

# I have HIRSP. How do I choose a Medicare Part D Prescription Drug Plan?

Disability Drug Benefit Helpline  
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## Introduction

Medicare Part D is a Medicare benefit that started in 2006. Although Medicare makes the basic rules for the program, the insurance is provided by private prescription drug insurance companies. Some plans are national and some only cover people in the state of Wisconsin. There are currently 23 companies that provide 54 different plans in Wisconsin. These plans only cover prescriptions drugs you get from a retail pharmacy. If you choose a stand alone Part D plan, your regular Medicare Parts A and B benefits will not change and your other HIRSP benefits will not change.

Each Medicare Part D prescription drug plan (PDP) has a list of drugs it covers and a list of pharmacies where you can go to get your drugs.

This guide assumes that you will choose to keep HIRSP Plan 2 coverage. If you keep HIRSP Plan 2 coverage, your yearly maximum out-of-pocket costs for prescriptions will stay at \$125 per year. You will be required to pay your Part D premium in addition to your HIRSP premiums – but usually your HIRSP premiums will have gone down at the same time.

HIRSP will only cover your prescriptions if they are on your Medicare Part D prescription drug plan's list of covered drugs (the plan's formulary). **If a drug is not on your Medicare Part D plan's formulary or if there are restrictions on the medication, you could be asked to pay full price for the prescription out of your pocket.** The cost of the drug would not count toward your \$125 out of pocket maximum.

Choosing among 54 different plans can be a lot of work. This guide will first give you step-by-step instructions on how to choose a plan and then explain how the plans' formularies and pharmacy networks work.

**The Bottom Line:** Our basic advice is to choose a plan that covers all or most of your medications with the least amount of restrictions. If a plan covers more of your medications, it is generally cheaper and will be easier for you to use. If you only take a few medications, it may be easiest to call the cheaper plans to see if they cover your medications with any restrictions. If you take several prescriptions, we suggest doing a search at [www.medicare.gov](http://www.medicare.gov) (see Step-by-Step Instructions, page 2).

## There is free help available to help you choose a drug plan. Call a Helpline:

- If you are a person with a **disability** and under age 60:
  - call the Drug Benefit Helpline at 1(800) 926-4862
- If you are **age 60 or older**:
  - contact your county Benefits Specialist or
  - call the Prescription Drug Helpline at 1(866) 456-8211

Before you call, you will need to know what prescription drugs you are taking. You are welcome to call with general questions as well.

- If you have questions about **other insurance**:
  - call the Medigap Helpline at 1(800) 242-1060

The Medigap Helpline can answer questions about Medicare Supplements or Medigap insurance and Medicare Advantage plans. They can also help with decisions about what to do if you enroll in Part D and aren't sure if you want to keep a separate medical insurance policy.

## Step-by-Step Instructions to choose a plan

Unfortunately, the easiest and fastest way to compare and choose plans requires using a computer that is connected to the Internet. The steps we suggest are listed below. If you do not have access to the Internet, call a Helpline or try your local library for assistance.

1. Make a list of your medications and their dosages.
- 2.

Prescription Drug Name	Dosage (mg, mcg, ml, vial, tube)	Pills per month (number per day x 30)


3. If you have access to the Internet, go to [www.medicare.gov](http://www.medicare.gov). If you do not have a computer or the internet, call a Helpline above (they will use this tool and send you the results).

If you go to the Internet, read the directions carefully and expect to spend at least an hour. We suggest doing a search at the *Formulary Finder* link for information about which drugs are covered and their restrictions. If you do a search at the *Compare Medicare Prescription Drug Plans* section, it will give you information about how much the plans cost, but this information could be confusing since your out-of-pocket costs with HIRSP will be limited to \$125 per year.

Print out the results for the best two or three plans. Call the plans or go to their websites to confirm the information. **The information at [www.medicare.gov](http://www.medicare.gov) is not always 100% correct.**

4. Enroll. Once you have chosen the plan you want, we recommend enrolling by calling the drug plan or going to the plan's website for an enrollment form to send in the mail. You may also enroll at Medicare's website [www.medicare.gov](http://www.medicare.gov) or over the phone by calling 1(800) 633-4227 (1-800-MEDICARE), but we have found it can take longer for the plan to get your information if you enroll this way.

Keep all confirmation numbers and copies of your enrollment forms in a safe place. Write down the name of anyone who helps you enroll, the number you called, and the date you enrolled.

Your enrollment is usually effective the first day of the following month. However, it may take some time for the billing information to be correct with your plan. If you are enrolling in a plan and need the coverage to start soon, call your plan and ask for billing information and numbers *you* can give to your pharmacy.

# Pharmacy Access

Generally, you **MUST** get your prescriptions from a pharmacy listed with your plan. Each plan has a complete list of all the pharmacies you can go to, called a **pharmacy directory**. If you want to search for plans that work with a specific pharmacy, you can go to each plan's website, to [www.medicare.gov](http://www.medicare.gov) under "Compare Medicare Prescription Drug Plans," or call a Helpline for assistance. We also recommend checking with your pharmacist to ensure he or she will work with your plan. Your pharmacist may be able to help you choose a plan based on the prescriptions you are currently taking. Most plans allow you to order prescriptions by mail, and you may be able to order a 3-month supply and pay only one or two co-payments.

## Formulary Lists

Each drug plan will have a list of drugs it covers, called a "formulary." If you want to see a "comprehensive formulary" for a specific plan, you can go to the plan's website or call the plan and request that one be sent to you. Our basic advice is to choose a plan that covers all or most of your medications with the least amount of restrictions.

**If your plan does not cover all your drugs**, talk to your doctor and see if there are other drugs on the list that will work for you. If not, your doctor can call the plan and request they cover the drug you need. This is called asking the plan for an **exception**.

**If there are restrictions on your medications**, your doctor can call the plan and request they cover your drugs in the brand and amount you need. Most plans will have special requirements that must be met before you can fill certain prescriptions. The most common restrictions are:

- **Prior Authorization** (sometimes called "pre-certification"): This usually requires your doctor to call or write a special note to the drug plan indicating your prescription is medically necessary. If a drug has a prior authorization requirement, your doctor can ask the plan ahead of time for a **coverage determination** to make sure you can get the prescription filled when you need it.
- **Quantity Limits**: This means you can only get a certain amount of the drug in thirty days. If you need more than a one month's supply or if you need more than the quantity limit of a drug in a month, your doctor can request an **exception** to the quantity limits.
- **Step Therapy**: This means you must try a generic or less expensive drug to see if it works for you before you can use a drug with a step therapy requirement. If you have already tried the generic drug or if you have reason to believe it will not work for you or harm you, your doctor can request an **exception** to the step therapy requirement.

**Exceptions or coverage determinations** must be directed to your plan by you or your doctor (it is generally best to get your doctor's help). Your pharmacist cannot request

an exception. Your drug plan should cover your medication if your doctor can show 1) the drug is medically necessary, and 2) other drugs on your plan's formulary are not as effective or are harmful to you. To find out more about this process, call a Helpline or go to our Helpline's website at <http://www.disabilityrightswi.org/pages/partd.html>.

**There are some rules** each drug plan must follow when it makes its formulary:

**1. There are some drugs Medicare Part D prescription drug plans do not cover:**

- benzodiazepines and barbiturates
- prescription vitamins
- cough and cold medications
- fertility drugs
- weight control drugs
- Medicare Part B drugs. (Medicare Part B drugs are often given to you by a physician or require some type of medical equipment, like a syringe or an inhaler.) Diabetes medicines (insulin) and syringes are covered by Medicare Part D prescription drug plans. Test strips and lancets are covered by Medicare Part B.

HIRSP will continue to cover these drugs if they are on the HIRSP formulary.

**2. Every drug plan must cover all:**

- anti-psychotics
- anti-depressants
- anti-convulsants (seizure medications)
- anti-retrovirals (HIV)
- anti-neoplastics (cancer)
- immunosuppressants

These medications will be included on every plan's formulary with very few exceptions, but they are subject to the same formulary restrictions as other drugs.

## Other Questions and Answers

### Can I change my drug plan once I have enrolled?

Generally, you can only change your plan **once a year** during the Annual Election Period from November 15 through December 31. Under certain circumstances, Special Enrollment Periods apply (contact a Helpline for more information).

### Can my plan change the drugs that are on the list of covered drugs?

Yes. If you are currently taking a drug and it is removed from the plan's formulary, **the plan must continue to cover the medication through the end of the year**. The following year, you may have to find a different plan that covers your medication or you and your doctor can try to get an exception (explained on page 6), so the plan

continues to cover the medication for you. Plans can also place restrictions (prior authorization, etc.) on medications during the year and you may need an exception to continue taking your medications as before.

If you are not currently taking the drug, the plan is not required to notify you. Therefore, each time you are prescribed a new drug, you and your doctor should consult your plan and make sure the drug is covered.

### **What Are Medicare Advantage Plans?**

Medicare Advantage plans are also sometimes called Medicare “Health Plans” or Medicare Part C. These are Medicare managed care plans. **These plans usually do not coordinate with HIRSP coverage.**

Although the plans often have additional benefits, these plans are not the traditional Medicare Supplement or Medigap policies regulated by the State of Wisconsin. If you choose a Medicare Advantage Plan, you will opt out of Federal Medicare Parts A and B. You will be required to get all your Medicare Part A and B benefits from the Medicare Advantage plan. Be aware that if you choose one of these plans, you may have to change doctors or hospitals for your Medicare benefits since you are often required to go to a specific list of providers.

**This guide only discusses stand alone Medicare prescription drug plans.** If you have questions about Medicare Advantage or about traditional Medicare Supplement policies, call the Medigap Helpline at 1(800) 242-1060.

### **I like my plan this year. Do I have to do anything next year?**

It depends. Plans can make many changes from year to year. Plans usually change their list of covered drugs and the costs of those drugs can change. The plans may also be discontinued or change names. Although your insurance company is required to contact you if either of these changes occur, it is important to review your prescription drug insurance needs each year, review your plan’s updated formulary, and call your plan or a Helpline if you have any questions or concerns. You may also want to consider whether a different plan will be cheaper for you next year since new plans are usually introduced each year.

If you are satisfied that your plan will continue to cover your needs, you don’t have to do anything, and you will be issued a new prescription drug card from your plan for the new year.