

## MAKING MEDICARE MAKE SENSE

*Answers To Some of The Most Commonly Asked Medicare Questions*

**Q:** The Centers for Medicare & Medicaid Services (CMS) is gearing up for the annual enrollment period for Medicare prescription drug coverage which begins November 15, and ends December 31, 2007. Each year, current health and prescription drug plan benefit packages and costs can change. CMS, the Social Security Administration (SSA) and even the plans themselves will be mailing letters to beneficiaries whose current drug plan will be changing. Also, some beneficiary's eligibility for the low-income subsidy, (extra help paying for drug costs) may change. What are some of the first types of mailings going out?

**A:** There will be different mailings going out from the end of August through October as well some letters will require that Medicare beneficiaries take action so it is very important to not throw away these letters. Also, not all mailings will go to every beneficiary. It depends on each type of mailing. Here is a chart of the timeline of the key mailings and the action that is required by the Medicare beneficiary.

MAILING	BENEFICIARY ACTION NEEDED
<p><b>Low-income subsidy (LIS) qualification for 2008 mailing:</b></p> <p>The end of August, the Social Security Administration (SSA) mailed letters to people selected for review to see if they will still qualify in 2008 for the low-income subsidy (or the extra help) based on ones income and resources.</p> <p>SSA is the federal agency that is funded to enroll those Medicare beneficiaries who qualify for the low-income subsidy to help beneficiaries with their out of pocket prescription drug costs.</p>	<p>Beneficiaries must return the enclosed form in the postage paid envelope <b>within 30 days</b> or their low-income subsidy help may terminate in 2008.</p> <p>Any changes to this extra help will be effective January 2008.</p>
<p><b>Low-income subsidy (LIS) mailing to those who no longer automatically qualify:</b></p> <p>In September, our agency, the CMS, in coordination with the Social Security</p>	<p>Beneficiaries will need to apply for the low-income subsidy (extra help) through SSA by sending back the enclosed application or they can apply at an SSA office or the State Medical Assistance</p>

<p>Administration, (SSA), mailed loss of help notices to Medicare beneficiaries who no longer <i>automatically</i> qualify for the low-income subsidy (extra help) as of January 1, 2008. This mailing included an application for the low-income subsidy with a postage paid envelope to return to SSA. <b>This mailing was on grey paper.</b></p>	<p>(Medicaid) office.</p>
<p><b>Prescription drug co-payment changes mailing for those receiving the low-income subsidy (LIS):</b></p> <p>In early October, beneficiaries who will still automatically qualify for the low-income subsidy, (extra help) in 2008, but whose co-payment levels (out of pocket costs for each prescription) will change as of January 1, 2008, <b>will receive an orange letter.</b></p>	<p>No action required unless beneficiaries think there may be a possible error in their receipt of this notification. Beneficiaries are urged to keep this letter for their files.</p>
<p><b>Increase in premiums mailing for those receiving the low-income subsidy (LIS):</b></p> <p>On October 30, some beneficiaries who are currently receiving the low-income subsidy (LIS) might receive a letter explaining that the plan's monthly premium is increasing for 2008 and their new premium will be above the regional LIS premium subsidy amount by more than \$1.</p> <p>Because Medicare automatically enrolled these beneficiaries into a plan in 2007, Medicare will reassign them to a new plan that has a premium at or below the regional LIS subsidy amount so they will not have to pay for the premium. This will happen effective January 1, 2008, unless they join a new plan on their own by December 31, 2007.</p> <p><b>This mailing will be on blue paper.</b></p>	<p>Beneficiaries should make sure they keep these mailings. They should compare prescription drug plans that are being offered in 2008 to decide which plans will cover the prescriptions they take, and at which pharmacies they can get their prescriptions, and choose a plan that best meets their needs. If they choose to change plans, they should do so in early December.</p>
<p><b>Mailings from current prescription drug plan <i>and</i> from Medicare if a plan will not be offered in 2008:</b></p> <p>On October 2, beneficiaries whose 2007 plan will terminate in 2008 (no longer be offered) will get notices from their plan.</p>	<p>Beneficiaries should make sure they keep these mailings. They should compare prescription drug plans that are being offered in 2008 to decide which plans will cover the prescriptions they take, and at which pharmacies they can get their prescriptions, and choose</p>

<p>On October 30 CMS, the federal Medicare agency, will notify these same beneficiaries that their current Medicare prescription drug plan will not be offered in 2008 due to the prescription drug plan choosing not to contract with Medicare.</p> <p>Medicare will reassign the individual to a new plan effective January 1, 2008, unless they join a new plan on their own, by December 31, 2007. This automatic enrollment happens so that there is no loss of drug coverage for the Medicare beneficiary.</p> <p><b>This mailing will be on blue paper.</b></p>	<p>a plan that best meets their needs. If they choose to change plans, they should do so in early December.</p>
<p><b>Mailing of the annual Medicare &amp; You handbook:</b></p> <p>The annual Medicare &amp; You handbook that goes out each year in the fall and is mailed one to every Medicare household contains important information about what's new each year. This book also lists the health plans and prescription drug plans that are available and rights for people with Medicare. It also answers frequently asked questions about Medicare.</p>	<p>This Medicare handbook should be kept all year long and used as a resource for questions.</p>
<p><b>Monthly mailings to Medicare beneficiaries as they become eligible for the low-income subsidy (LIS).</b></p>	<p>Beneficiaries should read the information and reply as directed in order to get help with their prescription drug costs.</p>
<p><b>Marketing materials from the prescription drug and health plans available in 2008:</b></p> <p>On October 1, the prescription drug and health plans that contract with our agency, CMS, to provide prescription drug or healthcare coverage can begin sending out their plan materials for the plans and the benefit packages they will offer in 2008.</p>	<p>No action required. This is information to allow Medicare beneficiaries to compare the options that are available for 2008.</p>
<p><b>Mailings to all Medicare beneficiaries from their current prescription drug plan on changes, if any, to their benefits in 2008:</b></p> <p>By October 31, <i>all</i> beneficiaries should receive, from their current Part D prescription drug plan, information on</p>	<p>Beneficiaries need to review their prescription drug plan's benefit package that will be offered for 2008 and decide whether the plan will continue to meet their prescription drug needs in 2008.</p>

their benefit package for the year 2008. This mailing will tell them the formulary, benefit design, premiums and any other co-payment amounts and should point out what might be different from their 2007 current benefit package.

**So that this information is not overlooked, it is important to know that this communication, from the plan, can come in the form of a newsletter from the plan, a letter or any type of correspondence, but must be out by October 31.**

Finally, remember, if anyone has a question or concern about any Medicare issue, please call toll-free, 1-800-MEDICARE (1-800-633-4227), which is available 24 hours a day, seven days a week. Customer service representatives will handle the question(s) or concern or provide a resource to help. **If a Medicare beneficiary or caregiver needs help choosing a new plan they can call 1-800-Medicare, or go to [www.medicare.gov](http://www.medicare.gov), or look in the 2008 Medicare handbook coming in the mail in October. Another option for help with choosing a new plan is to ask 1-800-Medicare for the 1-800 number for the State Health Insurance Information Program in a particular state. These counselors can help, free of charge, go through the Medicare plan finder tool to choose a plan specific to ones needs for 2008. Again, annual enrollment begins November 15, and ends December 31, 2007.**