

# Constituent Questions on Medicare/Prescription Drugs

## Q

I am on Medicare. How can I get help paying for 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 also be eligible for a low-income subsidy or “extra help,” depending on your income and assets. Prescription Advantage, a state program, helps pay for prescription drug costs in the “donut hole,” which is when a Part D plan has a gap in coverage and you are responsible for the cost of your medication.

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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 have 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 other prescription drug coverage that is as good as Part D or you receive a low-income subsidy. You can also enroll during the annual Open Enrollment period, which is October 15th through December 7th, with coverage effective January 1st. If you have MassHealth or receive a 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. Ask about other special exceptions that allow you to enroll outside Open Enrollment.

How do I apply for Part D?

You have several options for applying for a Part D plan. One of the best is to apply with the assistance of a SHINE counselor (1-800-243-4636). If you have access to a computer, you may go to the Medicare Plan Finder, [www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan), to apply online or, if you know which plan you want, go directly to the website of that plan or call them. You may also call 1-800-MEDICARE. Remember, when you enroll in Medicare, you must also enroll in a Part D plan unless you have a Medicare managed care plan that includes Part D prescription drug coverage or you have prescription drug coverage that is as good as Medicare's.

How do I choose the right plan?

In 2017 you may choose from 21 freestanding Part D prescription drug plans and many more Medicare managed care plans that include drug coverage. Consider costs, coverage of your medications (including whether the plan requires prior authorization or quantity limit requirements). For assistance contact SHINE, MCPHS/Mass. Medline (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 to a different plan?

Generally you may switch plans only during the October 15th through December 7th annual Open Enrollment period. However, you may switch plans at any time if you receive assistance from MassHealth or have a low-income subsidy. Similarly, if you are a Prescription Advantage member you may switch plans once per calendar year outside the Open Enrollment period. And if there is a Medicare rated five star plan in your area you may switch to it once outside the Open Enrollment period. Be sure to review your plan annually during the Open Enrollment period for any changes.

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

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

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# Q

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

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MassHealth members lose their MassHealth prescription drug coverage when they become Medicare eligible, except for some over-the-counter drugs. You should choose 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 aren't 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.

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

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

If the exception is approved, your drug will generally be covered through the end of the calendar year. If it is not approved, you may appeal further. If your appeal is successful, you will be reimbursed for payments you made, less your co-payment amounts. If your appeal is not successful and you are eligible to switch plans, you may be able to find one that covers your drug. Medicare's Part D program now covers benzodiazepines and barbiturates for all medical conditions.

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

You qualify for a full or partial low-income subsidy in 2017 if your monthly countable income is not greater than \$1,485 for individuals or \$2,002 for married couples and your countable assets (not including your home) do not exceed \$12,320 for individuals or \$24,600 for married couples. Subsidies can reduce premiums, deductibles and co-payments and help cover the cost of your medications in the donut hole, when Part D will not pay.

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 800-243-4636.

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

After you and your Part D plan have spent a total of \$3,700 in 2017 in prescription drug costs, you will be in the donut hole. While in the donut hole you will have to pay 40% of the cost of brand name drugs and 51% for generic drugs until you have spent \$4,950, including any brand name discounts. You will then leave the donut hole and pay only 5% of your medications or \$3.30 for each generic and \$8.25 for each brand name drug, whichever is greater. Remember, if you have a subsidy or are in the 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.

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Can I get help paying other Medicare costs like **premiums, deductibles and copays?**

If you qualify for MassHealth Standard or the MassHealth Buy-In or Senior Buy-In program, you may receive help with some or all of these costs.

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**Medicare won't pay** my hospital bill. What can I do?

For all problems with Medicare eligibility or payments, call the Medicare Advocacy Project at 617-603-1700.

*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 \$591 per week for a family of four in 2017), 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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