January 20, 2012 Edition 150

THE SHINE PROGRAM
Serving the Health Information Needs of Elders

JUMP TO

SOCIAL SECURITY & MEDICARE

Waiver of Part D Cost Sharing for HCBS Waiver Members

The Affordable Care Act mandates that recipients of the Home and Community Based Services Waiver (Frail Elder) pay no deductible and co-payments for their Prescription Drug Plans. In situations where CMS data systems do not reflect that a client is receiving HCBS, the plan can accept a number of different state documents (Best Available Evidence) to verify this and assess the appropriate cost-sharing. These documents are:

- A copy of a State-issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary's name and HCBS eligibility date during a month after June of the previous calendar year
- A copy of a State-approved HCBS Service Plan that includes the beneficiary's name and effective date beginning during a month after June of the previous calendar year;

- A copy of a State-issued prior authorization approval letter for HCBS that includes the beneficiary's name and effective date beginning during a month after June of the previous calendar year;
- Other documentation provided by the State showing HCBS eligibility status during a month after June of the previous calendar year; or
- A copy of a State-issued document confirming Medicaid payment for dates of HCBS service on or after January 1, 2012, such as Remittance Advice, including the beneficiary's name and dates of HCBS.

Dispelling Myths about Medicare Premiums

E-mails have been widely circulating claiming that Medicare Part B premiums will increase to $247. Some counselors have received inquiries about this. It is not accurate. AARP has published a bulletin about these emails, which can be viewed here.

MEDICARE ADVANTAGE & PRESCRIPTION DRUG PLANS

Reminder: Part D Transition Policy

A client may find herself in a situation where a new Part D plan does not cover her current medications or requires step therapy or a prior authorization. There is a transition policy to address these situations. Under the policy, a member is entitled to at least one refill of the non-formulary or restricted medication from the new plan. This allows the member time to seek a coverage exception, request a prior authorization, or work with her prescriber to find an alternative medication. A fact sheet from NCBOE about the transition policy is attached.

First Health Issues and Related Special Enrollment Period

During Open Enrollment, the Medicare Plan Finder indicated that First Health Part D members would have a $0 co-pay at all pharmacies. In reality, the $0 co-pay only applies at First Health's preferred pharmacies (Wal-Mart, Walgreens, and Target). At all other pharmacies, members will pay a $7-10 co-pay. There have been no reports of affected individuals in Massachusetts, but counselors should be aware.

Beneficiaries who feel they were misled and wish to disenroll, will be granted a Special Enrollment Period if they provide documentation that they were affected. If entering these cases in CTM, counselors should note the issue as a marketing misrepresentation.

New Part D Pharmacy Notice Rules

From a Center for Medicare Advocacy Alert:
Effective January 1, 2012, Medicare Part D plan enrollees who are unable to obtain a prescription drug at the pharmacy are now, in most instances, entitled to a written notice explaining how they can contact their Part D plan in order to initiate an appeal.

Under prior Medicare Part D rules, if a Part D plan enrollee cannot obtain a prescription drug at the pharmacy, the appeals process is not triggered. Rather, enrollees or their representatives must affirmatively contact the Part D plan in order to request a coverage determination (including an "exception request"). Only once an adverse coverage determination is issued can the appeals process be initiated.

Until this year, a Part D plan and its contracting pharmacies could satisfy their obligations to provide notice about appeal rights to plan enrollees by handing out written notices to each person so affected or by simply posting a notice at the pharmacy. Section 3312 of the Affordable Care Act requires Part D sponsors, effective January 1, 2012, to "use a single, uniform exceptions and appeals process (including, to the extent the Secretary determines feasible, a single, uniform model form for use under such process) with respect to the determination of prescription drug coverage for an enrollee under the plan".

MASSHEALTH & THE CONNECTOR

MassHealth: Where to Send What?

There have been several changes to the MassHealth mailing addresses and fax numbers over the past few months. Additionally, the Revere MassHealth Enrollment Center will move to Chelsea effective January 23, 2012. Attached is a fact sheet to instruct SHINE Counselors where to send MassHealth applications, verifications, and other related material.

MassHealth Mail/Fax Cover Sheet

MassHealth has created a Mail and Fax Cover Sheet that should be used when sending documents to either the Central Processing Unit or Enrollment Centers. This will help ensure that documents are processed more efficiently. There are 2 things to keep in mind when using this cover sheet:

1. Do not photocopy these forms. A new form must be printed with every use. The cover sheet has a barcode that works with the new Electronic Document Management system. Photocopying the form could diminish the integrity of the barcode and prevent it from working properly.
2. A separate cover sheet should be used for every household. Do not submit documents for multiple cases under the same cover.

A copy of this cover sheet is attached and can also be downloaded at the following link.

MassHealth Drug List Updated

The MassHealth Drug List has been updated. A summary of the updates and other important information can be found here.

MassHealth Payment Plans and Hardship Waivers

Some MassHealth members, especially CommonHealth members, are assessed a monthly premium for their coverage. Clients who are delinquent in their monthly payments can be terminated. However, MassHealth provides the options of setting up monthly payment plans or applying for a hardship waiver in order for members to avoid cancellation.

Members with a past due balance can set up a payment plan spread over 3-18 months. And members experiencing extreme financial hardships may also apply for a hardship waiver, which reduces or eliminates their premium. Members can request a payment plan or hardship waiver by contacting MassHealth Customer Service at 1-800-841-2900. An FAQ from MassHealth is attached.

SHINE EVENTS

SHINE Regional Directors' Meeting

Tuesday, January 31
Milford Senior Center

OUTSIDE EVENTS

NCBOE Webinar: Mapping your Community's Resources

Monday, January 23
2:00 – 3:30
Register here
How can you make your clients' benefits enrollment experience less like the world's least enjoyable scavenger hunt? What are the resources available within your community to fill in the gaps in your benefits assistance work?

This webinar will explore different ways to think about all of the steps in the benefits navigation process, to help you think strategically about your partnerships with other organizations and agencies in your community. The organizer will present a framework for identifying the gaps in your community, and discuss examples of the kinds of partnerships – both traditional and creative – that other organizations have used to fill those gaps.

Massachusetts Health Care Training Forums
Friday, January 27
9am – 1pm
Hoagland Pincus Conference Center
222 Maple Ave, Shrewsbury MA

Agenda and online registration can be found at the following link.

ATTACHMENTS

- Part D Transition Policy
- MassHealth: Where to Send What
- MassHealth Cover Sheet
- MassHealth Premium Billing FAQ

Contact SHINE State Staff

Cynthia Phillips
Director
cynthia.phillips@state.ma.us

Chris Ciano
Assistant Director
christopher.ciano@state.ma.us

Jennifer Syria
Field Operations Manager & Training Coordinator
jennifer.syria@state.ma.us

Richard Miranda
Program Coordinator
richard.miranda@state.ma.us