

Mental Health Choices:

Medicare

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On January 1, 2006, the Medicare Modernization Act (MMA) goes into effect. You've probably heard about the changes that are coming. It can seem overwhelming, but there are many resources to help you choose the best options for your health care needs.

To assist you, Janssen, L.P. has worked with mental health advocacy groups on **Mental Health Choices: Medicare**, a newsletter that provides you with useful and timely information. In this third of four issues, you will learn how to evaluate and enroll in a Medicare prescription drug plan, resources for people who receive Medicare and Medicaid, options for assistance with drug plan costs, and information on how these changes will affect mental health treatment.

For more information, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov

Choose & Join

Medicare prescription drug coverage becomes available to all people with Medicare Part A and/or Part B on January 1, 2006.

You can join a Medicare prescription drug plan from November 15, 2005 – May 15, 2006. If you join by December 31, 2005, your coverage will start January 1, 2006. After that, your coverage will begin the month following the month you join. It is important to join when you are first eligible. If you wait to join later, you may have to pay a higher premium.

Most plans will have a monthly premium and a co-payment for each prescription drug. Costs will vary by plan, and extra help will be available for those who qualify.

This fall, you will be able to compare plans and find one that meets your needs by going to www.medicare.gov, calling 1-800-MEDICARE (1-800-633-4227), or working with organizations in your community. Free counseling is also available from your State Health Insurance Assistance Program (SHIP). You can find the phone number for your local SHIP at www.medicare.gov/contacts/static/allStateContacts.asp or in the *Medicare & You* handbook.

To help you prepare for choosing a plan

- * Review your current coverage. Are prescription drugs covered? What are your out-of-pocket drug costs (co-payments, premiums)?
- * Keep a list of the name, dosage, and cost of each prescription you use. Since different plans will cover different drugs, this will help you choose a plan that best meets your prescription needs.
- * If you have prescription drug coverage through a former employer or union, check with your benefits administrator, as Medicare prescription drug coverage may be different for you.

Exceptions and Appeals

You have the right to appeal any decision about your Medicare services. If a prescription drug plan does not pay for a medication you have been prescribed, or if you are not given your medication, you can request an exception and, if necessary, appeal.

Exception: A formal decision by a plan to cover your medication or reduce your co-payment. If an exception is granted, it will last one year and will need to be requested again.

Appeal: If a Medicare prescription drug plan does not grant an exception, you can appeal the decision and ask for a review and reversal of the decision. There are six levels of review that you can ask for to have your plan cover your medication or if you can't pay your co-payment:

- First coverage determination
- Redetermination by plan
- Reconsideration by Independent Review Entity
- Administrative Law Judge Hearing
- Medicare Appeals Council
- Judicial Review

Q: Who can request an exception?
A: You or your doctor.

Q: What if my pharmacist says my medication is not covered?
A: Call your plan to see if the medication is covered. If not, ask your plan for a one-time, 30-day prescription while you request a review of their decision. Call your doctor or case manager to tell them about the denial and ask them for assistance. Contact your plan to request an exception.

Q: What if I can't pay my co-payment?
A: The Centers for Medicare & Medicaid Services (CMS) is leaving it up to the pharmacy to decide if they will fill the prescription without a co-payment. If you cannot afford your co-payment, talk to your pharmacist. If you are denied your prescription because you can't pay your co-payment, you may be able to go to another network pharmacy for service.



Extra Help Available – If in Doubt, Fill it Out!

People with limited incomes and resources may qualify for extra help paying for their prescription drugs. Those with the lowest incomes will pay no premiums or deductibles, and small or no co-payments. Those with slightly higher incomes will have reduced deductibles and pay slightly higher out-of-pocket costs.

The following chart outlines the different categories of eligibility for extra help and how it affects drug plan enrollment.



People Eligible for Extra Help	Definition	Enrollment for Extra Help	Enrollment in a Medicare Prescription Drug Plan
Full-benefit dual eligibles	People eligible for both Medicare and full Medicaid benefits	Automatic Enrollment	If a plan is not chosen, full benefit dual eligibles will be automatically enrolled in a plan effective January 1, 2006 .
Supplemental Security Income (SSI) recipients	People who receive a cash benefit, but not Medicaid	Automatic Enrollment	If a plan is not chosen, SSI recipients, QMBs, SLMBs and QIs will be automatically enrolled in a plan effective June 1, 2006 .
Qualified Medicare Beneficiaries (QMBs)	People entitled to Medicaid coverage of their Part B premium and all Medicare cost-sharing	Automatic Enrollment	
Specified Low-Income Medicare Beneficiaries (SLMBs)	People entitled to Medicaid payment of their Part B premium, but not Medicare cost-sharing	Automatic Enrollment	
Qualifying Individuals (QIs)	People for whom states receive a 100% federally matched grant to pay for Part B premiums	Automatic Enrollment	
Others with limited income and assets	People with Medicare whose income is below 150% of poverty level with limited assets should apply	Enrollment is required	If eligible for extra help, automatic enrollment in a plan will take effect June 1, 2006 if a plan is not chosen.

If you got an application in the mail from the Social Security Administration (SSA) for extra help paying for a Medicare prescription drug plan, it is very important that you fill it out and return it to SSA. If you didn't get an application in the mail, or are unsure if you qualify because you already receive assistance through other patient assistance programs, call SSA at 1-800-772-1213, or visit www.socialsecurity.gov. You can also go to your State Medical Assistance office to apply, where information on other low-income assistance programs is also available.

Remember, if in doubt, fill it out!

Competitive Acquisition Program

Medicare is developing a program, the Competitive Acquisition Program (CAP), that will make it easier for physicians to obtain certain medications that are covered under Medicare Part B and that are administered in their offices. Many of these medications are non-self-administered injectables.

Mental health advocates worked hard to make sure that physician-administered medications for mental health treatment are part of the CAP.

If you have additional questions, ask if your doctor plans on participating in the CAP when it begins in July 2006, and what it means for you. There will be more on this in the next newsletter.

Important Dates

October 2005

Information to help you compare Medicare prescription drug plans becomes available at www.medicare.gov, 1-800-MEDICARE (1-800-633-4227), or through State Health Insurance Programs and other local organizations

Medicare & You containing Medicare prescription drug plan information mailed to people with Medicare

People who receive Medicare and Medicaid sent information about how they will be automatically enrolled in a plan if they do not choose one on their own

November 2005

Enrollment for Medicare prescription drug plans begins November 15. People must call the company offering the plan to enroll, or enroll through 1-800-MEDICARE (1-800-633-4227)

December 2005

People who receive Medicare and Medicaid have until December 31 to change plans prior to automatic enrollment taking effect

January 2006

Medicare begins providing prescription drug coverage for people who receive Medicare and Medicaid

Medicare prescription drug coverage begins January 1 for those who enrolled in a plan by December 31

February – March 2006

Enrollment continues

April – May 2006

Medicare sends reminders to those who have not yet enrolled in a prescription drug plan

May 15 is the last day to enroll in a Medicare prescription drug plan and pay lower premiums

People who have qualified for extra help paying for prescription drugs, but have not yet chosen a Medicare prescription drug plan, will be automatically enrolled in a plan, with coverage taking effect June 1

Information for People Who Receive Medicare & Medicaid (dual eligibles)

Beginning in 2006, if you receive Medicare and Medicaid, you will receive your prescription drug coverage from Medicare. To ensure that you have continuous drug coverage, Medicare will automatically enroll you in a prescription drug plan that will start on January 1, 2006 **if you don't join a plan by December 31, 2005.**

If you receive Medicare and Medicaid, remember:

- Medicare will begin paying for the majority of your prescription drugs January 1, 2006
- Medicaid will still pay for your other health costs, including a portion of medications administered by your physician, such as injectables
- You will receive a letter from your state Medicaid department about how your coverage will change
- You will have to pay a small co-payment for most medications
- You can begin comparing plans in October 2005 by visiting www.medicare.gov, calling 1-800-MEDICARE (1-800-633-4227) or referring to the *Medicare & You* handbook, and join beginning November 15, 2005
- If you don't join a plan by December 31, 2005, Medicare will enroll you in a plan so that your coverage won't be interrupted
- Medicare will send you a letter this fall to let you know which plan it has picked for you
- You will be able to switch plans once a month

Resources

The Official U.S. Government Site for People with Medicare

www.medicare.gov
1-800-MEDICARE (1-800-633-4227)
TTY users should call 1-877-486-2048
• Find detailed information on the Medicare Modernization Act

The U.S. Social Security Administration

www.socialsecurity.gov
1-800-772-1213
TTY users should call 1-800-325-0778
• Apply for extra help with Medicare prescription drug costs

Access to Benefits Coalition

www.accesstobenefits.org
1-202-479-6670
• Access BenefitsCheckUpRx™ to learn about and enroll in the extra help that is available to people with limited income and resources

Mental Health Part D

www.mentalhealthpartd.org
• An essential resource for the mental health community

The National Alliance for the Mentally Ill (NAMI)

www.nami.org
1-800-950-NAMI (1-800-950-6264)

The National Mental Health Association

www.nmha.org/medicare
1-800-969-NMHA (1-800-969-6642)

National Council for Community Behavioral Healthcare (NCCBH)

www.nccbh.org
1-301-984-6200



Keep in mind

- * Now is the time to evaluate Medicare prescription drug plans
- * Even if you are automatically enrolled in a plan, you should make sure it's the best one for you
- * If you're not auto-enrolled, you need to enroll by December 31 in order to be covered when Medicare prescription drug coverage begins January 1

Mental Health Choices: Medicare is a resource to help you keep up to date on how the Medicare Modernization Act will affect mental health care.

For more information:

www.medicare.gov 1-800-MEDICARE (1-800-633-4227)
www.nami.org 1-800-950-NAMI (1-800-950-6264)
www.nmha.org 1-800-969-NMHA (1-800-969-6642)
www.nccbh.org 1-301-984-6200



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