

# Constituent Questions on Medicare/Prescription Drugs

## Q

I am on Medicare. How can I get help **buying my prescription drugs**?

Medicare Part D is available to elders and people with disabilities on Medicare to help pay for outpatient prescription medications. You may be eligible for a low-income subsidy or “extra help,” depending on your income and assets. In addition, Prescription Advantage, a state program, helps pay for prescription drug costs in the “donut hole,” when a Part D plan has a gap in coverage and you are responsible for the cost of your medication. Finally, the MassHealth Medicare Savings Plan helps low income Medicare beneficiaries pay their out of pocket costs.

## A

**When can I enroll** in Medicare Part D?

If you are eligible for Medicare, you can enroll in Part D during the “initial” seven month enrollment period beginning three months before you turn 65 or before your 25th month of receipt of Social Security Disability benefits. If you are on MassHealth you should be automatically enrolled. If you do not enroll during the initial enrollment period, you will be subject to a lifetime premium penalty unless you have prescription drug coverage from another source that is as good as Part D coverage, or you receive a Part D low-income subsidy. You can also enroll in the annual Open Enrollment period, which is October 15 to December 7, with coverage effective January 1. If you are on MassHealth or receive a low-income subsidy, you may enroll at any time. If you are a Prescription Advantage member, you may enroll in a Part D plan once per calendar year outside of the annual Open Enrollment period. There are also other special exceptions.

How do I **choose the right plan**?

In 2012 you may choose from 30 freestanding Part D prescription drug plans and many more Medicare managed care plans with drug coverage. To choose, you should consider costs, coverage of your medications (including whether the plan requires prior authorization or quantity limits) and access to your preferred pharmacy. For information and assistance contact SHINE (1-800-243-4636); MCPHS/MassMedline (1-866-633-1617); [www.medicare.gov](http://www.medicare.gov) or 1-800-Medicare.

Once I am enrolled in a plan, **can I switch**?

Generally you may switch plans only during the annual Open Enrollment period. However, if you receive any assistance from MassHealth or have a Part D low-income subsidy, you may switch plans at any time; if you are a PA member you may switch plans once per calendar year outside Open Enrollment. Be sure to review your plan annually during the Open Enrollment period for any changes.

I am on **MassHealth** but will be eligible for Medicare soon. What happens next?

MassHealth members lose their MassHealth prescription drug coverage when they become Medicare eligible, except for coverage of benzodiazepines, barbiturates and over-the-counter drugs. You should try to enroll in the right Part D plan for you before your MassHealth drug coverage ends. If you are automatically enrolled in a plan, check to see if it covers all your medications. If you need to refill a prescription that is not covered by your new Part D plan, the plan is required to provide you with a transitional 30 day supply. If your pharmacist tells you that you are not enrolled in a Part D plan, ask for a “LiNet” enrollment at the pharmacy. If these steps don’t work, the state will pay for a 72-hour emergency supply once a year.



I am in a **Medicare managed care plan**. Should I enroll in a separate prescription drug plan too?

If you want Part D coverage, and your managed care plan offers it, you must accept that plan's drug coverage. You will be terminated from your managed care plan if you enroll in a separate prescription drug plan.

I don't think I can **afford Part D**. Can I get any help?

You qualify for a full or partial low-income subsidy in 2012 if your monthly countable income is \$1,397 as an individual and \$1,892 for a married couple or less and your countable assets (not including your home) do not exceed \$13,070 for an individual or \$26,120 for a married couple. Subsidies will reduce premium, deductible and co-payment amounts and help cover the cost of medications in the donut hole, when Part D will not pay.

For Medicare beneficiaries, Prescription Advantage will also help while you are in the donut hole. PA members are also eligible once a year for a 72-hour emergency supply. You may apply for PA at any time by calling 1-800-243-4636. (If you are not a Medicare beneficiary, you may be eligible for PA assistance if you are 65 or older or a low-income person with disabilities.)

When will I reach the **donut hole**?

After you and your Part D plan have spent a total of \$2,930 in 2012 in prescription drug costs, you will be in the donut hole. You will have to pay the full cost of your own medications for the next \$4700 worth of drugs, but will receive a 50% discount on brand name drugs and a 14% discount on generics. (The full price of the brand name drugs will count towards the \$4700.) After leaving the donut hole, you will pay only 5% of the cost of your medications or \$2.50 for generics and \$6.50 for brand names, whichever is less. Remember, if you are in the low-income subsidy, MassHealth, Buy-In or Senior Buy-in programs, your costs in the donut hole will be reduced or eliminated. The donut hole will be gradually reduced until 2020, when it will be eliminated.

What if my plan **doesn't cover a drug I need**?

If your plan does not cover a drug you need, your doctor and you may file for an "exception" requesting that the plan cover the drug because your doctor states it is medically necessary and there is no alternative drug that treats you effectively without side effects. Your plan must respond within 24 hours (expedited appeal) or 72 hours (standard appeal).

If approved, your drug will generally be covered through the end of the calendar year; if denied you may appeal further. If you win, you will be reimbursed for payments less your co-payment amounts. If you do not win, and if you are eligible to switch plans, you may be able to find one that covers your drug.

Is there any help if I cannot afford my **other Medicare** premiums, deductible, copayments and coinsurance costs?

Depending on your income and resources, the MassHealth Buy-In or Senior Buy-In program (also known as Medicare Savings Programs) may help you with all or some of these costs. Currently, if your countable income is \$1,257 as a single person (or \$1,702 for a married couple) and your countable assets are \$6,940 as a single person (or \$11,910 for a married couple) you may qualify. Call for an application at 1-800-408-1253. You can apply any time.

**Medicare won't pay** my hospital bill, and I owe thousands of dollars. What can I do?

For all problems with Medicare eligibility or payments, call the Medicare Advocacy Project at 866-778-0939.

*This information is general in nature and not intended as legal advice. The income eligibility limit for legal aid is 125% of the federal poverty line (or \$554 per week for a family of four in 2012), although there are exceptions (e.g. elders). Federal poverty guidelines are revised each year. Because their funding is limited, legal aid programs cannot serve all eligible callers.*

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