Assisting Medicare Patients with Limited Income: The Role of the Pharmacist

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DISCLOSURES AND CONFLICTS OF INTEREST

I, Salisa Westrick, disclose that I am supported by the Alabama Department of Senior Services (ADSS) through a grant from the Administration for Community Living (ACL) [grant number G00011145]
Learning Objectives

1. Describe the Medicare Program and enrollment process.
2. Compare and contrast Original Medicare with Medicare Advantage.
3. Discuss Medicare Part D and need for yearly plan evaluation.
4. Identify problems experienced by Medicare patients with limited income.
5. Provide an overview of assistance programs for Medicare patients with limited income.
6. Describe the role and responsibilities of Aging and Disability Resource Centers (ADRC).
7. Explain how pharmacists and technicians can be involved in assisting Medicare beneficiaries, especially those who have limited income.
ROADMAP

- Living the Life of a Medicare Patient Simulation
- Discussion
- Medicare Basics for Pharmacy Personnel
- Solutions for Medicare Patients with Limited Income
- Pharmacists’ Role
- Wrap-up
SIMULATION: LIVING THE LIFE OF A MEDICARE PATIENT

Molly

David
Discussion

Molly

David
Our Team

- Salisa Westrick, PhD
- Tessa Hastings, MS, PhD Candidate
- Lindsey Hohmann, PharmD, PhD Candidate
- Kavon Diggs, Pre-Pharmacy Student
- Dawn Glascock, SCADC SHIP Coordinator
- Jan Neal, JD and Elder Attorney
- Sharon Jalieba, SHIP Director
- Misty Barnes, SenioRx Director
- Amanda Fowler, AU Postgraduate Education Office
- Sarah Hill, AU Postgraduate Education Office
THE PHARMACISTS’ DILEMMA

- 50% of pharmacists report encountering patients who cannot afford their medications at least once per week

- Pharmacists’ strategies to help these patients:
  - Searching for free or low-cost medications from community or manufacturer programs (43.5%)
  - Filling a partial amount of prescription medication (3.6%)
  - Loaning or giving away medication (26.8%)

- These strategies are time-consuming and only short-term solutions

- We will discuss long-term solutions for your patients and loved ones
Medicare Basics
For Pharmacy Personnel
OVERVIEW OF MEDICARE

- Covers 60 million Americans
  - ≥ 65 years
  - < 65 with certain disabilities
  - Any age with End-Stage Renal Disease

- Medicare Modernization Act of 2003 (MMA)

- Administered by Centers for Medicare and Medicaid Services (CMS)
## Original Medicare

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Coverage</th>
<th>Cost</th>
</tr>
</thead>
</table>
| **Part A** | • Inpatient hospitalizations  
• Skilled nursing facility  
• Hospice & home health care | • Premium (most don’t pay)  
• Deductible  
• Copay / coinsurance |
| **Part B** | • Physician visits  
• Outpatient services  
• Preventive services  
• Durable medical equipment | • Premium  
• Deductible  
• Copay / Coinsurance |

- 40 million or 67% beneficiaries enrolled in Original Medicare
- Fee-for-service (FFS) plans
- Managed by federal government
# Part A: Hospitalization Out-of-Pocket Costs

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Beneficiary Out-of-Pocket (Year 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 1-60</td>
<td>$1,364 deductible, then nothing</td>
</tr>
<tr>
<td>Days 61-90</td>
<td>$341 per day</td>
</tr>
<tr>
<td>Days 91-150</td>
<td>$682 per day</td>
</tr>
<tr>
<td>After 150 days</td>
<td>The full cost of hospital stay</td>
</tr>
</tbody>
</table>

- Benefit period: 1st day admitted until 60 days post-discharge
**PART B: OUTPATIENT OUT-OF-POCKET COSTS**

<table>
<thead>
<tr>
<th>Part B</th>
<th>Beneficiary Out-of-Pocket (Year 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>$135.50</td>
</tr>
<tr>
<td>Deductible</td>
<td>$185</td>
</tr>
<tr>
<td>Copay / Coinsurance</td>
<td>20%</td>
</tr>
</tbody>
</table>

- Patients with low income may struggle to pay the deductible and 20% coinsurance.
- Supplemental insurance (Medigap) may help cover cost of deductibles and copayments / coinsurance.
SUPPLEMENTAL MEDICARE INSURANCE (MEDIGAP)

- 25% of Medicare beneficiaries enrolled in Medigap in 2015
- Private insurance policies
- Must be enrolled in Parts A and B
- Average additional monthly premium: $130

<table>
<thead>
<tr>
<th>Medigap Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>G</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Part B coinsurance or copayment</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Blood (first 3 pints)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Part A hospice care coinsurance or copayment</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Skilled nursing facility care coinsurance</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Part A deductible</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Part B deductible</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50%</td>
<td>75%</td>
</tr>
<tr>
<td>Part B excess charge</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Foreign travel exchange (up to plan limits)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Out-of-pocket limit**</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$5,240</td>
<td>$2,620</td>
</tr>
</tbody>
</table>
PARTS A AND B ENROLLMENT

- Timely enrollment is crucial
- Late enrollment penalty if not enrolled when first eligible

<table>
<thead>
<tr>
<th>Receiving Social Security</th>
<th>Not Receiving Social Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Automatically enrolled</td>
<td>• Not automatically enrolled</td>
</tr>
<tr>
<td>• Begins 1st day of 65th birth month</td>
<td>• Contact Social Security Administration (SSA)</td>
</tr>
<tr>
<td></td>
<td>• 3 months before 65th birthday</td>
</tr>
</tbody>
</table>
LATE ENROLLMENT PENALTY

Part A
- Penalty: monthly premium may increase by 10% (if not qualified for premium-free Part A)
- Time-frame: twice the number of years they waited to sign up

Part B
- Penalty: 10% higher premium for each full 12-month period they could have had Part B but did not enroll
- Time-frame: as long as the individual is enrolled
**Example: Part A Late Enrollment Penalty**

- Mary doesn’t qualify for premium free for Part A. She was eligible for Part A in 2016 but signed up late in 2019.

- Because she signed up 3 years late, she will be required to pay a 10% higher Part A premium for 6 years.
EXAMPLE: PART B LATE ENROLLMENT PENALTY

- Jim became eligible for Part B in September 2016 but waited to sign up until March 2019 (30 months or two full 12-month periods).
- Because he waited two full 12-month periods, he will be required to pay a 20% higher premium.

- In 2019, the standard premium is $135.50, which means Jim will pay $162.60 for as long as he is enrolled in Part B.
QUESTION 1

Which is CORRECT about Medicare’s cost sharing including deductible, coinsurance and copayment?

a) There is no patient cost sharing for Medicare Part A
b) Beneficiaries with Medicare Part B must pay the deductible and coinsurance
c) Medicare Part A deductible is an annual deductible
d) All are CORRECT
**MEDICARE ADVANTAGE (PART C)**

- 33% of Medicare beneficiaries in 2018 enrolled in Medicare Advantage plans
- Private managed care organizations are paid a capitated fee by the federal government
- Cost-sharing within Medicare Advantage plans is typically **less** than Original Medicare

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Coverage</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Part C   | • All services covered by Parts A and B  
          • +/- Vision, hearing, dental  
          • +/- Prescription drugs | • Part B premium  
                                  • Part C premium  
                                  • Deductible  
                                  • Coinsurance |
**PART D**

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Coverage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part D</td>
<td>• Prescription drugs</td>
<td>• Part D premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Copay / Coinsurance</td>
</tr>
</tbody>
</table>

- Medicare Modernization Act (MMA) of 2003, implemented in 2006
- 43 million enrolled in Part D in 2018
- Private companies receive capitated payment from the federal government
- Beneficiaries must be enrolled in Medicare Part A and/or B
PRESCRIPTION DRUG PLANS (PDPs) IN 2019

22 - 24  25 - 26  27 - 28  29 - 30

Alabama
ANNUAL PART D PLAN COMPARISON

- Beneficiaries need help choosing the right plan
  - 80% of found Part D plan selection to be too complicated
  - 75% requested fewer Part D plans be offered

- Only 5.2% of beneficiaries choose the cheapest plan
  - $368 more spent annually versus the optimal plan

- Pharmacists may be asked to help evaluate Part D plan choices
  - 25% of Medicare beneficiaries are very likely to seek help from their pharmacist
  - 75% expect their pharmacist to be somewhat knowledgeable about plan choices
MEDICARE.GOV PLAN FINDER TOOL

Open Enrollment Period: October 15 – December 7

Answer these questions to see a list of plans tailored to you:

Complete the fields below to see a personalized list of plans without logging in. Your Medicare card includes all necessary information.

Enter your ZIP code
Example: 90210

Medicare Number:

Where can I find my Medicare Number?

Last Name: Suffix

Date of Birth:
For example: 04 28 1944
Month Day Year

Effective Date for Part A:
For example: 04 2009
Month Year

Not Part A? Select here.

By selecting “Find plans” you’re agreeing to the terms and conditions of the User Agreement.
Factors to Consider When Choosing a Plan

- Plan star ratings
  - 5-star plans can enroll beneficiaries at any time throughout the year

- Late enrollment penalty
  - Additional 1% to Part D premium for every month eligible but not enrolled
  - Continues as long as enrolled in Part D
EXAMPLE: PART D LATE ENROLLMENT PENALTY

- Betty chose to enroll in Original Medicare in 2016 when she first became eligible. However, she did not choose to add prescription drug coverage.
- She joined a Medicare drug plan during the 2018 Open Enrollment Period and coverage began January 1st, 2019.
- Since Betty did not have coverage from any other source for a total of 38 months, she will have to pay a Part D late enrollment penalty.
- This penalty is 1% the national base beneficiary premium of $33.19 (in 2019) multiplied by 38 months.

Therefore, her penalty will be $12.61 added to her premium each month for as long as she is enrolled in Part D.
Revisit David’s Scenario

Estimated Monthly Drug Costs

CVS Pharmacy #0177  Our Home Pharmacy, Inc  Mail Order Pharmacy

Monthly Costs for the Rest of the Year (based on enrollment today)

<table>
<thead>
<tr>
<th>Month</th>
<th>Premium</th>
<th>Deductible</th>
<th>Initial Coverage Level</th>
<th>Gap</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>$334</td>
<td>$334</td>
<td>$334</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>$334</td>
<td>$334</td>
<td>$319</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>$319</td>
<td>$230</td>
<td>$230</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>$230</td>
<td>$230</td>
<td>$230</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Solutions for Medicare Patients with Limited Income
Cost of Care for Older Adults

- Medicare beneficiaries are more likely to be low-income than the general population under 65
  - >50% Medicare beneficiaries in Alabama
  - <200% Federal Poverty Limit (FPL) or $2,010 per month

- Monthly premiums vary by plan and may be unaffordable
  - $15.50 to $80 in Lee County, AL in 2019

- Affordable Care Act helped reduce the out-of-pocket payments during the coverage gap, but cost is still significant
  - 25-37% of drug cost in 2019
Federal and state assistance programs are available
  - Medicare Savings Program (MSP)
  - Low Income Subsidy (LIS) or ExtraHelp
  - SenioRx

Alabama agencies
  - Aging and Disability Resource Centers (ADRCs)
  - Alabama Department of Senior Services (ADSS)
  - State Health Insurance Assistance Program (SHIP)

Only 54-60% of eligible patients are enrolled in MSP and/or LIS
  - 68% unaware of these programs
  - Complex application process
**Medicare Savings Program (MSP)**

- Additional help subsidized by Alabama Medicaid
- Eligibility based on income < 100-200% Federal Poverty Level (FPL)
- All individuals who are eligible for any of the MSP programs automatically enroll in LIS

May pay for Part A and/or B:

- Premiums
- Deductibles
- Copays / coinsurance
### MSP Income Limits

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiary (QMB)</td>
<td>$1,061</td>
<td>$1,430</td>
<td>Part A &amp; B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Premiums</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Deductibles</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Copays</td>
</tr>
<tr>
<td>Specified Low-Income Medicare Beneficiary (SLMB)</td>
<td>$1,269</td>
<td>$1,711</td>
<td>• Part B premiums</td>
</tr>
<tr>
<td>Qualifying Individual (QI)</td>
<td>$1,426</td>
<td>$1,923</td>
<td>• Part B premiums</td>
</tr>
<tr>
<td>Qualified Disabled &amp; Working Individuals (QDWI)</td>
<td>$4,249</td>
<td>$5,722</td>
<td>• Part A premiums</td>
</tr>
</tbody>
</table>
LOW INCOME SUBSIDY (LIS) OR EXTRAHELP

- Assists with Medicare prescription drug costs
- Eligibility based on income AND resources
  - Full subsidy: 100-135% FPL
  - Partial subsidy: 140-150% FPL
- Eliminates the coverage gap or “donut hole”

May help pay for Part D:

- Premium, if below Benchmark ($31.40 in 2019)
- Deductible
- Copay / coinsurance ($3.40 generic, $8.50 brand)
LIS Income and Resource Limits

### Allowable Monthly Gross Income in 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Percent of Poverty Guidelines</th>
<th>100%</th>
<th>135%</th>
<th>140%</th>
<th>145%</th>
<th>150%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$1,040.83</td>
<td>$1,405.13</td>
<td>$1,457.17</td>
<td>$1,509.21</td>
<td>$1,561.25</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$1,409.17</td>
<td>$1,902.38</td>
<td>$1,972.83</td>
<td>$2,043.29</td>
<td>$2,113.75</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,777.50</td>
<td>$2,399.63</td>
<td>$2,488.50</td>
<td>$2,577.38</td>
<td>$2,666.25</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$2,145.83</td>
<td>$2,896.88</td>
<td>$3,004.17</td>
<td>$3,111.46</td>
<td>$3,218.75</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$2,514.17</td>
<td>$3,394.13</td>
<td>$3,519.83</td>
<td>$3,645.54</td>
<td>$3,771.25</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$2,882.50</td>
<td>$3,891.38</td>
<td>$4,035.50</td>
<td>$4,179.63</td>
<td>$4,323.75</td>
</tr>
<tr>
<td>Each Additional</td>
<td></td>
<td>+ $368.33</td>
<td>+ $497.25</td>
<td>+ $515.67</td>
<td>+ $534.08</td>
<td>+ $552.50</td>
</tr>
</tbody>
</table>

### Allowable Resources in 2019

<table>
<thead>
<tr>
<th></th>
<th>Full Subsidy (100-135% FPL)</th>
<th>Partial Subsidy (140-150% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$7,730</td>
<td>$12,890</td>
</tr>
<tr>
<td>Married</td>
<td>$11,600</td>
<td>$25,720</td>
</tr>
</tbody>
</table>
Benchmark Plans in 2019

 Alabama

 Benchmark Distribution:

- 2 - 4
- 5 - 6
- 7
- 8 - 10

Legend:
- VT
- NH
- MA
- RI
- CT
- NJ
- DE
- MD
- DC

Map showing benchmark plans distribution across the U.S.
QUESTION 2

Which is TRUE about the Low Income Subsidy (LIS) or ExtraHelp program?

a) The Social Security Administration processes applications for LIS
b) The LIS program helps with prescription drug costs
c) Income and resources are used to determine program eligibility
d) All of the above are correct
**SENIORx**

- 3-month supply of brand-name prescriptions at no cost or low cost from pharmaceutical manufacturers

- Eligibility
  - ≥55 with a chronic medication, no Rx drug coverage, and income <200% FPL
  - Disabled individuals at any age with a chronic medication
  - Patients with prescription drug coverage who have reached the donut hole

- Patients saved over $30 million in prescription drug costs in the past year as a result of this program
AGING AND DISABILITY RESOURCE CENTERS (ADRCS)
**ADRC Programs**

- “No wrong door” entry point for patients and caregivers to obtain accurate, unbiased information on all aspects of life related to aging or living with a disability

- SHIP counselors determine eligibility for programs and assist in filling out applications

<table>
<thead>
<tr>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>SenioRx</td>
</tr>
<tr>
<td>Senior Employment</td>
</tr>
<tr>
<td>Legal Assistance</td>
</tr>
<tr>
<td>State Health Insurance Assistance Program (SHIP)</td>
</tr>
<tr>
<td>Long Term Care Assistance Program</td>
</tr>
<tr>
<td>Caregiver Support</td>
</tr>
<tr>
<td>Long Term Care Ombudsman</td>
</tr>
<tr>
<td>Elderly Nutrition Program</td>
</tr>
<tr>
<td>Senior Medicare Patrol (SMP)</td>
</tr>
</tbody>
</table>
In the past 12 months approximately:

- 1,887,059 meals were served in our Senior Centers
- 2,543,764 meals delivered to homebound Seniors
- $30,722,745.44 saved by Seniors through our prescription assistance program SenioRx
- 37,270 Seniors received insurance assistance through SHIP
QUESTION 3

Which is CORRECT about Aging and Disability Resource Centers (ADRCs)?

a) ADRCs will screen individuals to determine eligibility for programs
b) ADRCs will assist individuals in filling out applications
c) There are 13 ADRCs in Alabama
d) A, B and C are correct
Pharmacists’ Role
C.A.R.E.S. PHARMACY NETWORK

- Developed in 2015 to facilitate referrals between pharmacy members and their respective ADRC
- [https://alpharmacycares.org](https://alpharmacycares.org)

<table>
<thead>
<tr>
<th>As of February 2019</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals trained (1st 1-hour CE article)</td>
<td>175</td>
</tr>
<tr>
<td>Individuals trained (2nd 1-hour CE article)</td>
<td>109</td>
</tr>
<tr>
<td>Individuals trained (3rd 1-hour CE article)</td>
<td>1</td>
</tr>
<tr>
<td>Individuals trained (3-hour online CE video)</td>
<td>104</td>
</tr>
<tr>
<td>Pharmacies enrolled in the Network</td>
<td>31</td>
</tr>
<tr>
<td>Beneficiary referrals</td>
<td>135</td>
</tr>
</tbody>
</table>
THE PHARMACIST PERSPECTIVE
“I often refer [patients through] MTM ... When reviewing their medications, I can identify those in most need of the C.A.R.E.S. Pharmacy Network.”
-Carrie Ray, RPh, Lillian Pharmacy

“Patients ... we have ... referred to C.A.R.E.S. see our pharmacy and pharmacists as helpful and caring resources.”
-Rebecca Barley, RPh, Walmart Neighborhood Market
The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires the Centers for Medicare and Medicaid Services (CMS) to remove Social Security Numbers (SSNs) from all Medicare cards April of 2019. The removal of SSNs from Medicare cards will help to protect patients’ private health care and financial information. Many patients fall victim Medicare fraud as a result of SSNs being linked to Medicare cards. SSNs will be replaced with a unique Medicare Beneficiary Identifier (MBI). This new MBI will be used for all transactions including billing, eligibility, and claims. It is important to note that the new cards and MBIs will not change the benefits Medicare patients receive. The transition period began in April of this year and in Alabama, patients will be mailed their new Medicare cards beginning June 16, 2016. Throughout the transition period (April 1, 2016 – December 31, 2016) both the new and old numbers will be accepted. However starting January 1, 2017, only the new number will be accepted. If you assist your patients in comparing the two cards, the Medicare.gov provider line will accept both numbers through the transition period.

How can I help my patients?
1. Remind them to make sure their mailing address on file with the Social Security Administration is up to date.
2. Patients should be reminded that CMS will contact them via phone for personal information.
3. Print and display the new Medicare Card poster in your pharmacy (attached at the end of this newsletter) and available to print in English and Spanish at https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html

Subscriptions to our blog to learn more!

https://www.alpharmacycares.org/blog
THE NETWORK IS GROWING

2016

2017

2018

2019
Wrap-Up
Revisit David’s Scenario After Enrolling in LIS

<table>
<thead>
<tr>
<th>AARP MedicareRx Preferred (PDP) (S5820-011-0)</th>
<th>Organization: UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Annual Drug Costs: [?]</td>
<td>Monthly Premium: [?]</td>
</tr>
<tr>
<td>Retail</td>
<td>$39.60</td>
</tr>
<tr>
<td>Pharmacy Status: Standard Cost-Sharing</td>
<td></td>
</tr>
<tr>
<td>Cost as of Today: $777</td>
<td></td>
</tr>
<tr>
<td>Mail Order</td>
<td>Cost as of Today: $690</td>
</tr>
</tbody>
</table>

Deductibles: [?] and Drug Copay [?] / Coinsurance: [?]
- Annual Drug Deductible: $0
- Health Plan Deductible: N/A
- Drug Copay/Coinsurance: $3.40 - $8.50

Drug Coverage [?], Drug Restrictions [?], and Other Programs:
- All Your Drugs on Formulary: No
- Drug Restrictions: Yes
- Lower Your Drug Costs
- MTM Program: Yes

Overall Star Rating: 3.5 out of 5 stars

Monthly Costs for the Rest of the Year (based on enrollment today)

<table>
<thead>
<tr>
<th>Month</th>
<th>Premium</th>
<th>Pre Initial Coverage Period</th>
<th>Initial Coverage Period</th>
<th>Post Initial Coverage Period</th>
<th>Catastrophic</th>
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<tbody>
<tr>
<td>Jan</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Feb</td>
<td>$87</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Mar</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Apr</td>
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<td>N/A</td>
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<td>May</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Jun</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Jul</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Aug</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sep</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Oct</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Nov</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Dec</td>
<td>$87</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
RESOURCES

- C.A.R.E.S. Pharmacy Network: https://alpharmacycares.org
- SHIP: 1-800-AGE-LINE or https://www.eastalabamaaging.org/alabama-state-health-insurance-assistance-program/
- ADSS: http://www.alabamaageline.gov/

- Visit our table to learn more about the C.A.R.E.S. Pharmacy Network
- Pick up our article about programs available through ADRCs for 1 additional hour of CE credit and to be eligible to join the Network
SELECTED REFERENCES


5. Kaiser Family Foundation. State Health Facts: Total Number of Medicare Beneficiaries. 2018. [https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)
