients), and certain vaccines will be covered by Part B (even if administered in a LTC facility*).</li></ul> <p><b>*NOTE:</b> For this purpose, LTC facilities include skilled nursing facilities, nursing homes that give skilled care, and institutions that give skilled care.</p> <p><b>If you are in a Medicare-approved hospice program,</b> Part A will pay for drugs for symptom control or pain relief. If you join a Medicare drug plan, the drug coverage will work within the rules of your hospice coverage. Hospice programs are not creditable coverage.</p> <p><b>If your drugs are currently covered by Part B,</b> they will continue to be covered by Part B. Joining a Medicare drug plan will help pay for other drugs that are not currently covered by Part B.</p> <p>If Part A or B covers your drug, it will not be paid for by your Medicare drug plan. If you get your drugs covered by Part B, make sure the pharmacy or supplier is enrolled in the Medicare program.</p> <p>If Part A or Part B does not cover your drugs, your Medicare drug plan <b>may</b> cover them if they are on the plan's formulary. Make sure you go to a pharmacy in your plan's network.</p> <p>The shingles vaccine may be covered by your Medicare drug plan. You should contact them to find out for sure. If your plan doesn't cover the vaccine, you can ask them for an exception. It will <b>not</b> be covered by Part B. For 2007 only, Medicare Part B will cover the administration of vaccines that are covered by your Medicare drug plan. In 2008, your Medicare drug plan will pay for these administration fees and will continue to cover the vaccine, as long as it's on their formulary.</p>	
<p><b>Tips:</b> SCRIPT = CC Medicare Costs and Premiums (Medicare Part A &amp; B Cost -&gt; Benefit Periods and Lifetime Reserve Days) SCRIPT = CC Part B Covered/Noncovered Services SCRIPT = CC Part B Covered Prescription Drugs and Medicine SCRIPT = Drug Coverage Formulary and Pharmacy Information SCRIPT = CC Part A Covered/Noncovered Services TRANSFER = Claims CSR (Part B for drugs provided as a physician's service, DME for all other drugs covered by Part B, Part A if drugs are covered by Part A). REFERRAL = Medicare drug plan for drugs covered by Medicare drug coverage</p>	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> A Medicare prescription drug plan cannot disenroll you for health-related reasons.</p> <p>Your Medicare prescription drug plan <b>must</b> disenroll you if:</p> <ul style="list-style-type: none"><li>• you no longer have Medicare.</li><li>• you move outside of the plan's service area.</li><li>• Medicare ends the plan's contract or the plan stops offering coverage.</li><li>• you intentionally withhold or falsify information about third-party reimbursement coverage.</li></ul> <p>In cases where the drug plan <b>must</b> disenroll the member, they are required to send a written notice that contains the effective date of disenrollment and other ways to receive Medicare benefits.</p> <p>Your Medicare prescription drug plan <b>may</b> disenroll you if:</p> <ul style="list-style-type: none"><li>• you don't pay your premium. Once a plan tells you in writing that your premium is due, you have at least one month to pay. If you don't pay during that grace period, the drug plan can decide to either let you stay enrolled or they can disenroll you from the plan.</li><li>• there was fraud with the enrollment form or use of the membership card. For example, you let someone else use your membership card.</li><li>• you act in a way that keeps the plan from providing services to you or to other people.</li><li>• your employer ends its contract with the plan (your employer will tell you your options).</li></ul> <p>In cases where the drug plan <b>may</b> disenroll the member <b>and does</b>, they are required to send a written notice that contains the reason for disenrollment, the effective date, and an explanation of the member's right to a hearing.</p>	
<p><b>Tips:</b> REFERRAL = Medicare drug plan</p>	

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> If your Medicare Advantage Plan offers drug coverage (MA-PDP), you must accept the drug plan in order to stay in your plan. Carefully read any materials you get from your plan.</p> <p>If you don't have drug coverage and want to add it during a valid enrollment period, you can:</p> <ul style="list-style-type: none"><li>• check with your current plan to see if they offer a drug plan. If they do and you want to stay in the plan, you need to get your drug coverage from your current health plan.</li><li>• switch to another Medicare Advantage Plan that offers drug coverage, or</li><li>• switch to Original Medicare and join a Medicare drug plan.</li></ul> <p>**Use the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage" for enrollment period information.**</p> <p><b>You will be disenrolled from your Medicare Advantage Plan (MA or MA-PDP) if you decide to join a Medicare drug plan (PDP).</b> You will return to Original Medicare for your health coverage.</p> <p>If you are in a Medicare Private Fee-For-Service plan that does not offer drug coverage, you can add drug coverage during a valid enrollment period without affecting your plan enrollment. If your plan offers drug coverage, you have to take the coverage from your plan. You cannot join a different drug plan.</p> <p>If you are in a Medicare Cost Plan that does not offer drug coverage, you can add drug coverage during a valid enrollment period without affecting your plan enrollment. If your plan does offer drug coverage, you can get it through your cost plan <b>or</b> you can buy a separate Medicare drug plan during a valid enrollment period.</p> <p><b>If the caller has Original Medicare and wants to join an MA-PDP, READ:</b> You can enroll in or switch into an MA-PDP during the annual election period (November 15 to December 31). Your effective date will be January 1 of the following year.</p> <p>If you don't enroll during a valid enrollment period and you do not have creditable drug coverage, you may have to pay a penalty if you later enroll into a drug plan.</p>	
<p><b>Tips:</b> SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage TIP = Some Medicare Advantage Plans may pay all or part of the premium that pays for your prescription drug coverage and some may include all or part of the premiums for Part B <b>and</b> for Medicare drug coverage. Read the plan materials carefully or contact your plan to see if they do this.</p>	

# Drug Coverage Formulary and Pharmacy Information

**START »** Use this script if the caller wants to know what drugs are covered by their plan or how to get their prescriptions filled. Click on the appropriate link depending on the caller's question:

<a href="#"><b>Formulary Information</b></a>	<a href="#"><b>Formulary Exceptions</b></a>
<a href="#"><b>Formulary Restrictions</b> (prior authorization, quantity limits, step therapy, generic substitutions)</a>	<a href="#"><b>Covered and Excluded Drugs and Supplies</b></a>
<a href="#"><b>Drug Transition</b></a>	<a href="#"><b>Drugs Removed from Formulary</b> (Clopidogrel, Quinine)</a>
<a href="#"><b>Pharmacies</b> (network, out-of-network, mail order)</a>	<a href="#"><b>How to Fill a Prescription</b></a>

## Drug Coverage Formulary

[TOP](#)[BACK](#)

All Medicare drug plans have a formulary, which is a list of covered drugs. It must include at least two drugs in each category and class. Plans may allow you to get a 30, 60, or 90 day supply of medication. It will vary depending on the plan.

Your Medicare drug plan must provide a formulary to you. The formulary must meet Medicare's requirements. Any changes must be approved by Medicare. In general, a plan cannot change your coverage for the drugs you are using during the year. However, your drug plan could, for example, remove a drug from its formulary if new research showed that the drug was unsafe or if a new low-cost generic version became available.

The plan must inform you at least 60 days before the cost or coverage of your drug changes. However, your plan can immediately remove a drug from their formulary if the Food and Drug Administration (FDA) deems it to be unsafe or if it is taken off the market. If this occurs, you will receive a list of alternative formulary drugs that may be appropriate.

Drugs on the formulary may be grouped into different preferred drug levels, also called "tiers". Each plan can form these tiers in different ways. For example:

- **Level 1** - Generic drugs. These will generally cost you the least. Generic drugs have the same active-ingredient formula as a brand-name drug and may cost less.
- **Level 2** - Preferred brand-name drugs. Preferred brand-name drugs are drugs that the plan prefers and may be less expensive than non-preferred brand-name drugs.
- **Level 3** - Non-preferred brand-name drugs. These will generally cost you the most. A non-preferred brand-name drug is a medication that usually has an alternative generic or preferred brand-name drug. It may be more expensive than a preferred brand-name drug.

Please note that this is only an example. Your plan's formulary may have greater or fewer tiers than these and may label them differently.

Medicare drug plans must offer **Medication Management Programs** for members:

- who have more than one medical condition,
- who are taking many drugs, and
- who have high drug costs.

A Medication Management Program can help you make sure that you are using the appropriate drugs to treat your medical conditions and help you find possible medication errors. These programs are offered to members who meet specific criteria. To learn more, contact your plan.



[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = If the caller wants to know the formulary for a plan, go to the CSR Plan Finder Tool or refer the caller to the plan.

REFERRAL = Medicare drug plan

REFERENCE MATERIALS = Definitions (English)

SCRIPT = CS Medicare.gov Tools

[TOP](#)

[BACK](#)

## Drug Coverage Formulary Exceptions

[TOP](#)[BACK](#)

If a drug you take isn't included in your plan's formulary, you should call your plan first and ask if the drug is covered.

If your plan doesn't cover your drug, you can ask your plan:

- for a list of similar drugs that are covered. When you receive this list, talk to your doctor to see if you can take one of these covered drugs instead.
- to make an exception and cover your drug. Your doctor can also file a request for an exception on your behalf.

There are several types of exceptions that you can ask for. You can ask your plan:

- to cover your drug even if it is not on the formulary. [[CLICK HERE](#) for information if the drug is excluded]
- to waive coverage restrictions such as prior authorization, step therapy or quantity limits on your drug.
- to provide a higher level of coverage for your drug (only if it's on the formulary). This would lower the amount you must pay.

To get an exception, you must ask your plan for an initial coverage determination or decision. You should submit a statement from your doctor supporting your request. Generally, the plan must make a decision within 72 hours of your request. In most cases, if your plan approves your request for an exception, the exception is good for the rest of the year. Not all exceptions are granted. If your plan does not approve your request, you can appeal the plan's decision in most cases.

You may be able to receive a temporary supply of that prescription. You can receive a temporary supply if:

- You are within the first 90 days of coverage under the new plan AND
- You were auto-enrolled into a plan and that doesn't cover your drug **or**
- You didn't know that your drug wasn't covered **or**
- You didn't know that you could request an exception to the formulary.

After you get your temporary supply, you should talk to your doctor to decide if:

- There is a different drug you can take that the plan will cover,
- You want to request an exception, or
- You want to switch to another drug plan (during an enrollment period).

READ: [Drug Coverage Transition](#), for more about temporary supplies.

### **ADDITIONAL INFORMATION:**

You can choose to purchase the prescription and then submit an exceptions request. If you are in a long term care facility, your plan is required to give you an emergency supply of the drug, even if it is not on the formulary.

If you cannot afford to purchase the entire prescription before requesting an exception, you may be able to get and pay for a portion of that prescription. Please talk with your pharmacist for more information.

If you already purchased your prescription and later your request for an exception is approved, you can send your receipt to your plan for reimbursement. To find out how, you can look in your Evidence of Coverage book or call your plan directly.

[TOP](#)

[BACK](#)

#### **TIP BOX:**

TIP = Medicare drug plans must provide a formulary to their members.

REFERRAL = Medicare drug plan

TIP = If you have Medicare and Medicaid, you can switch plans at any time.

SCRIPT = [Drug Coverage Formulary](#)

SCRIPT = [Drug Coverage Formulary Restrictions](#)

SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

SCRIPT = RP Drug Coverage Denial Claim Enrollment Appeal, if the caller wants to file an appeal or if the caller has filed an appeal and it has been longer than 10 days.

[TOP](#)

[BACK](#)

## Exceptions for Excluded Drugs

[TOP](#)

[BACK](#)

**\*\*[Click here](#) for information on excluded drugs.\*\***

If your drug is excluded from Medicare coverage, you may or may not be able to file an exception for your plan to cover it. Regardless of medical necessity, Medicare drug plans are not allowed to cover drugs that are excluded, unless the plan offers enhanced benefits (for which you may pay an extra premium) and coverage of excluded drugs is part of that enhanced benefit.

There are some situations where you **can** file an exception. These situations are as follows:

1. You are using the drug for a reason other than why it is excluded. For example, you are taking a drug to treat diabetes that is typically used for weight loss. The drug is excluded because it is a weight loss drug.
2. The drug is covered by the plan as a supplemental benefit.
3. The plan incorrectly classified the drug as excluded from coverage.

If you contact your drug plan about covering an excluded drug, it may not always be filed as an exception. In general, a question about an excluded drug will be treated as an inquiry or grievance unless you or your doctor asks the plan to cover the drug because of one of the three reasons above.

**\*\*CSR NOTE: [Click here](#) for more information about how to file an exception.\*\***

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = [Drug Coverage Formulary Exceptions](#)

[TOP](#)

[BACK](#)

## Drug Coverage Formulary Restrictions

[TOP](#)

[BACK](#)

Certain drugs are covered by your plan. There may be rules about how you get these drugs, such as:

- **Prior Authorization** - This means that you need approval from your plan before your plan will cover your prescription.
- **Quantity Limits** - For safety and cost reasons, your plan may limit the amount of a drug that they cover over a certain period of time.
- **Step Therapy** - In some cases, your plan requires you to first try less expensive drugs

that have been proven effective for most people to treat your medical condition before they will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. However, if you have already tried the similar, less expensive drugs and they didn't work, or if your doctor believes that because of your medical condition it is medically necessary for you to be on a step-therapy drug, he or she can contact the plan to request an exception. If your doctor's request is approved, your drug will be covered.

- **Generic substitution** - When there is a generic substitute available, your plan's network pharmacies will automatically give you the generic drug, unless your doctor has told them that you must take the brand-name drug. A generic drug works exactly the same as a brand-name drug. Generic drugs are approved by the Food and Drug Administration (FDA) and usually cost less than brand-name drugs.

You or your doctor or pharmacist can find out if your drug has any restrictions by looking at your plan's formulary or by contacting the plan. Prior authorization and step therapy generally do not apply for AIDS and HIV drugs. **\*\*CSR NOTE:** [Click here](#) for more information on HIV and AIDs drugs.\*\*

#### **ADDITIONAL INFORMATION:**

If you are located in an "emergency area", you may get an immediate refill if your prescriptions were lost or misplaced during the declared emergency. This is true even if the last prescription had been filled under a Quantity Limit restriction or if your prescription had been filled recently before the emergency. An "emergency area" is an area in which there has been a Stafford Act or National Emergencies Act declaration and a public health emergency declaration.

[TOP](#)

[BACK](#)

#### **TIP BOX:**

TIP = Medicare drug plans must provide a formulary to their members.  
REFERRAL = Medicare drug plan

[TOP](#)

[BACK](#)

## Drug Coverage Covered and Excluded Drugs and Supplies

[TOP](#)

[BACK](#)

Medicare drug plans cover:

- Prescription drugs (at least two drugs in each category and class). Medicare drug plan formularies must include all (or almost all) drugs in the immunosuppressant, antidepressant, antipsychotic, anticonvulsant, antiretroviral, and antineoplastic



classes. If you are currently taking a drug in one of those classes, your plan cannot put prior authorization or step therapy requirements on it. Fuzeon, **a drug commonly used to treat HIV and AIDS patients**, must be listed on formularies. However, if you are a new user of this drug, you may need prior authorization.

- Biological products. A biological product is usually a drug or vaccine made from a live product and used medically to diagnose, prevent, or treat a medical condition. Some common types of biologicals are interferon, etanercept, and infliximab.
- Some vaccines that are not covered by Part B. Your plan may have certain [restrictions](#) on vaccines, such as prior authorization. Your Medicare drug plan may decide to cover the shingles vaccine. You should contact the plan for more information. If your plan doesn't cover the vaccine, you can ask the plan for an [exception](#). The shingles vaccine is not covered by Part B. For 2007 **only**, Medicare Part B will pay for the costs of vaccines that are covered by your Medicare drug plan. (\*\***CSR NOTE**: For information on **Vaccine coverage for 2008**, [Click here](#).)
- Insulin.
- Supplies related to the injection of insulin, such as syringes, safety syringes, needles, alcohol swabs, and gauze. Test strips, lancets, and other diabetic supplies that are covered by Part B will still be covered by Part B. If you are in a long term care facility, your plan must have safety syringes on the formulary. **Please contact your plan to find out which supplies they cover** and the pricing information for the covered supplies.

By law, your plan may cover a drug only if it is:

- available only by prescription,
- approved by the Food and Drug Administration,
- used and sold in the United States, and
- used for a medically-accepted purpose.

Each plan has a list of drugs that it will cover, called a [formulary](#). Plans are not required to cover **every** prescription or **every** brand of insulin or *every* brand of diabetic supply. (\*\***CSR NOTE**: If the caller wants to know what drugs his or her plan covers, use the CSR Plan Finder Tool or refer the caller to the drug plan.\*\*) )

### **The Medicare law currently excludes 10 groups of drugs from being covered:**

1. Benzodiazepines [ben-zoe-dye-AZ-e-peens] (i.e. tranquilizers, sleeping pills, anti-anxiety drugs) Some common versions of benzodiazepines are Xanax, Valium, and Ativan.
2. Barbiturates (i.e. sleeping pills)
3. Drugs used to relieve coughs and colds
4. Prescription vitamins and minerals, except prenatal vitamins and fluoride preparations
5. Anorexia, weight loss, or weight gain drugs
6. Nonprescription (over-the-counter) drugs
7. Drugs used for cosmetic reasons or hair growth
8. Drugs used to promote fertility
9. Covered outpatient drugs where the manufacturers require you to buy an associated test or monitoring service exclusively from them
10. Drugs used for the treatment of sexual or erectile dysfunction (**new in 2007**)

Your plan may offer extra coverage on some of the excluded drugs. For example, your plan may cover benzodiazepines and they may charge an extra premium. The amount you pay for these drugs doesn't count towards your \$4,050 out-of-pocket cost in 2008 (\$3,850 in 2007). Also, you won't receive any extra help to pay for these drugs.

If you have Medicare and Medicaid and your state used to pay for any of these excluded drugs, they may still pay. If you live in Tennessee, your state does not cover any excluded drugs.

- If your pharmacist received a **"drug not covered" message** for a drug that was previously covered by Medicaid but is excluded by Medicare (especially with regards to benzodiazepines and folic acid), he or she should bill Medicaid after he or she receives the rejection from the Medicare drug plan.
- If your pharmacist received a **"plan limits exceeded" message**, it may mean that Medicaid covered a 31-day supply while the Medicare drug plan is covering only a 30-day supply. Your pharmacist should change the quantity and days of supply for reprocessing before calling the plan for help.

I can also give you a list of some of the drugs that your State will cover.

**\*\*CSR NOTE:** If the caller would like to know which drugs are covered by his or her Medicaid office, access the Reference Material document "State Medicaid Offices Covering Excluded Drugs".\*\*

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = [Drug Coverage Formulary](#), if the caller wants to know about what drugs the plans have to cover

SCRIPT = [Exceptions for Excluded Drugs](#)

REFERENCE MATERIAL = State Medicaid Offices Covering Excluded Drugs

SCRIPT = CC Durable Medical Equipment (DME) Covered/ Noncovered

WEB = If the caller has Internet access, he or she can view the list of the Medicaid-covered drugs here: <http://cms.hhs.gov/States/EDC/list.asp>.

REFERENCE MATERIAL = Part D Excluded Drugs, for a list of some of the products/drugs/drug categories and how they relate to the Medicare drug coverage.

## Vaccine Coverage for 2008

[TOP](#)[BACK](#)

Starting January 1, 2008, your Medicare drug plan will pay for the costs associated with a vaccine, as long as it is on the plan's formulary.

You may receive the vaccine from any provider, regardless of whether the provider is in-network or out-of-network. If your provider is in-network (such as an in-network pharmacy), he or she will bill Medicare directly for the vaccine and you will be responsible for the cost-sharing on the vaccine and its administration costs. If the provider is out-of-network (such as a doctor's office), he or she will bill you directly for the vaccine. You will then need to work with your Medicare drug plan to submit the claim for reimbursement.

If you qualify and are approved for the extra help, you will pay **one small** copayment for the vaccine and administration costs.

If, for some reason, you are no longer enrolled with a Medicare drug plan, Medicare Part B may pay for the administration costs of the vaccines.

[TOP](#)[BACK](#)

### TIP BOX:

REFERRAL = Medicare drug plan

[TOP](#)[BACK](#)

## Drug Coverage Pharmacies

[TOP](#)[BACK](#)

Your Medicare drug plan contracts with network pharmacies to provide you service. Generally, your drugs are covered by your plan only if you use a network pharmacy or its mail order service. There may be preferred pharmacies where you may pay less for covered drugs. If you go to an out-of-network pharmacy, you have to pay the full cost of your drug.

To fill your prescription at a network pharmacy, you must show your membership card or an acknowledgment letter from your plan. If you don't have either, you may have to pay the full cost, even if the drug is covered by your plan. You must then send a claim to your plan so they can reimburse you for covered drugs. To find out how to file a claim, you can look in your Evidence of Coverage book or call your plan directly.

If you travel to another state, ask your plan if there are network pharmacies in that state.

Your plan will cover a prescription filled at an out-of-network pharmacy only if a network pharmacy is not available **and** at least one of the following conditions is met:

- You're traveling within the U.S. and its territories and become ill or run out of your drugs.
- The prescriptions are for a medical emergency.
- You can't get a covered drug in a timely manner within the plan's service area because there is no network pharmacy nearby that provides 24-hour service.
- You're trying to fill a prescription that is not regularly available at a network or mail order pharmacy.

Before you fill your prescription, ask your plan if there is a network pharmacy in your

area where you can get your drugs. You may have to pay the difference between what your plan will pay at a network pharmacy and what the out-of-network pharmacy charges you.

Your plan may offer a mail order service. You may be able to use it for drugs that you take regularly for a chronic or long-term medical condition. You don't have to use mail order services. You may always use a retail network pharmacy. (\*\***CSR NOTE:** If a plan offers mail order services, but the CSR Plan Finder Tool doesn't have the mail order pricing listed, refer the caller to the plan.\*\*)

The plan won't pay for any prescriptions that are filled by pharmacies outside of the U.S. and its territories, even for a medical emergency. This is also true for mail order pharmacies.

It is illegal to import drugs into the country, whether for personal use or otherwise.

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = Medicare drug plans must provide a formulary and pharmacy directory to their members. For the most current information, you should contact your plan by phone or visit their Web site.

REFERRAL = Medicare drug plan

[TOP](#)

[BACK](#)

## Drug Coverage Transition

[TOP](#)

[BACK](#)

If you are taking a drug that is not on your plan's formulary and you are within the first 90 days of coverage under this plan, your plan is required to give you 30 days to transition to a formulary drug that is similar to your current medication or to request an exception(unless your prescription is for less than 30 days).

**\*\*Read only for new enrollees:\*\***

**If you are in the first 90 days with your plan, you should:**

- Contact your plan to make sure all your medications are covered.
- Talk to your pharmacist or doctor if you are taking a drug that is not on your plan's formulary to find out if there are similar drugs that could be used in place of your current drug.
- Get a prescription from your doctor for the appropriate replacement drug.
- Request an exception from your plan.

**Once your transition period has ended**, your Medicare prescription drug plan will not be required to provide a temporary supply of your current drug.

**If you did not transition your drug before the end of the transition period, you can:**

- Call your plan to see about temporary coverage of your drug while you complete the exceptions process.
- Ask the pharmacist if there is a generic alternative.
- Contact your physician about the alternative drug that is covered by your plan.
- Call your plan to ask for a coverage determination or an exception if your physician does not think the alternative drug will work for you. If it is an urgent circumstance, you can ask the plan for an expedited review, which must be completed in 24 hours.

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = If you pay for a drug that the plan does not cover, and then your exception or appeal is approved, the plan will be required to reimburse you up to the amount the plan would have paid if it covered the drug.

SCRIPT = [Drug Coverage Formulary Exceptions](#)

[TOP](#)

[BACK](#)

## Drugs Removed from the Formulary

[TOP](#)

[BACK](#)

**\*\*Read this section if a caller is complaining that a drug was on the formulary when they enrolled in a drug plan, but now that drug is not covered.\*\***

**If the caller asks about Clopidogrel (the generic of Plavix):**

Clopidogrel is not being marketed at this time because of a patent dispute, but some pharmacies may have a supply of it. Plans can cover Clopidogrel; however, they must continue to cover the brand drug (Plavix) under their plan's formulary and at the same tier level. Plans are not permitted to discontinue the coverage of Plavix, change the tier level, or change the utilization management for the drugs (in other words, they cannot add prior authorization, step therapy, or quantity limit requirements for the drug). Please contact your drug plan for more information about the coverage of this drug.

**If the caller asks about Quinine:**



All unapproved quinine products have been removed from Medicare drug plan formularies. The Food and Drug Administration (FDA) ordered companies to stop making unapproved products containing quinine effective February 13, 2007. After June 13, 2007, companies can no longer ship these products. Many drug products containing quinine sulfate are marketed without FDA approval for the treatment of malaria and the treatment and/or prevention of night-time leg muscle cramps and related conditions. An FDA review of the labeling on many of the unapproved quinine products revealed incomplete product information, which could contribute to inappropriate prescribing, leading to harmful side-effects.

The FDA's action does not affect quinine drug products marketed with FDA approval. The FDA has only one approved quinine drug product: Qualaquin (quinine sulfate). It was approved solely for the treatment of uncomplicated malaria caused by the parasite *Plasmodium falciparum*.

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = **DO NOT LOG THESE CALLS AS COMPLAINTS.**

REFERRAL = Doctor or other provider

REFERRAL = Medicare drug plan

[TOP](#)

[BACK](#)

## How to Fill a Prescription

[TOP](#)

[BACK](#)

When your doctor writes you a prescription, you can get it filled at one of the plan's network pharmacies or through your plan's mail order service. Please contact your plan to see if they offer a mail order service. \*\*See SCRIPT: [Drug Coverage Pharmacies Mail Order](#)\*\*

When you go to the pharmacy to have a prescription filled, you will need to bring your membership card or a letter from your plan stating that they received your application. If you do not bring this information, the pharmacist may perform an eligibility check in their system to identify the plan you have joined. If that information is not available, you may have to pay the full cost, even if the drug is covered by your plan. If this happens, you must send a claim to your plan so that they can repay you. To find out how to file a claim, you can look in your Evidence of Coverage book or call your plan directly.

**\*\*CSR NOTE: If the caller joined a plan or was auto-enrolled into a plan and hasn't received anything from the plan yet, READ Drug Coverage Enrollment Plan Unknown.\*\***

The pharmacist will check to see if the drug is covered by your plan. The pharmacist will

also find out if you were approved for the extra help and if you have another type of drug coverage that pays some of the cost. You will then be told how much you owe for your prescription. **This is done while you are at the pharmacy.**

The amount that you pay for covered drugs will automatically count towards your deductible and other plan benefits. [**\*\*If the caller asks, this includes Initial Coverage Level, Coverage Gap, and/or Catastrophic Coverage\*\***]. Your plan will keep track of your out-of-pocket costs.

If the pharmacist tells you that your drug is not covered by your plan, you can:

1. Talk to your doctor to see if there is a different drug that will be covered by your plan,  
**or**
2. Contact your drug plan and ask for an exception. **\*\*See SCRIPT: [Drug Coverage Formulary Exceptions](#)\*\***

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = [Drug Coverage Pharmacies Mail Order](#)

SCRIPT = [Drug Coverage Formulary](#)

SCRIPT = [Drug Coverage Formulary Exceptions](#)

SCRIPT = Drug Coverage Cost Information

SCRIPT = Drug Coverage Enrollment Plan Unknown

SCRIPT = Drug Coverage Plan Mailings LIS Mailings, for description of Evidence of Coverage

REFERRAL = Medicare drug plan

[TOP](#)

[BACK](#)

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<b>Script:</b> <b>If caller has questions about losing their food stamp benefits, READ:</b> If you apply and qualify for extra help paying for the Medicare prescription drug coverage, you may see your food stamp benefits go down as you spend less on drugs. Using the Medicare drug coverage means you will have more cash to spend on food that you used to spend on prescription drugs. The value of the extra help paying Medicare prescription drug costs will more than make up for any loss in food stamps.  <b>If caller has questions about losing their housing assistance, READ:</b> If you apply and qualify for extra help paying for the Medicare prescription drug coverage, you will not lose your housing assistance. However, your housing assistance may be reduced as you spend less on drugs. Using the Medicare drug coverage means you will have more cash to spend on rent that you used to spend on prescription drugs. The value of the extra help paying Medicare prescription drug costs will more than make up for the lower housing assistance.  <b>If caller has questions about losing their energy assistance, READ:</b> If you apply and qualify for extra help paying for the Medicare prescription drug coverage, you will not lose your energy assistance. You will still be able to get help with your home heating and cooling expenses through the Low Income Home Energy Assistance Program (LIHEAP). The eligibility levels for home energy assistance are based on your income without regard to your medical expenses.	
<b>Tips:</b> TIP = If caller gets the \$10 minimum food stamp benefit, their benefits may end. REFERRAL = Local welfare office or USDA if they have further questions about food stamp benefits. This number can be found in the caller's local phone book in the blue pages under the State Government listings. REFERRAL = Local housing authority or HUD if they have further questions about housing assistance. This number can be found in the caller's local phone book in the blue pages under the State Government listings. REFERENCE MATERIAL = Drug Coverage Food Stamps REFERENCE MATERIAL = Drug Coverage Housing Assistance	

## Drug Coverage Plan Mailings LIS Mailings

**START »** Use this script if the caller received a letter or other mailing from a Medicare drug plan.

---

» **Is the letter you received about the extra help or is it a mailing from your drug plan?**

**Extra Help Mailing**

**Plan Mailing**

If you disenroll or switch Medicare drug plans or decline Medicare drug coverage, depending upon when the Medicare drug plan is notified of your decision, you may still receive material from that plan. You can disregard this material.

---

### EXTRA HELP MAILING

[TOP](#) [BACK](#)

What is the publication number listed on the lower right-hand corner of your letter? It should say "CMS Pub. No."

<b>11154</b> Auto-Enrollment Notice	<b>11166</b> Monthly Deemed Letter
<b>11186</b> Facilitated Enrollment Notice (Full Subsidy)	<b>11191</b> Facilitated Enrollment Notice (Partial Subsidy)

**\*\*If the caller lost his or her letter**, use probing questions to determine which letter it was.  
\*\*

**\*\*If the caller received a redetermination or reevaluation letter** (from the Social Security Administration) or a **redeeming** notice (CMS Pub. No. 11198 and 11199), please use the script "Drug Coverage LIS Extra Help Apply" [LETTER ABOUT LIS STATUS section].\*\*

**\*\*If the caller received a reassignment letter** (CMS Pub. No. 11208, 11209), please use script "Drug Coverage LIS Plan Reassignments."\*\*

**AUTO-ENROLLMENT NOTICE 11154**[TOP](#)[BACK](#)

Because you have both Medicaid and Medicare, you received a letter on yellow paper informing you that Medicare is covering your prescriptions instead of Medicaid. This letter provides the name of the plan Medicare is enrolling you in and the date your coverage begins. It includes information on the premium, annual deductible, and co-payment amounts for the plan Medicare has chosen for you.

In addition, it explains how to enroll in another plan and how to decline Medicare's automatic enrollment into a drug plan. **\*\*CSR NOTE:** If caller wants to opt-out, see SCRIPT "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

If you want to join a different plan, I can help you compare drug plans today. I can also submit an application for you.

**If the caller wants another copy of Auto Enrollment Notice, READ:**

We can mail you another copy of the letter for you to keep for your records. I need to get some information from you. **\*\*Do not read the procedure below to the caller.\*\***

**\*\*REPLACEMENT NOTICE PROCEDURE\*\***

Escalate to the Reference Center (RC). The caller will **not** receive a call back, so **do not** tell him or her that he or she will; do **not** read the script "CS Reference Center and Press Media Questions or Unknown Letters." When you escalate the call, please include the following in the RC Entry Form after passing disclosure:

- "REPLACEMENT AUTO-ENROLLMENT LETTER,"
- the full name of the beneficiary,
- the complete address (including apartment or lot number),
- the phone number of the beneficiary, and
- the Medicare number (HICN).

**\*\*Reference Center CSRs only**, log: Drug Coverage LIS Auto Enrollment Notice Reference Center.\*\*

[TOP](#)[BACK](#)

**TIP BOX:**

REFERENCE MATERIAL = Drug Coverage Auto Enrollment Notice

[TOP](#)

[BACK](#)



## MONTHLY DEEMED LETTER 11166

[TOP](#)

[BACK](#)

You received this letter because our records show that you get:

- Full Medicaid benefits;
- Supplemental Security Income (SSI); or
- Help from your state (Medicaid) paying your Medicare premiums (Medicare Savings Program).

Since you get this benefit, you will also get extra help paying for your Medicare drug coverage. You do not have to apply for the extra help. You will have to join a Medicare drug plan to take advantage of this extra help. If you do not join a plan on your own, Medicare will choose a plan for you. When your coverage starts, you will have to spend very little out of your pocket. Keep this letter for your records.

I can help you compare drug plans today. I can also submit an application for you.

**If the caller lost his or her letter, READ:**

I'm sorry, but I cannot send you a copy of this letter. Medicare has a record of everyone who should get the extra help. When you join a plan, the plan will automatically know that you should get the extra help. If you would like to know the name of the plan Medicare picked for you, I can help you. (\*\***CSR NOTE:** Go to the MA PDP tab to look up the plan.\*\*)

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = Supplemental Security Income (SSI) is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits.

REFERENCE MATERIAL = Monthly Deemed Notice (#11166 and #11166-S)

FULFILLMENT = Deemed Notice Spanish (#11166-S)

[TOP](#)

[BACK](#)

## FACILITATED ENROLLMENT NOTICE (FULL SUBSIDY) 11186

[TOP](#)

[BACK](#)

You received a letter from Medicare on green paper because you get help from your state to pay your Medicare premiums (Medicare Savings Program), get Supplemental Security Income (SSI) benefits, or you applied and qualified for the extra help. This letter provides the name of the plan Medicare has chosen for you and the date your coverage begins. It includes information on the premium, annual deductible, and copayment amounts for the plan Medicare has chosen for you.

In addition, the letter lists other plans that you can join. It also explains how to enroll in another plan or decline Medicare's automatic enrollment in a drug plan. **\*\*CSR NOTE:** If caller wants to opt-out, see the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

If you want to join a different plan, I can help you compare drug plans today. I can also submit an application for you. You can switch plans at anytime and as many times as you wish throughout the calendar year.

### **If the caller lost his or her letter, READ:**

I'm sorry, but I cannot send you a copy of this letter. Medicare has a record of everyone who should get the extra help. When you join a plan, the plan will automatically know that you should get the extra help. If you would like to know the name of the plan Medicare picked for

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = Supplemental Security Income (SSI) is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits.

REFERENCE MATERIAL = Facilitated Enrollment Notice Full Subsidy 11186

FULFILLMENT = Facilitated Enrollment Notice Full Subsidy Spanish (11186-S)

[TOP](#)

[BACK](#)

## FACILITATED ENROLLMENT NOTICE (PARTIAL SUBSIDY) 11191

[TOP](#)

[BACK](#)

You received a letter from Medicare on green paper because you get help from your state to pay your Medicare premiums (Medicare Savings Program), get Supplemental Security Income (SSI) benefits, or you applied and qualified for the extra help. The letter provides the name of the plan Medicare is enrolling you in and the date your coverage begins. It includes information about the plan Medicare has chosen for you based on your level of income and resources. The costs listed includes information on the premium, annual deductible, and copayment amounts.

In addition, the letter lists other plans that you can join. It also explains how to enroll in another plan or decline Medicare's automatic enrollment in a drug plan. **\*\*CSR NOTE:** If caller wants to opt-out, see the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."**\*\***

If you want to join a different plan, I can help you compare drug plans today. I can also submit an application for you. You can switch plans at anytime and as many times as you wish throughout the calendar year.

**If the caller lost his or her letter, READ:**

I'm sorry, but I cannot send you a copy of this letter. Medicare has a record of everyone who should get the extra help. When you join a plan, the plan will automatically know that you should get the extra help. If you would like to know the name of the plan Medicare picked for you, I can help you. (\*\***CSR NOTE:** Go to the MA PDP tab to look up the plan.\*\*)

[TOP](#)

[BACK](#)

**TIP BOX:**

TIP = Supplemental Security Income (SSI) is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits.

REFERENCE MATERIAL = Facilitated Enrollment Notice Partial Subsidy 11191

FULFILLMENT = Facilitated Enrollment Notice Partial Subsidy Spanish (11191-S)

[TOP](#)

[BACK](#)

## DRUG PLAN MAILING

[TOP](#)

[BACK](#)

What type of mailing did you get from your drug plan?

### Initial Plan Mailing

Evidence of Coverage (EOC), Summary of Benefits, Formulary, Pharmacy Directory, Membership Card

### Annual Plan Mailing

Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Summary of Benefits, Formulary

### Explanation of Benefits

**\*\*CSR NOTE:** Drug plans must offer these materials in other media types such as Braille, foreign languages, audio tapes, or large print.\*\*

[TOP](#)

[BACK](#)

## INITIAL PLAN MAILINGS

[TOP](#)

[BACK](#)

When you join a Medicare drug plan, your plan will send you the following:

1. **Evidence of Coverage (EOC)** - This booklet will give you the details about your drug coverage and the plan rules that apply.
2. **Summary of Benefits** - This document will briefly explain the benefits offered by your plan.
3. **Formulary** - This will list the drugs covered by your plan.
4. **Pharmacy Directory** - This will list the pharmacies in your plan's network.
5. **Membership Card** - This will be the card you use when you fill your prescriptions. If your name is wrong on the card or you need a replacement, please contact the drug plan. Your red, white, and blue Medicare card will not change.

If you have questions about any of these mailings, you will need to contact your Medicare drug plan.

[TOP](#)

[BACK](#)



**TIP BOX:**

SCRIPT = Drug Coverage Formulary and Pharmacy Information

REFERENCE MATERIAL = Model Drug Coverage Member  
Identification Card

REFERENCE MATERIAL = Model MA PDP Member Identification  
Card

[TOP](#)

[BACK](#)

## ANNUAL PLAN MAILINGS

[TOP](#)

[BACK](#)

Every year, your plan will send you the following:

1. **Annual Notice of Change (ANOC)** - Your plan must give you notice of plan changes taking place on January 1 of the next year. Your plan must send you this notice before October 31 of the current year.
2. **Evidence of Coverage (EOC)** - This booklet will give you the details about your drug coverage and the plan rules that apply.
3. **Summary of Benefits** - This document will briefly explain the benefits offered by your plan.
4. **Formulary** - This will list the drugs covered by your plan.

If you have questions about any of these mailings, you will need to contact your Medicare drug plan.

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = Drug Coverage Formulary and Pharmacy Information  
REFERENCE MATERIAL = 2008 Annual Notice of Change (MA-PDP)  
REFERENCE MATERIAL = 2008 Annual Notice of Change (PDP)  
REFERENCE MATERIAL = 2008 Annual Notice of Change (Cost  
Plan)

[TOP](#)

[BACK](#)

## EXPLANATION OF BENEFITS

[TOP](#)

[BACK](#)

Your plan must send you an **Explanation of Benefits (EOB)** during the months in which you used your Medicare drug plan.

The Explanation of Benefits must include:

1. A list of the items or services for which payment was made and the amount of the payment for each item or service.
2. A notice of your right to ask for an appeal or coverage determination.
3. A year-to-date total of your out-of-pocket costs for:
  - Your annual deductible
  - The amount you pay for each prescription
  - Out-of-pocket payments where you paid 100%
  - Your Total Out-Of-Pocket costs (TROOP) that count towards the plan's limit before it pays a large portion (up to 95% of your costs).
4. A year-to-date total amount that was paid for your drugs by both you and your plan.
5. A description of any negative changes to the formulary that will occur at least 60 days in the future.

If you have questions regarding your Explanation of Benefits, please contact your Medicare drug plan.

**If you get the extra help**, your Explanation of Benefits may have information about the coverage gap. You do not have a coverage gap if you qualify for the extra help. Instead, you will pay a small copayment or coinsurance amount. What you pay at this time **may** be

greater than the amount already paid previously for your drugs. However, this amount will never be more than the copayment or coinsurance amount for which you were approved. **\*\*CSR NOTE: If the caller wants to know his or her copayment amount, go to the MA PDP tab.\*\***

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = Drug Coverage Cost Information  
REFERENCE MATERIAL = Drug Coverage Model Explanation of Benefits (EOB)

[TOP](#)

[BACK](#)

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> If you have Medicare and Medicaid, get help from the state paying Medicare premiums, or receive SSI, you automatically qualify for the extra help. You may also qualify if you applied for the extra help and were approved. It is very important that you choose a Medicare drug plan that meets your needs. If you don't choose a plan, Medicare will choose one for you. You should see if the plan Medicare chose for you covers the drugs you use and if you can go to the pharmacies you prefer.</p> <p><b>Caller has Medicare and Medicaid:</b> Medicare covers your drugs instead of Medicaid. You should have received a letter on yellow paper with the name and effective date of the plan chosen for you.</p> <p><b>Caller gets help from the state paying Medicare premiums, has SSI, or applied and qualified for LIS:</b> You should have received a letter on green paper with the name and effective date of the plan chosen for you.</p> <p><u>You may still be able to compare Medicare drug plans and join a different one.</u> If you join a plan yourself, it is a good idea to enroll early in the month so you get your materials before your coverage starts.</p> <p><b>Caller was auto/facilitated-enrolled and wants to switch plans, see SCRIPT:</b> Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage.</p> <p>After you join, the plan will automatically know that you should get the extra help. The information is sent to your plan through a computer system.</p> <p><b>MA Plans:</b> If you qualify for extra help, you can get drug coverage as part of a Medicare Advantage Plan (MA-PD). If you join an MA-PD, you will get all of your Medicare health care through that plan, including prescriptions. The extra help will only cover the cost of the basic drug premium and the drug coverage portion of your plan costs. You will have to pay for any difference.</p> <p><b>Tips:</b> SCRIPT = Drug Coverage LIS Auto Facilitated Enrollment Plan Welcome Letter, if caller enrolled in a plan on their own, but then was auto-enrolled into a plan. TIP = The auto-enrollment process is random. Medicare chooses among available drug plans that have a premium at or below the premium for a standard plan in your region. TIP = You will only be auto-enrolled into an MA-PD if you are already in a Medicare Advantage Plan. TIP = If you are married, Medicare might not enroll you and your spouse in the same plan. If you or your spouse want to switch plans so you are both in the same plan, you can do this before the date your coverage starts or during one of the enrollment periods. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage, if caller wants to opt out after being auto-enrolled or if caller wants to disenroll from a drug plan. SCRIPT = Drug Coverage Plan Mailings LIS Mailings TIP = SSI is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits.</p>	

**Status:** Active

**Deactivated Date:** n/a

**Script:**

You can join only **one** Medicare drug plan. However, in most cases, you can join a Medicare drug plan even if you already have drug coverage from another source.

You may not be able to have both Medicare drug coverage and employer or retiree drug coverage if your employer is claiming you for the retiree drug subsidy. Your employer is responsible for telling you how their coverage works with Medicare.

**Coordination of Benefits:**

When you enroll in a Medicare drug plan, you will be asked on the enrollment form if you have drug coverage from another source. If you say "yes", the plan will do a follow-up survey to find out what other types of drug coverage you have. This survey may be done by telephone, mail, or in person. Medicare will then work with your other sources of drug coverage to see who will pay first.

When you fill a prescription, the pharmacy will submit a claim to your plan electronically. The claim will also be forwarded to all of your other sources of drug coverage. You will then be told how much you have to pay your pharmacy. This will all happen quickly as you pick up your prescription.

If there is a change in your coverage, you need to contact your Medicare drug plan to let them know.

**Who Pays First:**

Your Medicare drug plan will pay first if:

1. You are retired or not actively working
2. You or your spouse is actively working **and:**
  - o There are less than 20 employees where you or your spouse works (if over the age of 65)
  - o There are less than 100 employees where you or your spouse works (if disabled)
3. Your coverage is not employer-based

Workers' compensation and no-fault or liability coverage will pay before the Medicare drug plan. Workers' compensation is not considered creditable coverage.

**TROOP (true out-of-pocket costs):**

Other insurance plans may work with Medicare and also help with your co-payments, deductible and expenses in the coverage gap. However, any payment made by another insurance company will not count towards reaching your catastrophic limit. The catastrophic limit is when you have spent \$4,050 out-of-pocket in 2008 (\$3,850 in 2007), and Medicare starts to pay 95% of your drug costs. **\*\*CSR NOTE:** Keep in mind that plan costs may vary. If the caller wants additional information on the standard costs for plans, go the script "Drug Coverage Cost Information."\*\*

**Tips:**

REFERRAL = Medicare prescription drug plan

REFERRAL = Third Party Insurance Benefits Administrator

SCRIPT = MP MSP Who Pays First Overview

SCRIPT = Drug Coverage Cost Information (OUT OF POCKET TROOP)

SCRIPT = Drug Coverage and Other Coverage

SCRIPT = RP Drug Coverage Denial Claim Enrollment Appeal, if the caller was denied enrollment into a drug plan because his or her employer is claiming him or her for the retiree drug subsidy.

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script: (Maximum 1900 characters including spaces)</b> <b>CSR NOTE: Read if the caller identifies him or herself as a pharmacist or as from a pharmacy:</b> People who have Medicare drug coverage can only use pharmacies that have contracted with a Medicare drug plan. If you have general questions about Medicare drug plans you can log onto:</p> <p><a href="http://www.cms.hhs.gov/Pharmacy/">http://www.cms.hhs.gov/Pharmacy/</a></p> <p>You can also go to this website if your pharmacy does not have a contract with a Medicare drug plan and you would like more information on contracting with a plan.</p> <p>If your pharmacy has a contract with a Medicare Prescription Drug Plan, and you have questions about billing/payment or other general processes, then you will need to contact the drug plan sponsor for answers to your questions.</p> <p><b>CSR NOTE: Read if the caller identifies him or herself as an employer:</b> If you have questions about the Retiree Drug Subsidy you can call 1-877-737-4357 or log onto the RDS website at:</p> <p><a href="http://rds.cms.hhs.gov/">http://rds.cms.hhs.gov/</a></p> <p>If you have questions about creditable coverage determinations, disclosures, or other policy details, you can visit the Employer Partner page at:</p> <p><a href="http://www.cms.hhs.gov/EmplUnionPlanSponsorInfo/">http://www.cms.hhs.gov/EmplUnionPlanSponsorInfo/</a></p>	
<b>Tips: (Maximum 900 characters including spaces)</b>	



<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> <b>**CSR NOTE: Read this script if the caller states that his or her employer or union is dropping his or her retiree health and/or drug coverage.**</b></p> <p><b>Read if caller asks if employers or unions can legally drop the coverage:</b></p> <p>Medicare encourages employers and unions to maintain the health and/or prescription drug coverage they provide to retirees. However, Medicare cannot require an employer or union to continue this coverage if they choose not to do so.</p> <p><b>Read if caller asks about management of employee benefit plans:</b></p> <p>Medicare does not oversee how employee benefit plans are managed. The United States Department of Labor Employee Benefits Security Administration (EBSA) and the Internal Revenue Service (IRS) jointly oversee private sector employee benefits plans. You can find out how to report a cancellation in your coverage by calling EBSA at 1-866-444-EBSA (1-866-444-3272). You can also ask questions about your coverage and how it is changing. A Benefits Advisor will take your question and explain your rights under the law.</p> <p>If you want to file a complaint about a cancellation in your coverage, you can contact the United States Department of Labor Employee Benefits Security Administration (EBSA) at 1-866-444-EBSA (1-866-444-3272). A Benefits Advisor will take your complaint and explain your rights under the law.</p> <p><b>**CSR NOTE:</b> The EBSA hours of operation depend on the caller's region. He or she will need to call the EBSA to find the hours of operation for his or her region.**</p>	
<p><b>Tips:</b> REFERRAL = United States Department of Labor Employee Benefits Security Administration (EBSA), 1-866-444-EBSA (1-866-444-3272)</p>	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<b>Script:(Maximum 1900 characters including spaces)</b> Your territory may give extra help paying for Medicare drug coverage if you have Medicaid.  <b>ASK:</b> Do you have Medicaid? IF NO: Although you can't get the extra help, you may still be able to join a drug plan. <b>**Go to Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage</b>  IF YES: <b>**Continue with caller's territory.</b>  <b>Puerto Rico:</b> You can get Medicare drug coverage in 3 ways. You can: <ol style="list-style-type: none"><li>1. Keep your Reforma (Medicaid) and continue to get your prescriptions through Reforma.</li><li>2. Join a Medicare Advantage Prescription Drug Plan that has a contract with the Commonwealth of Puerto Rico (ASES). It will cover all of your Medicare health care, including prescriptions, doctor and hospital care.</li><li>3. Join a drug plan that does not have a contract with ASES. However, you must pay the extra costs for the monthly premium and any other co-payments, co-insurance and deductibles yourself.</li></ol> You can switch plans on a monthly basis. You can <b>ONLY</b> switch to or leave a plan contracted with ASES. If you leave a plan, you must return to Reforma.  For more information about the first two options, you can call Medicare Platino at 1-800-981-2737.  <b>US Virgin Islands:</b> You can join either: <ul style="list-style-type: none"><li>• Community Care Rx Basic</li><li>• United Health Care</li></ul> Medicaid will pay for any prescriptions that your Medicare drug plan does not cover. For more information, call the State Health Insurance Assistance Program (SHIP) at 340-772-7368.  <b>Guam, American Samoa, or CNMI (Northern Mariana Islands):</b> Medicaid will continue to pay for your drugs. <b>**See caller's territory.**</b> <ul style="list-style-type: none"><li>• GUAM: You don't have to do anything. For more information, call the SHIP at 671-735-7399.</li><li>• AMERICAN SAMOA: If you need special drugs, you may be able to get them more easily. For more information, call your Medicaid office at the LBJ Tropical Medical Center, 684-633-4590.</li><li>• CNMI: You don't have to do anything.</li></ul>	
<b>Tips: (Maximum 900 characters including spaces)</b> TIP = For residents of Puerto Rico: Reforma drug coverage is considered to be creditable prescription drug coverage. This means that there will be no penalty to a person who is receiving drug coverage through Reforma, but decides to change to a MA-PD or PDP later. TIP = If caller lives in Puerto Rico and travels often to the United States, they can join a drug plan in the US in addition to keeping their Reforma plan while in Puerto Rico. TIP = Residents of Puerto Rico follow the same election period rules as residents of the continental United States. The only difference is that dual eligible beneficiaries are restricted in the <b>type</b> of change that can be made. REFERENCE MATERIAL = 2005 State Medicaid Program Name, if caller doesn't know the name of the Medicaid program or isn't sure if they're in one.	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> <b>**Use this script only if <u>someone from a Nursing Home</u> calls to confirm which Medicare drug plan their resident is enrolled in.**</b></p> <p>I understand that you are calling from a Nursing Home to find out which Medicare drug plan your resident is enrolled in. I can help you now or you can fax your request (See Tip).</p> <p>In order to get this information for <b>fewer than</b> 300 residents, you can send a fax to 1-785-830-2593 or you can mail a request. To get the information for <b>more than</b> 300 residents, you will need to mail a request. The address is: 1-800-Medicare Nursing Home Requests 3833 Greenway Drive Lawrence, KS 66046-5504</p> <p>Please send a cover sheet with:</p> <ul style="list-style-type: none"><li>• the date of submission,</li><li>• the number of pages (including cover sheet),</li><li>• a fax number,</li><li>• a return mailing address,</li><li>• a contact name and phone number, and</li><li>• the following statement signed by a nursing home representative: <i>I attest that the Medicare prescription drug plan enrollment information to be provided by the Centers for Medicare and Medicaid Services (CMS) will be used by the nursing home only for Medicare prescription drug coverage purposes.</i></li></ul> <p>You can ask for information for multiple people in one request.</p> <p>After the cover sheet, please include the following beneficiary information:</p> <ul style="list-style-type: none"><li>• first and last name (clearly printed or typed),</li><li>• Medicare number,</li><li>• date of birth,</li><li>• mailing address (if different than the institution's address), and</li><li>• if they have Medicare Part A, Part B, or both.</li></ul> <p>After receiving accurate beneficiary information, the beneficiary's plan information will be mailed within 10 business days to the institution's return mailing address. <b>**CSR NOTE:</b> If caller says it has been more than 10 days, please send an email to Phil Deamer in Lawrence, KS (phil.deamer@vangent.com). It should include: nursing home name, date of first request, caller's name and phone number.**</p>	
<p><b>Tips:</b> TIP = If caller is a nursing home representative and they have a "low income subsidy batch problem", you can provide LIS co-pay information from the LIS Tab if caller can pass disclosure. TIP = <b>Remember that you can give the plan information over the phone. This script should only be used if the caller doesn't have time or if the caller specifically asks about the fax procedure.</b> TIP = If the nursing home representative wants the information for <b>more than</b> 300 residents, they <b>cannot</b> make the request by fax. They can only request it by mail. SCRIPT = CS Long Term Care LTC, if caller just wants information on how the Medicare drug coverage will work with people in Nursing Homes</p>	

<b>Status:</b> Draft	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> If you live in more than one state, or you travel often, you may want to join a Medicare drug plan that offers national coverage. This means that you will be able to get your prescription drugs at network pharmacies throughout the country. You can also join a local plan that has national pharmacies in their network.</p> <p>The plan won't pay for any prescriptions that are filled by pharmacies outside of the United States and its territories, even for a medical emergency. This is also true for mail order pharmacies.</p> <p>If you are enrolled in a Medicare drug plan, you can contact your plan to find out if there are network pharmacies in your area.</p> <p>Would you like me to help you find a drug plan that offers coverage in more than one state? <b>**CSR NOTE:</b> In the CSR Plan Finder Tool, click on the plan name and "View important notes and benefit summary." In that window, it will say if the plan offers national coverage.**</p> <p><b>If the caller permanently moves to another state and wants to switch plans, Read the script:</b> "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage"</p> <p><b>If the caller permanently moves and needs to report an address change, READ:</b> Please contact your drug plan if there are any changes to your personal information, including your name, address and phone number.</p> <p><b>If the caller was deemed eligible for the extra help, READ:</b> If you automatically qualify for the extra help, you will receive it for as long as your financial status remains the same. You will receive the extra help through at least the end of the calendar year. If your status changes, you will be notified by the Centers for Medicare and Medicaid (CMS). <b>**CSR NOTE:</b> Read the script "Drug Coverage LIS Extra Help Apply" if the caller received a letter from CMS on gray or orange paper.**</p> <p><b>If the caller applied for the extra help through SSA and was approved, READ:</b> If you qualify for the extra help, you will receive it through at least the end of the calendar year. If you permanently move to a different state, the Social Security Administration (SSA) will let you know when you need to reapply. However, if your marital status changes, you will need to report the change with SSA.</p> <p><b>If the caller applied for the extra help through the state Medicaid office and was approved, READ:</b> If you permanently move to a different state, you will have to reapply for the extra help by contacting the state Medicaid office in your <b>new</b> state. You should also let the Medicaid office know of any changes to your marital status.</p> <p><b>Tips:</b> REFERRAL = Medicare drug plan REFERRAL = Social Security Administration, if the caller applied for the extra help with SSA. REFERRAL = State Medicaid Office, if the caller applied for the extra help with Medicaid. SCRIPT = CS Medicare.gov Tools SCRIPT = Drug Coverage Formulary and Pharmacy Information, if the caller is traveling to another state and doesn't have a national plan. SCRIPT = CS Referrals to SSA, if the caller needs to change his or her address with Medicare (in addition to contacting the drug plan). SCRIPT = Drug Coverage LIS Extra Help Apply</p>	

# Plan Specific Humana First Seniority Freedom United Sierra Health Universal American MemberHealth

**START »** This script should be used if the caller has specific questions or issues with one of the below plans.  
Which plan is the beneficiary asking about?

<b>Humana</b>	<b>First Seniority Freedom - Harvard Pilgrim Health Care Inc. (H7226)</b>
<b>United Health Group / Sierra Health Services (MERGER)</b>	<b>Universal American Financial / MemberHealth, Inc. (Community Care Rx) (MERGER)</b>
<b>Sierra Health Services (DISENROLLMENTS)</b>	<b>United Healthcare (ERRONEOUS CHECKS)</b>

---

**What is the caller's issue?**

**Complaints about Humana**  
(For use by Pilot CSRs only)

**Possible change with Banner Health  
Systems in Maricopa County, AZ**

**Letter about drugs that are no longer  
being covered**

**Erroneous duplicate checks sent the  
week of 5/7/07**

[TOP](#)

[BACK](#)

## Complaints about Humana - Pilot

[TOP](#)
[BACK](#)

**\*\*This portion is for Humana Pilot CSRs only. Read if caller has complaints about his Humana drug plan.\*\***

**\*\*CSR NOTE: Assist the caller as much as possible before transferring to Humana.\*\***

I can transfer you to Humana for complaints about:

- Critical issues (ex: you are at the pharmacy and can't get your drugs)
- Disenrollment or cancellation (ex: you were disenrolled in error)
- Drug plan enrollment (ex: to check the status of your application)
- Plan option changes (ex: you are switching to another plan offered by Humana)

**\*\*The speed dial code to Humana is \*0193. Give the Humana representative the beneficiary's HICN, name, zip code, and LIS copayment amount.\*\***

I can give you the number to Humana for inquiries about other issues, such as:

- Authorization (ex: getting permission to get certain drugs that have restrictions)
- Billing / Claims
- Eligibility
- Membership cards

Please call Humana about these inquiries. Their number is 1-800-281-6918.

**If caller's issue is related to LIS:**

**\*\*Please check the MA PDP tab (LIS History or Deemed Eligible History applet) to confirm LIS eligibility and copayment amount.\*\***

Our records show that your copayment is [AMOUNT]. Is this what you pay now?

**YES, READ:** This is the amount of extra help you have been approved for. **\*\*CSR NOTE:** If caller believes they have documentation showing a different approval level, go to the PDP Plan Referral.

**NO: \*\*CSR NOTE: Check the CSR Plan Finder Tool. Are the drugs that the caller is taking on the formulary and is the caller using a network pharmacy?\***

**NO, READ:**

If you purchase a drug that is not on your plan's formulary or go to an out of network pharmacy, your copayment will be higher.

**YES, READ:**

Please stay on the line while I connect you to your Humana drug plan. **\*\*CSR NOTE:** The speed dial code to Humana is \*0193. Give the Humana

representative the beneficiary's HICN, name, zip code, and LIS copayment amount.\*\*

[TOP](#)

[BACK](#)



## Possible change with Banner Health Systems in Maricopa County, AZ

[TOP](#)

[BACK](#)

You should have received a letter from Humana explaining that there may be a change in your hospital network. Humana is working with Banner Health Systems to reach an agreement so that Banner Health Systems will stay in Humana's provider network.

If an agreement is not reached, Banner Health System hospitals will no longer participate in Humana's provider network. If this happens, Humana will continue to cover services received through the Banner Health System hospitals at the in-network level until the end of the calendar year. Starting on January 1, 2008, Banner Health System hospitals will not be covered for non-emergency care.

Once a decision is made, a second letter will be sent to you. If you have any questions, you should contact Humana at 1-800-457-4708. Their hours of operation are Monday through Friday, 8:00am to 6:00pm.

### **TIP BOX:**

REFERRAL = Humana, 1-800-457-4708 or TTD 1-800-833-3301

REFERENCE MATERIAL = Humana HMO Letter - Banner Health Systems

REFERENCE MATERIAL = Humana PPO Letter - Banner Health Systems

[TOP](#)

[BACK](#)

## Letter about drugs that are no longer being covered

[TOP](#)

[BACK](#)

Humana sent approximately 9,700 members letters to notify them of the drugs that are no longer being covered by Medicare and Humana. The letters were sent beginning March 19, 2007.

If you received a letter and you have any questions, you should contact Humana by phone or you can visit their website, which is [www.humana.com](http://www.humana.com).

### **TIP BOX:**

REFERRAL = Humana at 1-800-457-4708

REFERENCE MATERIAL = Humana Letter – Part D Drugs No Longer Covered

SCRIPT = Drug Coverage Formulary and Pharmacy Information, for information about formularies, excluded drugs, and filing exceptions

[TOP](#)

[BACK](#)

### Erroneous duplicate checks sent the week of 5/7/07

[TOP](#)

[BACK](#)

Approximately 22,000 duplicate checks were mailed to Humana members the week of 5/7/07. If you received one of these checks and you try to deposit it, it will not clear because the check is a duplicate of a check you already received. You will receive an insufficient funds notice from your bank.

Humana is making outbound calls to all its members to advise you to tear up the duplicate check. Humana will reimburse you for any service fees that you may have been charged if

you deposited both checks.

If you have any questions, please contact Humana.

**TIP BOX:**

REFERRAL = Humana at 1-800-457-4708

[TOP](#)

[BACK](#)

## First Seniority Freedom - Harvard Pilgrim Health Care Inc. (H7226)

[TOP](#)

[BACK](#)

Harvard Pilgrim Health Care (H7226) has discovered that some of its First Seniority Freedom members were set up to have their health plan premium deducted from their Social Security payment in error.

Harvard Pilgrim Health Care, the Centers for Medicare and Medicaid Services (CMS), and the Social Security Administration (SSA) are working closely together to correct this error. If you are in this plan and have questions about this error, please call Harvard Pilgrim's First Seniority Member Services line at 1-800-421-3550.

**TIP BOX:**

REFERRAL = Harvard Pilgrim Health Care at 1-800-421-3550

[TOP](#)

[BACK](#)

## United Health Group / Sierra Health Services (merger)

[TOP](#)

[BACK](#)

### **If caller asks about the merger between United Health Group and Sierra Health Services, READ:**

United Health Group and Sierra Health Services recently announced their intent to merge companies. The details of the merger are expected to be finalized by the end of 2007 or earlier.

If you belong to a plan under Sierra Health Services, you should review any material that you receive in the mail from United or Sierra. You can also contact Sierra Health Services at the phone number listed on the back of your membership ID card.

#### **TIP BOX:**

REFERRAL = Sierra Health Services

TIP = If the caller was inappropriately disenrolled from Sierra Health Services, [click here](#).

[TOP](#)

[BACK](#)

## Sierra Health Services (disenrollments)

[TOP](#)[BACK](#)

The Centers for Medicare and Medicaid Services (CMS) is aware that some people with Medicare are having problems with Sierra Health Services. A large number of complaints are about involuntary disenrollments from SierraRx Plus effective March 1, 2007.

If you were inappropriately disenrolled, the Centers for Medicare and Medicaid Services (CMS) is working with Sierra Health Services to make sure that you will return to the SierraRx Plus plan. Sierra Health Services will reinstate your enrollment retroactive to January 1, 2007. Sierra will be contacting you two times, once by phone and once in writing. They will contact you by phone to let you know that you have been re-instated and that they are sending a written notice to everyone affected. This notice advises you that in most cases you can receive reimbursement at your local pharmacy for prescriptions purchased while you were not in the plan. It also explains how to submit reimbursement claims directly to Sierra Health Services.

If you filled a prescription during the time that you were not enrolled in SierraRx Plus, you should keep those receipts. Once you are back in the plan, you will need to file claims for those prescriptions. You should refer to the notice for instructions on how to get reimbursement.

**\*\*CSR NOTE:** Use the probing questions in the PDP Plan Referral in the Surveys tab. When appropriate (such as an inappropriate disenrollment), file a complaint. If the caller received a reinstatement notice, do not file a complaint.\*\*

### TIP BOX:

REFERRAL = Sierra Health Services

TIP = Since March 22, 2007, Sierra Health Services has contacted State AIDS Drug Assistance Programs (ADAPs) to provide notification that their clients' SierraRx Plus Medicare drug plan enrollments have been reinstated.

TIP = If the caller heard that Sierra Health Services is merging with United Health Group, [click here](#).

[TOP](#)[BACK](#)



## United Healthcare (Erroneous Checks)

[TOP](#)

[BACK](#)

United Healthcare recently discovered that several thousand checks were erroneously mailed to members of the United Healthcare Prescription Drug Plan. These checks ranged from approximately \$12 to \$15,000, with the majority of affected people being members of the Illinois State Pharmacy Assistance Program (SPAP). United has issued a stop-payment on all erroneous checks that were sent.

United intends to contact plan members immediately to notify them of the error and inform them that the checks they received were invalid. The plan hopes to reach its members before they attempt to cash the checks and encounter bank fees. For those people who attempt to cash the check and incur bank fees, United has created a reimbursement

process.

If you have questions about the reimbursement process or want to know whether the check you received was valid, please contact United Healthcare.

**TIP BOX:**

REFERRAL = United Healthcare

[TOP](#)

[BACK](#)

## Universal American / MemberHealth (merger)

[TOP](#)

[BACK](#)

### **If caller asks about the merger between Universal American Financial Corp. and MemberHealth, Inc., READ:**

Universal American Financial Corp. (also known as "Universal American") and MemberHealth, Inc. recently announced their intent to merge companies. The details of the merger are expected to be finalized by early fall 2007.

If you belong to a plan under MemberHealth, Inc. (such as Community Care Rx), you should review any material that you receive in the mail from Universal American or MemberHealth. You can also contact MemberHealth at the phone number listed on the back of your membership ID card.

#### **TIP BOX:**

REFERRAL = MemberHealth, Inc.

[TOP](#)

[BACK](#)

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<b>Script:</b> <b>**<u>This script should ONLY be read to pharmacists who call with LIS issues. You can provide LIS information to pharmacists if they have the beneficiary's SSN or HICN.</u>**</b>	
<b>If someone who qualifies for LIS doesn't know what plan s/he has been auto/facilitated-enrolled in:</b> You should perform an enhanced E1 (called E1 query in 2006) to check for drug plan enrollment. If the enhanced E1 returns the RxBIN-RxPCN-RxGrp-RxID (the "4Rx" data) and the 800 number, you should bill that plan. If the enhanced E1 only returns the 800 number of the plan, you should call the number to get the billing information. If the enhanced E1 returns no match, you should check for Medicare eligibility by submitting an expanded E1 query. You should also check eligibility for the extra help. You can verify this through the patient history, a Medicaid card, a current Medicaid letter, proof of SSI benefits, or extra help award letter.	
<b>If eligibility for the extra help is determined, but plan enrollment cannot be found:</b> Once the enhanced E1 has failed and you have verified that the person qualifies for the extra help, you should bill the Point Of Sale (POS) Contractor (Anthem). This will allow the prescription to be filled and begin the enrollment process. (CSR NOTE: If the pharmacist does not know how to bill the POS Contractor, see Script, Drug Coverage LIS Wellpoint POS UNICARE.)	
<b>If a person with extra help was auto/facilitated-enrolled, but says that s/he has switched plans:</b> <ul style="list-style-type: none"><li>• <b>Has a plan acknowledgement letter:</b> If the person has an acknowledgement letter in hand, that letter should include the RxBin, RxPCN, RxGrp and RxID. You should use that information for billing. If the letter does not have it, you should call the plan to get the information needed to send in a claim.</li><li>• <b>Does not have a plan acknowledgement letter:</b> You should perform an enhanced E1 or I can tell you what plan the person with Medicare is in.</li></ul>	
<b>Tips:</b> TIP = If the pharmacist states that they are having technical problems or if they are getting an error when they attempt an enhanced E1, they will need to call the TrOOP Help Desk at 1-800-388-2316. TIP = If a pharmacist gets a "drug not covered" message for a drug that was previously covered by Medicaid but is excluded by Medicare (especially with regards to benzodiazepines and folic acid), they should bill Medicaid after they receive the rejection from the PDP. TIP = In many cases, the message "plan limits exceeded" is because Medicaid covered a 31 day supply and the PDP only covers a 30 day supply. Pharmacists should change the quantity and days of supply for reprocessing before calling the plan for help. SCRIPT = Drug Coverage LIS Wellpoint POS UNICARE REFERENCE MATERIAL = Pharmacy Technical Help Desk Contacts, if the pharmacist needs the appropriate pharmacy help desk number for a Medicare drug plan.	

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> <b>**Use this script when a beneficiary has an URGENT need to get their medication.**</b></p> <p>If you got an acknowledgement letter in the mail from your plan, use that to fill your prescriptions until you get your card. You should also bring your Medicaid card or your Auto Enrollment Notice. If you did not get anything from your plan, you will need to contact them directly.</p> <p><b>If caller says that the pharmacy will not accept their acknowledgement letter or proof that they are eligible for the extra help, READ:</b> You should first call your plan to get this issue resolved. If you need to fill a prescription right away, you can pay the full price for the drug and submit a claim to your plan for reimbursement.</p> <p>(CSR NOTE: If caller has already spoken to their plan, read script: Plan Complaints in the PDP Plan Referral.)</p> <p><b>If caller says the co-pay amount is incorrect or they cannot afford to pay for their medication, READ:</b> You should first call your plan to get this issue resolved. You can also ask your pharmacist or doctor if they can provide you with a temporary supply of your medication.</p> <p>(CSR NOTE: If caller has already spoken to their plan, read script: Plan Complaints in the PDP Plan Referral.)</p> <p><b>If a caller says they are totally out of medication and have a critical need for help, READ:</b> If you do not have any way to get your prescription filled and it is very important that you take the medication, you should first call your plan to get this issue resolved. You may also want to call your doctor and ask if he/she has any suggestions for you.</p> <p>(CSR NOTE: If caller has already spoken to their plan, read script: Plan Complaints in the PDP Plan Referral)</p>	
<p><b>Tips:</b> TIP = LIS eligible beneficiaries who are not already enrolled in a drug plan can use the Wellpoint Point-of-Sale solution. SCRIPT = Drug Coverage LIS Plan Unknown, if caller is LIS eligible and does not already have a drug plan.</p>	

## Drug Coverage LIS Wellpoint POS UNICARE

**START »** Use this script if there are questions or problems with the Wellpoint Point-of-Sale (POS) solution.

Is the caller a beneficiary or a pharmacist or is the call regarding a claim rejection in mid-May?



**\*\*CSR NOTE:** Pharmacists are not required to use the Wellpoint POS solution. If a pharmacist will not use the POS solution, the beneficiary can try another pharmacy.\*\*

Are you using the Wellpoint POS solution for the first time for this beneficiary? [Click here.](#)

**or**

Have you already used the Wellpoint POS solution for this beneficiary? [Click here.](#)

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

The Point-of-Sale (POS) Facilitated Enrollment process is for providing immediate coverage of Part D drugs to LIS-approved beneficiaries who do not currently have a Medicare drug plan. Most LIS-eligible beneficiaries have been auto-enrolled, so you should first check for enrollment in a Part D plan by asking for a plan ID card, other documentation from a Part D plan, or submitting an enhanced E1 (called E1 query in 2006).

**If you have questions about the E1 process**, you should contact the TrOOP Facilitation Help Desk at RelayHealth by calling 1-800-388-2316.

**If the beneficiary says he or she is enrolled in a plan but doesn't have a card yet, READ:** I can provide information for you or the beneficiary to contact the plan. You will need the beneficiary's name, Medicare number, date of birth and address.

**\*\*CSR NOTE:** If the pharmacist can pass disclosure, you can provide the plan name and telephone number.\*\*

**\*\*If the beneficiary is not in a drug plan, [click here](#).**\*\*

**\*\*If a claim was rejected a few days before May 15, 2007, [click here](#).**\*\*

[TOP](#)

[BACK](#)



## Verifying Coverage

[TOP](#)[BACK](#)

You must verify that the beneficiary qualifies for the extra help and has Medicare.

### To verify LIS eligibility:

In addition to existing state resources, such as IVR phone systems, you can use the following as verification of LIS eligibility:

#### **Medicaid beneficiary:**

- Medicaid ID card
- Recent history of Medicaid billing in the pharmacy patient profile
- Copy of current Medicaid award letter

#### **Low Income Subsidy (LIS) beneficiary:**

- Copy of Extra Help (LIS) award letter from Medicare or SSA

### To verify Medicare eligibility:

You can check for either Part D enrollment OR eligibility for Medicare Part A and Part B by submitting an enhanced E1 (called E1 query in 2006) to the TrOOP facilitator.

You can also:

- Request to see a Medicare card OR
- Request to see a Medicare Summary Notice (MSN).
- In the future, you can call the Medicare pharmacy eligibility line at 1-866-835-7595.

**\*\*To bill the POS Contractor, [click here](#)\*\***

[TOP](#)[BACK](#)

## Billing the POS Contractor

[TOP](#)

[BACK](#)

Please be sure that you confirmed that the beneficiary does not currently have a Medicare drug plan.

There are a few mandatory data elements that must be included on the claim, including **both** of the beneficiary's ID numbers, if applicable. The mandatory data elements are:

- **Medicare ID number**
- **Medicaid ID number**, if applicable
- **First Name**
- **Last Name**

- **Address** (The claim will be denied if this field is left blank or if zeros are inserted. If the person with Medicare lives in a long-term care facility, the facility address should be used.)
- **Date of Birth**
- **Telephone Number**
- **Gender Code**

If you need more information, you can contact the Anthem pharmacy help desk at 1-800-662-0210, option #2.

**Copayments:** The claim will always process at a copayment level of \$5.60 or less (\$5.35 in 2007).

**Quantity Limits:** The POS process will allow up to a 14-day fill, but you may elect to fill less than a 14-day supply at your discretion. The Centers for Medicare and Medicaid Services (CMS) expects LIS-eligible beneficiaries **who are not already enrolled in another plan** to be enrolled into a Wellpoint (UNICARE) plan by the end of 14 days.

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

Once LIS eligibility is confirmed, the "POS accounts" will be terminated and the beneficiary will be enrolled in a UNICARE plan. If you have tried to re-bill the POS account that you used before for that beneficiary, the transaction will be denied. Many of these people will have their ID cards or acknowledgement letters. You should ask the beneficiary if he or she received anything from UNICARE. If not, you should try an enhanced E1 (called E1 query in 2006). The new UNICARE billing information should be available.

Some claims billed to WellPoint had invalid beneficiary ID numbers which could not be matched to any Medicare beneficiary. These accounts will also be terminated. If you tried to re-bill the invalid account, the claim will be denied. In these cases, if you cannot locate a drug plan to bill using all of the available methods, you can reuse the WellPoint POS solution if the correct information is submitted.

**\*\*[Click here](#) if the pharmacist needs help using the Wellpoint POS solution.\*\***

[TOP](#)

[BACK](#)

Are you using the Wellpoint POS solution for the first time? [Click here.](#)

**or**

Have you already used the Wellpoint POS solution? [Click here.](#)

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**If you think the beneficiary is eligible for the Wellpoint POS solution, GO TO: "Drug Coverage LIS Plan Unknown"**

**\*\*CSR NOTE:** Pharmacists are not required to use the Wellpoint POS solution. If a pharmacist will not use the POS solution, the beneficiary can try another pharmacy.\*\*

**If the beneficiary went to the pharmacist and the pharmacist isn't able to help, READ:** Please have the pharmacist call us.

[TOP](#)

[BACK](#)

After Medicare makes sure you have both Medicare and qualify for the extra help, they should enroll you in a UNICARE drug plan. The enrollment into UNICARE will **only** occur if you have not already signed up for a Medicare drug plan on your own. Did you receive an ID card or acknowledgement letter from UNICARE?

**IF YES, READ:** You should use this to fill your prescriptions. You can also switch to another Medicare drug plan during a valid enrollment period. **\*\*SCRIPT Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage\*\***

**IF NO: \*\*Check the MA PDP tab to see if the beneficiary is in another plan. If so, give that contact information. If not, READ:**

You should call UNICARE at 1-866-892-5335 to check on your enrollment.

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

A few days before May 15, 2007, Wellpoint experienced a processing error that resulted in some claim rejections. These claims should not have been rejected. If a claim was denied before May 15, the claim will need to be resubmitted for processing.

[TOP](#)

[BACK](#)



<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> <b>**Read if caller got a green/yellow letter from CMS but they already enrolled in a Medicare drug plan:</b></p> <p>ASK: Did you enroll in a plan on your own?</p> <p>If <u>YES</u>: Check MA PDP tab in NGD</p> <p><b>If enrollment type = B, READ:</b> I see that you are enrolled in [PLAN]. If this is the plan you want, you can disregard the letter and you will stay in the plan you chose.</p> <p><b>If enrollment type = A or C: Do NOT Opt Out caller. READ:</b> We are aware of this issue and the system will be updated. You will stay in the plan that you want. When you go to the pharmacy, use the card for the plan that you want to stay in. If that plan refuses to give coverage, you can use the plan that Medicare picked for you until the system is updated. <b>**Enter issue in PDP Plan Referral. Be sure to choose "Yes" for "FE - Facilitated Enrollment &amp; Retro Enrollment."**</b></p> <p><b>If NO: Check MA PDP tab to see if caller is enrolled in a plan and make sure that Enrollment Type = A or C. READ BELOW:</b></p> <p>Since you get help paying your Medicare premiums, get SSI, or you applied and were approved for the extra help, you will be enrolled in [PLAN].</p> <p>You may have gotten a letter on green/yellow paper from the Centers for Medicare and Medicaid Services (CMS). In the letter, CMS told you they were going to enroll you in a Medicare drug plan. The letter tells you when your coverage will start. If you want this plan, keep the letter you received.</p> <p>However, you don't have to stay in that Medicare drug plan; you can choose to join a different drug plan.</p> <p>If you don't want Medicare drug coverage, you must decline it so you are not auto-enrolled into another Medicare drug plan. However, if you want to get continuous drug coverage at little or no cost, it is best to join a Medicare drug plan.</p> <p><b>ADDITIONAL INFORMATION:</b> Auto enrollment notices are printed on yellow paper and facilitated enrollment notices are printed on green paper.</p> <p>SSI is a monthly benefit that is paid to people with limited income and resources who are disabled, blind, or age 65 or older. These benefits are not the same as Social Security benefits.</p> <p><b>Tips:</b> SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage, if caller wants to opt out. If the caller <b>wants</b> Medicare drug coverage, do NOT opt them out.</p>	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<b>Script:</b> <b>**Use this script if caller received a phone call from someone at the Center For Extra Help With Medicare Drug Costs, the National Council on Aging (NCOA) or the Benefits Data Trust (BDT).**</b>	
<p>A representative may call you (or may have already called you) to ask if you are interested in learning more about applying for extra help with your Medicare drug costs. The person who calls you will say that they are calling from the Center For Extra Help With Medicare Drug Costs. The caller may also say that they are calling from the National Council on Aging (NCOA) or the Benefits Data Trust (BDT).</p> <p>They will encourage you to apply for the extra help if you haven't done so already and offer to help you fill out the application. The Center For Extra Help With Medicare Drug Costs is making these calls to provide help and support to people with Medicare. Medicare is working with them and other trusted sources on this program and we encourage you to take advantage of this free, confidential service.</p> <p>You may also receive information in the mail from the Center For Extra Help With Medicare Drug Costs, the National Council on Aging (NCOA), or the Benefits Data Trust (BDT).</p> <p>The Center For Extra Help With Medicare Drug Costs will ask you to provide the information needed, including your Social Security number, in order to fill out the application for extra help. They will submit it electronically on your behalf. The Center will then send you a letter to confirm that the application has been submitted.</p>	
<b>Tips:</b> TIP = The National Council on Aging (NCOA) is working with the Benefits Data Trust (BDT) to place calls as the Center for Extra Help With Medicare Drug Costs.	

## Drug Coverage LIS New York EPIC

Elderly Pharmaceutical Insurance Coverage (EPIC) is a New York State Pharmacy Assistance Program (SPAP) for those who need help paying for their prescriptions.

As of July 1, 2007, most EPIC enrollees are required to enroll in a Medicare drug plan in order to maintain their EPIC coverage. (Before this date, only EPIC enrollees who qualified for the extra help were required to enroll in a Medicare drug plan.)

EPIC mailed letters to those enrollees who were affected by the change in enrollment requirements. In the lower right-hand corner of your letter, there is a letter and a number. Please tell me what letter and number are in your letter.

**\*\*CSR NOTE:** If the caller did not receive a letter or received a different letter than listed below, refer to EPIC at 1-800-332-3742.

**\*\*Click on the option corresponding to the caller's letter for more information.\*\***



### **EPIC AND THE EXTRA HELP**

If you meet the requirements for the extra help, you are **required** to provide EPIC with information so that EPIC can submit an application for the extra help for you.

EPIC may send you a "Request for Additional Information" form requesting your assets and other information needed to apply for the extra help. Enrollees are asked to return the completed form within 30 days of the date on the letter.

If you need help with the form or have questions, contact the EPIC Hotline at 1-800-332-3742. The hours of operation are 8:30 a.m. - 5:00 p.m. ET Monday through Friday.

Once EPIC receives your completed form, they will submit your application to the Social Security Administration. The Social Security Administration will notify you by letter if you are approved for the extra help. You may also receive a phone call if there are any questions about your application.

If you are approved for the extra help, EPIC will automatically be notified and you will not have to pay your EPIC fee. You also will not pay a premium for the Medicare drug plan.

**\*\*CSR NOTE:** If the caller qualifies for the extra help, was enrolled by Medicare or EPIC, and wants to switch plans, use the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

## EPIC Letter - L3

[TOP](#)

[BACK](#)

You received this letter from EPIC because you were in an EPIC Fee Plan and you did not have a Medicare drug plan. You were enrolled in a Medicare drug plan that EPIC chose for you. EPIC will pay the monthly Medicare drug plan premiums.

The letter lists the name of the plan you were enrolled into, as well as names and phone numbers of other plans available in your area. If you want to choose a different plan, I can help you today. **\*\*CSR NOTE:** You can use the SEP "You are enrolled in a State Pharmacy Assistance Program (SPAP)" in the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

[TOP](#)

[BACK](#)

### **TIP BOX:**

**REFERRAL** = EPIC

**SCRIPT** = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**SCRIPT** = Drug Coverage and Other Coverage, for explanation of SPAPs

**REFERENCE MATERIAL** = EPIC Letters L3 L4 L7 L9 L11

[TOP](#)

[BACK](#)

## EPIC Letter - L4

[TOP](#)

[BACK](#)

You received this letter from EPIC because you were in an EPIC Fee Plan and you did not have a Medicare drug plan. You were enrolled in a Medicare drug plan that EPIC chose for you. Because you qualify for the full extra help from Medicare, you will not have to pay your EPIC fees or the monthly Medicare drug plan premiums. You will only pay a small copayment for drugs covered by your Medicare drug plan. EPIC will pay for other drugs that are not covered by the Medicare drug plan.

The letter lists the name of the plan you were enrolled into, as well as names and phone numbers of other plans available in your area. If you want to choose a different plan, I can help you today. **\*\*CSR NOTE:** You can use the appropriate SEP for people eligible for the extra help in the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

[TOP](#)

[BACK](#)

**TIP BOX:**

**REFERRAL** = EPIC

**SCRIPT** = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**SCRIPT** = Drug Coverage and Other Coverage, for explanation of SPAPs

**REFERENCE MATERIAL** = EPIC Letters L3 L4 L7 L9 L11

[TOP](#)

[BACK](#)

## EPIC Letter - L7

[TOP](#)[BACK](#)

You received this letter from EPIC because you were in an EPIC Deductible Plan, you did not have a Medicare drug plan, and you did not meet your EPIC deductible last year or this year. You were enrolled in a Medicare drug plan that EPIC chose for you.

Your EPIC deductible will be reduced by \$24.45 for each month left in your EPIC coverage year. This amount is the average monthly cost of a basic Medicare drug plan, which you are now required to pay each month. Your EPIC deductible will be lowered by the full year amount when your coverage is renewed.

All out-of-pocket drug costs, including the Medicare deductibles and copayments, will automatically be credited towards your new lower EPIC deductible. After you reach your EPIC deductible, your copayments will be lower by using Medicare and EPIC together.

The letter lists the name of the plan you were enrolled into, as well as names and phone numbers of other plans available in your area. If you want to choose a different plan, I can help you today. **\*\*CSR NOTE:** You can use the SEP "You are enrolled in a State Pharmacy Assistance Program (SPAP)" in the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

[TOP](#)[BACK](#)

### **TIP BOX:**

**REFERRAL** = EPIC

**SCRIPT** = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage

**SCRIPT** = Drug Coverage and Other Coverage, for explanation of SPAPs

**REFERENCE MATERIAL** = EPIC Letters L3 L4 L7 L9 L11

[TOP](#)

[BACK](#)

## EPIC Letter - L9

[TOP](#)

[BACK](#)

You received this letter from EPIC because you were in an EPIC Deductible Plan, you did not have a Medicare drug plan, you have low drug costs, and you did not meet your EPIC deductible last year or this year. Although you may have heard that EPIC required their members to join Medicare drug plans, you are not required to do so. This is because of your limited drug use.



However, if you **want** to join a Medicare drug plan, your EPIC deductible will be reduced by \$24.45 for each month left in your EPIC coverage year. This amount is the average monthly cost of a basic Medicare drug plan, which you are now required to pay each month. All out-of-pocket drug costs, including the Medicare deductibles and copayments, will automatically be credited towards your new lower EPIC deductible.

The letter lists the name of the plan that EPIC recommends for you. If you want to choose a different plan, I can help you today. **\*\*CSR NOTE:** You can use the SEP "You are enrolled in a State Pharmacy Assistance Program (SPAP)" in the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."\*\*

[TOP](#)[BACK](#)**TIP BOX:****REFERRAL** = EPIC**SCRIPT** = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage**SCRIPT** = Drug Coverage and Other Coverage, for explanation of SPAPs**REFERENCE MATERIAL** = EPIC Letters L3 L4 L7 L9 L11[TOP](#)[BACK](#)

## EPIC Letter - L11

[TOP](#) [BACK](#)

You received this letter from EPIC because you were in an EPIC Fee Plan and you already had a Medicare drug plan.

This letter was sent to notify you that EPIC will pay up to \$24.45 monthly toward your Medicare drug plan. This amount is the average monthly cost of a basic Medicare drug plan. If you are paying more than \$24.45 per month, you are responsible for paying any additional amount. You must continue to pay your EPIC quarterly fee.

EPIC asked your plan to stop taking your drug plan premiums from your Social Security payments. It may take a few months for your premium payments to stop being deducted from your Social Security payment.

[TOP](#) [BACK](#)

**TIP BOX:**

**REFERRAL** = EPIC

**SCRIPT** = Drug Coverage and Other Coverage, for explanation of SPAPs.

**REFERENCE MATERIAL** = EPIC Letters L3 L4 L7 L9 L11

# Plan Complaints

---

**Use this script if a beneficiary, pharmacist, or anyone on behalf of a beneficiary has a complaint related to Medicare drug plans or Medicare Advantage Prescription Drug Plans. This script can also be used by Help Queue for EEs (both drug plans and MA Plans).**

**\*\*If the caller wants to join, switch, or disenroll from a plan, READ Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage.\*\***

**\*\*If the caller was denied enrollment into a drug plan, READ: RP Drug Coverage Denial Claim Enrollment Appeal.\*\***

**\*\*If the caller is requesting a retroactive change to his or her 2006 enrollment (Enrollment Reconciliation) or the caller is no longer in the plan that he or she thought he or she had been in since 2006, READ: Plan Enrollment Reconciliation.\*\***

---

Keep in mind that you have to be in a valid election period to join another plan or to disenroll.

## **What is the problem?**

- [You have a problem with your plan and you want to stay enrolled in that plan.](#)
- [You are in the plan that you want, but you are still having problems with a previous plan.](#)
- [You were enrolled into a plan that you don't want and you want to switch plans.](#)
- [You are having problems disenrolling and you don't want to be in any plan.](#)
- [You want to know the status of your retroactive change request. \(For a plan enrollment reconciliation and/or marketing misrepresentation.\)](#)
- [You want to check the status of a complaint.](#)

**\*\*The following links are for Help Queue ONLY.**

- [Filing an Enrollment Exception \(EE\).](#)

- Transfer due to the script "**Plan Enrollment Reconciliation.**"
  - Transfer for the reason "You were **misled** into joining a Medicare Advantage Plan (with or without drug coverage) when you thought you were joining a different type of plan."
  - Transfer due to a **plan not participating in online enrollment** through the CSR Plan Finder Tool (**no "Enroll Now" button**).
  - Transfer for the reason that the plan fails to have a "**best available evidence**" (**BAE**) process in place or will not honor acceptable evidence supplied.
-

---

Do you have the Contract number **for your plan**? The Contract number is necessary because it will allow your complaint to be addressed by the correct plan and be resolved in a timely manner. The Contract number is a letter followed by four numbers and then three additional numbers. If you have the letter and all seven numbers, please read them to me. If you have the letter and the first four numbers, please read them to me.

You may be able to find the Contract number:

- On your plan's membership ID card. The Contract number is found in the bottom right of the card. [REFERENCE MATERIAL = Model Drug Coverage Member Identification Card, and Model MA PDP Member Identification Card]
- On letters you have received from your plan. The Contract number is found in the bottom left of the letter.
- On your Explanation of Benefits (EOB) from your plan.

**\*\*CSR NOTE:** If the caller is unable to find the Contract number, use the MA PDP tab. If the Contract number is not available in NGD, use the CSR Plan Finder Tool.\*\*

Once you have the Contract number, [click here to CONTINUE](#).

[\(Top\)](#)

---

---

Do you have the Contract number for the plan that you are **having a problem with**? The Contract number is necessary because it will allow your complaint to be addressed by the correct plan and be resolved in a timely manner. The Contract number is a letter followed by four numbers and then three additional numbers. If you have the letter and all seven numbers, please read them to me. If you have the letter and the first four numbers, please read them to me.

You may be able to find the Contract number:

- On the plan's membership ID card. The Contract number is found in the bottom right of the card. [REFERENCE MATERIAL = Model Drug Coverage Member Identification Card, and Model MA PDP Member Identification Card]
- On letters you may have received from the plan. The Contract number is found in the bottom left of the letter.
- On an Explanation of Benefits (EOB) from the plan.

**\*\*CSR NOTE:** If the caller is unable to find the Contract number, use the MA PDP tab. If the Contract number is not available in NGD, use the CSR Plan Finder Tool.\*\*

Once you have the Contract number, [click here to CONTINUE](#).

[\(Top\)](#)

---

Do you have the Contract number for the plan that you **want to be enrolled in**? The Contract number is necessary because it will allow your complaint to be addressed by the correct plan and be resolved in a timely manner. The Contract number is a letter followed by four numbers and then three additional numbers. If you have the letter and all seven numbers, please read them to me. If you have the letter and the first four numbers, please read them to me.

You may be able to find the Contract number:

- On the plan's membership ID card. The Contract number is found in the bottom right of the card. [REFERENCE MATERIAL = Model Drug Coverage Member Identification Card, and Model MA PDP Member Identification Card]
- On letters you may have received from the plan. The Contract number is found in the bottom left of the letter.
- On an Explanation of Benefits (EOB) from the plan.

**\*\*CSR NOTE:** If the caller is unable to find the Contract number, use the MA PDP tab. If the Contract number is not available in NGD, use the CSR Plan Finder Tool.\*\*

Once you have the Contract number, [click here to CONTINUE](#).

[\(Top\)](#)



---

Do you have the Contract number for the plan that you are **having a problem disenrolling from**? The Contract number is necessary because it will allow your complaint to be addressed by the correct plan and be resolved in a timely manner. The Contract number is a letter followed by four numbers and then three additional numbers. If you have the letter and all seven numbers, please read them to me. If you have the letter and the first four numbers, please read them to me.

You may be able to find the Contract number:

- On the plan's membership ID card. The Contract number is found in the bottom right of the card. [REFERENCE MATERIAL = Model Drug Coverage Member Identification Card, and Model MA PDP Member Identification Card]
- On letters you may have received from the plan. The Contract number is found in the bottom left of the letter.
- On an Explanation of Benefits (EOB) from the plan.

**\*\*CSR NOTE:** If the caller is unable to find the Contract number, use the MA PDP tab. If the Contract number is not available in NGD, use the CSR Plan Finder Tool.\*\*

Once you have the Contract number, [click here to CONTINUE](#).

[\(Top\)](#)

When did you file the complaint with us?

**If before September 15, READ:**

I'm unable to check the status of your complaint. If you haven't received a call from the plan regarding your complaint, we can submit another one.

Would you like me to do this for you?

**If Yes, File a complaint.**

**If No, End the call.**

**If on or after September 15, READ:**

I can research our information to check the status of your complaint. One moment while I research that information.

**\*\*Go to the Escalations tab in the Beneficiaries screen to view the status of the complaint.\*\***

[\(Top\)](#)

---

---

READ: Have you tried to contact your plan about this issue?

[YES, but issue was not resolved.](#)

[YES, but could not get through.](#)

[NO](#)

---

---

What is the caller's complaint?

[LIS issue \(includes paying too much for drug copayment, deductible, etc.\)](#)

[LIS premium issue \(paying too much\)](#)

[Does not have ID card or confirmation letter](#)

[Not in plan they want \(enrollment or disenrollment issue\)](#)

[Formulary issue \(drug not covered, drug price not correct \(non-LIS\), quantity limits or prior approval\)](#)

[Pharmacy will not accept ID card or letter](#)

[Premium withholding problem](#)

[Other](#)

---

---

**Is the complaint related to fraud, waste, or abuse?**

[YES](#) / [NO](#)

---

**(\*\*CSR NOTE: Ask any of the following probing questions if needed and click on the appropriate link above.\*\*)**

Did someone call you and try to enroll you into a drug plan over the telephone?

Did a plan call you even though you are on the National "Do Not Call" Registry?

Did someone claiming to be from Medicare or SSA send you an email about Medicare drug coverage that asked for personal information?

Did someone come to your home uninvited, claiming to be from Medicare or SSA?

Did a plan ask about your personal health history when you tried to enroll in a plan?

Did a plan ask for payments when you enrolled over the Internet?

Did a plan send you materials without the "Medicare-Approved" seal?

Did someone ask you to sell your prescription drugs to another person?

Did someone ask you to sell your ID card to another individual?

Did someone ask you to have a prescription filled for them using your ID card?

Do you feel that your plan has discriminated against you in some way?

Are there prescriptions on your Explanation of Benefits (EOB) that you didn't receive?

Did you receive misleading or false information from a broker or marketing representative?

[CLICK HERE](#)

Is your plan incorrectly calculating the amount that you spent out-of-pocket on drug costs? For example, you spent \$1500 out-of-pocket and the plan tells you that you spent only \$1,200.

Is your plan encouraging you to disenroll when disenrollment is not required?

Did a pharmacist change the amount that you were supposed to pay out-of-pocket to help you get through the coverage gap?

Did the pharmacist illegally substitute a drug that your doctor said couldn't be substituted?

---

---

**Please refer the caller to the MEDIC contractor.**

**READ:** You will need to report this complaint to the Medicare Integrity Contractor who handles Medicare drug coverage complaints. They are handling all issues related to potential fraud, waste and abuse in the Medicare Prescription Drug program. You can call them at 877-7SAFERX or (877) 772-3379.

I also need to get some information from you.

**\*\*Enter the caller's information into the CSR feedback tool under the functional area of "AEP Issues".**

Please enter the following information:

- Broker's name and company
- Beneficiary's name
- Location of incident
- Date of call to 1-800-Medicare
- Plan name, if applicable. **For example**, if the broker is selling a particular plan.
- The incorrect or misleading information. **For example**, if the broker was marketing a Medicare Advantage Prescription Drug Plan and misleading the beneficiary to think it was a Medigap policy.

TIP = A broker is an independent agent who markets health plans or health systems.

[\(End of script\)](#)

---

---

**Is the complaint related to Education and Outreach?** (Use only if the caller is frustrated and does not want you to provide him or her with any other help.)



[YES](#) / [NO](#)

---

**(CSR NOTE: Ask any of the following probing questions if needed and click on the appropriate link above.)**

Do you need personalized help with your drug coverage choices?

Do you feel that you are not receiving enough help with your prescription drug coverage choices?

Do you need help filling out forms to enroll in a plan?

Do you need help understanding all of the materials you have received in the mail?

Do you need help filing an appeal or requesting an exception?

---

---

**Is the complaint related to Quality of Care?**

[YES](#) / [NO](#)

---

**(CSR NOTE: Ask any of the following probing questions if needed and click on the appropriate link above.)**

Did a pharmacy refuse to fill a prescription for you?

**\*\*CSR NOTE:** If the pharmacist can't fill a prescription because they are unable to verify drug plan enrollment or copayment levels, the complaint is not related to the category Quality of Care. Please [click here](#).

Did a pharmacy give you the wrong prescription?

Did a pharmacy give you the wrong dosage?

Did a pharmacy give you a partial prescription (example: should be a 30-day supply but only received a 20-day supply)?

Did a pharmacy refuse to help you understand the medication that you were prescribed?

Did your doctor prescribe a drug that caused a bad reaction?

---

---

**Please refer the caller to the MEDIC contractor.**

READ: You will need to report this complaint to the Medicare Integrity Contractor who handles Medicare drug coverage complaints. They are handling all issues related to potential fraud, waste and abuse in the Medicare Prescription Drug program. You can call them at 877-7SAFERX or (877) 772-3379.

[\(End of script\)](#)

---

---

**Refer the caller to State Health Insurance Assistance Program (SHIP) for counseling.**

**(Note:** Please make sure you have helped the caller with all of his or her Medicare questions before referring him or her to the SHIP.)

[\(End of script\)](#)

---

---

**Have you spoken to your doctor or pharmacist about this issue?**

[YES](#) / [NO](#)

---

**Refer the caller to his or her doctor or pharmacist.**

READ: You should first talk to your doctor or pharmacist. If you talk to your doctor or pharmacist and still do not feel like your problem has been resolved, you should call us back.

[\(End of script\)](#)

---

---

**TNT to the Quality Improvement Organization (QIO) in the state where the care was given.**

READ: I will need to transfer you to the Quality Improvement Organization (QIO) in your state. They will review your complaint(s) about the quality of care that you received. If you get an answering machine or service, please leave a message. Someone will return your call by the close of the next business day.

[\(End of script\)](#)

---

---

**Go to MA PDP tab and check LIS subsidy level.**

READ: Our records show that you should pay [insert LIS amounts] for your prescriptions. Is this the amount you are being charged?

[YES](#)

[NO](#)

---



---

This is the amount of extra help you have been approved for. Do you have documentation showing a different approval level?

[YES](#) / [NO](#)

---

---

Since you do not have documentation showing a different approval level, this is the amount you will continue to pay for your drugs.

[\(End of script\)](#)

---

---

**What type of documentation do you have?**

- Approval Letter from SSA (Escalate to the Reference Center, [end of script.](#))
  - Letter from CMS (Escalate to the Reference Center, [end of script.](#))
  - Letter from State Medicaid office (Click [here.](#))
-

---

Go to MA PDP tab or the CSR Plan Finder Tool and check the LIS subsidy level.

**If the LIS subsidy level is 100%, READ:**

You should not be paying a premium **unless** your plan's premium is higher than the average premium for a plan in your region. Please contact your plan for specific information about how much the premium should be.

**If LIS subsidy level is anything BUT 100%, READ:**

If you qualify for the extra help, you will pay a reduced premium based on the percentage listed in your award letter. Please contact your plan for specific information about how much the premium should be.

If the caller refuses to contact the plan or has tried unsuccessfully to resolve the issue with the plan, [click here](#) to file a complaint.

[\(End of script\)](#)

---

---

**Verify the caller's plan name from the MA PD Tab or the CSR Plan Finder Tool.**

**If the plan is correct, click [here](#). If the caller thinks that he or she is in a different plan from what is shown, READ:**

The quickest way to fix this problem is to call your plan directly. The plan representatives can enter a temporary code in their system to enable you to get your drugs with the extra help.

**\*\*CSR NOTE:** If the caller refuses to contact the plan or was unsuccessful after contacting the plan, click [here](#).\*\*

---

**Verify the caller's plan name from the MA PDP Tab or the CSR Plan Finder Tool.**

**If the plan is correct, click [here](#). If the caller thinks that he or she is in a different plan from what is shown, READ:**

The quickest way to fix this problem is to call your plan directly. **\*\*CSR NOTEM:** If the caller refuses to contact plan or was unsuccessful after contacting plan, [click here](#).\*\*

---

---

\*\*You should use this section only if you already used the script "Premium Refund Issue Lookup" in the Surveys tab and it directed you to file a complaint.\*\*

[CLICK HERE](#) if you already used the script "Premium Refund Issue Lookup."

---



---

**Check the CSR Plan Finder Tool. Are the drugs that the caller is taking on the formulary and is the caller using a network pharmacy?**

**If YES, READ:** I can help you file a complaint. (Click [here](#) to file a complaint.)

**If NO, READ:** If you purchase a drug that is not on your plan's formulary or go to an out-of-

network pharmacy, your copayment will be higher. [\(End of script\)](#)

---

---

**Go to the script, Drug Coverage Enrollment Plan Unknown.**

**\*\*If you already used the script and it directed you to file a complaint, READ:\*\***  
Since you contacted your plan about this issue and they were unable to help you, I can file a complaint for you. [Click here.](#)

[\(End of script\)](#)

---

---

**Verify the caller's plan enrollment/disenrollment status in the MA PDP Tab or in the CSR Plan Finder Tool.**

**\*\*CSR NOTE:** If the caller agrees with what is in the system, provide the plan phone number if necessary. **\*\***

If system is not showing the correct enrollment status, offer plan name or phone number so the

caller can follow up. If the caller refuses to contact plan or has tried unsuccessfully to resolve the issue with the plan, click [here](#) to file a complaint.

If the system is not showing a disenrollment:

1. Verify that the caller does intend to disenroll versus enroll in a different plan.
2. Ask the caller how he or she disenrolled previously (called plan or 1-800-Medicare).
3. Ask when he or she previously disenrolled.

If the prior disenrollment action was done more than 30 days ago, and the system still shows the enrollment in that plan, transfer to Tier 2 for disenrollment. ([End of script](#))

---

---

**Go to the CSR Plan Finder Tool and enter the confirmation number or the caller's drugs.**

Find the caller's plan and use the drop-down box to "view drug details." Review plan information with the caller such as:

- whether the drug is on the formulary list
- any quantity limits
- step therapy
- prior authorization
- drug costs at each phase of the benefit

If issue is resolved, [end of script](#).

If issue is not resolved, provide the caller with the plan's name or phone number for further discussion with plan. If the caller refuses to contact plan or has tried unsuccessfully to resolve the issue with the plan, click [here](#) to file a complaint.

---

**Refer the caller to his or her prescription drug plan.**

READ: The quickest way to get an issue resolved is to contact your plan. If you have not tried within the past week, you should try to contact the plan again. Many plans now have little or no wait times. It might help if you try at different times of the day. If you talk to them and still do not feel like your problem has been resolved, you should call us back. Remember that if you need to call us back again, you will need the Contract number.

**Note: If the caller refuses to contact the plan or has tried unsuccessfully to resolve the issue with the plan, click [here](#).**

**Note: If the caller does not know his or her plan's phone number, he or she should be able to locate it on his or her drug plan card or a recent statement received from the plan.**

[\(End of script.\)](#)

---

---

## EEs - Help Queue only

**\*\*This section is to be used only for regular EEs. If the call is about a plan reconciliation or a caller being given misleading information, [go back to the top](#) and click on the corresponding hyperlink.\*\***

**\*\*CSR NOTE:** When entering an EE, **use the Help Queue "Bypass" Code** and **do not** use or



enter a Contract number.\*\*

**READ:**

Your enrollment request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. They will decide if you can still enroll.

\*\*CSR NOTE: Do not enroll the caller in a drug plan or Medicare Advantage Plan.\*\*

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- **Do not enter your personal commentary or your opinions in the complaint form.**
  - **Do not enter the characters < > ; & ^ in the complaint form.**
  - **When entering an EE, use the Help Queue "Bypass" Code and do not use or enter a Contract number.**
-

## Help Queue only: Plan Enrollment Reconciliation

**\*\*CSR NOTE: Use complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Reconciliation - Dissatisfied with Decision."**

READ:

Your enrollment request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. The CMS Regional Office will review your situation and, if appropriate, can update your records.

Please keep in mind that you will be responsible for any applicable premiums and cost-sharing (deductibles and copayments) back to the effective date of the change.

- **If this change returns you to a Medicare Advantage Plan**, you may also need to see that plan's network of providers. You should check to see if your providers are a part of that plan's network.
- **If this change involves Medicare drug coverage**, the new plan will also have its own network of pharmacies and a formulary. You should check to see if the drugs you use are included on that plan's formulary and if the pharmacies you use are in that plan's network.

Based on this information, would you still like me to send your request to the Centers for Medicare and Medicaid Services for review?

If NO, end the call.

If YES, continue with filing the EE.

<b>If the CSR who transferred the call to you:</b>	<b>Copy and paste this language into the Issue/Complaint field:</b>
<b>Enrolled</b> the beneficiary	ENROLLMENT RECONCILIATION SEP. Note that we enrolled the caller into [PLAN NAME AND CONTRACT NUMBER] effective [FIRST DAY OF NEXT MONTH]. The caller wants [FILL IN THE BLANK] to happen.
Did <b>not enroll</b> the beneficiary	ENROLLMENT RECONCILIATION SEP. The caller wants [FILL IN THE BLANK] to happen.

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- **Enter complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Reconciliation - Dissatisfied with Decision."**
- **Do not enter your personal commentary or your opinions in the complaint form.**
- **Do not enter the characters < > ; & ^ in the complaint form.**
- **When entering an EE, use the Help Queue "Bypass" Code and do not use or enter**

a Contract number.

**\*\* If the caller asks how long it will take for the records to be updated after a retroactive change, [CLICK HERE](#). \*\***

---

---

### Help Queue only: Misleading Information

Does the caller qualify for the SEP "You were **mised into joining a Medicare Advantage Plan** (with or without drug coverage) when you thought you were joining a different type of plan."?

- Caller **qualifies** for the SEP reason, [CLICK HERE](#).
- Caller **does not** qualify for the SEP reason or you're not sure, [CLICK HERE](#).

---

## Help Queue only: Marketing Misrepresentation

**\*\*CSR NOTE: Use complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Exception - Marketing Misrepresentation."**

**READ:**

Your request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. The CMS Regional Office will review your situation and, if appropriate, can update your records.

Please keep in mind that you will be responsible for any applicable premiums and cost-sharing (deductibles and copayments) back to the effective date of the change.

- **If this change returns you to a Medicare Advantage Plan**, you may also need to see that plan's network of providers. You should check to see if your providers are a part of that plan's network.
- **If this change involves Medicare drug coverage**, the new plan will also have its own network of pharmacies and a formulary. You should check to see if the drugs you use are included on that plan's formulary and if the pharmacies you use are in that plan's network.

Based on this information, would you still like me to send your request to the Centers for Medicare and Medicaid Services for review?

If NO, end the call.

If YES, continue with filing the EE.

<b>If the CSR who transferred the call to you:</b>	<b>Provide a detailed description of the caller's situation AND copy and paste this language into the Issue/Complaint field:</b>
--	--

<p><b>Enrolled</b> the beneficiary</p>	<p>1-800-MEDICARE MARKETING MISREPRESENTATION SEP. Note the caller was enrolled with [PLAN NAME AND CONTRACT NUMBER] and we <b>enrolled</b> the caller into [PLAN NAME AND CONTRACT NUMBER] effective [FIRST DAY OF NEXT MONTH]. The caller wants a retroactive effective date of [FILL IN THE RETRO DATE]. Caller was misled by [AGENT'S NAME].</p>
<p><b>Disenrolled</b> the beneficiary (You should <b>not</b> use the option of MA-RD; follow the process outlined in this section.)</p>	<p>1-800-MEDICARE MARKETING MISREPRESENTATION SEP. Note that we <b>disenrolled</b> the beneficiary from [PLAN NAME AND CONTRACT NUMBER] effective [FIRST DAY OF NEXT MONTH]. The caller wants a retroactive effective date of [FILL IN THE RETRO DATE]. Caller was misled by [AGENT'S NAME].</p>

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- Enter complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Exception - Marketing Misrepresentation"
- Do not enter your personal commentary or your opinions in the complaint form.
- Do not enter the characters < > ; & ^ in the complaint form.
- When entering an EE, use the Help Queue "Bypass" Code and do not use or enter a Contract number.

**\*\*If the caller asks how long it will take for the records to be updated after a retroactive change, [CLICK HERE](#).\*\***

---

**Help Queue only: Marketing Misrepresentation Denial**

**\*\*CSR NOTE: Use complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Exception - Marketing Misrepresentation."**

**READ:**

Your request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. The CMS Regional Office will review your situation and, if appropriate, can update your records. If the Regional Office decides that you're not eligible for the change at this time, then they will send you a written denial letter.

**Provide a detailed description of the caller's situation AND copy and paste this language into the Issue/Complaint field:**

1-800-MEDICARE DENIAL OF MARKETING MISREPRESENTATION SEP. The beneficiary is enrolled with [PLAN NAME AND CONTRACT NUMBER] and wants the following changes made [INSERT PROSPECTIVE AND RETROACTIVE REQUESTS]. Marketing Misrepresentation SEP was denied by 1-800-MEDICARE because [INSERT DESCRIPTION OF DENIAL REASON]. Caller was misled by [AGENT'S NAME].

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- **Enter complaint category "Enrollment/Disenrollment." Then choose complaint "Enrollment Exception - Marketing Misrepresentation"**
- **Do not enter your personal commentary or your opinions in the complaint form.**
- **Do not enter the characters < > ; & ^ in the complaint form.**
- **When entering an EE, use the Help Queue "Bypass" Code and do not use or enter a Contract number.**

**\*\* If the caller asks how long it will take for the records to be updated after a retroactive change, [CLICK HERE](#). \*\***

---

---

**Help Queue only: Plan Not Participating in Online Enrollment**

**If the CSR who transferred the call was unable to enroll the beneficiary, READ:**  
The plan you want to enroll in is not participating in online enrollment. Because of this, your



request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. The CMS Regional Office will review your request for enrollment into the plan and can update your records. If the Regional Office decides that you're not eligible for the change at this time, then they will send you a written denial letter.

**\*\*CSR NOTE: Use complaint category "Enrollment/Disenrollment." Then choose the appropriate complaint subcategory (either "Enrollment Reconciliation - Dissatisfied with Decision" or "Enrollment Exception - Marketing Misrepresentation").**

If the situation is about:	Copy and paste this language into the Issue/Complaint field:
Enrollment reconciliation	ENROLLMENT RECONCILIATION SEP. The plan that the beneficiary wants to enroll in is not participating in online enrollment. The caller wants to enroll in [PLAN NAME AND CONTRACT NUMBER].
Misleading marketing misrepresentation	1-800-MEDICARE MARKETING MISREPRESENTATION SEP. The plan that the beneficiary wants to enroll in is not participating in online enrollment. Caller is currently enrolled in [PLAN NAME AND CONTRACT NUMBER] but wants to be enrolled in [PLAN NAME AND CONTRACT NUMBER]. Caller was misled by [AGENT'S NAME]

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- Do not enter your personal commentary or your opinions in the complaint form.
- Do not enter the characters < > ; & ^ in the complaint form.
- When entering an EE, use the Help Queue "Bypass" Code and do not use or enter a Contract number.

---

**Help Queue only: Plan doesn't accept Best Available Evidence**

**\*\*CSR NOTE: Use complaint category "Plan Administration." Then choose complaint "Best Available Evidence (BAE) - Failure to Correct Low-Income Subsidy Status/Level."**

READ: Your request will be forwarded to the Centers for Medicare and Medicaid Services (CMS) Regional Office for your state. The CMS Regional Office will review your situation and will call you within the next 48 hours.

**Provide a detailed description of the caller's situation AND copy and paste this language into the Issue/Complaint field:**

BEST AVAILABLE EVIDENCE. The beneficiary is enrolled with [PLAN NAME AND CONTRACT NUMBER] and the plan or the pharmacy is not accepting [TYPE OF BAE PROVIDED] as "best available evidence" documentation.

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- **Enter complaint category "Plan Administration." Then choose complaint "Best Available Evidence (BAE) - Failure to Correct Low-Income Subsidy Status/Level."**
- **Do not enter your personal commentary or your opinions in the complaint form.**
- **Do not enter the characters < > ; & ^ in the complaint form.**
- **When entering this complaint, use the Help Queue "Bypass" Code.**

---

## Complete the PDP Plan Referral.

**FOR COMPLAINTS, READ:** I will need to get some information from you in order to log your complaint. When I am finished, your complaint will be forwarded to your plan for resolution. Someone from the plan will work to resolve your complaint as soon as possible. Please call the plan for more information or to see if the issue has been resolved.

**TIER II ONLY - RETROACTIVE DISENROLLMENTS (RD) \*\*CSR NOTE:** If the caller is requesting a retroactive disenrollment because of an MA marketing misrepresentation issue, [click here](#).\*\* **Otherwise,**

**READ:** I will need to get some information from you. When I am finished, your request for an adjustment to the disenrollment date will be forwarded to your plan for resolution. Someone from the plan will work to resolve the issue as soon as possible. Please call the plan for more information or to see if the issue has been resolved. Once your disenrollment information has been updated in our system, your provider should resubmit the claim to Medicare for processing.

**CSR NOTE: If the caller asks how long it will take to resolve the complaint, READ:** Your issue is important to us and it will be given serious attention. Unfortunately, I am unable to give you a specific time frame. Please call the plan for more information or to see if the issue has been resolved.

**If they already filed a complaint and it has been less than 48 hours for urgent complaints or less than 5 business days for non-urgent complaints, READ:**

I see that you have already filed a complaint. It is being worked on and we appreciate your patience. Please call the plan for more information or to see if the issue has been resolved.

**If they already filed a complaint and it has been longer than 48 hours for urgent complaints or longer than 5 business days for non-urgent complaints, file another complaint.**

**\*\*CSR NOTE: Click "Next" below to enter complaint.**

- **Be sure to enter the correct Contract number provided by the beneficiary. (It is case-sensitive.)**
- **Do not enter your personal commentary or your opinions in the complaint form.**
- **Do not enter the characters < > ; & ^ in the complaint form.**

---

## Call the Help Queue.

**\*\*CSR NOTE: If the caller requests a retroactive change**, warm transfer to the Help Queue and explain that the caller qualifies for the MA marketing misrepresentation SEP and is requesting a retroactive change. The Help Queue will submit this as an **Enrollment Exception (EE)** by using the script in the PDP Plan Referral Survey. \*\*

- If you submitted an enrollment, provide the plan name and contract number to the Help Queue.
- If you processed a disenrollment, explain to Help Queue all actions that were taken during the call, including any enrollments or disenrollments (including any actions taken by another CSR).
- The **Help Queue agent** needs to enter the "Bypass" Code and **not** the Contract number into the Complaint Contract Number field. Help Queue should follow this script for additional instructions regarding this EE.

---

**Retroactive change for a plan enrollment reconciliation and/or marketing misrepresentation.**

**If the caller asks how long it will take for the records to be updated after a retroactive change for plan enrollment reconciliation or marketing misrepresentation, READ:**

We've processed the change that you requested today (prospective change). It will be effective on the first day of the next month. However, it will take 3-4 weeks before your request for a retroactive change is processed. You may be contacted after the update has been made to your records. If you are not contacted, please feel free to call us back in 4 weeks. We can then check your records to see if they have been updated.

<b>Status:</b> Active	<b>Deactivated Date:</b> 3/15/07
<b>Script:</b> <b>**CSR NOTE:</b> This script can be used for PDPs and MA-PDs.**  <b>**If the caller's plan is ending before the end of the year, use the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage."**</b>  <b><u>Plan is terminating or not renewing:</u></b> If you received a letter saying that your drug plan is not renewing their contract or is not offering coverage in 2008, you must enroll in a new plan in order to have drug coverage in 2008. You get a special enrollment period (SEP) from October 1 to December 31 to enroll in another plan (PDP or MA-PD). You can choose to have the new plan start on November 1, December 1, or January 1, as long as your enrollment request is sent to the plan before the date you want your coverage to start. <b>**CSR NOTE:</b> See script "EE Medicare Advantage Accepting New Members Capacity Limit" to explain capacity limits for Medicare Advantage Plans.**  In addition to this special enrollment period, you can always join a new plan between November 15 and December 31 of each year. Your new plan will start on January 1.  <b><u>Plan was consolidated (rolled into PDP or MA-PD of same organization):</u></b> If your Annual Notice of Change explains that your plan is changing to another plan within the same company, you should compare: <ul style="list-style-type: none"><li>• The drugs on the formulary</li><li>• The out-of-pocket costs</li><li>• The premiums and deductible</li><li>• The network pharmacies</li></ul> You have two choices: <ol style="list-style-type: none"><li>1. You can do nothing and be covered by this new plan on January 1.</li><li>2. You can switch plans between November 15 and December 31. Your new plan will start on January 1.</li></ol>	
<b>Tips:</b> REFERENCE MATERIAL = 2008 Annual Notice of Change (PDP) REFERENCE MATERIAL = 2008 Annual Notice of Change (MA-PDP) SCRIPT = Drug Coverage Involuntary Disenrollment SCRIPT = EE Medicare Advantage Plan Nonrenewal, if caller is in a Medicare Advantage Plan without drug coverage that is terminating. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage SCRIPT = EE Medicare Advantage Accepting New Members Capacity Limit	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> **Use this script if the caller was affected by the termination of the DoctorCare plan (H5411) and is having problems with claims.**</p> <p>DoctorCare, Inc. stopped offering its DoctorCare plan to people with Medicare in Miami-Dade County as of November 30, 2006. Medicare enrolled you in another plan that started on December 1, 2006 unless you made another choice.</p> <p><b>**If the caller is having problems with claims that were submitted to DoctorCare:</b></p> <p>If you received services <b>after December 1, 2006</b>, your provider should have billed the plan that Medicare chose for you or the plan that you chose for yourself. If the provider billed DoctorCare, he or she should resubmit the claim to the correct plan. If you have questions about the claims, you should contact your plan.</p> <p>If you received services <b>before December 1, 2006</b>, the claim must be received by December 3, 2007 for payment. If you have questions about the claims submitted to DoctorCare, you can call the Florida Department of Financial Services at 1-800-882-3054.</p>	



<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> <b>If the caller asks for a list of all of the Medicare drug plans in his or her state, but does not want to go through the CSR Plan Finder Tool, READ:</b> Please refer to your Medicare &amp; You Handbook for a list of Medicare drug plans in your area. Please call us back when you are available for us to review and compare your Medicare drug plan options.</p> <p><b>If the caller has received a "Local Plans in Your Area" publication last year and wants you to order one this year, READ:</b> I apologize, but the publication "Local Plans in Your Area" is no longer available for ordering. I can help you compare drug plan options by using the Medicare Prescription Drug Plan Finder tool. Once in the tool, we can discuss your options and send the information for you in the mail.</p> <p><b>**CSR NOTE:</b> If the caller wants you to go to the CSR Plan Finder Tool, go to the script "CS Medicare.gov Tools."**</p>	
<p><b>Tips:</b> TIP = <b>Do not</b> send to the Reference Center. This is not a Reference Center issue. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage SCRIPT = CS Medicare.gov Tools</p>	

## Drug Coverage LIS Plan Reassignments

**\*\*Which letter did the caller receive?\***

**Blue Letter**

**Tan Letter**

## Blue Letter

[TOP](#)

[BACK](#)

**If the caller got a letter from CMS on blue paper that says that he or she will be reassigned to another plan for 2008, READ:**

If you get the full extra help and your plan is not offering coverage for 2008, or if your plan's monthly premium is more than \$1 above the monthly benchmark premium in your area for 2008, Medicare may reassign you to another plan in your area. This is to make sure that

you continue to have a \$0 premium amount and continuous drug coverage. You received this letter from Medicare in early November which indicates the plan Medicare has chosen for you. You do not need to do anything for Medicare to enroll you into this new plan and it will be effective on January 1, 2008. **\*\*If the caller wants to know what his or her options are, [CLICK HERE](#).**\*\*

**If you are being reassigned, it is because your plan is more than \$1 above the monthly benchmark premium in your area.** Medicare will first try to reassign you to another plan within the same company. If that is not possible, you will be enrolled into another plan in your area at random.

**If your plan is less than \$1 above the monthly benchmark premium in your area,** you will not be reassigned by Medicare.

**As long as you qualify for the extra help, you can switch to a different plan at any time.**

You will be reassigned to another drug plan starting January 1, 2008 if you meet all of the following criteria:

- You receive the extra help in 2007 and qualify for the extra help in 2008; **and**
- You are still in the plan that Medicare enrolled you in [Enrollment Type A or C]. This means you did not enroll in another plan on your own; **and**
- The plan you are enrolled in for 2007 has a premium that is increasing for 2008 (to more than \$1 above the monthly benchmark premium in your area) **or** the plan is not offering coverage in 2008.

**\*\*If the caller wants to know what his or her options are, [CLICK HERE](#).**\*\*

[TOP](#)[BACK](#)**TIP BOX:**

REFERENCE MATERIAL = 11208 Reassignment Letter

REFERENCE MATERIAL = 11209 Reassignment Letter

TIP = If you have to order a copy of the reassignment notice in Spanish, it will be mailed on white paper.

FULFILLMENT = Spanish Reassignment Letter (11208-S)

FULFILLMENT = Spanish Reassignment Letter (11209-S)

[TOP](#)[BACK](#)

## Blue Letter Options

[TOP](#)[BACK](#)

If you received a reassignment (blue) letter, you have 3 options. You can:

1. **Do nothing** and stay in the plan Medicare has chosen for you, effective January 1, 2008; **or**
2. **Compare** Medicare drug plans that **do not have a monthly premium** for people who qualify for the extra help and switch; **or**
3. **Stay enrolled in your current plan** if it will be offering coverage in 2008. If you choose this option, tell your plan you want to stay with them. Keep in mind that the extra help you receive **will not** cover the full cost of your plan's premium. You will be responsible for paying the difference between the plan's monthly premium and the benchmark premium for your area.

[TOP](#)[BACK](#)

### TIP BOX:

REFERRAL = Medicare drug plan if caller wants to stay with his or her plan.

SCRIPT = CS Medicare.gov Tools, if caller wants to compare and enroll in another plan.

REFERENCE MATERIAL = 11208 Reassignment Letter

REFERENCE MATERIAL = 11209 Reassignment Letter

## Tan Letter

[TOP](#)[BACK](#)

**If the caller got a letter from CMS on tan paper that says his or her plan costs will be increasing and he or she will have to pay a higher premium in 2008, READ:**

You received this letter on tan paper from Medicare in early November because you get the full extra help, and the plan you chose has a monthly premium that is more than \$1 above the monthly benchmark premium in your area for 2008. You don't have to do anything if you want to stay in your current plan. The letter explains how much you will have to pay in monthly premiums if you decide to stay in that plan for 2008. **\*\*If the caller wants to know what his or her options are, [CLICK HERE](#).**\*\*

**As long as you qualify for the extra help, you can switch to a different plan at any time.**

[TOP](#)[BACK](#)

**TIP BOX:**

REFERENCE MATERIAL = 11267 Reassignment Letter

[TOP](#)[BACK](#)

## Tan Letter Options

[TOP](#)[BACK](#)

If you received the tan letter, you have 2 options. You can:

1. **Do nothing** and stay in your current plan. Keep in mind that the extra help you receive will not cover the full cost of your plan's premium. You will be responsible for paying the difference between the plan's monthly premium and the benchmark premium for your area.
2. **Compare** drug plans available in 2008 that **do not have a monthly premium** for people who qualify for the extra help. You should compare the drugs on the plan's formulary, out-of-pocket costs, premiums and deductibles, and the network pharmacies. I can help you compare the 2008 plans in your area now. If you have access to the Internet, you can also compare plans at [www.medicare.gov](http://www.medicare.gov).

[TOP](#)[BACK](#)

### TIP BOX:

SCRIPT = CS Medicare.gov Tools, if caller wants to compare and enroll in another plan.

REFERENCE MATERIAL = 11267 Reassignment Letter

[TOP](#)[BACK](#)

# Drug Coverage Enrollment Plan Unknown

---

Shortcut: [MA PDP Tab](#) (Use only if you had to leave the script to go to the MA PDP tab to look up plan information.)

---

If the caller wants to know how to have his or her prescriptions filled and he or she:

- Does not know the name of his or her drug plan
- or**
- Does not have a membership card from his or her drug plan.

[Click Here](#)

---



---

Do you qualify for the extra help?

[Yes](#) / [No](#)

---

---

Do you know the name of your plan?

Yes / No

---

---

To get your prescriptions filled before you receive your card, you can take either the acknowledgement letter or the welcome letter to the pharmacy as proof of your enrollment. The acknowledgement letter confirms that your plan received your application. The welcome letter shows that you are accepted into a plan.

If you did not get anything from your plan, you will need to contact them directly.

**\*\*CSR NOTE: If the caller says that the pharmacy will not accept his or her acknowledgement letter, READ:**

If you need to have a prescription filled right away, you can pay the full price for the drug and submit a claim to your plan for reimbursement. You will need to call your plan for more information.

I can help you file a complaint because your pharmacy should have accepted

your proof of eligibility.

**\*\*CSR NOTE:** If the caller has already spoken to his or her plan, read the script "Plan Complaints" in the PDP Plan Referral Survey.\*\*

**\*\*Do NOT escalate these calls to the Reference Center.\*\***

**\*\*CSR NOTE:** If the caller says his or her plan is closed for the day, **READ:** If you need to have a prescription filled right away, you can pay the full price for the drug and submit a claim to your plan for reimbursement. You will need to call your plan during normal business hours for more information.

(End of script, please log.)

---

---

I will check to see if our records show the name of your plan.

**\*\*CSR NOTE: Check the MA PDP tab to see if the plan is listed. Is there a plan listed?\*\***

Yes / No

---

---

I see that you are enrolled in [PLAN NAME].

**\*\*CSR NOTE: Give the caller the plan name and phone number.\*\***

[Continue](#)

---

---

Did you receive a welcome letter or acknowledgement letter from the plan?

Yes / No

---

---

Did you apply online or by calling 1-800-MEDICARE?

[Online](#) / [1-800 MEDICARE](#) / [Neither](#)

---



---

Do you have the confirmation number?

[Yes](#) / [No](#)

---

---

Do you have the confirmation number?

[Yes](#) / [No](#)

---

---

Since you called 1-800 MEDICARE to enroll, I will see if I can find the confirmation number that was given to you.

**\*\*CSR NOTE:** Check to see if there is a confirmation number listed in the CSR Comments field on the upper applet of the Activities screen.

- Confirmation number listed
- No confirmation number listed

(End of script, please log.)

---

---

**\*\*[Click here](#) for the application status. Enter the confirmation number. (Login ID: CMS\_Readonly, Password: Admin\_Read)\*\***

---

How did you enroll?

- **If paper application, READ:**

If you saved a copy for yourself, the plan name should be listed on the application.

- **If SHIP, READ:**

You should contact the SHIP to see if they have the plan in their records.

If none of the above, [click here](#).

---

You have two options:

1. You can wait to hear from your plan.
2. You can enroll in another drug plan during a valid enrollment period.

**\*\*CSR NOTE: If caller wants to join a different plan, read the script "Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage" and then use the CSR Plan Finder tool.\*\***

(End of script, please log.)

---

---

See the script "**Drug Coverage LIS Plan Unknown.**"

(End of script, please log.)

---



---

I'm sorry; our records do not show your enrollment.

If you enrolled in the plan as part of the **annual** election period (November 15 - December 31), your effective date will be January 1st. If you enrolled in the plan as part of a **special** election period, your effective date is the first day of the following month.

Has it been longer than 30 days since you enrolled in the plan?

[Yes](#) / [No](#)

---

---

It may take up to 30 days to process your application. You should wait until it has

been 30 days and call us back. We can then check to see if our records show the name of your plan. If there is still no plan showing, we can tell you about your other options.

(End of script, please log.)

---

**Use script ONLY if caller qualified for the extra help.**

---

If caller wants to know how to fill their prescriptions because they don't:

- Know the name of their drug plan

OR

- Have a membership card from their drug plan

[Click Here](#)

---

If caller is in a plan but is having a problem filling prescriptions, Read **Drug Coverage Urgent Crisis Call Beneficiary at the Pharmacy.**

---

I'll check to see if our records show the name of your plan.

**CSR NOTE: Check the MA PDP tab to see if the plan is listed. Is caller currently in a plan?**

[YES](#) (includes future effective date)

[NO](#)

---

---

If you got an acknowledgement letter in the mail from your plan, use that to fill your prescriptions until you get your card. If you did not get anything from your plan, you will need to contact them directly. When you go to the pharmacy, take your acknowledgement letter as well as proof that you are eligible for extra help, such as your Medicaid card, Medicaid award letter, or your Auto Enrollment Notice.

**CSR NOTE: If caller has problems filling prescriptions, SCRIPT: Drug Coverage Urgent Crisis Call**

**Beneficiary at the Pharmacy.**

CSR NOTE: If the caller has an immediate need and the effective date is in the future, he or she can use the Wellpoint POS solution. This will not cancel enrollment into the future plan. Verify that they live in one of the 50 states or the District of Columbia and that they do not have PACE. Then [click here](#).

[\(End of script.\)](#)

---

---

I see that you're enrolled in "PLAN NAME" effective [START DATE].

**CSR NOTE: Give caller the plan name and phone number.**

[Continue](#)

---

---

Do you live in one of the 50 states or the District of Columbia?

[YES](#)



[NO](#)

---

---

SCRIPT = **Drug Coverage LIS Territories**

[\(End of script.\)](#)

---

---

Are you enrolled in a PACE program?

**CSR NOTE: If caller is unsure, click [here](#) to view the PACE programs.**

[YES](#)

[NO](#)

---

---

You'll need to contact your PACE program for more information.

[\(End of script.\)](#)

---

---

You should have been automatically enrolled into a Medicare drug plan. You now have two choices :

1. If you don't have an immediate prescription need, you can join a plan now and your coverage will start the first day of the next month.

OR

2. If you have an immediate prescription need, I can tell you how to get your prescriptions.

Which option is best for you?

[No Immediate Need](#)

[Immediate Need](#)

---

---

**CSR NOTE: Use the CSR Plan Finder Tool to compare plans and/or enroll the caller.**

[\(End of script.\)](#)

---

---

Since you have an immediate need, you can go to any pharmacy and get drug coverage now. You will need to tell the pharmacist that you qualified for the extra help, but do not currently have Medicare drug coverage. Make sure that you bring your Medicare card and award letter for the extra help, along with photo ID. If you are on Medicaid, you can also take your Medicaid card or award letter. The pharmacist will be able to enroll you in a drug plan along with the extra help. Tell the pharmacist that you want to use the Point-of-Sale facilitated enrollment solution (Anthem/Wellpoint). **Medicare does not require**

**pharmacists to use the Wellpoint POS solution.** If your pharmacy does not process enrollments into the Wellpoint POS solution, you can try going to another pharmacy to be enrolled.

CSR NOTE: The Point-of-Sale facilitated enrollment solution will allow the beneficiary to get a 14-day supply of a drug through WellPoint until their enrollment into a UNICARE plan is processed. If the beneficiary needs to fill another prescription before their enrollment is processed, they can go back to the pharmacy and get another 14-day supply.

CSR NOTE: If you receive a call from a pharmacist who does not understand the Point-of-Sale Facilitated Enrollment Solution (Anthem/Wellpoint), please use the script Drug Coverage LIS Wellpoint POS UNICARE.

CSR NOTE: If the Point-of-Sale Facilitated Enrollment Solution is not working, SCRIPT: Drug Coverage LIS Wellpoint POS UNICARE.

CSR NOTE: If caller says that the pharmacy will not help them get immediate coverage, do not file this as a complaint. Tell the caller they can try to enroll in the POS solution at a different pharmacy.

[\(End\)](#)

---

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> <b>**CSR NOTE:</b> Read this script if the caller lives in Illinois and received the extra help incorrectly.**</p> <p>In January 2007, approximately 12,000 people with Medicare in Illinois were incorrectly reported to the Centers for Medicare and Medicaid Services (CMS) as being eligible for extra help with Medicare drug costs. These people have no history of being eligible to receive Medicaid benefits.</p> <p>Because this cannot be changed in the CMS systems, all affected people who participate in the Medicare drug program will receive extra help in paying for drug costs until December 31, 2007. We aware of the mistake and it is okay for you to use the extra help in paying for your drug costs.</p> <p>If this error affected you and you are not already enrolled in a Medicare drug plan, you may have been automatically enrolled into a Medicare drug plan. If you do not wish to be a part of the program, you will need to disenroll from the plan. You will also need to opt out of the Medicare drug program to prevent any accidental automatic enrollments in the future. You can decide to disenroll at any point until the end of the year.</p> <p><b>**CSR NOTE:</b> If caller is not opted out, they will continue to be auto-enrolled until the opt out is processed in NGD.**</p> <p>If you have creditable coverage and this error is affecting that coverage, you should disenroll and opt out of the Medicare drug plan. We apologize for the inconvenience. If you decide to keep the Medicare drug plan, be sure to talk to your other insurance company. If you drop your employer/union coverage, you may not be able to get it back. If you drop your employer/union <b>drug</b> coverage, you may end up losing your employer/union <b>health</b> coverage as well.</p>	
<p><b>Tips:</b> TRANSFER = Tier 1 to MBS, to complete the disenrollment and opt-out. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage SCRIPT = Drug Coverage and Other Coverage</p>	

**Status:** Active

**Deactivated Date:** N/A

**Script:**

**\*\*CSR NOTE:** Use this script if the caller is asking about the financial status of the Universal Health Care Insurance Company's Private Fee-For-Service (PFFS) Plans (Any, Any, Any Plans). This only applies to **H5820**. It does **not** affect H5404 or H5429 HMO or PPO Plans. Universal Health Care operates a PFFS Plan in the following states: AZ, FL, GA, LA, NV, SC, TX, and UT.\*\*

**\*\*Before using this script:** Check the MA PDP tab to make sure that the caller is in H5820. This script is **ONLY** for people in H5820. If the caller is **not** in H5820, use probing questions and other scripting to assist the caller. Do **NOT** use this script for people enrolled in H5404 or in H5429. Those plans do **NOT** have any financial issues and will continue to be Medicare plans.\*\*

Universal Health Care Insurance Company offers the Any, Any, Any Plans as Private Fee-For-Service (PFFS) Plans. This company is currently having financial problems. Universal Health Care Insurance Company has had a consent order issued, through the State of Florida, that **may** cause the company to close. This termination may or may not happen. Because of this, the plan is not accepting any new enrollments.

If Universal does not close, you will continue to receive your benefits like you do now.

If Universal does close it means that the Any, Any, Any Plan will no longer be a Medicare plan. If this happens, you will receive a special enrollment period (SEP) which will allow you to join another plan or get a Medigap supplement to help with the costs that Original Medicare does not cover. The Centers for Medicare and Medicaid Services (CMS) will send you a letter letting you know your options.

No matter what happens, you will not lose your Medicare coverage. You will continue to receive health benefits through Medicare.

**\*\*CSR REMINDERS:**

- Do not give personal opinions about the plan.
- Do not file complaints against the plan unless it is a valid plan complaint. Use the PDP Plan Referral in the Surveys tab to determine if it's a valid complaint.

**\*\*If the caller asks about a letter on CMS' letterhead that states the Universal Plans will end on March 31, READ:**

If you received a letter telling you that your Any, Any, Any Plan will no longer be in the Medicare program as of March 31, 2007, please disregard the letter. The letter was sent in error by BlueCross BlueShield of Florida, without the permission of Medicare. This letter should not have been sent. You are still enrolled in your Any, Any, Any Plan.

**\*\*If the caller has specific questions about the possible termination and the court order, READ:**

I am going to give you the number for the Florida Department of Financial Services Consumer Helpline. It is 1-800-342-2762. You can call them Monday through Friday from 8:00am to 5:00pm ET. They can answer your questions about the financial status of Universal Health Care Insurance Company.



<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> A lawsuit was filed in December 2005 against 42 pharmaceutical companies, including GlaxoSmithKline (GSK). The lawsuit claimed that they were overcharging on the coinsurance of certain drugs. GlaxoSmithKline is the first drug manufacturer to propose a settlement.</p> <p>A claims process has been set up to allow eligible consumers to receive part of the proposed settlement. The claims process allows people who made payments based on the Average Wholesale Price (AWP) for these drugs to receive part of the proposed settlement. There are specific eligibility requirements in order for you to receive part of this settlement.</p> <p>For information and eligibility requirements, or to obtain a claim form, you can call 1-888-568-7645 from 9am ET to 6pm ET, Monday through Friday. They will be able to assist you with all of your questions. You can also visit their website at <a href="http://www.gsksettlement.com">www.gsksettlement.com</a>.</p> <p>This proposed settlement releases GlaxoSmithKline from any further claims, but the lawsuit against the other defendants is unaffected.</p> <p><b>**If the caller has questions about the lawsuit in general (not specific to GlaxoSmithKline), READ:</b> For information about the Average Wholesale Price class action lawsuit, you can call 1-800-419-5391 from 9am ET to 6pm ET, Monday through Friday. You can also visit <a href="http://www.awplitigation.net">www.awplitigation.net</a>.</p>	
<p><b>Tips:</b> TIP = The Average Wholesale Price is the standardized cost of a drug charged to a pharmacy provider by a large group of pharmaceutical wholesale suppliers. It varies per drug.</p>	

## Plan Enrollment Reconciliation

**\*\*CSR NOTE:** Plans are not allowed to call 1-800 MEDICARE and request a retro-enrollment without the beneficiary on the line for the 2006 Enrollment Reconciliation. Instead, the plans should be informed that the beneficiary should call 1-800 MEDICARE to make such a request.\*\*

**\*\*Read this script if the caller is asking about a change in his or her enrollment status OR if the caller is requesting a retroactive change to a 2006 enrollment.\*\***

2006 was the first year of the Medicare drug benefit and the Centers for Medicare and Medicaid Services (CMS) implemented many new systems to support the drug benefit. While plan enrollment worked as expected for most enrollments, some 2006 plan enrollments were not accurately reflected in the CMS enrollment systems. CMS has been working to ensure that the Medicare systems reflect the correct plan enrollment for every person for every month in 2006. CMS recently finished the complete analysis of all 2006 enrollment data. In some cases, this resulted in corrections to a person with Medicare's enrollment for one or more months starting in 2006. The Medicare drug plans and Medicare Advantage Plans were provided with these changes and in some cases, the plans then notified the impacted people with Medicare.

If you received a letter or phone call from the plan, it was to inform you of a change in your plan enrollment based on this update to CMS's records. However, not everyone received a letter or phone call.

**\*\*CSR NOTE:** An enrollment change could result in a person with Medicare owing additional premiums or being owed a refund by one or more plans. If the person with Medicare has specific questions, he or she should contact the plan directly to discuss how the enrollment change will impact him or her.\*\*

- **If you have a retroactive enrollment date into a Medicare Advantage Plan and claims that were already paid by Original Medicare are now being denied**, please contact the Medicare Advantage Plan to find out how to get your claims paid. If a provider is trying to bill you for unpaid claims, you will need to contact the plan.

**\*\*CSR NOTE:** Go to the 'MA PDP Enrollment' Applet within the MA PDP tab. To help the caller better understand what changed, provide the **complete** plan enrollment history for 2006.\*\*

Are you currently in the plan that you want to be in, based on the 2006 plan information that I just provided to you?

YES

NO

[TOP](#)

[BACK](#)

Since you are in the plan that you want, you can contact them if you have any further questions.

**\*\*If the caller is in the plan that they want, but they don't agree with something else about the change OR they are requesting some other retroactive change that will affect their 2006 enrollment information, [CLICK HERE](#).\*\***

[TOP](#)

[BACK](#)

[TOP](#)[BACK](#)

I can enroll you into the plan that you want to be in. The change will be effective on the first day of the next month. You will be getting information from your plan within the next 14 days.

What is the name or Contract number of the plan that you want to be enrolled in?

If you do not know what the Contract number is, you may be able to find it:

- On your plan's membership ID card. The Contract number is found on the bottom right of the card. [REFERENCE MATERIAL = Model Drug Coverage Member Identification Card, and Model MA PDP Member Identification Card]
- On letters you have received from your plan. The Contract number is found on the bottom left of the letter.
- On your Explanation of Benefits (EOB) from your plan.

**\*\*CSR NOTE:** Use the CSR Plan Finder Tool to enroll the caller into the plan he or she wants to be in. You should use the SEP reason in the OEC called "For CMS Use Only." You need to enter "1-800-MEDICARE Enrollment Reconciliation SEP" in the comments box.\*\*

**\*\*Enter the OEC confirmation number into NGD.\*\***

**\*\*If the "Enroll Now" button does not show in the CSR Plan Finder Tool for the plan the beneficiary wants to be in, [CLICK HERE](#).\*\***

**\*\*If the beneficiary is insistent that he or she does not want the change to occur at all OR they are requesting some other retroactive change that will affect their 2006 enrollment information, [CLICK HERE](#).\*\***

[TOP](#)[BACK](#)

[TOP](#)

[BACK](#)

**\*\*CSR NOTE:** Plans are not allowed to call 1-800 MEDICARE and request a retro-enrollment without the beneficiary on the line for the 2006 Enrollment Reconciliation. Instead, the plans should be informed that the beneficiary should call 1-800 MEDICARE to make such a request.\*\*

I will be transferring you to another Customer Service Representative who will gather some information from you. Please hold while I transfer you now.

**\*\*CSR NOTE:** Warm transfer to Help Queue to file an Enrollment Exception (Enrollment Reconciliation - Dissatisfied with Decision). Explain that this is the script you used and the caller's situation.\*\*

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**\*\*If the "Enroll" button is not available for the beneficiary's plan of choice, READ:** The plan you want to enroll in does not participate in online enrollment. I will be transferring you to another Customer Service Representative who will gather some information from you to submit your enrollment request. Please hold while I transfer you now.

**\*\*CSR NOTE:** Warm transfer to Help Queue to file an Enrollment Exception (Enrollment Reconciliation - Dissatisfied with Decision). Explain that you used the script "Plan Enrollment Reconciliation Letter." **You must provide the following information to the Help Queue:**

"The beneficiary wants to enroll into [PLAN NAME], which is [CONTRACT NUMBER]. However, the plan does not participate in online enrollment in the CSR Plan Finder Tool."

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**\*\*CSR NOTE:** Plans are not allowed to call 1-800 MEDICARE and request a retro-enrollment without the beneficiary on the line for the 2006 Enrollment Reconciliation. Instead, the plans should be informed that the beneficiary should call 1-800 MEDICARE to make such a request.\*\*

I am unable to make the retroactive change that you are requesting, but I can transfer you to someone who can explain how the change will affect you. Then, your retroactive request will be sent to the Centers for Medicare and Medicaid Services (CMS) for review.

**\*\*CSR NOTE:** If you haven't done so already, use the CSR Plan Finder Tool to enroll the caller into the plan he or she wants to be in. You should use the SEP reason in the OEC called "For CMS Use Only." You need to enter "1-800-MEDICARE Enrollment Reconciliation SEP" in the comments box.\*\*

**\*\*After you have enrolled the caller:**

- Enter the OEC confirmation number into NGD.

AND

- [CLICK HERE](#) for instructions on transferring to Help Queue.

**\*\*If the "Enroll Now" button does not show in the CSR Plan Finder Tool for the plan the beneficiary wants to be in, [CLICK HERE](#).**\*\*

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

I will be transferring you to another Customer Service Representative who will gather some information from you. Please hold while I transfer you now.

**\*\*CSR NOTE:** Warm transfer to Help Queue to file an Enrollment Exception (Enrollment Reconciliation - Dissatisfied with Decision). Explain that this is the script you used. **You must provide the following information to Help Queue:**

"I enrolled the beneficiary into [PLAN NAME], which is [CONTRACT NUMBER]. The effective date will be the first day of the next month. The caller wants [FILL IN THE BLANK] to happen."

[TOP](#)

[BACK](#)



<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<b>Script:</b> <b>**Use this script if the caller was enrolled into Coventry Advantra Freedom Private Fee-for-Service Plan (H5227, PBP 802) by West Virginia Public Employees Insurance Agency (PEIA).**</b>  <b>**If the caller was enrolled into the Coventry Advantra Freedom PFFS Plan, READ:</b> Effective July 1, 2007, West Virginia Public Employees Insurance Agency (PEIA) has contracted with Coventry Health and Life Insurance to provide health coverage and prescription drug benefits to retired employees who are eligible for Medicare. Because of this, you were enrolled in Advantra Freedom Private Fee-for-Service Plan, a Medicare Advantage Prescription Drug Plan offered by Coventry.  You were sent a pre-enrollment packet during the week of April 4, 2007, that explained this change. Please review the packet, and if you have any questions or wish to make any changes, I can provide you with a phone number for more information.  The PEIA Advantra Freedom Customer Service Line is open from 8 a.m. to 10 p.m. ET, Monday through Friday. Their number is 1-877-337-4178. They can help you with your questions before you make any decisions.  <b>**If the caller wants to disenroll from the Advantra Freedom Private Fee-for-Service Plan or wants to enroll into another plan, READ:</b> It is important that you understand how certain changes may affect your plan coverage, including your coverage and the coverage for your dependents. If you disenroll, your current coverage may end for you <b>and</b> your dependents. Please call the PEIA Advantra Freedom Customer Service Line before making any decisions. They can answer any questions you may have.  <b>**CSR NOTE:</b> If the caller has already contacted PEIA and indicates he or she understands the consequences of an enrollment or disenrollment but still wishes to make a change, you should process the enrollment or disenrollment request.**  <b>**If the caller wants to know who PEIA is, READ:</b> The West Virginia Public Employees Insurance Agency (PEIA) is an agency that provides health benefits for the state of West Virginia retirees and several non-state retiree programs.	
<b>Tips:</b> TIP = Process the enrollment or disenrollment request <b>only</b> if the caller has already contacted PEIA and indicates he or she understands the consequences. TIP = The <b>TTD number</b> to PEIA Advantra Freedom is 1-866-386-2335. REFERRAL = PEIA Advantra Freedom at 1-877-337-4178 TRANSFER = If the caller wishes to receive coverage information for the Advantra Freedom PFFS Plan, transfer to a General Medicare Tier II CSR. SCRIPT = Enrollment Disenrollment Periods Drug Coverage and Medicare Advantage	
<b>Keywords:</b>	
<b>Reference Sources:</b> Email from Michael Pison (07/06/07) Email from Tonia Yancey (07/09/07)	

## Drug Coverage Redirect Pharmacy Line

**\*\*When a pharmacy calls the Medicare Pharmacy Line at 1-866-835-7595, the call bypasses the 1-800-MEDICARE IVR. We found that some of the high volume users of the pharmacy line were not pharmacies. Calls from these numbers will now be rerouted through the 1-800-MEDICARE IVR\*\***

**ASK:**

What did you hear before you reached me?

**\*\*If the caller says that he or she called the Pharmacy Line and heard messages, such as "Welcome to the 1-800-MEDICARE Pharmacy Line" or heard music before reaching a CSR or hears another message that indicates he or she called the Pharmacy Line, the caller was not redirected to the 1-800-MEDICARE IVR:**

- **DO NOT enter the call into Feedback.** Help the caller with his or her questions.

**\*\*If the caller says that he or she heard "Welcome to Medicare" or "Our system can understand you when you speak" or another message from the Medicare IVR main menu:**

- **The caller was redirected to the 1-800-MEDICARE IVR.** [CLICK HERE](#), to continue.

## Drug Coverage Redirect Pharmacy Line

[TOP](#)

[BACK](#)

**If the pharmacist called the Pharmacy Line and had to go through the IVR instead of bypassing it, READ:** We apologize for any inconvenience this caused. Let me collect some information from you to report to the Centers for Medicare and Medicaid Services (CMS). CMS will then review your request to bypass the Interactive Voice Response (IVR) system when you call in the future.

I will need the following information from you:

1. Name of the pharmacy,
2. Your first and last name, and
3. The phone number from which you are calling. **\*\*CSR NOTE:** Enter the phone number in the following format (123)456-7890. Make sure there are no spaces in between the characters.\*\*

**\*\*Before hanging up with the pharmacist:**

- **Access the Feedback tool using the Feedback tab.**
- **Choose the functional area of Pharmacy Line Calls.**
- **Enter the information in the "Feedback" issue box.**

**Once the information has been entered, READ:**

Thank you. Your request has been sent to CMS. Once the request is processed, your calls will bypass the IVR system. Someone may contact you to verify that you are calling on behalf of a pharmacy.

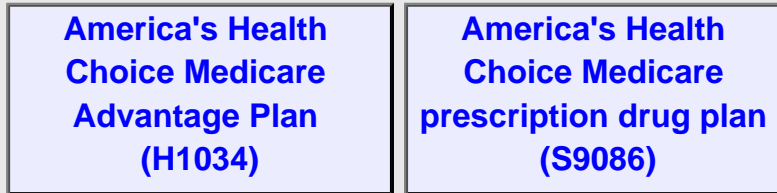
[TOP](#)

[BACK](#)

## America's Health Choice Plan Terminations

**START »** Use this script if the caller was affected by or has questions about the termination of the America's Health Choice, Inc.'s Medicare Advantage Plan (H1034) or Medicare prescription drug plan (S9086). Check the MA PDP tab to make sure the caller was in H1034 or S9086.

Click on the link corresponding to the caller's plan:



## America's Health Choice Medicare Advantage Plan (H1034)

[TOP](#)[BACK](#)

**\*\*CSR NOTE: Use this section if the caller was affected by or has questions about the termination of the America's Health Choice, Inc.'s Medicare Advantage Plan (H1034). The service area of this plan included the following counties in Florida: Broward, Martin, St. Lucie, Indian River, Palm Beach and Okeechobee and zip codes 32949 and 32976 in Brevard.\*\***

As of July 19, 2007, America's Health Choice no longer offers a Medicare Advantage Plan. You should have received a letter from the Centers for Medicare and Medicaid Services (CMS) explaining the situation and your options.

To protect your Medicare benefits, CMS has changed your Medicare plan to SecureHorizons Medicare Complete Choice. CMS chose this plan because it is a Medicare plan in your area that offers benefits similar to the benefits you had with America's Health Choice. You can contact SecureHorizons at 1-888-507-9352 (TTY: 1-888-685-8480). Agents are available to assist you 8 a.m. to 8 p.m. ET, seven days a week.

Your enrollment in SecureHorizons Medicare Complete Choice was effective on July 20, 2007. This plan includes Medicare drug coverage. You can continue to see your current doctor or another network provider of your choice. If your provider is not in the SecureHorizons' network, you will still pay in-network cost sharing amounts until September 29, 2007. After that, you may pay more for your out-of-network providers.

If you do not want SecureHorizons, you have a special enrollment period to choose another option until September 30, 2007. Your options include:

- You may choose another Medicare Advantage Plan.
- You may return to Original Medicare. If you choose Original Medicare and want Medicare drug benefits, then you will also have to join a separate Medicare drug plan.
- You may return to Original Medicare without a drug plan. If you choose this option, then you will lose your Medicare drug coverage.
- You also have the option to return to Original Medicare, join a separate Medicare drug plan, and buy a Medigap policy. If you choose this option, you only have until September 20, 2007 to buy certain Medigap policies. (This date was incorrectly stated on page seven of your letter; September 20 is the correct date.) You can call your State Health Insurance Assistance Program (SHIP) for more information about your Medigap rights at 1-800-963-5537.

No matter which option you choose, you will not lose your Medicare coverage. You will continue to receive health benefits through Medicare.

**\*\*CSR NOTE:** If the caller chooses one of the options above, go to the CSR Plan Finder tool

and assist the caller with his or her enrollment. A Tier I CSR will transfer to a Tier II CSR **only** if the caller wants to compare and enroll into a Medicare Advantage Plan or would like information about Medigap policies.\*\*

**For additional information, choose the appropriate link:**

[Questions about Part B premium reduction](#)

[Questions about SecureHorizons and provider access](#)

[Questions about claims prior to the termination](#)

[Caller was in America's Health Choice Total Care Plan \(a Special Needs Plan\)](#)

[Caller has ESRD and asks about enrollments into other plans](#)

[Caller was in an MA-only Plan and has questions about the late enrollment penalty](#)

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**If the caller says he or she was in America's Health Choice plan H1034 (PBP 005, 006, or 007, 019, 020 or 021), which included a Part B premium reduction, READ:**

If you choose to remain in the SecureHorizons plan, you will no longer receive a Part B premium reduction. This means that the amount you currently pay for Part B will increase and your Social Security payment will be smaller. This change could take several months to be reflected in your Social Security payment.

**ASK:** Are you interested in learning about other plans in your area that offer a Part B premium reduction?

**\*\*CSR NOTE:** Go to the Reference Materials document "America's Health Choice Plan H1034 Termination" and give the caller information on other plans in his or her county. If the caller wants plan contact information, search for the contract ID number in Agent Partner Search and provide the plan telephone number. \*\*

[TOP](#)

[BACK](#)



[TOP](#)

[BACK](#)

**If the caller has specific questions about SecureHorizons or provider access, READ:** Since you have questions about your benefits and provider access under SecureHorizons, you will need to contact their customer service line. The number is 1-888-507-9352 (TTY: 1-888-685-8480). Agents are available to assist you 8 a.m. to 8 p.m. ET, seven days a week.

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**If the caller was in America's Health Choice Total Care Plan (a Special Needs Plan),  
READ:**

You were enrolled in a Secure Horizon Special Needs Plan called Evercare Plan RDP to protect your Medicare benefits. CMS chose this plan because it is a Medicare plan in your area that offers benefits similar to the benefits you had with America's Health Choice.

Your enrollment in Evercare was effective on July 20, 2007. This plan includes Medicare drug coverage. You can continue to receive health care services from your current doctor or another network provider of your choice until September 29, 2007.

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**If the beneficiary wants to know what to do with claims for services provided from July 1 - 19, 2007, READ:**

SecureHorizons is responsible retroactively to July 1, 2007 for the payment of services provided to you. You will need to contact the SecureHorizons' customer service line at 1-888-507-9352 (TTY: 1-888-685-8480). Agents are available to assist you 8 a.m. to 8 p.m. ET, seven days a week.

**If the beneficiary wants to know what to do with claims for services provided before**

**July 1, 2007, READ:**

America's Health Choice, Inc (AHC) is responsible for the payment of services you received prior to July 1, 2007. If you have any questions about these claims, you will need to contact America's Health Choice's customer service line. The number is 1-800-781-9830 (TTY: 1-877-660-6651). Agents are available to assist you 8 a.m. to 8 p.m. EST, seven days a week.

[TOP](#)

[BACK](#)

[TOP](#)

[BACK](#)

**If the caller is in SecureHorizons Medicare Complete Choice (R5287) and has ESRD and has questions about changing his or her plan, READ:**

If you have End Stage Renal Disease (ESRD) and do not wish to remain in SecureHorizons, you can enroll in another plan of your choice by September 30, 2007. If you choose to enroll into another plan, your coverage will be effective starting on July 1, 2007, just like your coverage with SecureHorizons.

[TOP](#)

[BACK](#)

[TOP](#)[BACK](#)

**\*\*CSR NOTE:** Check to see if the caller was previously enrolled in H1034 (PDP 019, 020, 021) and has questions about enrolling in another MA-PD Plan, creditable coverage, or the late enrollment penalty.\*\*

If you choose to remain in the SecureHorizons plan that Medicare chose for you **or if you choose to join another plan that offers drug coverage, you may incur a late enrollment penalty (LEP). You may have to pay this penalty if you did not have prescription drug coverage that was at least as good as Medicare's. This is also called "creditable coverage." You will receive information from your new plan about the penalty, if one applies.**

**The late enrollment penalty amount will be calculated based on the number of months that your plan reports you as being without creditable coverage. Your late enrollment penalty will be included as part of your monthly drug plan premium.**

**\*\*SCRIPT = Drug Coverage Cost Information\*\***

**If the caller asks if he or she is exempt from a late enrollment penalty because he or she joined a Medicare drug plan during a special enrollment period, READ: Eligibility for a special enrollment period does not exempt you from paying a late enrollment penalty if one applies to you. You may be subject to a late enrollment penalty if you didn't join a Medicare prescription drug plan when you were first eligible.**

**If the caller asks what happens if he or she doesn't pay the late enrollment penalty, READ:**

**The late enrollment penalty is considered part of your Medicare premium. If you do not pay the late enrollment penalty, you could be disenrolled from your Medicare plan if the plan has a policy of disenrolling members who fail to pay their premiums.**

**If the caller doesn't agree with the late enrollment penalty, READ:**

**If you disagree with your late enrollment penalty, you may ask Medicare to review it. This is called a "reconsideration." Your plan will give you a reconsideration request form when it sends you the letter telling you that you have to pay a late enrollment penalty. Complete the request form. Mail the form to the address or fax it to the number listed on the form within 60 days from the date on the late enrollment penalty letter. You should also send any proof that supports your case, such as information**

**about previous creditable prescription drug coverage.**

[TOP](#)

[BACK](#)

**TIP BOX:**

SCRIPT = Drug Coverage Cost Information

[TOP](#)

[BACK](#)

## America's Health Choice Medicare prescription drug plan (S9086)

[TOP](#)[BACK](#)

**\*\*CSR NOTE: Use this section if the caller will be affected by or has questions about the termination of the America's Health Choice, Inc.'s prescription drug plan (S9086). The service area of this plan includes the entire state of Florida.\*\***

As of September 1, 2007, America's Health Choice will no longer offer a prescription drug plan. You will receive a letter within a few days from the Centers for Medicare and Medicaid Services (CMS) explaining the situation and your options.

To protect your Medicare benefits, CMS is changing your prescription drug plan to the AARP Medicare Rx Plan - Saver Plan offered by United HealthCare Insurance Company. CMS chose this plan because it is a Medicare plan in your area that offers benefits similar to what you had in America's Health Choice.

If you do nothing, you will be enrolled in the AARP Medicare Rx Plan - Saver Plan offered by United HealthCare Insurance Company, and will begin receiving your prescription drug coverage from United HealthCare Insurance Company on September 1, 2007. You can continue to receive health care services from your current doctor. This change in your prescription drug coverage does not change your medical coverage in Original Medicare.

If you do not want to be enrolled in the AARP Medicare Rx Plan - Saver Plan, you have a special election period until October 31, 2007 during which you can choose another option.

No matter which option you choose, you will not lose your Medicare coverage. You will continue to receive health benefits through Medicare.

**\*\*CSR NOTE:** If the caller wants to enroll in a different plan, go to the CSR Plan Finder tool and assist the caller with his or her enrollment. A Tier I CSR will transfer to a Tier II CSR **only** if the caller wants to compare and enroll into a Medicare Advantage Plan or would like information about Medigap policies.\*\*

**\*\*CSR NOTE: If the caller has specific questions about United HealthCare Insurance Company or provider access, READ:** I am going to give you the number for the United HealthCare Insurance Company customer service line. They will be able to assist you with questions about your benefits. The number is 866-310-0761 (TTY: 1-877-730-4192.) You can speak to someone at this number, 24 hours a day, seven days a week.

**\*\*CSR NOTE: If the caller asks what to do with claims for service provided on September 1, 2007 or after, READ:** United HealthCare Insurance Company is responsible for the payment of services provided to you beginning on September 1, 2007. I am going to give you the number for United HealthCare Insurance Company customer service line. They



will be able to assist you with questions about these claims. The number is 866-310-0761 (TTY: 1-877-730-4192.) You can speak to someone at this number, 24 hours a day, seven days a week

**\*\*CSR NOTE: If the caller asks what to do with claims for service provided before September 1, 2007, READ:** America's Health Choice Medical Plans, Inc (AHC) is responsible for the payment of services provided to you before September 1, 2007. For all items and services provided while you were covered by AHC (through August 31, 2007), you are responsible for only your copayments, coinsurance, and deductibles. I am going to give you the number for the America's Health Choice customer service line. They will be able to assist you with questions about these claims. The number is 1-800-781-9830 (TTY: 1-877-660-6651). They are available to assist you 8 a.m. – 8 p.m. ET.

**\*\*CSR NOTE: If the caller says he or she is currently taking a drug that is not on the AARP Medicare Rx Plan formulary, READ:** You will be given a transition period to switch to a drug that is covered by the AARP plan. During this transition period, AARP Medicare Rx Plan will temporarily cover your prescription while working with you and your physician to transition to a drug that is on the plan formulary.

[TOP](#)

[BACK](#)

**TIP BOX:**

REFERRAL = Florida SHINE (Serving Health Insurance Needs of Elders) at 1-800-963-5337 (1-800-96-ELDER).

[TOP](#)

[BACK](#)

<b>Status:</b> Active	<b>Deactivated Date:</b> n/a
<p><b>Script:</b> <b>**CSR NOTE:</b> This script should be used <b>only</b> by <b>Richmond Super Users</b> participating in this pilot. Super Users will use this script when making a 3-way call to a drug plan with the beneficiary on the line.**</p> <p><b>**Reasons for using this script and calling the drug plan may include:</b></p> <ul style="list-style-type: none"><li>• LIS (extra help) is not showing in the system.</li><li>• Plan enrollment is not showing.</li><li>• Premium issues/questions that are normally referred to the plan (not limited to incorrect premium amounts).</li><li>• Disenrollment issues (including people who are still receiving bills from the drug plan)</li><li>• All drug coverage issues that usually are referred to the plan.</li><li>• Complaint issues against the plan (go to the script "Plan Complaints" in the PDP Plan Referral Survey for examples). If more than one complaint has been filed, and the beneficiary has not been contacted after 5 days (or 48 hours for urgent issues), continue with the conference call.</li></ul> <p><b>**CSR NOTE:</b> If you determine that a call should be made to Humana, go to the script "Plan Specific Humana First Seniority Freedom United Sierra Health Universal American MemberHealth," click Humana, then Humana Complaints. Follow the directions in the script for pilot CSRs.**</p> <p><b>Before making the conference call, READ:</b> We can conference you and your drug plan together in order to resolve your issue. Please hold while I get a representative from your plan on the line.</p> <p><b>**CSR NOTE:</b> You can get the plan's phone number out of the MA PDP tab or from the CSR Plan Finder Tool. On your phone, use the Conference button to initiate the 3-way call.**</p> <p><b>READ to the drug plan representative:</b> My name is [CSR NAME] from 1-800-MEDICARE. I have one of your members on the line with us. His/her name is [BENEFICIARY NAME] and he/she called us because [REASON]. We are calling you because [EXPLAIN THE ISSUE AND WHAT THE PLAN CAN DO TO HELP].</p> <p><b>**CSR NOTE:</b> If the plan is assisting the beneficiary and you are no longer needed, alert both the beneficiary and the drug plan representative that you will release the call. When you press the Release button, the beneficiary and the plan will stay connected.**</p>	
<b>Tips:</b>	

<b>Status:</b> Active	<b>Deactivated Date:</b> N/A
<p><b>Script:</b> <b>**CSR NOTE:</b> Use this script if the caller will be affected by or has questions about the termination of the SunCoast Physicians Health Plan, Inc.'s Medicare Advantage Plan (H5942). The service area of this plan includes the following counties in Florida: Broward, Dade and Palm Beach.**</p> <p>As of midnight on August 13, 2007, SunCoast Physicians Health Plan no longer offers a Medicare Advantage Plan. To protect your Medicare benefits, the Centers for Medicare and Medicaid Services (CMS) is changing your Medicare plan to Humana Gold Plus. CMS chose this plan because it is a Medicare plan in your area that offers benefits similar to what you had in SunCoast Physicians Health Plan. You can receive services under this new plan beginning on August 14, 2007. You will receive a letter within a few days from CMS explaining the situation and your options.</p> <p>If you do nothing, you will be enrolled in Humana Gold Plus, which includes Medicare drug coverage and will receive your benefits from Humana Gold Plus on August 14, 2007. You can continue to receive health care services from your current doctor or another provider of your choice until October 31, 2007.</p> <p>If you do not want to be enrolled in Humana Gold Plus, you have several options available to you:</p> <ul style="list-style-type: none"><li>• You may choose another Medicare plan during the special enrollment period which will end on October 31, 2007.</li><li>• You may choose Original Medicare. If you choose Original Medicare and want Medicare drug benefits, then you will also have to join a Medicare drug plan by October 31, 2007.</li><li>• You may choose Original Medicare without a Medicare drug plan. If you choose this option, then you will lose your prescription drug coverage.</li><li>• You can change to the Original Medicare Plan, buy a Medigap policy, and join a Medicare drug plan. You have special rights called Medigap protections or guaranteed issue rights. If you buy a Medigap policy when you have guaranteed issue rights, the insurance company must sell you certain policies, must cover pre-existing conditions, and can't charge you more because of any past or present health problems. If you return to Original Medicare, you will have until October 15, 2007 to sign up for a Medigap policy and until October 31, 2007 to join a Medicare drug plan. The letter you received from CMS may have said October 12, 2007; that was an error. You have until October 15, 2007 to sign up for a Medigap policy.</li></ul> <p>No matter what plan you choose, you will not lose your Medicare coverage. You will continue to receive health benefits through Medicare.</p> <p><b>If the caller has specific questions about Humana Gold Plus or provider access, READ:</b> I am going to give you the number for Humana's customer service line. They will be able to assist you with questions about your benefits. The number is 1-800-819-6931 (TTY number for the hearing impaired is 1-800-833-3301). They are available to assist you Monday through Saturday from 8 a.m. until 8 p.m. and on Sunday from 10 a.m. until 8 p.m. (Eastern Time).</p>	

# Today's Options Pyramid H5421 American Progressive PFFS H3333

**\*\*Read this script if the caller has questions about a letter he or she received from Today's Options for Pyramid Life (H5421) and American Progressive (H3333) PFFS plans.\*\***

**\*\*Click on the corresponding button. Who is calling?\***

**Beneficiary**

**Provider**

## Beneficiary

[TOP](#)[BACK](#)

### **If a beneficiary has questions about the letter he or she received from Today's Options, READ:**

You received this letter to inform you that Today's Options Medicare Advantage Private Fee-for-Service (PFFS) plan has requested claim payment from one or more of your providers. After Today's Options paid these claims, the Centers for Medicare and Medicaid Services (CMS) notified the plan that you were no longer a member of Today's Options due to a retroactive disenrollment. This means that your coverage with Today's Options terminated before the date the claims were paid. For this reason, Today's Options is requesting repayment for claims paid on or after your termination date.

Please contact your provider and give your insurance plan information so that he or she can resubmit the claim for payment.

This request for repayment does not affect your current Medicare coverage. If you have questions or believe this information may be incorrect, please contact Today's Options Member Service Department at 1-888-445-8699 (for American Progressive plan) or 1-866-568-8921 (for Pyramid Life plan).

[TOP](#)[BACK](#)

#### **TIP BOX:**

TIP = The PFFS Plans requesting repayment for Pyramid Life (H5421) and American Progressive (H3333).

[TOP](#)[BACK](#)

## Provider

[TOP](#)

[BACK](#)

### **If a provider has questions about the letter he or she received from Today's Options, READ:**

You received this letter to inform you that Today's Options Medicare Advantage Private Fee-for-Service (PFFS) plans made payment on beneficiary claims. After these claims were paid, the Centers for Medicare and Medicaid Services (CMS) notified Today's Options that certain members were no longer covered by Today's Options due to a retroactive disenrollment. This means that the member's coverage with Today's Options terminated before the date the claims were paid. For this reason, Today's Options is requesting repayment for the claims paid on or after the termination date.

If you have questions or believe this information may be incorrect, please contact the Today's Options Refund Department at **713-273-8613**. You can also send an email to **TOREFUNDS@hhsi.com** or write to:

Today's Options  
9990 Richmond Ave  
Suite 300 North  
Houston Texas, 77376  
Attention Refund Department

**If you don't respond to this letter within 30 days**, Today's Options will offset the amount due against future payments made on claims. Again, if you have any questions, please contact the Today's Options Refund Department.

[TOP](#)

[BACK](#)

### **TIP BOX:**

TIP = Today's Options Refund Department