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California Department of Public Health



EDMUND G. BROWN JR.
Governor

OFFICE OF AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2016-19

Date: November 07, 2016

TO: LOCAL ADAP COORDINATORS
ADAP ENROLLMENT WORKERS

SUBJECT: MEDICARE PART D OPEN ENROLLMENT AND MEDICARE PART D
PREMIUM PAYMENT PROGRAM POLICY CHANGE

The purpose of this memo is to inform enrollment workers of the Medicare Part D open enrollment period and requirements, and provide a policy update regarding the Medicare Part D Premium Payment Program:

Medicare Part D Open Enrollment

The Medicare Part D open enrollment period for 2017 coverage is **October 15, 2016 through December 7, 2016**. During this open enrollment period, Medicare eligible beneficiaries may enroll in either a Prescription Drug Plan (PDP) or a Medicare Advantage Prescription Drug plan (MAPD). Those who are enrolled in a plan may change to a different PDP or MAPD during this open enrollment period if they were not satisfied with their previous plan.

Medicare eligible beneficiaries who miss the open enrollment period may have to wait until the next open enrollment period to enroll in a Medicare Part D plan, and may face a federal late enrollment penalty unless they qualify for a special enrollment period. Individuals who qualify for full Extra Help/Low Income Subsidy (LIS) can enroll in or change plans once a month, anytime during the year regardless of the open enrollment period. For more detailed information on Medicare Part D benefits and open enrollment, please reference www.medicare.gov.

Full Extra Help/LIS Individuals

Individuals who are deemed 100 percent Extra Help/LIS (including those with both Medicare and Medi-Cal with no share of cost) must enroll in a Benchmark Plan. A list of the 2017 Benchmark Plans is attached to this memo for your review. Once enrolled in a Benchmark Plan, ADAP will cover the full cost of the individual's Medicare Part D

copayments for ADAP formulary drugs. If the individual chooses to enroll in a Standard Medicare Part D Plan, ADAP will only be able to pay up to the prescription copay associated with Benchmark Plans. This copayment restriction is due to both state and federal mandates that ADAP be the payer of last resort. The client will be responsible for paying any difference in the higher copayment amount due under a Standard Medicare Part D Plan. Full Extra Help/LIS individuals will not be eligible for the Medicare Part D Premium Payment Program as their premiums will be covered by Medicare once they enroll in a Benchmark Plan.

OA Medicare Part D Premium Payment Program Eligibility Requirements

The Medicare Part D Premium Payment Program pays monthly prescription drug premiums for eligible clients. Please review the eligibility requirements below to see if your client may qualify:

- Client must be enrolled in ADAP and be enrolled in a Medicare Part D Plan
- Client must not receive 100 percent assistance from Medicare's Extra Help/Full LIS
- Client must not receive full-scope Medi-Cal

OA Medicare Part D Premium Payment Program Policy Change

Beginning with the 2017 Medicare Part D open enrollment period, ADAP will no longer require existing Medicare Part D Premium Payment Program clients to submit a new Medicare Part D Premium Payment Program application during each annual open enrollment period, unless their Medicare Part D plan has changed from the previous enrollment year. The program will continue to make payments to the client's Medicare Part D plan as long as they continue to meet ADAP eligibility requirements.

When the client is due for their annual re-enrollment for ADAP, clients enrolled in the Medicare Part D Premium Payment Program must also complete the 'Insurance Assistance' section of the ADAP application, and provide a copy of their Medicare Part D Prescription Drug card. If a client's Medicare Part D plan changes at any time during the year, they will need to provide the updated Medicare Part D plan information to ADAP. Clients may submit the updates to their enrollment worker in person, to ADAP's Enrollment Benefits Manager (EBM), A.J. Boggs via fax (see fax number below), or if they have already established a profile on the ADAP enrollment portal they may make the change directly into the online enrollment portal.

On October 24, 2016, OA sent a letter to Medicare Part D Premium Payment Program clients informing them of the open enrollment period and of the change in program requirements. The letter is attached to this memo for your review.

How to Apply

Clients new to the Medicare Part D Premium Payment Program or existing clients switching health plans no longer need to submit a separate Medicare Part D Premium Payment Program application to receive Medicare Part D insurance assistance. This application has been folded into the ADAP application, under the 'Insurance Assistance'

section.

To apply for the Medicare Part D Premium Payment Program and have payments made starting January 1, 2017, please submit the following **no later than February 28, 2017**:

1. a. In the ADAP enrollment portal under the 'Insurance Assistance' tab, indicate that the client wants to enroll in the Medicare Part D Premium Payment program and complete the following sections: IA6. Medicare Part D Insurance and IA7. Enrollment Site Assistance.

OR

- b. Insurance Assistance Section of the hardcopy ADAP application. The ADAP application is available on the Resource Library in the ADAP enrollment portal.

2. Medicare Part D Prescription Drug Card

Please submit all documents by one of the following options:

Apply online via the ADAP Enrollment Portal	Fax To A.J. Boggs:
www.camedassist.org	(844) 666-1411

Once the client is enrolled, the Medicare Part D Premium Payment Program will pay the client's Medicare Part D insurance premiums excluding any late enrollment penalty (LEP) fees. For 2017 coverage, ADAP's Insurance Benefits Manager, Pool Administrator's Inc. (PAI), will verify the client's Medicare Part D plan and premium information with the Centers for Medicare & Medicaid Services. New clients or existing clients switching plans will be required to make their own premium payments until they receive a letter from PAI stating that the Medicare Part D premium payment has been sent on their behalf.

Medicare Advantage Prescription Drug Plan Beneficiaries

If the client is enrolled in a MAPD plan, the client must continue to pay their monthly Medicare Part B (medical and outpatient) premiums. ADAP cannot pay Medicare Part B premiums; therefore, the client will be responsible for that portion of their premium payment. It is important that the client verifies the Medicare Part B premium amount with their health plan and pay that monthly amount. If the client does not, they may be terminated from the plan.

If you have any questions about the information covered in this memo, please contact your ADAP Advisor. The most current ADAP Advisor list is available on the OA website at: <https://www.cdph.ca.gov/programs/aids/Documents/ADAPStaffLHJAssignments.pdf>

Thank you,

A handwritten signature in blue ink, appearing to read "A. Barraza".

Adrian Barraza, Chief
ADAP Unit 3
Office of AIDS



CALIFORNIA HEALTH ADVOCATES
 Medicare Policy, Training and Advocacy

2017 California Medicare Part D Benchmark Plans

- The 6 Medicare Part D plans listed below have basic benefits with monthly premiums below the CA benchmark of \$36.23.
- If you have Medicare and full Medi-Cal (with no Share of Cost), or you qualify for full Extra Help (also known as the Low-Income Subsidy):
 - You don't have to pay a premium or deductible if you enroll in one of these plans. You may have a copayment for each prescription, up to \$3.30 for generic drugs and up to \$8.25 for brand name drugs.
 - You may change plans once a month, anytime during the year.
 - You may enroll in a Part D plan not listed below, but may have to pay a premium and/or deductible.
- If your income is low but you don't qualify for full Medi-Cal, you may qualify for Extra Help which helps pay for your Medicare Part D plan.

Please call your local HICAP (Health Insurance Counseling & Advocacy Program) for more info: 1-800-434-0222.

Company	Plan Name and ID	To Enroll	Customer Service	TTY/TDD
Aetna Medicare aetnamedicare.com	Aetna Medicare Rx Saver S5810-066	1-855-338-7030	1-877-238-6211	711
Humana Insurance Co. humana.com/medicare/	Humana Preferred Rx S5884-114	1-800-706-0872	1-800-281-6918	711
SilverScript silverscript.com	SilverScript Choice S5601-064	1-866-552-6106	1-866-362-6212	711
UnitedHealthCare awe-stage-uhcmedicareolutions.uhc.com/symphonix.html	Symphonix Value Rx S0522-034	1-855-283-2958	1-855-283-2958	711
UnitedHealthCare aarpmedicareplans.com	AARP Medicare Rx Saver Plus S5921-376	1-888-867-5564	1-888-867-5564	711
WellCare wellcare.com	WellCare Classic S4803-094	1-888-900-4307	1-800-316-2273	711

**If you have questions about Medicare Part D or other Medicare topics,
 contact HICAP at 1-800-434-0222.**



Karen L. Smith, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



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Governor

Dear Client:

You are getting this letter because you are enrolled in the California Department of Public Health (CDPH), Medicare Part D Premium Payment Program. This program pays your Medicare Part D insurance premiums. The 2017 Medicare Part D open enrollment period is October 15, 2016 through December 7, 2016 for coverage that starts on January 1, 2017. Beginning with the 2017 Medicare Part D open enrollment period, CDPH's Medicare Part D Premium Payment Program will no longer require existing clients to submit a new Medicare Part D Premium Payment Program application during open enrollment, unless your Medicare Part D plan has changed from the previous enrollment year. The program will continue to make payments to your existing Part D plan as long as you continue to meet the program eligibility requirements below.

Individuals who qualify for full Part D Low Income Subsidy (LIS) can enroll in or change plans once a month, anytime during the year. For more detailed information regarding Medicare Part D benefits and LIS, please visit: www.medicare.gov.

Medicare Part D Premium Payment Program Eligibility Requirements

- Be enrolled in CDPH's Prescription Drug Assistance Program
- Be enrolled in a Medicare Part D Prescription Plan*
- Not be receiving 100 percent assistance from Medicare's Extra Help/Full LIS
- Not be receiving full-scope Medi-Cal

***Please Note:** Your plan must be a participating Medicare Part D Provider with a Part D monthly premium. For a listing of all participating providers, please visit: www.medicare.gov/find-a-plan/questions/home.aspx. If you have any questions regarding a Medicare Part D Provider, you may contact Medicare at: (800) 633-4227.

Annual Re-enrollment

During annual re-enrollment for the CDPH Medication Assistance Program, you must complete the annual re-enrollment application and provide a copy of your Medicare Part D Prescription Drug card. If your Medicare Part D plan changes at any time during the year please contact your enrollment worker and provide them with the updated information, or if you have already established a profile on the client portal you may make the change online. Please keep in mind that you must continue to complete your annual re-enrollment and six month recertification with CDPH's Medication Assistance Program.

Medicare Advantage Prescription Drug Plan (MAPD) Beneficiaries

If you are enrolled in a MAPD plan, you must continue to pay your monthly Part B (medical and outpatient) premiums. We cannot pay the Part B premiums; therefore, you are responsible for that portion of your premium payment. It is important that you verify your Part B premium amount with your health plan and pay that monthly amount. If you do not, you may be terminated from the plan.

Refunds

To obtain a refund for Medicare Part D premium(s) paid out of pocket, you must contact your health plan after you have received confirmation that a payment has been sent to your Medicare Part D plan. If your monthly Medicare Part D premium payments are automatically deducted by the Social Security Administration (SSA), you will have to contact your health plan to request direct billing and contact SSA at (800) 772-1213 to stop your automatic deductions after confirmation that the Medicare Part D Premium Payment Program has sent payment to your Medicare Part D Plan.

For more information about the Medicare Part D Premium Payment Program, please contact iaspartd@cdph.ca.gov or (844) 421-7050.

California Department of Public Health Notice