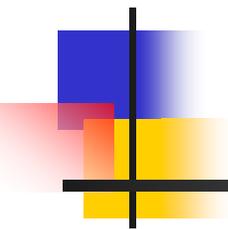


# Overview: Implementation of the Medicare Prescription Benefit in Connecticut



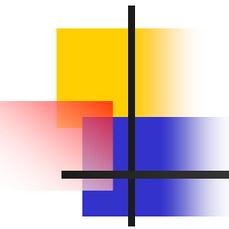
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December 7, 2005

Michael P. Starkowski,

Deputy Commissioner

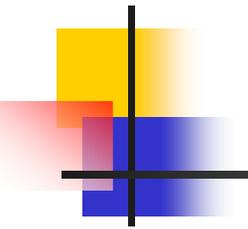
Department of Social Services



# Medicare

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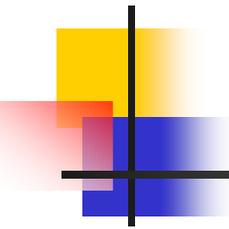
- Federal Health Insurance Program for:
  - 65 and older
  - Disabled
  - ESRD
- Provides hospital, doctor and other medical care
- There are 43 million Medicare beneficiaries nationwide



# CT Medicare Beneficiaries

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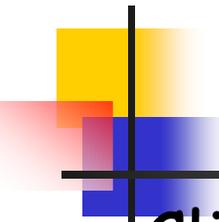
- Of the 43 million Medicare beneficiaries nationwide, Connecticut has over 536,000 Medicare beneficiaries
  - Of this number about 65,000 are on Medicaid and will receive additional help
  - Of this number about 48,000 are on ConnPACE and will receive additional help
  - Of this number about 413,000 additional people in Ct. would be eligible for the Medicare Rx benefit, if they want it
  - Of the 413,000, some people may be eligible for more help in paying premiums, co-pays & deductibles
  - Federal government estimates that 21% of Medicare beneficiaries have no insurance



# Medicaid

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- Joint State and Federal partnership that provides health insurance for:
  - Low income children and families
  - Low income elderly and disabled
  - Low income Medicare beneficiaries needing coverage beyond Medicare
- Funded through federal dollars, state dollars and, in some situations, client payments
- CT's Medicaid reimbursement is 50% FFP



# CT Medicaid

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## ■ Clients:

- Fee for Service 99,225 clients
- HUSKY 308,661 clients
  - Duals 65,000 clients approx.

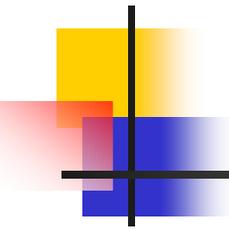
## ■ Expenditures:

- Fee for Service \$1.8 Billion
- HUSKY \$704 Million (est.)

## Includes:

\$51.4 million in clawback payments to federal government  
SFY 2005 (\$131.5 million clawback full year estimate (for  
SFY 2006)

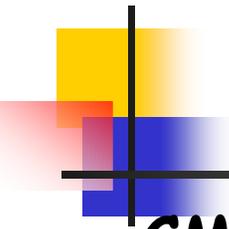
\$21.9 million for continued payment of non-covered drugs  
for dual eligibles



# MMA Impact on CT

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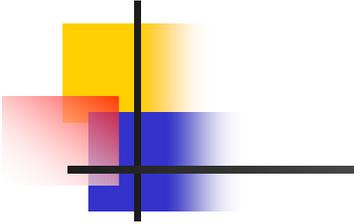
- Offers Rx coverage to Medicare beneficiaries with extra help for those with low income
- Transitions dual eligible beneficiaries from the State Medicaid program to Medicare with no gap in coverage
- Requires States to help continue coverage for non-covered Medicare Rx Benefit drugs
- State will be responsible for dual eligible copays
- State will be responsible for non-formulary drugs for dual eligible recipients and ConnPACE clients with exception review process



# CT Budgetary Impact

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- **CMS estimates MMA will save States \$73 billion from CY 2006 to CY 2010. Savings achieved by:**
  - Replacing Rx coverage for Full Benefit Dual Eligible (FBDE) beneficiaries that would otherwise be paid by Medicaid
  - Clawback - reduced annual expenditures through 2015
  - Reducing costs to States providing Rx coverage to retirees by way of the Retiree Subsidy
  - 28% reimbursement for credible plans (i.e., retired state employee Rx expenditures)
  - Providing savings to State Pharmaceutical Assistance Program (ConnPACE) where Medicare displaces a portion of spending



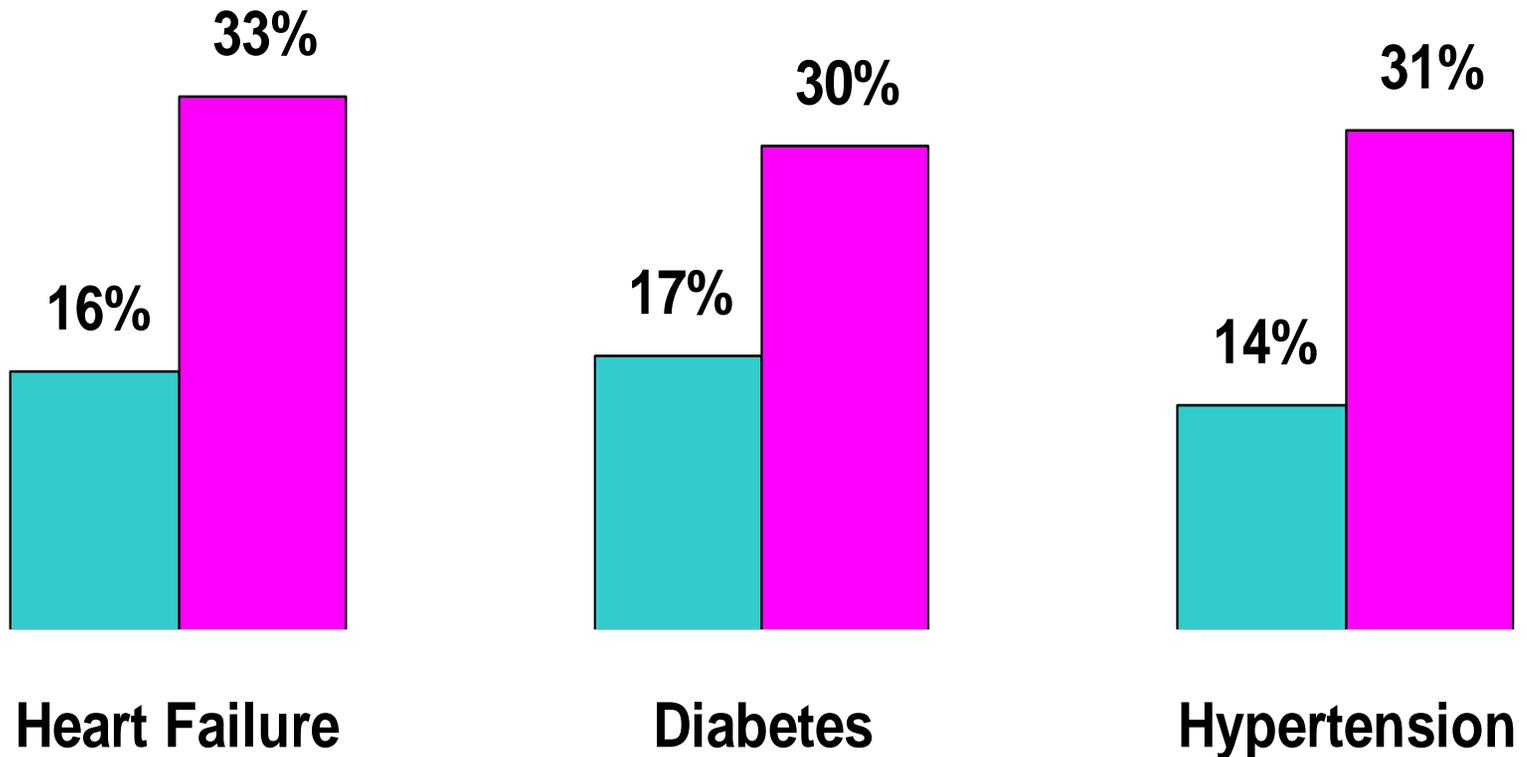
**Medicare**  
Prescription Drug Coverage **R<sub>x</sub>**

# Specific Drug Coverage

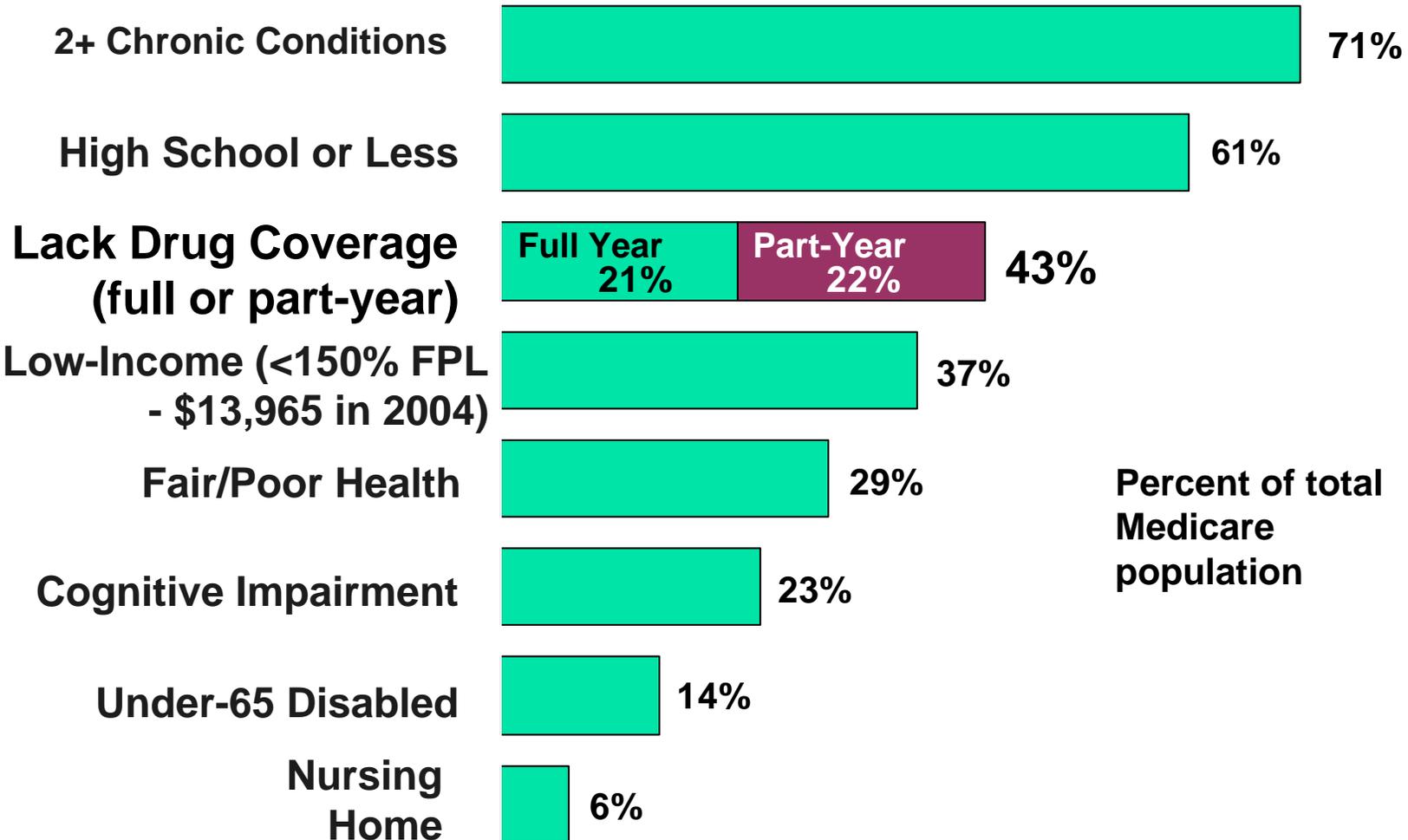
# Skipping Doses of Medication Among Chronically Ill Seniors With and Without Drug Coverage

Percent of seniors in 8 states who skipped doses of medicine to make it last longer:

■ Seniors with coverage ■ Seniors without coverage



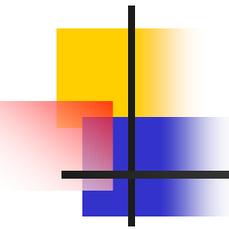
# Characteristics of the populations we are trying to reach



SOURCE: Kaiser Family Foundation- Medicare Prescription Drug Benefit: Educating Beneficiaries

Slides February 2005. "Medicare Current Beneficiary Survey, 2002 and 1999 (cognitive only); Income data

based on CBO letter to Sen. Nickels, November 2003.



# 5 Facts Everyone Should Know About the New Medicare Prescription Drug Benefit

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1. **All Medicare Beneficiaries Qualify, even those with Pre-existing Conditions**
2. **The Program is Voluntary**
3. **People With Limited Incomes Can Get Help Paying Monthly Premiums**
4. **Retirees with Health Care Coverage That Includes Drugs May Not Need to Join**
5. **Catastrophic Coverage is Included**

# What Will the Medicare Rx Benefit Cover?



## Covered:

- Prescription Drugs
- Biological products
- Insulin (and supplies associated with the injection of insulin)
- Vaccines
- Compounded Drugs
- Parenteral Nutrition  
(Infusion therapy, Intravenous drip)

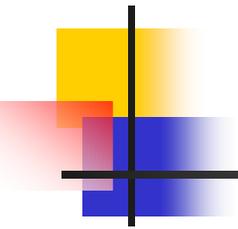
# What Drugs Will Medicare Rx Benefit Not Cover?



## Non-Covered:

- OTC's\*
- Weight loss
- Fertility
- Cosmetic
- Certain symptomatic relief of cough & colds\*
- Prescription Vitamins
- Barbiturates\*
- Benzodiazepines\*

\* May be covered under Medicaid and ConnPACE to the extent they are currently covered



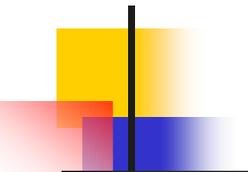
# Medicare Prescription Drug Coverage

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- Must have Part A and/or Part B
- Enrollment in drug coverage is voluntary
- If they are eligible and do not enroll, may be subjected to late enrollment penalties
- Enrollment began 11/15/05, continues through 5/15/06
- Most will not be enrolled automatically - must make a decision to sign up for drug plan
- Dual eligibles auto-enrolled by CMS
- DSS has state authority to auto-enroll ConnPACE and dual eligibles

# Medicare Prescription Drug Coverage

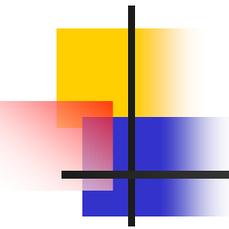
- Begins January 1, 2006
- For Minimum standard coverage in 2006, Connecticut enrollees (excl.duals, ConnPACE, MSP, LIS clients) would pay:
  - Monthly premium of about \$30 (Ct average)
  - First \$250 per year for prescriptions ("deductible")
  - Part of the cost of prescriptions after \$250
  - 100% of drug costs between \$2,250 - \$5,100
  - 5% of the drug costs (or small co-payment) after paying \$3,600 out-of-pocket



# Out-of-Pocket Expenses

- Before client is eligible for catastrophic coverage (95% paid) they must have \$3,600 of out of pocket expenses
- The Medicare Rx premium is not part of the \$3,600 out of pocket
- In the standard benefit, true out-of-pocket consists of three pieces that the client (or the state on your behalf) is responsible for paying.
  - The deductible (normally \$250)
  - The 25% coinsurance requirement
  - The coverage gap (\$2,850 in 2006)

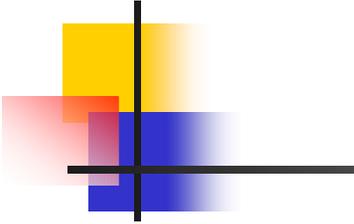
For Calendar Year 2006, the total out-of-pocket is capped at \$3,600



# Late Enrollment Penalty

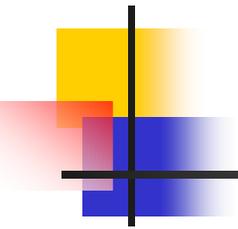
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- People without credible coverage will have to pay a penalty if they wait to join
  - Premium will go up 1% per month for every month the person was eligible but did not join
  - The person will have to pay this penalty as long as they have a Medicare Prescription Drug Plan
- Unless they have other credible prescription drug coverage that is, on average, at least as good as the minimum standard Medicare prescription drug coverage



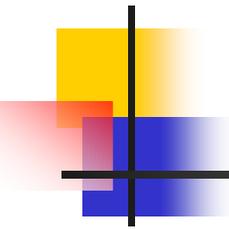
**Medicare**  
Prescription Drug Coverage **Rx**

**Extra Help for People  
with Limited Incomes  
and Resources**



# Eligibility for Extra Help (Low Income Subsidy -LIS)

- Income
  - Below 150% Federal poverty level
    - \$14,355 annually for an individual or
    - \$19,245 annually for a married couple
    - Based on family size
- Resources
  - Up to \$11,500 (individual)
  - Up to \$23,000 (married couple living together)
    - Includes \$1,500/person funeral or burial expenses
    - Counts savings and stocks
    - Does not count home the person lives in

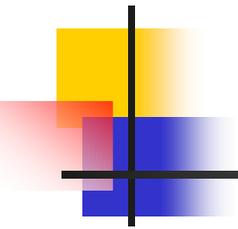


# Automatic Eligibility LIS

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- Some people may automatically qualify
- People with Medicare who
  - Get full Medicaid benefits (Duals)
  - Get Supplemental Security Income (SSI)
  - Get help from Medicaid paying their Medicare premiums (MSP)
- All others must apply. Help can be obtained from the **Social Security Administration**

[www.ssa.gov](http://www.ssa.gov) or calling 1-800-772-1213



# How Does The Extra Help & Application Process Work

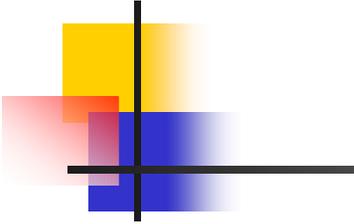
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- Clients can apply anytime between July 1, 2005 through May 15, 2006
- Clients can apply at the local Social security office.
- Clients can apply on line at [www.ssa.gov](http://www.ssa.gov) or [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Clients can apply by phone at (1-800-772-1213)
- Clients can call our CHOICES program for help with their application at 1-800-994-9422
- Clients can call 211-InfoLine after hours for assistance or information and referral
- Clients can call their local Area on Aging Agency (AAA)
- No financial documents will be necessary at the time of application. SSA will verify most through data matches.

# MEDICARE Rx ELIGIBILITY for Subsidy<sup>[1]</sup>

MEDICARE –PART D ANNUAL INCOME REQUIREMENTS	ASSETS	PREMIUM	DEDUCTIBLE	CO-PAYMENT* (TrOOP ≤\$3,600)	CO-PAYMENT* (TrOOP >\$3,600)
<b>Medicare Savings Group</b> ( <i>QMB, SLMB, QI</i> ) <b>Less Than 135% FPL:</b> <b>Single - \$12,920</b>	None	None	None	\$2.00 (generic) \$5.00 (brand)	None
<b>Less Than 135% FPL:</b> Single - \$12,920 Couple - \$17,321	S: ≤ \$6,000 C: ≤ \$9,000	None	None	\$2.00 (generic) \$5.00 (brand)	None
<b>Less Than 135% FPL:</b> Single - \$12,920 Couple - \$17,321	S: \$6,001 – 10,000 C: \$9,001 – 20,000	None	\$50	The lesser of: <b>A.</b> 15% of Rx cost <b>B.</b> \$16.25/prescription	\$2.00 (generic) \$5.00 (brand)
<b>Between 135-150% FPL:</b> Single - \$12,920 - \$14,355 Couple - \$17,321 - \$19,245	S: ≤ \$10,000 C: ≤ \$20,000	Sliding Scale Fee	\$50	The lesser of: <b>A.</b> 15% of Rx cost <b>B.</b> \$16.25/prescription	\$2.00 (generic) \$5.00 (brand)
<b>Greater Than 150% FPL:</b> Single - \$14,356 Couple - \$19,246	S: ≤ \$10,000 C: ≤ \$20,000	\$32 avg	\$250	The lesser of: <b>A.</b> 15% of Rx cost <b>B.</b> \$16.25/prescription	The greater of: <b>A.</b> 5% of Rx <b>B.</b> \$2.00 (generic) \$5.00 (brand)

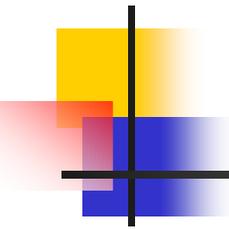
<sup>[1]</sup> The ConnPACE Income Limits for 2005 are as follows: **Single** - \$21,400; **Couple** - \$28,900  
ConnPACE Income Limits for 2006 are as follows: **Single** - \$22,300; **Couple** - \$30,100



# MedicareRx

Prescription Drug Coverage

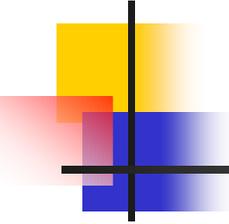
## Types of Plans/Coverage



# Ways To Get Coverage

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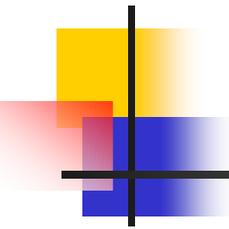
- **Two Medicare Options**
  - Medicare Prescription Drug Plans
  - Medicare Advantage Plans
  
- **“Creditable” Option, e.g.**
  - Retiree Plan (Employer, federal, state or union)
  - Veteran’s Administration (VA)
  - Tricare



# Connecticut Plan Options

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- **17 Stand-Alone Prescription Drug Plan Organizations (PDPs)**
  - Premiums range from \$7.32 to \$65.58
    - 4 With a Monthly Premium of Less Than \$20
    - 7 Plans will offer coverage during the 'donut hole'
      - 6 will cover generic drugs during the donut hole
      - 1 will cover both brand & generic during the donut hole
    - 44 Separate & distinct options (benefits) to choose from
      - 28 of these options have offer 'no deductible'
      - 22 of these options cover 90+ of the Top 100 drugs on their formulary
      - 41 offer a mail order option

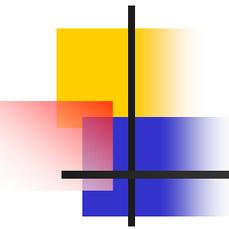


# Connecticut Plan Options

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- 5 Medicare Advantage Prescription Drug Plan Organizations (MA-PDPs) available in all or parts of Connecticut
- 9 Prescription Drug Plan Organizations eligible to Receive Auto-Enrolled Dual Eligible Beneficiaries through 11 different plan offerings (CMS auto-enrolled on Nov.14)
- Retiree options through federal, state, municipal, private employer and union retiree plans

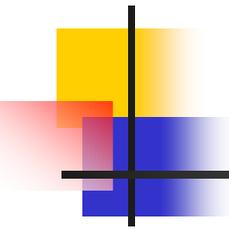
**People Need to Understand Their Options!**



# How Drug Plans Vary

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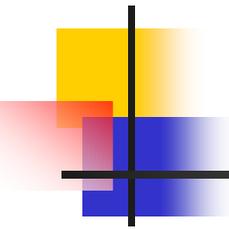
- What prescription drugs are covered
- How much the individual needs to pay
- Which pharmacies are used
- Whether they offer more than the standard level of coverage for a higher monthly premium



# Plan Formularies

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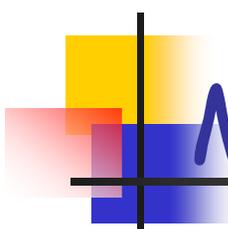
- Prescription drug plans (PDP) and Medicare Advantage prescription drug (MA-PD) plans may have a formulary
- CMS responsible for ensuring formularies do not discourage enrollment among certain groups of people
- Formulary review requirements are posted at [www.cms.hhs.gov/pdps](http://www.cms.hhs.gov/pdps) on the web
- CMS has approved all formularies in the PDPs & MA-PDS authorized by CMS



# Plan Formularies

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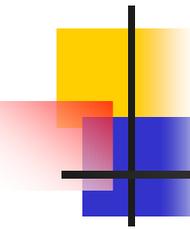
- Plans may only change the formulary only after March 1 and before November 15
- Written notice must be provided at least 60 days prior to effective date of change
- Each plan required to have at least a 30 day transition process



# Medicare RX Benefit - Formulary

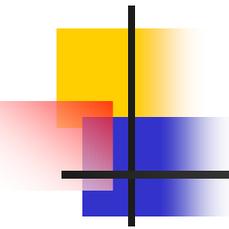
**Six classes of drugs with CMS special PDP requirements:**

1. **Anticonvulsants**- drugs used for treatment of epilepsy (e.g. Neurontin)
2. **Antiretrovirals**- drugs used to treat HIV infection (e.g. Videx)
3. **Immunosuppressants**- drugs used to treat abnormal or excessive immune response and rheumatoid arthritis (e.g. Imuran)
4. **Antineoplastics**- drugs used to treat leukemia and malignant diseases (e.g. Cytosan)
5. **Antidepressants**- drugs used to treat depression, panic disorder (e.g. Prozac)
6. **Antipsychotics**- drugs used to treat bipolar disorder and schizophrenia (e.g. Zyprexa)



# Exception Procedures

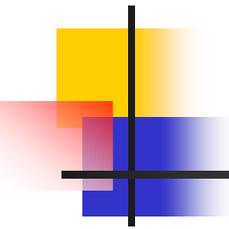
- Enrollees may request an exception if
  - The enrollee is using a drug that has been removed from the formulary
  - A non-formulary drug is prescribed and is medically necessary
  - The cost-sharing status of a drug an enrollee is using changes
  - A drug covered under a more expensive cost-sharing tier is prescribed because the drug covered under the less expensive cost-sharing tier is medically inappropriate
  - Exception application process coordinated through pharmacist and physician
  - CMS does not require a standardized exception form to be used by all plans



# Exception Procedures

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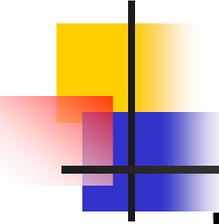
- Adjudication timeframes: A plan must notify an enrollee of its determination no later than 24 or 72 hours as appropriate
- Failure to meet adjudication timeframes: Forward enrollee's request to Independent Review Entity (IRE)
- Generally, plans are prohibited from requiring additional exceptions requests for refills and from creating a special formulary tier or other cost-sharing requirement applicable only to Medicare-covered prescription drugs approved under the exceptions process



# 5-Level Appeals Process

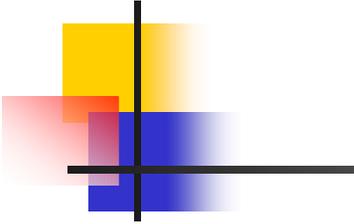
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- Redetermination by plan sponsor
- Reconsideration by Independent Review Entity
- Review by Administrative Law Judge
- Review by Medicare Appeals Council
- Review by Federal District Court



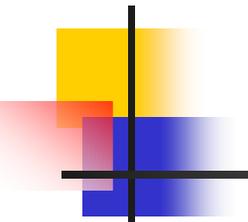
# Drug Management Tools

<b>Drug Plan Tool</b>	<b>Coverage Under Medicare Drug Benefit</b>
Formulary	Drug plans may offer closed formularies
Prior Authorization	Permitted for all but HIV/AIDS drugs
Step Therapy	Permitted
Generic-only Tiers	Permitted
Therapeutic Substitutions	Permitted
Supply Limits	Permitted
Tiered Cost Sharing	Permitted



**Medicare**  
Prescription Drug Coverage **Rx**

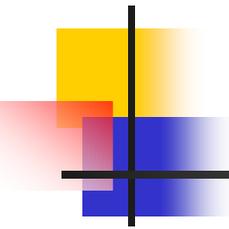
# **Connecticut Beneficiaries**



# Medicare Rx - Duals

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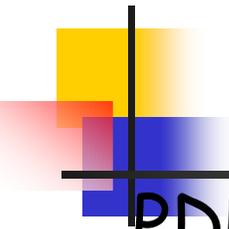
- If the clients are also on Medicaid, the premiums are fully paid by the federal government
- If the client is also on Medicaid, the state will be responsible for their co-pays
- If the client is also on Medicaid, the state will be responsible for the non-formulary drugs with exception review process
- If the client is in a nursing home (institutional setting) and on Medicaid, neither the client or the state be responsible for premiums, copays or deductibles



# Medicare Rx - Duals

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- What they need to do
  - Automatically qualify for the extra help
  - Open & read your mail
    - *Medicare & You 2006* handbook
- What choices do they have
  - Compare drug plan options and enroll in a plan
    - Medicare has auto-enrolled all Ct dual eligibles into plans
    - DSS will send out vouchers to be redeemed at your local pharmacies for medication review and plan selection assistance
    - Starting January 1, 2006, Medicare will pay for your prescription drugs
  - Can switch to another plan at any time

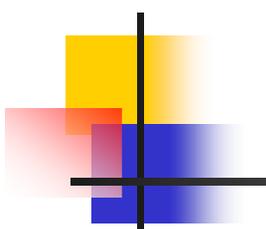


# Dual Outreach

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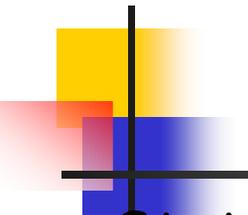
## PDP Selection Assistance - Duals:

- Clients will be sent vouchers for Pharmacist assistance at their local pharmacy in the selection of the appropriate PDP
- Pharmacist review of existing RX regimen for dual eligibles
- Pharmacist will provide recommendation of 3 PDP(s) which cover the existing or majority of their drug regimen under their existing formulary
- Pharmacist may contact prescriber to discuss therapeutic substitution, if no exact match
- Clients will be instructed to choose one of the recommended PDP's
- Vouchers for clients to receive review & recommendation at the pharmacy of their choice
- Panel of pharmacists to assist in review drug regimen through download of claims data for clients that don't redeem voucher or other categories of clients
- For clients who do not choose a PDP, but are subject to auto-enrollment, the Department will make the auto-enrollment assignment based on the recommendation of a pharmacist



## Medicare Rx - ConnPACE

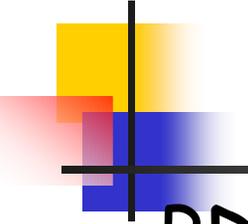
- Enrollment in Medicare Rx Benefit is a condition of ConnPACE eligibility
- With mandated enrollment for the ConnPACE recipient, the state covers all premiums
- For ConnPACE, it is important to know that the State will need to collect general asset information to assist in determining federal benefit levels and ensure that appropriate subsidies are provided to the recipient under the Medicare Rx Benefit
- Asset information will have no impact on ConnPACE eligibility determination- it is simply used to ensure that those entitled to receive the federal subsidy apply for it



# Medicare Rx - ConnPACE

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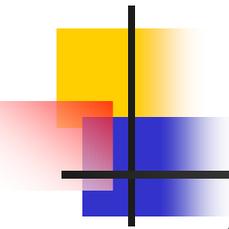
- State will provide coverage of non-covered Medicare Rx drugs following current program policies (e.g., preferred drug list, prior authorization)
- State will provide coverage for drugs that are prescribed outside of the formulary of the selected PDP
- Prescriber will have to follow exception process of PDP and DSS in order to prescribe PDP non-formulary drugs
- State will provide standard coverage during the 'donut hole' with co-pays not exceeding the current \$16.25
- For ConnPACE recipients, co-pays will not exceed the current \$16.25 co-pay requirement; depending on a client's income and asset levels and/or the cost of the drug, an enrollee may pay less than the traditional ConnPACE co-pay (\$16.25)



# ConnPACE Outreach

## PDP Selection Assistance - ConnPACE:

- UConn School of Pharmacy to have advanced RX students assist in the client drug regimen / PDP formulary review and matching
- To provide recommendation of 3 PDP(s) which cover the existing drug regimen under the PDP formularies
- Where drug regimen matches with formularies
  - Clients will be advised of the 3 recommended plans and be given opportunity to select one of the three
  - If no response, clients will be defaulted into one of the recommended PDP's based on drug regimen and most cost effective plan
  - Clients will be notified of the default and be afforded the opportunity to select a different PDP
- Where drug regimen does not match up with formularies
  - Client data will be referred to pool of pharmacists for assistance
- Clients have one opportunity to switch plans prior to May 15, 2006



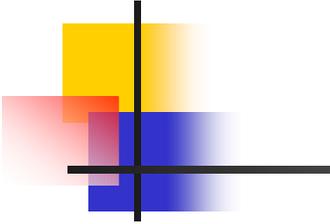
# Remember!!!!

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- Credible Coverage - No need to do anything
- Non-creditable coverage - Gather your data - Call CHOICES - You can only change once
- ConnPACE - Intelligent Selection Assistance Coming - If you are not sure, wait for our help! You can only change once!!
- Duals - Auto-enrolled by CMS - Intelligent Selection Assistance Coming - May change as frequently as you need to

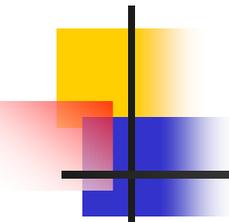
# CT Medicare Beneficiaries

	DUAL ELIGIBLES	MEDICARE SAVINGS PROGRAMS (MSP)	CONNPACE	OTHER MEDICARE BENEFICIARIES
SSA – Extra Help	N/A	N/A	Must Apply; May be Beneficial	Client Choice
PDP Enrollment	Auto-Enrolled Or Individual's Choice	Facilitated Enrollment Or Individual's Choice	Auto-Enrolled Or Individual's Choice	Individual's Choice Only
PDP Switch	Anytime	Anytime	Initial: Once Before May 15, 2006 Annually: November 15 to December 31	Initial: Once Before May 15, 2006 Annually: November 15 to December 31
Co-Payments	< 100% FPL: \$1.00 (Generic) / \$3.00 (Brand) > 100% FPL: \$2.00 (Generic) / \$5.00 (Brand)	\$2.00 (Generic) / \$5.00 (Brand)	Up to \$16.25 per Prescription	Conditional on Plan Chosen
Premiums	Basic Plans: None Enhanced Plans: Balance Bill	Basic Plans: None Enhanced Plans: Balance Bill	Designated Plans: None Enhanced Plans: Balance Bill	Wide Range – Conditional on Chosen Plan
Non-Covered Drugs	Covered by Medicaid	Covered by Client or Other Insurance Coverage	Covered by ConnPACE	Covered by Client or Other Insurance Coverage
Non-Formulary Drugs	Plan Appeal or Covered by State with exception review process	Plan Appeal or Covered by Client	Plan Appeal or Covered by State with exception review process	Plan Appeal or Covered by Client
Institutional Settings Co-Payments (LTC)	None	\$2.00 (Generic) / \$5.00 (Brand)	Up to \$16.25 per Prescription	Conditional on Plan Chosen
Non-Institutional Co-Payments (RCH)	< 100% FPL: \$1.00 (Generic) / \$3.00 (Brand) > 100% FPL: \$2.00 (Generic) / \$5.00 (Brand)	\$2.00 (Generic) / \$5.00 (Brand)	Up to \$16.25 per Prescription	Conditional on Plan Chosen
Deductible	None	None	Up to \$16.25 per Prescription	\$250.00
Coverage Gap	None	None	Up to \$16.25 per Prescription	\$2,250 to \$5,100



MedicareRx  
Prescription Drug Coverage Rx

# OUTREACH/EDUCATION

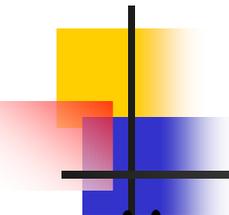


# Outreach Activities

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## Beneficiary Outreach -Mailings

- General Mailing- DSS has sent ConnPACE beneficiaries, MSP recipients and Medicare/Medicaid dual eligible letters with important facts on the new Medicare Rx D program. (Additional "reminder" mailings planned between now and end of year.)
- ConnPACE Mailing -DSS recently sent a targeted mailing to ConnPACE members < 150%FPL that will instruct them to apply for the LIS as a condition of their ConnPACE eligibility. More to come.
- Brochures -DSS is developing population-specific brochures for the following groups:
  - ConnPACE and the Medicare Savings Program
  - ConnPACE members > 150% FPL
  - General ConnPACE/Medicare Rx program brochure

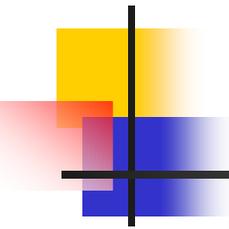


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# Xpress (Eligibility & Enrollment Bus)

## Medicare RX Eligibility/Enrollment Bus:

- Advance notice of scheduled stops throughout CT
- Stops at Senior Centers, Community Centers, Assisted Living sites, Residential Care Homes, Adult Day Care Centers, other appropriate sites
- Technologically Sophisticated Equipment for Processing
  - Four fully functional computer workstations
  - Internet access
  - Phone/Fax & Copier Access
  - DVD & VCR & Video/PC Smart Board Screen installed
- CHOICES counselors to assist clients with application for Extra Help and enroll beneficiaries in PDPs
- DSS eligibility staff to review eligibility for other DSS programs
- Pharmacist to assist with client formulary/drug concerns
- Staff to review for eligibility for ConnPACE program other manufacturer programs
- General information available on other DSS programs for elderly/disabled individuals (ex. Food stamps, Energy Assistance, Meals on Wheels...)
- Mobility lift & wide aisle to provide access for people with wheelchairs & walkers

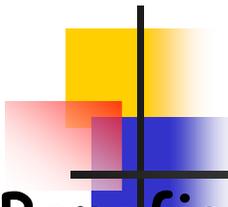


# Outreach Activities

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## ■ Marketing

- Contract with Experienced advertising firm
  - Enhance DSS website for accessing Medicare Rx info
    - Dynamic enhancement to state sites including State Portal, Governor's Site, DSS, Other State Agencies
    - Establish hyperlinks to other pertinent websites
    - Develop web tools for accessing info, reviewing eligibility criteria, selecting appropriate PDP
  - Recommend/design marketing items
    - Bookmarks, refrigerator magnets, or pillboxes...
    - Tailored outreach posters
  - Tailored advertising campaign for Ct
    - Co brand Federal advertising
    - Targeted advertising for
      - Direct mailings, Piggy-back mailings (energy, etc.)
      - Pharmacies, Medical Offices, Hospitals, Clinics
      - Community, Senior, faith based centers
      - Supermarkets, mall stores, bakeries
      - Other Recommended Sites



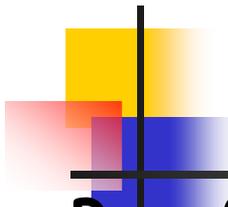
# Educational Activities

**Beneficiary Education:** CHOICES educates beneficiaries & small community agencies that work with Medicare seniors & persons with disabilities.

- **Presentations:** Five regional SHIP agencies (CHOICES regions) conduct an average of 66 presentations each month for beneficiaries, caregivers, and community agencies people with disabilities.

Presentation sites include:

- Senior centers, congregate housing, assisted living centers and residential care home providers
- Hospitals, wellness clinics & pharmacies
- Community organizations including CAA's, community centers, other human service providers and faith-based organizations
- Libraries
- Mobile home communities
- Municipal agents & town social workers
- Country fairs
- Etc! Etc! Etc!



# Educational Activities

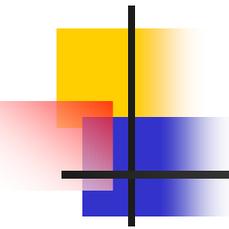
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## ■ **Beneficiary Literature:** CHOICES Q & A Guides

- Information to targeted Medicare populations:
  - General Information
  - Extra Help
  - Duals
  - ConnPACE
  - Retirees with Existing Insurance
  - Medicare Savings Programs (QMB, SLMB)
  - Medicare Buy-In beneficiaries (employed disabled)
- All available in paper and on-line through CMA, CHOICES and DSS websites. Also available in Spanish, large print and other alternative formats

## ■ **Special materials:**

- "Desk guide" for state legislators and others
- Leaflets to all Meals-on-Wheels recipients
- Leaflets to energy assistance applicants

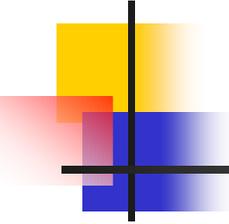


# Educational Activities

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**Major CHOICES Partnerships** - CHOICES (housed within DSS's Aging Services Division) has 2 major partnerships. These are: the **Center for Medicare Advocacy (CMA)** and the **DSS Pharmacy Division** (which also manages the ConnPACE (SPAP) program)

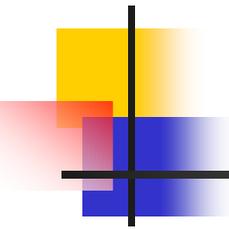
- MA trains all new CHOICES volunteers, counselors, new SPAP staff & InfoLine (211) staff
- CMA also maintains on-line monthly **Events Calendar** of statewide CHOICES presentations - updated daily as presentations are added
- ConnPACE works to ensure a smooth transition to Part D/collaborates with CHOICES for both beneficiaries & providers
- ConnPACE conducts train-the-trainer sessions "**wrap-around**"
- **MMA Workgroup**: Collaboration of 68 members representing 35 partner agencies (federal, state & local) to share information & coordinate mutual implementation strategies & activities



# Educational Activities

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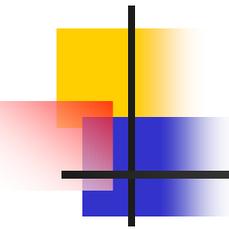
- **Department of Mental Health and Addiction Services (DMHAS):** CMA and CHOICES conduct train-the-trainer sessions at Local Mental Health Authorities & Regional Boards; focus on outreach to mentally ill and AIDs/HIV populations, peer counseling. Link to the National Alliance for the Mentally Ill (NAMI)
- **Department of Mental Retardation (DMR):** information for DMR staff. Linkage to "adult children" on Medicare
- **AARP:** Medicare Rx Benefit workshops for AARP staff and volunteer counselors



# What role can you play?

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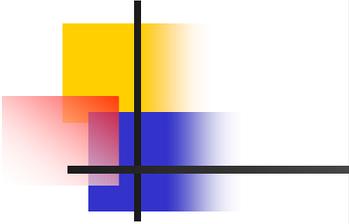
- Enrollment/PDP selection assistance
- Provide/distribute Medicare Rx information to the community and the people you serve
- Make referrals to CHOICES at  
1-800-994-9422
- Attend outreach/training sessions/opportunities
- Provide feedback
- Use the websites and phone numbers to get the right answers



# How can you help?

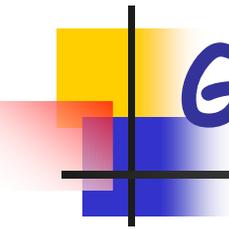
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- Promote a positive message about the new Medicare Rx benefit as some individuals will be uneasy/resistant to change.
- Community outreach with meals-on wheels, energy assistance, homecare, home health, etc. programs as many of these individuals will be eligible for the low-income subsidy.



**Medicare**  
Prescription Drug Coverage **R<sub>x</sub>**

## **Where to Get Help?**



# Get the Message Out

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What your customers should consider:

1. **Cost**

- Premium?
- Deductible?
- Co-pays?

2. **Coverage**

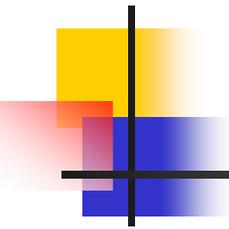
- Drugs Covered?
- Is there a Gap in Coverage?

3. **Convenience**

- My Pharmacy?
- Availability of Mail Order Service?

4. **Peace of Mind**

- Insurance for Catastrophic Expenses
- No Late Penalty



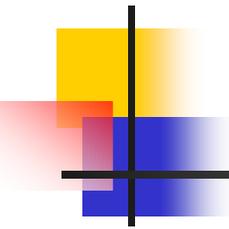
# Get the Message Out

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What your customers should do to get ready:

- Find Out What Kind of Drug Coverage You Have, If Any
- Make a List of All Your Drugs & Dosages
- Write Down How Much You Are Paying for Your Drugs
- Write Down The Pharmacies You Use
- Talk to a family member, a friend, your pharmacist, ...talk to a CHOICES counselor @1-800-994-9422

**Have All This Available When You're Ready To Make A Decision or When You're Ready to Have Someone Help You Make This Decision**



# 2 Key Dates to Remember

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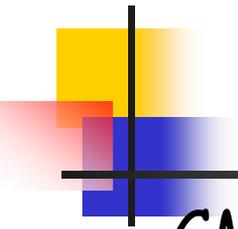
## 1. **Nov. 15: Open Enrollment Began**

If You Join By Dec. 31, Drug Plan Coverage Begins Jan.1. After that, Coverage is effective the 1<sup>st</sup> Day of the Month After the Month You Join

(You have time. Don't rush to enroll in a PDP/MA-PD until you have the information and assistance you need to make the best decision for your situation.)

## 2. **May 15: Open Enrollment Ends**

After this date there could be a Penalty in the form of a higher monthly plan premium



# *For Questions/Assistance*

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- CMS

- [www.medicare.gov](http://www.medicare.gov)
- 1-800-MEDICARE (1-800-633-4227)

- CEMA

- [www.medicareadvocacy.org](http://www.medicareadvocacy.org)
- 1-800-262-4414

- CHOICES

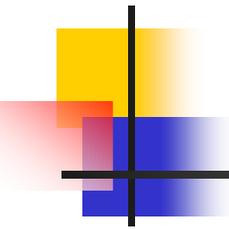
- 1-800-994-9422

- ConnPACE

- [www.connpace.com](http://www.connpace.com)
- 1-800-423-5026
- (860) 823-9265 (Hartford Area)

- Social Security Administration

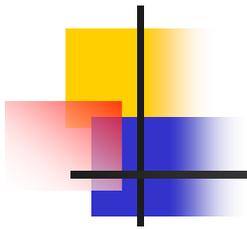
- [www.ssa.gov](http://www.ssa.gov)
- 1-800-772-1213



# *For Questions/Assistance*

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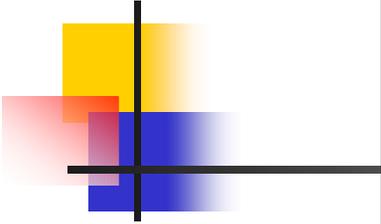
- DSS – [www.ct.gov/MedicareRx](http://www.ct.gov/MedicareRx)
- Info-line
  - [www.infoline.org](http://www.infoline.org)
  - 211
- AAA's
  - [www.ctagenciesonaging.org](http://www.ctagenciesonaging.org)
    - Southwestern Connecticut Agency on Aging (203) 333-9288
    - Senior Resources-Agency on Aging (860) 887-3561
    - Agency on Aging of So. Central Connecticut (203) 785-8533
    - Western Connecticut Area Agency on Aging (203) 757-5449
    - North Central Area Agency on Aging (860) 724-6443



*PARTICIPATE*

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BE PART OF THE SOLUTION!!!!



MedicareRx  
Prescription Drug Coverage

Thank You