

A Guide to
Medicare Part D
for Beneficiaries with
Low Income

With an overview of
MaineCare
the Medicare Savings Program (MSP)
Low Cost Drugs for the Elderly
and Disabled (DEL)



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A Guide to Medicare Part D for Beneficiaries with Low Income

With an Overview of MaineCare The Medicare Savings Program (MSP) Low Cost Drugs for the Elderly and Disabled (DEL)

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The State of Maine leads the nation in its work to address the high costs of Medicare Part D prescription drug coverage. Maine's decision to supplement federal subsidies has greatly improved the quality of life of its elderly and disabled citizens. Thank you.

Important note: This guide focuses on Medicare Part D for low-income beneficiaries. For purposes of this guide, "low income" is defined as individuals whose income is at or below \$1,745 per month for an individual or \$2,347 per month for a married couple [2009]. Low-income individuals who are working may be eligible for help with Part D costs at higher income.

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Chapter I. An Overview of State and Federal Healthcare Benefits for Low-Income Seniors and People with Disabilities

Section 1. Medicare

1.1 What is Medicare?

Medicare is a federal health insurance program for people age 65 and older, and for people age 19 and older with disabilities (some children age 19 and younger who have End-Stage Renal Disease [ESRD] may also be eligible for Medicare). The Centers for Medicare and Medicaid Services (CMS; a federal agency) administers Medicare. However, the Social Security Administration (SSA) determines eligibility for Medicare (see Appendix D for a list of SSA offices in Maine).

1.2 Who is eligible for Medicare?

Your eligibility for Medicare is based on your age or your disability, as well as your earnings history (or your spouse's earnings history).

Age

Most people age 65 and older are eligible for Medicare based on their own—or their spouse's—employment history. If you are eligible to receive Social Security retirement or Railroad Retirement benefits, you are eligible for Medicare. Usually, your Medicare benefits will begin automatically when you turn 65.

Notes: Medicare eligibility based on spouse's employment history

- If your Medicare eligibility is based on your **former** spouse's employment record, your marriage must have lasted 10 years or more, and you must not have remarried.
- If you are age 65 or older and you are older than your spouse, you don't have to wait until he or she turns 65 until you can get Medicare. As long as you are age 65 and your spouse is age 62 or older, you may be able to enroll in Medicare. If this applies to you, you will have to fill out a Medicare application—it won't happen automatically.

Disability

If you are age 64 or younger, you are eligible for Medicare if you meet the Social Security disability standard and have received Social Security Disability Insurance (SSDI) benefits for 24 months. Some public employees may not be eligible for SSDI benefits, but may be eligible for Medicare, if they have a long enough work history and meet the requirements of the Social Security Disability program.

Notes

- If you have been diagnosed with End-Stage Renal Disease (ESRD), you may be eligible for Medicare at any age (and, if receiving dialysis treatment, you are eligible for Medicare on the first day of the fourth month after treatment begins or, in some circumstances, sooner)
- People who are identified as disabled due to Lou Gehrig’s disease (ALS) do not have a waiting period for Medicare eligibility.

The Social Security Administration’s (SSA’s) disability standard

In order to be eligible for disability benefits through the Social Security Administration (SSA)—either Social Security Disability Insurance (SSDI), which is based on your work record, or Supplemental Security Income (SSI), which is need-based—you must meet SSA’s disability standard, which has two parts:

1. **Medical:** you must have a severe mental and/or physical impairment as defined by SSA, and the disability must be expected to last at least 1 year or result in your death; and
2. **Work-related:** you must be unable to engage in substantial and gainful activity. “Substantial” means work involving significant physical or mental activity, and “gainful activity” means work for pay over \$980 per month (2009). (People who are blind can earn up to \$1,640 per month [2009] before their work is considered “substantial gainful activity”).

1.3 Is enrollment in Medicare automatic?

Automatic enrollment in Medicare

Enrollment in Medicare is automatic if:

Age-based Medicare:

- Your work history (or your spouse’s) makes you eligible for Medicare, and
- You are 65,* and
- You (or your spouse, if you are eligible through his or her work history) are already receiving or have already applied for Social Security retirement benefits.

Your Medicare will begin the first day of the month in which you turn 65 (if your birthday falls on the first of the month, it will begin the month before your birthday).

* If you are receiving Medicare based on your spouse’s work history, you must be age 65 or older, and your spouse must be age 62 or older. You may be able to buy into Medicare if you are 65 and your spouse is not yet 62. Contact the Social Security Administration (SSA) for more information (see Appendix D).

Disability-based Medicare:

You will automatically receive your Medicare card in the mail approximately 3 months before your Medicare entitlement date. (Medicare begins after receiving Social Security Disability Insurance [SSDI] for 24 months—except for people with Lou Gehrig’s disease [ALS], in which case Medicare begins with the first month of receipt of SSDI).

You will be automatically signed up for Medicare Part A and Part B. You will receive your Medicare card in the mail approximately 3 months before you turn 65. If you do not want Part B, you will have to contact the Social Security Administration and cancel it. (Remember that you will have no premium for Part A; the Part B premium is \$96.40 per month [2009] for low and moderate income individuals. See Section 3 for information about the Medicare Savings Program, a program that pays for the Part B premium and provides other assistance to low income Medicare recipients.)

If you are receiving Social Security retirement, Social Security Disability Insurance (SSDI), Railroad Retirement, or Civil Service Retirement, your Part B premium will be automatically deducted from your benefit check. If you don’t get one of these benefits, you will be sent a bill every 3 months.

Non-automatic enrollment in Medicare

You will need to contact the Social Security Administration (SSA) to enroll in Medicare if you (or your spouse, if your Medicare and Social Security retirement benefits are based on his or her earnings) are age 65 but not yet eligible for full Social Security retirement benefits (this will apply to more and more people as the full retirement age rises to 67), or if you are eligible for Social Security retirement but have opted to delay retirement.

You should apply for Medicare about 3 months before you turn 65 (although you may want just Medicare Part A, if you have health coverage through your employer or union). Contact the SSA at 1-800-772-1213 (TTY 1-800-325-0778), or call your local SSA field office (see Appendix D). People who meet certain criteria are able to apply online at <http://www.socialsecurity.gov> .

Enrollment in Social Security retirement benefits

Enrollment in Social Security retirement benefits is not automatic. You need to contact the Social Security Administration (SSA) to sign up for retirement benefits (1-800-772-1213 [TTY 1-800-325-0778], or call your local SSA office [see Appendix D]). You can apply over the phone or in person. You can also apply online at <https://s044a90.ssa.gov/apps6z/ISBA/main.html>

1.4 Eligibility summary

Here is how Social Security benefits (retirement benefits, Social Security Disability Insurance [SSDI], or Supplemental Security Income [SSI]) are linked with Medicare and MaineCare:

- People age 65 and older who are eligible to receive Social Security retirement benefits are also eligible for Medicare.

- People age 64 and younger receiving SSDI benefits are eligible for Medicare after receiving SSDI for 24 months.
- People who receive Social Security retirement or SSDI benefits **and** SSI (because their Social Security retirement or SSDI benefits are very low) are eligible for **both** Medicare and full-benefit MaineCare (see Section 2 for information about MaineCare).
- People eligible to receive SSI **only** are eligible for full-benefit MaineCare, but not for Medicare.

1.5 What does Medicare cover? Parts A, B, C, and D

Original Medicare has three benefit components: Part A (hospital and other inpatient services), Part B (doctors' visits and other outpatient services; durable medical equipment), and Part D (prescription drugs). Anyone who has Medicare Part A and/or Part B can get Medicare prescription drug coverage through Part D.

Most people with Medicare automatically get Part A coverage without having to pay a monthly premium (the taxes they have paid into the system over the years pay for this). If you are age 65 or older or disabled, but you are not eligible for premium-free Part A coverage, you may still be able to buy into Part A (and/or Part B) Medicare. For more information about buying into Medicare, call the federal Social Security Administration (SSA) at 1-800-772-1213, or call or visit a local SSA office. See Appendix D for a list of SSA offices in Maine.

Medicare Part C, most commonly known as **Medicare Advantage** (MA; previously called Medicare+Choice), provides Medicare-covered health care services through a Medicare private health plan, such as a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or Private Fee-For-Service (PFFS) plan, like the Martin's Point plan called Generations Advantage. Members still have Medicare (and in fact still must pay their Part B premium to the Social Security Administration [SSA]), but their Part A and B services, and usually Part D prescriptions, are all managed within one plan offered by one of a number of private companies that has contracted with the government.

Insurance agents and plan administrators sometimes use aggressive marketing strategies to encourage participation in Medicare Advantage plans. Some people have enrolled in plans without understanding the limitations of a given plan, such as hidden costs, restrictions on services or prescription drugs, and the frequent need for prior authorization. Also, members typically must use in-network providers, and plan networks may be very limited.

Because of the number of problems with some aggressive and misleading insurance sales to seniors, the State of Maine enacted a law that became effective on October 1, 2007 (An Act to Protect Seniors and the Public from Unfair Health Insurance Sales Practices). This law:

- Prohibits sales practices that do not clearly state that an insurance company/agent is working to sell insurance products

- Prohibits agents from selling Medicare door-to-door without an invitation from a consumer, and
- States that, if a consumer does make an appointment to meet with an insurance agent about Medicare products, other types of insurance (like health or car insurance) cannot also be marketed at that appointment, unless this is clearly stated and the consumer receives written information on the other insurance products at least 48 hours before the appointment.

A regulation issued by the federal Centers for Medicare and Medicaid Services on October 1, 2008, also broadly prohibits agents from making “cold calls” or other unsolicited contact with consumers about both MA and Medicare Part D. This includes door-to-door sales and unsolicited phone calls. (42 CFR 422.2268(d))

If you are considering enrolling in an MA plan, call your local Area on Agency on Aging (AAA): 1-877-353-3771 (TTY 1-800-750-5353). Their staff will be able to help you understand your options. If you feel you have been pressured to buy or deceived about a Medicare Advantage plan, call the Maine Bureau of Insurance at 1-800-300-5000. You may be able to disenroll from a Medicare Advantage plan and get a Special Enrollment Period (SEP) to enroll in either traditional Medicare or in a different Medicare Advantage plan.

1.6 What doesn't Medicare cover? Supplemental coverage (Medigap)

For most people, there are many costs associated with Medicare. For this reason, people with Medicare often pay for Medicare Supplemental Insurance, which is frequently called Medigap. Medigap policies help with the costs that Medicare does not cover, like copayments, coinsurance, and deductibles. Medigap policies are sold by private companies. Eleven different plans (10 standard plans; one high deductible) are offered in Maine. Each plan has a different level of coverage. However, the plans are standardized, so that someone with Medigap Plan A from one company will get the same benefit as someone with Medigap Plan A from another company—although the price can vary. To learn more about Maine's Medigap plans, go to <http://www.maine.gov/pfr/insurance/consumer/medicare.htm>.

People with a Medicare Advantage (MA) plan (Part C) cannot use Medigap policies (this is because MA plans are intended to be comprehensive coverage).

People who sign up now for a Medigap plan cannot get prescription drug coverage through the Medigap plan. However, before Part D began in 2006, some Medigap plans had prescription drug coverage. People who enrolled in one of these plans before 2006, and are still enrolled, can continue to get drugs through their Medigap plan (they can also switch to Part D for their drugs, if they prefer—but they cannot get prescription drugs through both Part D and Medigap). These pre-2006 Medigap plans are **not** creditable coverage (see Section 10.1 for more information about creditable coverage).

There are instances where it may be best to cancel or suspend a Medigap policy. Policies can be suspended for up to 2 years (in some instances, suspension can help protect re-enrollment rights). People with Medicare who may want to suspend or cancel their Medigap policy include:

- Someone who switches from traditional Medicare to a Medicare Advantage plan
- Someone who becomes eligible for full-benefit MaineCare
- Someone who becomes eligible for the Qualified Medicare Beneficiary (QMB) portion of the Medicare Savings Program (MSP; see section 3 for more information).

There is a **6-month open enrollment period** for Medigap policies (this enrollment period begins on the first day of the month in which someone is both 65 or older and enrolled in Medicare Part B—for people who are disabled and younger than 65, there are different guidelines). If someone wants to enroll but he or she has missed the enrollment period, there are instances when insurance companies can refuse to sell someone a Medigap policy, and they can also charge more. There are also instances when insurance companies are legally required to sell someone a Medigap policy (called guaranteed issue rights). One instance is if you have other health care coverage that you lose or decide to end—for example, if you lose your eligibility for full-benefit MaineCare or QMB, you will be able to enroll in a Medigap policy if you enroll within 90 days of losing full-benefit MaineCare or QMB coverage. (Note that moving to another state may affect your rights. If, within that 90 day period, you choose not to enroll in a Medigap plan, suspending your plan may help protect re-enrollment in another state.)

If you suspend your Medigap plan, the plan is not required to notify you before the 24-month suspension period ends—therefore, you need to keep track of the 24-month period and make a decision about whether to reinstate your Medigap plan, or terminate it.

For help with Medigap plans, including whether to suspend or terminate a plan, contact your local Area Agency on Aging (AAA) at 1-877-353-3771 (TTY 1-800-750-5353).

1.7 What does Medicare cost?

The costs associated with Medicare include premiums, deductibles, coinsurance, and copayments. Medicare members also enrolled in MaineCare or the Medicare Savings Program (MSP) and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit will have greatly reduced or eliminated costs. (Detailed information is provided later in this guide.) See Appendix B for current national Medicare costs for Parts A, B, and D for people who are **not** eligible for MaineCare or MSP/DEL.

See Appendix N for an overview of standard Medicare costs and the savings available if you are enrolled in MaineCare or MSP/DEL.

1.8 Medicare resources

Federal government

- 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048)

➤ <http://www.medicare.gov/>

➤ “Medicare & You 2009” handbook, available online as a PDF (120 pp):
<http://www.medicare.gov/publications/pubs/pdf/10050.pdf>

You can also call the Medicare toll-free number (1-800-633-4227; TTY 1-877-486-2048) and request a copy with **information that is specific to Maine**. This is a very useful guide.

➤ <http://www.mymedicare.gov>

Requires registration. Allows registrants to:

Look up claim status (excluding Part D claims)

Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card

View eligibility, entitlement, and preventive services information

View enrollment information

Access online forms, publications, and messages sent to you by CMS.

➤ “2009 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.” This handbook (56 pp) is available online as a PDF:
<http://www.medicare.gov/publications/pubs/pdf/02110.pdf>

State government

➤ The Maine Department of Health and Human Services (DHHS), Office of Elder Services (OES): 1-800-262-2232 (TTY 1-800-606-0215). <http://www.maine.gov/dhhs/oes>

This site contains links to many other resources for seniors, as well as helpful information about prescription drugs (<http://www.maine.gov/dhhs/oes/medbook.htm>).

➤ MaineCare Pharmacy Help Desk: 1-866-796-2463 (TTY 1-800-423-4331): press 1 for the general pharmacy hotline (questions about MaineCare prescriptions, Low Cost Drugs for the Elderly and Disabled [DEL], and Maine Rx Plus), and press 2 for questions about Medicare Part D and the Medicare Savings Program (MSP). Monday through Friday, 8:00 am to 5:00 pm.

➤ Maine Bureau of Insurance: 1-800-300-5000. <http://www.maine.gov/insurance>

The Maine Bureau of Insurance investigates complaints that people have with Medicare supplemental plans (Medigap plans) or with Medicare Part C (the Medicare Advantage [MA] plans). Information about complaints and a link to file a complaint electronically can be found at <http://www.maine.gov/pfr/insurance/complaint.htm>

The Bureau of Insurance will also provide people with information about Medigap plans.

Area Agencies on Aging (AAAs)

Statewide number for all Area Agencies on Aging (AAAs): 1-877-353-3771 (TTY 1-800-750-5353). AAAs can help with all types of Medicare questions, provide assistance with applications, and help people determine their best options.

Medicare Rights Center (MRC)

The Medicare Rights Center (MRC) is a national Medicare advocacy organization. Their website is www.medicarerights.org. They have staff to answer questions from both Medicare beneficiaries and professionals:

Consumer Hotline. Through their Consumer Hotline (800-333-4114), MRC provides counseling to individuals who need answers to Medicare-related questions or help getting care. Hotline counselors are available Monday through Friday, 9:00 am to 1:00 pm.

RxHelp Hotline for Professionals. MRC operates a national Rx Help hotline (877-RxHelp-0) for professionals with questions on the Part D prescription drug benefit. Through RxHelp, MRC provides accurate, up-to-date information and technical assistance to nonprofit professionals serving the Medicare population. Hotline counselors are available Monday through Friday, 10:00 am to 6:00 pm.

Interactive web tool: Medicare Interactive (MI) Counselor. Maine consumers, caregivers, and health care professionals can access Medicare information and resources, including Maine-specific information on Medicare-covered services and coordination of benefits. The Medicare Interactive (MI) web tool lets you search within broad topics, look up basic information, or seek out specific terms. <http://www.medicarerights.org/help.html>.

The Center for Medicare Advocacy (CMA)

The Center for Medicare Advocacy (CMA) is a national Medicare advocacy organization. Their website is <http://www.medicareadvocacy.org>.

Section 2. MaineCare

2.1 What is MaineCare?

MaineCare is our state Medicaid program, and it is administered by the Maine Department of Health and Human Services (DHHS), a state agency. The federal government pays 2/3 of our state costs for services, and as a state, Maine must follow federal Medicaid law. MaineCare has different benefit packages, depending on age, disability, family composition, income, and assets, in most cases. You do not need to have the work history required for Medicare or the Social Security retirement and Social Security Disability Insurance (SSDI) programs. To be eligible for MaineCare, you must have low income and, for most, limited assets. MaineCare covers more services, at less out-of-pocket cost, than Medicare. See Appendix K for a list of services that full-benefit MaineCare covers that Medicare does not.

2.2 Who is eligible for MaineCare?

If you are age 65 or older, or if you are age 64 or younger and meet the Social Security Administration (SSA) criteria for disability, you are eligible for full-benefit MaineCare if you meet the income and asset tests (see below for more information)

Note

- If you are not currently enrolled in Medicare, you may need to provide proof of your citizenship and identity in order to get or keep your MaineCare (this does not apply to legal immigrants). People with Medicare (and some others) are exempt from this requirement. See http://www.mejp.org/mainecare_citizen.htm for more information about the citizenship and identity verification requirement.

Income eligibility

To be income-eligible for MaineCare as a senior (age 65 and older) or disabled adult, your income, after allowable deductions, must be less than or equal to \$903, if you are single, or \$1,215 if you are married. This is 100% of the federal poverty level (FPL; see Appendix A) in 2009. The deductions are very important. You may be eligible for MaineCare, even if your income is higher than the amount listed. If you have earned income, less than half of it will count! If you aren't sure if you are eligible, the best way to find out is to apply.

Note

- **Other categories of individuals have different MaineCare eligibility rules.** Some people (including children through age 20, parents of minor children, pregnant women, and residents of nursing homes) are eligible at a higher income level. See Appendix M for information about other medical assistance benefits in Maine.

Allowable deductions

The “allowable deductions” for seniors age 65 and older and people with disabilities are:

1. **Federal disregard:** deduct \$20 from an individual’s or couple’s gross income (unless the only income received is from a need-based source, like a Veteran’s pension, or all in-kind donations).
Note that for a Social Security retirement or Social Security Disability Insurance (SSDI) check, the gross amount is *before* the Medicare Part B premium is deducted (if you are responsible for paying the cost of the premium).
2. **Impairment-related work expenses** (this deduction is only for disabled individuals/couples who are age 64 or younger and working): deduct impairment-related work expenses from an individual’s or couple’s gross income.
3. **Earned income disregard:**
 - a. Deduct \$65 from an individual’s or couple’s earned income.
 - b. Deduct half of the remaining amount of earned income.
4. **State disregard:** deduct \$55 from an individual’s gross income, or \$80 from a couple’s gross income.
5. Other less common disregards (for example, for dependent children or for a couple where only one spouse is applying for MaineCare). Call Maine Equal Justice (207-626-7058) for more information.

Note that it is important to make the deductions in the order as noted. See Section 3.2 for an example of how to calculate disregards.

Notes

- For nursing home residents and others in long-term care, the income eligibility level is much higher. Call Maine Legal Services for the Elderly at 1-800-683-5934 for more information about long-term care MaineCare eligibility.
- If you are disabled and are working, you are allowed higher income (see Appendix F for information about the MaineCare Option for Workers with Disabilities).

Asset eligibility

The MaineCare asset limit is \$2,000 (\$3,000 if you live with your spouse). **But, many assets are not counted in this limit**, including your primary residence, up to two cars, up to \$1,500 in prepaid burial contracts or whole life insurance, and up to \$8,000 in savings (\$12,000 for a married couple).

MaineCare for people with disabilities

When you apply for MaineCare, the Department of Health and Human Services (DHHS) will use the same guidelines as Social Security to determine if you have a disability. Here are some reasons that applying for MaineCare is often a good idea:

- You can apply for MaineCare, even if you have never applied for Social Security disability benefits.*
- Applying for Social Security disability benefits can take a long time—sometimes 6 months to get an initial decision and up to 2 years if you appeal a denial. If you apply for MaineCare and DHHS finds you eligible because of your disability then, even if the Social Security Administration (SSA) later denies your Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) application, your MaineCare coverage will continue, **as long as you have a Social Security appeal pending** (and you are otherwise eligible). The MaineCare process is usually much faster, and, if DHHS doesn't make a decision within 45 days from the day you apply, you will be issued a temporary MaineCare card. The temporary MaineCare card can help you get the medical care you need and provide more medical information to help the SSA make a decision on your application. If the SSA denies your claim **before** DHHS makes a decision, your MaineCare coverage will end.
- People sometimes meet the disability criteria for MaineCare, even if they aren't eligible for Social Security disability benefits. People who have a disability, work, and have a higher income may still be eligible for MaineCare (see Appendix F for more information about the MaineCare Option for Workers with Disabilities).

*Some MaineCare members and applicants will need to prove their citizenship and identity in order to get or keep MaineCare (this does not apply to legal immigrants). People with Medicare or SSDI are exempt from this requirement. Call Maine Equal Justice for more information (207-626-7058), or visit http://www.mejp.org/mainecare_citizen.htm.

2.3 What does full-benefit MaineCare cover for seniors age 65 and older and people with disabilities?

Full-benefit MaineCare provides comprehensive health coverage, with no deductibles or premiums and small copayments. If you have a MaineCare copayment and don't have the money to pay it, the service must be provided, although you remain liable to pay when able. (A few categories of individuals pay no copayments, such as nursing home residents.)

If you are eligible for both MaineCare and Medicare, your Medicare Part A and B premiums, deductibles, and copayments/coinsurance will be covered. Your Part D costs, except for a small copayment, will also be covered. Detailed information about Part D coverage is included in Section 8. In addition, MaineCare covers some services that are not covered by Medicare, like annual preventative health visits and nursing home care. See Appendix K for a list of common services that full-benefit MaineCare covers but Medicare does not.

For more information about what MaineCare covers, call MaineCare Member Services at 1-800-977-6740 (TTY 1-800-977-6741).

You may be eligible for MaineCare, but not for Medicare (for example, if you get Supplemental Security Income [SSI] but don't have the earnings record to make you eligible for Social Security retirement or Social Security Disability Insurance [SSDI] benefits). **If you don't have Medicare, you will not have Part D for your prescription drug needs.** You will pay the MaineCare copayment for your prescription drugs. For most, the copayment is \$3.00 per prescription, with a maximum payment per month of \$30. However, if you are a nursing home resident, you will have no copayments.

To find out which drugs are covered by MaineCare, go to the MaineCare Preferred Drug List (PDL). The list shows which drugs are preferred (don't require prior authorization [PA]) and which are non-preferred (require PA). To find the PDL, visit <http://www.mainearepdl.org> and click on "Preferred Drug Lists (PDL)" in the left-hand column; under the heading "MaineCare PDL," click on "MaineCare PDL with criteria."

For more information about prior authorization in MaineCare, see Appendix G.

2.4 MaineCare enrollment

Enrollment is through the Maine Department of Health and Human Services (DHHS). You can call or visit your local DHHS office to apply (see Appendix C for a list of local DHHS offices). You can also apply by calling the DHHS state-wide toll-free number: 1-877-543-7669.

Even if you aren't eligible for full-benefit MaineCare, DHHS will look to see if you are eligible for any of the other benefits (like Food Stamps, the Medicare Savings Program [MSP], or Maine Rx Plus) and will let you know.

Generally, people are enrolled in MaineCare for 12 months at a time. Before the end of the 12-month enrollment period, DHHS sends a review form to the member. The member must return the form right away and continue to meet the eligibility guidelines for continued enrollment.

2.5 The appeals process for MaineCare

Each applicant for or member of MaineCare (also for the Medicare Savings Program [MSP], the Low Cost Drugs for the Elderly and Disabled [DEL] benefit, or Maine Rx Plus) has the right to appeal almost any Department of Health and Human Services (DHHS) decision that affects eligibility or benefits. MaineCare provides significant financial assistance related to Medicare costs and covers more health care services, so it is important to get or maintain membership for all who are eligible.

If you have a problem or complaint about MaineCare, call DHHS to talk it over. Many issues can be worked out this way.

If you don't want to call DHHS or if you can't resolve the problems with your benefits on your own, you can have someone else help. This could be a family member, an attorney, or another trusted person. Help may also be available through Pine Tree Legal Assistance (see Section 2.7 for a list of their offices), or, if you are age 60 or older or disabled and enrolled in Medicare, Legal Services for the Elderly may also be able to provide help (toll-free 1-800-750-5353; in the Augusta area, call 623-1797).

Appeals must be made within 30 days of the date of the DHHS **written** decision to deny or terminate MaineCare (if you disagree with some other decision by DHHS, such as not paying a bill you think should be covered, you have up to 60 days from the date of the DHHS decision to appeal). To appeal a MaineCare decision, call or write to your regional DHHS office and ask for a fair hearing (see Appendix C for a list of DHHS regional offices). If you call, it's a good idea to follow up with a written, dated letter. If you miss the 30-day limit, you can reapply for MaineCare.

Important:

If appealing a DHHS decision to end MaineCare benefits, the coverage can continue up to the time of the fair hearing decision, but **only** if the request for a fair hearing is made within **12 calendar days** of the date on the DHHS decision. If the 12-day deadline is missed, an appeal within the 30-day deadline can still be filed; however, the coverage will not continue up to the hearing decision. If you win the hearing, then DHHS may have to pay any back bills.

2.6 Estate Recovery

Please note: Estate Recovery is complicated. This section is designed to give you a general understanding of a topic that scares many people. For more information about Estate Recovery, visit the Legal Services for the Elderly website at http://www.maine.org/Home/lse/library/library_topics. Or call the Legal Services for the Elderly Hotline at 1-800-750-5353 (623-1797 in Augusta) for accurate information and advice about your specific circumstances. For more information, you can also call the Maine Estate Recovery Program at 1-800-572-3839 (TTY 1-800-423-4331).

After you die, if you received full-benefit MaineCare, the Maine Estate Recovery Program at the Department of Health and Human Services (DHHS) may try to get back (recover) all or part of the money MaineCare paid for your benefits. Here are some important facts to know:

- DHHS will only try to recover money in one or more of these situations:
 - If you were 55 or older when MaineCare paid for services.
 - If MaineCare paid for services when you had property or other assets that would have made you ineligible for MaineCare.
 - If MaineCare paid for care in a nursing facility or other institution when you had a long-term care insurance policy.

- DHHS never tries to take your home, property, or other assets while you are living.
- DHHS will not try to recover money during the lifetime of a surviving spouse or adult child who is blind or permanently disabled; or until a child turns 21.
- Your house is yours to do with what you will; DHHS can't stop you from selling or transferring your property just because you have MaineCare. However, you may want to call Legal Services for the Elderly to see if a sale or transfer will affect any of your benefits.

Estate Recovery does **not** apply if you only get help through the Medicare Savings Program (MSP), the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, and/or Maine Rx Plus.

For more information about the Estate Recovery Program, call the Legal Services for the Elderly HelpLine at 1-800-750-5353.

2.7 MaineCare resources

MaineCare Member Services: 1-800-977-6740 (TTY 1-800-977-6741), for coverage questions or help finding a provider.

Department of Health and Human Services (DHHS) regional offices: Call or visit a local DHHS office to apply to MaineCare or to ask questions about eligibility. See Appendix C for a list of offices throughout the state. Statewide toll-free number: 1-877-543-7669.

Maine Equal Justice: 1-866-626-7059 (TTY is the same). Visit <http://www.mejp.org/health> for a variety of educational materials about MaineCare.

Consumers for Affordable Health Care: For all kinds of questions and help, call the Consumers for Affordable Health Care HelpLine. HelpLine staff can also help people fill out the MaineCare application. Any information given to HelpLine staff is confidential. It will not be shared with the Department of Health and Human Services (DHHS) unless the HelpLine has the family's permission. HelpLine: 1-800-965-7476 (TTY is the same).

Legal Services for the Elderly (LSE) HelpLine (for seniors age 60 and older and others enrolled in Medicare): 1-800-750-5353.

Pine Tree Legal Assistance (PTLA): PTLA can assist with MaineCare denials/terminations and appeals, both in terms of eligibility for MaineCare and also for covered services (e.g., they handle cases when MaineCare denies coverage of a drug or denies a service, such as orthodontics). PTLA does **not** help with cases related to MaineCare long-term care for seniors age 60 and older—Legal Services for the Elderly will help with this.

Regional PTLA offices (TTY Maine Relay Service 1-800-855-1155)

Augusta	622-4731—PO Box 2429, 39 Green Street, Augusta, ME 04338
Bangor	942-8241—61 Main Street, Bangor, ME 04401
Lewiston	784-1558—145 Lisbon Street, Lewiston, ME 04240
Machias	255-8656—1 School Street, Machias, ME 04654
Portland	774-8211—PO Box 547, 88 Federal Street, Portland, ME 04112
Presque Isle	764-4349—373 Main Street, Presque Isle, ME 04769

Section 3. The Medicare Savings Program (MSP)

3.1 What is the Medicare Savings Program (MSP)?

The Maine Department of Health and Human Services (DHHS) runs the Medicare Savings Program (MSP), which is also known as the “Medicare Buy-In Program.” The MSP helps people with low income pay for Medicare expenses.

Two groups of people can receive financial assistance through MSP:

- People who have both Medicare (Part A, at a minimum) and full-benefit MaineCare, or
- People who have Medicare (Part A, at a minimum) and who are low-income, but are **not** enrolled in full-benefit MaineCare—because they are over income and/or over the asset limit or because they choose not to enroll in full-benefit MaineCare. (People sometimes choose not to enroll in full-benefit MaineCare because of concerns about estate recovery or the stigma of “being on welfare.”)

3.2 Who is eligible for the Medicare Savings Program (MSP)?

In order to get the MSP benefit, you need to meet just two criteria in Maine:

- You must be enrolled in Medicare and have Medicare Part A coverage.
- Your “countable” income, after subtracting all the allowable disregards (below), must be at or below \$1,670 if you are single; \$2,247 if you are married (185% FPL in 2009).

The MSP benefit does not have an asset test.

Allowable deductions

1. **Federal disregard:** deduct \$20 from an individual’s or couple’s gross income (unless the only income received is from a need-based source, like a Veteran’s pension, or all in-kind donations).
Note that for a Social Security retirement or Social Security Disability Insurance (SSDI) check, the gross amount is *before* the Medicare Part B premium is deducted (if you are responsible for paying the cost of the premium).
2. **Impairment-related work expenses** (this deduction is only for disabled individuals/couples who are age 64 or younger and working): deduct impairment-related work expenses from an individual’s or couple’s gross income.
3. **Earned income disregard** (this deduction is only for people who are earning wages through employment):

- a. Deduct \$65 from an individual's or couple's earned income.
 - b. Deduct half of the remaining amount of earned income.
4. **State disregard:** deduct \$55 from an individual's gross income, or \$80 from a couple's gross income.
 5. Other less common disregards (for example, for dependent children or for a couple where only one spouse is applying for MaineCare). Call Maine Equal Justice (1-866-626-7059) for more information.

Note that it is important to make the deductions in the order as noted.

Because not everyone will receive the same disregards, it is difficult to give one number that represents an upper limit for income eligibility. However, in general, for people who are **not** working, if their income is at or below the following amounts, they will be eligible for MSP:

If single:

- \$1,745 (this is \$75 over 185% FPL for 2009).

If married:

- \$2,347 (this is \$100 over 185% FPL for 2009). If only one of you wants to enroll in MSP, your joint gross income can be up to \$337 higher, which is \$2,684.

Remember the earned income disregard! If you are **working**, your income can be even higher.

How to calculate the disregards for a working married couple.

Jane and John are married and in their seventies. They have both earned and unearned income:

Earned income:

Jane earns \$6,000/year at her job. John earns \$2,000/year at one job and \$4,000/year at a second job. Together, their gross earned income is \$12,000/year, which is \$1,000/month.

Unearned income:*

Jane receives Social Security retirement: \$500/month.

John receives Social Security retirement: \$500/month.

John receives a pension from his former employer: \$500/month.

Together, their gross unearned income is \$1,500/month.

Steps to deduct allowable disregards for a working married couple:

1. Combine all gross unearned income: $\$500 + \$500 + \$500 = \$1,500/\text{mo.}$
2. Subtract \$20 federal disregard: $\$1,500 - \$20 = \$1,480.$
3. Combine all gross earned income: $\$6,000 + \$4,000 + \$2,000 = \$12,000 / 12 = \$1,000/\text{mo.}$
 - a. Subtract \$65 earned income disregard: $\$1,000 - \$65 = \$935.$
 - b. Divide remaining earned income by 2: $\$935 / 2 = \$468.$
4. Combine the countable (post-deduction) unearned and earned income: $\$1,480 + \$468 = \$1,948.$
5. Subtract the \$80 state disregard: $\$1,948 - \$80 = \$1,868.$ This is the countable income.
6. Compare the countable income (\$1,868) to 185% of the 2009 federal poverty level (FPL) for a household of two, which is \$2,247. Their countable income is below 185% FPL, and the couple is therefore eligible for MSP. See chart in Section 3.3 to determine which portion of the MSP they are eligible for.

How to calculate the disregards for a non-working individual.

Mary is 80 years old and a widow. She is not working and therefore has no earned income.

Unearned income:*

Mary receives Social Security retirement: \$500/month.

Mary receives a pension from her former employer: \$500/month.

Her gross unearned income is \$1,000/month.

Steps to deduct allowable disregards for a non-working individual:

1. Combine all gross unearned income: $\$500 + \$500 = \$1,000/\text{mo.}$
2. Subtract \$20 federal disregard: $\$1,000 - \$20 = \$980.$
3. Subtract the \$55 state disregard: $\$980 - \$55 = \$925.$ This is the countable income.
4. Compare the countable income (\$925) to 185% of the 2009 federal poverty level (FPL) for a household of one, which is \$1,670. Her countable income is below 185% FPL, and she is therefore eligible for MSP. See chart in Section 3.3 to determine which portion of the MSP she is eligible for.

*For Social Security checks, be sure to use the gross amount – this is the amount *before* the Medicare Part B premium is deducted (and Part A, for the few people who have a Part A premium), if the recipient has been paying the premium. For example, John, Jane, and Mary each receive \$500/month from Social Security retirement, although the size of each check is \$403.60 ($\$500 - \$96.40 = \403.60).

The Medicare Savings Program (MSP) has three components. The component you are eligible for depends on your **countable** income (after taking the deductions above):

- If you are enrolled in Medicare and your **countable** income is **at or below 150%** of the federal poverty level (FPL), you are eligible for the Qualified Medicare Beneficiaries (QMB—often called “Quimby”) portion of the MSP benefit.
- If you are enrolled in Medicare and your **countable** income is **over 150% and equal to or less than 170% FPL**, you are eligible for the Specified Low-Income Medicare Beneficiaries (SLMB—often called “Slimby”) portion of the MSP benefit.
- If you are enrolled in Medicare and your **countable** income is **over 170% and equal to or less than 185% FPL**, you are eligible for the Qualified Individual (QI) portion of the MSP benefit.

Even if you aren't sure you are eligible, it's a good idea to apply!

Important: When determining income eligibility, be sure to note whether you are using amounts that represent **countable** income (after disregards), or amounts that represent **gross** income (before disregards).

3.3 Medicare Savings Program (MSP) benefits

See chart—“2009 Medicare Savings Program (MSP) Coverage Benefits: Will my MSP pay for the cost of my...”—on the following page.

2009 Medicare Savings Program (MSP) Coverage Benefits

Will my MSP pay for the cost of my...

	Part A			Part B			Part D				
	Premium	Deductible	Co-ins./ copay	Premium (\$96.40/mo)	Deductible	Co-ins./ copay	Premium	Deductible	Donut hole	Co-ins.	Copay
QMB	Yes ¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Partial ³
SLMB/QI²	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Partial ⁴

Important: Due to income disregards, **gross** income may be higher, particularly if working. See Section 3.2.

QMB eligibility: Monthly **countable** income $\leq 150\%$ FPL: \$1,354 or less if you are single, or \$1,822 or less if you are married.*

SLMB eligibility: Monthly **countable** income ranges from $>150\%$ to $\leq 170\%$ FPL: from \$1,355 to \$1,535 if you are single, or from \$1,823 to \$2,065 if you are married.*

QI eligibility: Monthly **countable** income ranges from $>170\%$ to 185% FPL: from \$1,536 to \$1,670 if you are single, or from \$2,066 to \$2,247 if you are married.*

*In many cases, income for couples can be up to \$337 higher if only one spouse signs up for MSP (“MSP with an ineligible spouse”).

¹ Most people do not have to pay a Part A premium (it is covered by taxes paid when you—or your spouse—worked); if it is required, the cost will be covered.

² SLMBs and QIs have the same coverage benefits.

³ QMB members who show the pharmacist their Maine Rx Plus/DEL card will pay \$0 for generics and either \$1.60 or \$3.00 for brand name drugs on their Medicare PDP.

⁴ SLMB/QI members who show the pharmacist their Maine Rx Plus/DEL card will pay \$0 for generics and \$3.00 for brand name drugs on their Medicare PDP.

For classes of drugs federally excluded from Medicare Prescription Drug Plan coverage, but that are covered by MaineCare or DEL, members will pay the standard MaineCare or DEL cost.

DEL = Low Cost Drugs for the Elderly and Disabled benefit; FPL = Federal Poverty Level; MSP = Medicare Savings Program; PDP = Prescription Drug Plan; SLMB = Specified Low-Income Medicare Beneficiary; QI = Qualified Individual; QMB = Qualified Medicare Beneficiary.

3.4 Medicare Savings Program (MSP) enrollment

You can enroll in the Medicare Savings Program (MSP) by applying to the Maine Department of Health and Human Services (DHHS), either through the DHHS regional offices (see Appendix C) or by calling 1-877-543-7669.

People are enrolled in MSP for 12 months at a time. Before the end of the 12-month enrollment period, DHHS will send you a review form. You must return the form and continue to meet applicable eligibility guidelines for continued enrollment.

Important: Most people who are found eligible for MSP will be automatically enrolled in the Low Cost Drugs for the Elderly and Disabled (DEL) benefit (and most people enrolled in DEL will be automatically enrolled in MSP). See Section 4 for more information about DEL.

MSP coverage begins the second month following your application (for instance, if you apply any time in February, you would receive coverage starting on April 1). Enrollment in the SLMB or QI portion of the MSP may be retroactive up to 3 months **before** the date of your application, if you were eligible during that time period.

Like all other MaineCare programs, DHHS must make an eligibility decision within 45 days (or else they must temporarily provide the benefit until they are able to make a final decision). Temporary coverage after the 45th day will not happen automatically—you would need to call DHHS and note that your application has been pending for 45 days.

Because it is the Social Security Administration (SSA) that collects the Part B premiums, even if DHHS makes a decision on your MSP application within 45 days, it may be several months until SSA stops taking your Part B premium out of your Social Security retirement or Social Security Disability Insurance (SSDI) check. You will receive a lump sum check from SSA to reimburse you for any Part B premiums that were taken out of your benefit check when in fact your MSP benefit has been paying that premium.

3.5 Does the Estate Recovery Program try to recoup benefits from the Medicare Savings Program (MSP)?

The MaineCare Estate Recovery Program does **not** apply to the Medicare Savings Program (MSP), unless you have also received full-benefit MaineCare.

3.6 The appeals process for the Medicare Savings Program (MSP)

Each applicant for or member of the Medicare Savings Program (MSP; also for the Low Cost Drugs for the Elderly and Disabled [DEL] benefit or Maine Rx Plus) has the right to appeal almost any Department of Health and Human Services (DHHS) decision that affects eligibility or benefits. The MSP provides significant financial assistance with Part D benefits and covers the Part B premium (and for some, all of the Part A and B costs); so it is important to get or maintain membership in MSP for all those who are eligible.

Members and applicants have the right to assistance with an appeal from an attorney, a family member, or another trusted person. Help may also be available through Pine Tree Legal Assistance (see Section 2.7 for a list of their offices and contact information), or Legal Services for the Elderly may also be able to provide help (toll-free 1-800-750-5353; in the Augusta area, call 623-1797).

Appeals must be made within 30 calendar days of the date of the DHHS **written** decision to deny or terminate MSP. To appeal a MSP decision, call or write to your regional DHHS office and ask for a fair hearing (see Appendix C for a list of DHHS regional offices). If you call, it's a good idea to follow up with a written, dated letter. If you miss the 30-day limit, you can reapply for MSP.

If appealing a DHHS decision to end MSP benefits, the coverage can continue up to the time of the fair hearing decision, but **only** if the request for a fair hearing is made within **12 calendar days** of the date on the DHHS decision. If the 12-day deadline is missed, an appeal within the 30-day deadline can still be filed; however, the coverage will not continue up to the hearing decision. If the person wins the hearing, then DHHS may have to pay any back bills.

3.7 Medicare Savings Program (MSP) resources

Department of Health and Human Services (DHHS) Pharmacy Help Desk: 1-866-796-2463 (TTY 207-287-1828)

Maine Equal Justice: 1-866-626-7059

Legal Services for the Elderly (LSE) HelpLine: 1-800-750-5353

Section 4. The Low Cost Drugs for the Elderly and Disabled (DEL) Benefit

4.1 What is the Low Cost Drugs for the Elderly and Disabled (DEL) benefit?

The Low Cost Drugs for the Elderly and Disabled (DEL) benefit is run by the Maine Department of Health and Human Services (DHHS). DEL is a state-funded benefit that provides prescription drug coverage to low-income people who are not enrolled in full-benefit MaineCare.

DEL provides different benefits for people who are enrolled in Medicare versus those who are not. (See sections 4.3 and 4.4 for details)

4.2 Who is eligible for the Low Cost Drugs for the Elderly and Disabled (DEL) benefit?

You are eligible for the Low Cost Drugs for the Elderly and Disabled (DEL) benefit if:

- You are:
 - Age 62 or older, or
 - Age 19 or older and disabled.
- Your gross income is at or below \$1,670, if you are single; \$2,247 if you are married (185% of the FPL in 2009). If you spend at least 40% of your yearly gross income for prescription drugs, the income limit is 25% higher (\$2,088/month for an individual, \$2,809/month for a couple [2008]).

And...

- You are **not** enrolled in full-benefit MaineCare.

The DEL benefit has no asset test.

4.3 What does the Low Cost Drugs for the Elderly and Disabled (DEL) benefit cover for people who are also enrolled in Medicare?

If you are enrolled in Medicare Part D:

- For nearly all people, enrollment in the Low Cost Drugs for the Elderly and Disabled (DEL) enrollment will make you automatically eligible for the Medicare Savings Program (MSP), so you will not need to pay your Part D prescription drug plan's (PDP) premiums, deductible, doughnut hole expenses, or catastrophic coinsurance. The only Part D expense you will have is a small copayment on brand name drugs covered by your PDP (either \$1.60 or \$3.00, depending on your income—these copayments include the State Wrap benefit that is associated with DEL, which eliminates the copayment on generic drugs and discounts the brand name drug copayments by half—without DEL and the State Wrap, the copayments would be \$3.20 or \$6.00, depending on your income). Using your DEL card at the pharmacy ensures that your copayments include the State Wrap benefit.

See Section 3 for more information about MSP.

- DEL enrollment will provide a discount (as described in the next section) for drugs that are excluded from your Medicare Part D prescription drug plan (PDP), but that are on the DEL prescription drug list. (See Section 8.2 for more information about Part D excluded drugs.)

A small number of people have Medicare and DEL but **not** MSP. These people can only get help with Part D expenses through DEL if they are enrolled in a state-contracted PDP (see Appendix H). If you have Medicare and DEL only (not MSP), your DEL benefit will cover:

- 100% of your Part D monthly premium.
- 50% of your Part D deductible.
- Up to \$2.25 for generic drug copays.
- 50% of brand name drug copays, up to a maximum of \$10 per prescription.
- During the coverage gap (doughnut hole), you will receive the regular DEL benefit (see Section 4.4 below).

4.4 What does the Low Cost Drugs for the Elderly and Disabled (DEL) benefit cover for people who are not enrolled in Medicare?

If you are eligible for the Low Cost Drugs for the Elderly and Disabled (DEL) benefit but **not** enrolled in Medicare, you will get a different benefit. Generally, DEL-only participants:

- Are age 62, 63, or 64, not disabled, and not yet age-eligible for Medicare,
- Are disabled, but do not yet qualify for Medicare because of the 24-month Medicare waiting period for recipients of Social Security Disability Benefits (SSDI). (See Section 1 for more information about Medicare eligibility), or
- Are enrolled in Medicare but have chosen to “opt out” of Part D. (See Section 10.1 for more information about the creditable coverage “opt out” rule.)

If you aren't enrolled in Medicare, the DEL benefit pays:

- 80% of the cost of generic drugs. You are responsible for 20% coinsurance and a \$2.00 copayment per prescription.
- 80% of the cost of brand name drugs needed for the treatment of the following fourteen medical conditions: diabetes, heart disease, high blood pressure, arthritis, chronic lung disease (including emphysema and asthma), anticoagulation, glaucoma, high cholesterol, osteoporosis, thyroid diseases, incontinence, Parkinson's disease, multiple sclerosis, and Lou Gehrig's disease (Amyotrophic Lateral Sclerosis [ALS]). You are responsible for 20% coinsurance and a \$2.00 copayment per prescription.
- A much smaller discount on many other drugs.

- 80% of the cost of brand name drugs for other medical conditions, after you have paid \$1,000 out-of-pocket during a 1-year period (the year runs from August 1 through July 31). You are responsible for 20% coinsurance and a \$2.00 copayment. You will only be able to get the drugs that are listed on the MaineCare Preferred Drug List (PDL). When you use your DEL card to buy your drugs, your costs will be automatically counted toward the \$1,000 out-of-pocket expenses, so be sure to always use your card.

Some drugs require prior authorization (PA). The drugs that DEL covers are listed on the MaineCare Preferred Drug List (PDL). The drugs on the PDL that have an “MC/DEL” notation are generic drugs or brand name drugs for the 14 medical conditions listed above. The other drugs on the PDL are covered after you reach the \$1,000 out-of-pocket threshold. The list also shows which drugs are preferred (don’t require PA) and which are non-preferred (require PA).

To find the PDL, visit www.mainearepdl.org and click on “Preferred Drug Lists (PDL)” in the left-hand column; under the heading “MaineCare PDL,” click on “MaineCare PDL with criteria.” For more information about prior authorization, see Appendix G.

4.5 Low Cost Drugs for the Elderly and Disabled (DEL) enrollment

You can apply for the Low Cost Drugs for the Elderly and Disabled (DEL) benefit by calling the Maine Department of Human Services (DHHS) Pharmacy Help Desk at toll-free 1-866-796-2463, or you can go to your local DHHS office (see Appendix C for a list of DHHS offices around the state). Remember that if you apply for DEL, you will automatically be enrolled in the Medicare Savings Program (MSP), unless you are only eligible for DEL because you spend 40% of more of your total income on prescription drugs.

There are also some people enrolled in Medicare and DEL who are beneficiaries of Veterans Administration (VA) benefits who may want to opt out of the automatic enrollment in the MSP because the savings associated with MSP adversely affected their VA benefits. If you want to opt out of MSP, contact your DHHS caseworker or call the DHHS Pharmacy Help Desk.

Enrollment in the DEL benefit for members with DEL only (people who are not eligible for the Medicare Savings Program [MSP]), is for 24 months. However, since most DEL members are now eligible for the MSP, their eligibility will be reviewed every 12 months (which is the length of MSP enrollment). Before the end of the 12- or 24-month enrollment period, DHHS will send you a review form. You must return the form and continue to meet eligibility guidelines in order to continue your enrollment.

4.6 Does the Estate Recovery Program try to recoup benefits from the Low Cost Drugs for the Elderly and Disabled (DEL) benefit?

No, the MaineCare Estate Recovery Program does **not** apply to the Low Cost Drugs for the Elderly and Disabled (DEL) benefit.

4.7 The appeals process for the Low Costs Drugs for the Elderly and Disabled (DEL) benefit

Each applicant for or enrollee in the Low Cost Drugs for the Elderly and Disabled (DEL) benefit (also for MaineCare, the Medicare Savings Program [MSP], and Maine Rx Plus) has the right to appeal almost any Department of Health and Human Services (DHHS) decision that affects eligibility or benefits. The DEL

benefit provides discounts on many drugs that Part D prescription drug plans do not cover, so membership for all those who are eligible is important.

Members and applicants have the right to assistance with an appeal from an attorney, a family member, or another trusted person. Help may also be available through Pine Tree Legal Assistance (see Section 2.7 for a list of their offices and contact information), or, if you are age 60 or older or disabled, Legal Services for the Elderly may also be able to provide help (toll-free 1-800-750-5353; in the Augusta area, call 623-1797).

Appeals of decisions to deny or terminate DEL must be made within 30 calendar days of the date of the written decision. To appeal a DEL decision, call or write to your regional DHHS office and ask for a fair hearing (see Appendix C for a list of DHHS regional offices). If you call, it's a good idea to follow up with a written, dated letter. If you miss the 30-day limit for an appeal, you can reapply for DEL.

If appealing a DHHS decision to end DEL, coverage will continue up to the time of the fair hearing decision **only if** a hearing was requested within 12 calendar days of receiving the notice of termination (the Adverse Action Notice). If you miss the 12-day deadline to continue benefits through the fair hearing, and if you win the hearing, then DHHS may have to pay you any back bills.

4.8 Low Costs Drugs for the Elderly and Disabled (DEL) resources

Department of Health and Human Services (DHHS) Pharmacy Help Desk: 1-866-796-2463 (TTY 207-287-1828)

<http://www.maine.gov/dhhs/mainerx/del.htm>

Maine Equal Justice: 1-866-626-7059

Section 5. Maine Rx Plus

5.1 What is the Maine Rx Plus benefit?

Maine Rx Plus is a prescription drug benefit for all Maine people, regardless of age, whose incomes are below 350% of the federal poverty level (FPL; See Appendix A). For a family of 3, this is \$5,341 (2009)

Your income can be higher, if you spend more than 5% of your total income on prescription drugs, or 15% or more on all your health care costs. The Maine Rx Plus benefit does not have an asset limit. If you are enrolled in the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, you are automatically enrolled in Maine Rx Plus. Maine Rx Plus may provide a discount on drugs that aren't covered by DEL.

With Maine Rx Plus, you will get approximately a 15% discount off the retail price of brand name drugs and a 60% discount off retail prices for generic drugs in the "Preferred Drugs" column on the MaineCare Preferred Drug List (PDL). To find the PDL, visit <http://www.mainearepdl.org> and click on "Preferred Drug Lists (PDL)" in the left-hand column; under the heading "MaineCare PDL," click on "MaineCare PDL with criteria."

Maine Rx Plus is **not** accepted at Wal-Mart, CVS, or Rite Aid pharmacies. All other pharmacies accept Maine Rx Plus (although it may be best to confirm this with smaller independent pharmacies).

To enroll in Maine Rx Plus or for questions about the program, call the DHHS Pharmacy Help Desk at toll-free 1-866-796-2463; TTY/TDD 1-800-423-4331.

5.2 Does the Estate Recovery Program try to recoup benefits from Maine Rx Plus?

No, the MaineCare Estate Recovery Program does **not** apply to Maine Rx Plus.

5.3 The appeals process for Maine Rx Plus

Each applicant for or enrollee in Maine Rx Plus (also for MaineCare, the Medicare Savings Program [MSP], and the Low Cost Drugs for the Elderly and Disabled [DEL] benefit) has the right to appeal almost any Department of Health and Human Services (DHHS) decision that affects eligibility or benefits. Maine Rx Plus provides discounts on many drugs that Part D prescription drug plans do not cover, so membership for all those who are eligible is important.

Members and applicants have the right to assistance with an appeal from an attorney, a family member, or another trusted person. Help may also be available through Pine Tree Legal Assistance (see Section 2.7 for a list of their offices and contact information), or, if you are age 60 or older or disabled, Legal Services for the Elderly may also be able to provide help (toll-free 1-800-750-5353; in the Augusta area, call 623-1797).

Appeals of decisions to deny or terminate Maine Rx Plus must be made within 30 calendar days of the date of the written decision. To appeal a Maine Rx Plus decision, call or write to your regional DHHS office and ask for a fair hearing (see Appendix C for a list of DHHS regional offices). If you call, it's a good idea to follow up with a written, dated letter. If you miss the 30-day limit for an appeal, you can reapply for Maine Rx Plus.

If appealing a DHHS decision to end Maine Rx Plus, coverage will continue up to the time of the fair hearing decision **only if** a hearing was requested within 12 calendar days of receiving the notice of termination (the Adverse Action Notice). If you miss the 12-day deadline to continue benefits through the fair hearing, and if you win the hearing, then DHHS may have to pay you any back bills.

5.4 Maine Rx Plus resources

Department of Health and Human Services (DHHS) Pharmacy Help Desk: 1-866-796-2463 (TTY 207-287-1828)

<http://www.maine.gov/dhhs/mainerx>

Maine Equal Justice: 1-866-626-7059

Chapter II. Medicare Part D

Important reminder: This guide is for people enrolled in Medicare who are also enrolled in MaineCare, the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, and/or the Medicare Savings Program (MSP). For people who are enrolled in Medicare but not eligible for any of these other programs, the rules and costs for the Medicare Part D benefit will be different. Go to Appendix B for more information on Medicare Part D for people who are over-income for government assistance with the costs associated with Part D. If you have questions, call your local Area Agency on Aging (AAA), which helps people at any income level, at 1-877-353-3771.

Section 6. An overview of Medicare Part D

Until January 1, 2006, Medicare didn't cover most drugs. In Maine, if you were enrolled in Medicare and your income was at or below 185% of the federal poverty level (FPL), you could get help paying for your prescription drugs through MaineCare or the Low Cost Drugs for the Elderly and Disabled (DEL) benefit.

The Part D prescription drug benefit began in January 2006. If you are enrolled in Medicare (Part A and/or B), you are eligible for Part D. Almost everyone who is enrolled in MaineCare, the Medicare Savings Program (MSP) and/or DEL is **required** to enroll in one of the Part D prescription drug plans (PDPs) that is offered in Maine. The PDPs are administered by private companies that must meet certain government standards and be approved by the federal Centers for Medicare and Medicaid System (CMS).

If you are enrolled in MaineCare or MSP, the federal government will randomly enroll you in a PDP when you first become eligible for Medicare. If the plan selected by the federal government doesn't cover most of the drugs you need, the state may re-enroll you in a plan that will work better for you, based on their records of the drugs you take—or you can re-enroll in a different PDP yourself. Local Area Agencies on Aging (AAAs) can help you decide which PDP is best for you: call 1-877-353-3771 (TTY 1-800-750-5353).

Medicare Part D is a complex prescription drug benefit, but state officials have worked hard to simplify the process and to increase subsidies for low-income citizens. In Maine, if you are enrolled in MaineCare or MSP and DEL, you will receive a substantial subsidy on the prescription drugs covered by your PDP. Your only cost for these drugs will be a small copayment on brand name drugs. Generic drugs will not have a copayment.

Each PDP covers different drugs (the list of drugs they cover is called a “formulary”). If you are enrolled in MaineCare or MSP and you aren't able to get a drug you need because it isn't on your PDP's formulary:

- You can ask your provider if another drug (one that's on your PDP's formulary) might work as well
- You may need to request an exception or appeal the PDP decision (Section 11)
- You may decide to change your PDP to one that covers that drug and others you need (Section 9.3)
- MaineCare or DEL may cover the drug (See Section 8.2)
- The drug manufacturer may provide the drug through a prescription assistance program [PAP] (See Appendix J)

I have Medicare Part D. How does it work together with full-benefit MaineCare? Or with the Medicare Savings Program (MSP) and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit?

- If you are also enrolled in full-benefit MaineCare or the Medicare Savings Program (MSP) and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit:
 - And you are enrolled in a **basic** prescription drug plan (PDP), not an **enhanced** plan (enhanced plans have a premium that is more than the federally determined “benchmark” amount), you will only pay a small copayment for brand name drugs covered by your PDP (residents of nursing homes who have full-benefit MaineCare have no copayments at all). You will not have a copayment for generics on your PDP. If you are enrolled in an enhanced plan, in most cases you will have to pay the amount of the premium that is over the benchmark. See Appendix H for a list of Maine’s PDPs (the list shows which plans are basic plans that will pay the entire Part D premium).
 - You can change to another PDP at any time during the year.
 - Drugs that are excluded from Part D coverage will be covered by MaineCare, if they are on the MaineCare Preferred Drug List (PDL). This is true even if you don’t have full-benefit MaineCare, but you do have DEL.

(See Section 2.2 for detailed information about MaineCare eligibility, and Section 3.2 for detailed information about MSP eligibility.)

- If you are enrolled in Medicare Part D and DEL only (i.e., you do not also have MSP):
 - You will receive the regular DEL benefit, which will pay for:
 - 100% of your Part D premium
 - 50% of your Part D deductible
 - Up to \$2.25 for generic drug co-pays; and 50% of brand name drug co-pays, up to a maximum of \$10 per prescription
 - In the donut-hole or gap- 80% of the cost of generic drugs – you pay 20% plus a \$2.00 copay
 - In the donut-hole or gap- 80% of the cost of brand name drugs needed for the treatment of 14 specified medical conditions – you pay 20% plus a \$2.00 co-pay
 - 80% of the cost of brand name drugs for other medical conditions, after you have paid \$1,000 out-of-pocket during a 1-year period (which runs from August 1 through July 31) – you pay 20% plus a \$2.00 copay.

Drugs are only covered by the DEL benefit if they are on the MaineCare/DEL Preferred Drug List (PDL).

See Section 4.4 for more information.

➤ If you are **not** eligible for either MaineCare or MSP/DEL:

- You will need to pay the full amount of your PDP’s required premium, copayments, deductible, “doughnut hole” costs, and coinsurance.
- You will be able to change plans only once each year during the open enrollment period from November 15 through December 31 (there are some exceptions to this; call your local Area Agency on Aging for more information, at 1-877-353-3771 [TTY 1-800-750-5353]).
- You may qualify for Maine Rx Plus, which may help with the cost of your drugs if they are not covered by your plan.

(See Section 5.1 for detailed information about Maine Rx Plus eligibility.)

See Appendix N for a chart that shows Medicare costs for people with and without full-benefit MaineCare, MSP, and DEL.

The following sections provide basic information on Medicare Part D for low-income Mainers enrolled in MaineCare, MSP, or DEL. If you have questions about your benefit, call the DHHS Pharmacy Help Desk at 1-866-796-2463 (TTY 207-287-1829). If you are denied coverage for a drug you need, contact Legal Services for the Elderly at toll-free 1-877-774-7772.

Section 7. Medicare Part D Costs

7.1 What will my drugs cost if I'm enrolled in a Part D prescription drug plan (PDP)?

Both the federal government and the State of Maine will help you with the cost of drugs that are covered by your Part D prescription drug plan (PDP) if:

- You are enrolled in MaineCare and/or the Medicare Savings Program (MSP)

If your countable income is at or below 150% FPL and you are enrolled in MaineCare or the **Qualified Medicare Beneficiary (QMB)** portion of the Medicare Savings Program (MSP) **and** the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, you will pay:

- No copayment for **generic drugs** covered by the plan (the copayment would be \$1.10, but the state pays the generic copayment cost through the State Wrap benefit).*
- \$1.60 copayment (if your countable income is at or below 100% FPL) or \$3.00 copayment (if your countable income is greater than 100% FPL to 150% FPL) for **brand name drugs** covered by the plan (the copayment would be \$3.20 or \$6.00, but the state pays half the copayment cost through the State Wrap benefit).*
- No premium, deductible, or other PDP costs.

*These are the copayment amounts in 2009.

Unlike copayments in the MaineCare program, the Part D copayments are mandatory. Nursing home residents enrolled in MaineCare do **not** have either MaineCare or Part D copayments.

If your countable income ranges from 150% to 185% FPL and you are enrolled in the **Specified Low-Income Medicare Beneficiaries (SLMB)** or **Qualified Individuals (QI)** portion of the Medicare Savings Program (MSP) **and** the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, you will pay:

- No copayment for generic drugs covered by the plan (the copayment would be \$2.40, but the state pays the generic copayment cost through the State Wrap benefit).*
- \$3.00 copayment for brand name drugs covered by the plan (the copayment would be \$6.00, but the state pays half the copayment cost through the State Wrap benefit).*
- No premium, deductible, or other PDP costs.

*These are the copayment amounts in 2009.

If you are enrolled in MaineCare or MSP/DEL and your pharmacist says you need to pay a copayment that is higher than these amounts, remind him or her that you should get the State Wrap benefit. If you are still asked to pay a higher amount for a drug that is on your PDP, call the Department of Health and Human Service's (DHHS's) Pharmacy Help Line for assistance: 1-866-796-2463 (TTY 207-287-1829).

For more information about drugs that are **not** covered by your PDP, see Sections 8.2 (excluded drugs) and Section 11 (exceptions and appeals).

7.2 Will my copayments stay the same?

Your prescription drug plan (PDP) copayment costs will change every year in January. The copayment amount will depend on what the federal government allows PDPs to charge low-income people for copayments and the amount of money that the State of Maine decides to contribute toward those copayments (through the State Wrap benefit). You will continue to receive assistance with your PDP costs as long as you are enrolled in MaineCare or in the Medicare Savings Program (MSP) and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit.

Section 8. Medicare Part D Coverage

8.1 What drugs will Medicare Part D cover?

Each prescription drug plan (PDP) determines which drugs it will cover. The list of covered drugs is called a “formulary.” The federal government requires coverage of certain classes of drugs. The PDP’s formulary must meet the federal government’s requirements. Generally, there have to be at least two choices of drugs in each drug category. For example, there will be at least two cholesterol-lowering drugs to choose from.

PDPs must cover substantially all drugs in six drug classes: antidepressants, anticonvulsants, antipsychotics, antiretrovirals, anticancer, and immunosuppressants. Federal law does not allow PDPs to impose prior authorization or step therapy restrictions on these drugs if you are taking one of these drugs when you enroll in Medicare Part D (or if you have just enrolled in a new PDP and you are filling a prescription for the first time, since the plan would be unable to know if you had been taking that drug under your previous plan).

8.2 What drugs won’t Medicare Part D cover? (excluded drugs)

Medicare doesn’t require prescription drug plans (PDPs) to cover certain categories of drugs, including:

- Benzodiazepines and barbiturates (depressant drugs sometimes used for anxiety or insomnia)
- Drugs for weight loss or gain
- Drugs for erectile dysfunction, and
- Drugs for relief of cough and colds (there are some exceptions).

In Medicare Part D, these are called “excluded” drugs. A PDP may choose to provide coverage of these drugs as an added benefit, but Medicare will not reimburse the PDP. A few excluded drugs are covered by some of the PDPs this year. MaineCare, the Low Cost Drugs for the Elderly and Disabled (DEL) program, and/or Maine Rx Plus will provide assistance for excluded drugs that:

- Aren’t included on your PDP, and
- Are on the MaineCare Excluded Drug List or the DEL Excluded Drug list

MaineCare and DEL only cover **types** of drugs that Medicare does not cover (“excluded drugs”). MaineCare and DEL will not cover specific drugs if the PDP offers other drugs within that drug classification category. For example, for cholesterol-lowering drugs, the PDP may chose to cover Lipitor and Zocor, but not Crestor; in this instance, MaineCare will not cover Crestor.

There is a list of the drugs that are federally excluded from Part D coverage, but that are covered by MaineCare or by DEL. Visit <http://www.mainearepdl.org> and then click on the link on the left titled “General Pharmacy Info.” Under the first section is a PDF titled “MaineCare: Medicare Part D Excluded Drugs.”

Under the DEL section is a PDF titled “MEDEL: Medicare Part D Excluded drugs.”

For a full list of drugs covered by MaineCare and DEL, visit <http://www.mainearepdl.org/index.pl/pdfiles>. You will find a link for a PDL of drugs covered by MaineCare and DEL: “MaineCare PDL (MEDEL Combined) with criteria”.

Maine Rx Plus may provide a discount on any drugs that:

- Are not covered by your PDP (including excluded drugs), and
- Are in the “preferred drug” column of the MaineCare PDL.

8.3 What if my prescription drug plan (PDP) doesn’t cover a drug (or the dosage) I need?

You have several options. First, you may want to talk to your health care provider to find out if there is another drug (which is on your prescription drug plan [PDP] formulary) that would work for you.

If not, you can ask your provider to consider asking your PDP for an “exception.” Your provider may also ask for an exception if you need “prior authorization” or to go through “step therapy” to get the drug. For more information on exceptions, prior authorization, or step therapy, see Section 11.

Another option is to consider changing to another PDP that covers the drugs you need to take. If you are enrolled in MaineCare or the Medicare Savings Program (MSP), you can change your PDP anytime during the year, not just during Medicare Part D’s open enrollment period at the end of the year. For more information, see Section 9.3.

If the other drugs you need are covered by your PDP, you could also check to see if you are eligible for assistance from the pharmaceutical company that makes the drug(s) that are not on your PDP (see Appendix J).

8.4 Is my prescription drug plan (PDP) allowed to change the drugs that they cover?

After March of each year (and after receiving federal approval), prescription drug plans (PDPs) may change the drugs on their formularies. These changes include removal of a drug from the formulary and new requirements for utilization management, such as prior authorization or step therapy. Your PDP must give you at least 60 days notice of the change. The federal Centers for Medicare and Medicaid Services (CMS), however, has said that, in many cases, plans can only make such formulary changes if, for the remainder of the plan year, they exempt beneficiaries currently taking the affected drug (this is also true if the plan makes a change after March regarding a drug’s utilization management). Plans do not have to get federal approval or give 60 days notice if they remove formulary drugs that have been withdrawn from the market by either the Food and Drug Administration (FDA) or a product manufacturer.

Section 9. Enrollment in Part D If You Are Also Enrolled in MaineCare or the Medicare Savings Program (MSP)

9.1 Do I need to participate in Medicare Part D?

If you are enrolled in full-benefit MaineCare or the Medicare Savings Program (MSP), you will need to be enrolled in a Medicare Part D prescription drug plan (PDP), unless you have other “creditable” prescription drug coverage, for example through your employer, your union, or the Department of Veteran Affairs (VA). For more information on creditable coverage, see Section 10.1. Enrollment in a Medicare Part D PDP means that MaineCare/MSP members will obtain all, or almost all, of their prescription drugs through that PDP.

9.2 How do I enroll in a prescription drug plan (PDP)?

When you first become eligible for Medicare Part D, the Centers for Medicare and Medicaid Services (CMS), a federal agency, automatically enrolls you in a prescription drug plan (PDP). CMS selects the PDP for you without first determining whether it covers the prescription drugs you need. This is because federal Part D law requires a random process that does not allow for government favoritism toward any particular PDP. However, because each PDP has different prescription drug coverage, the randomized assignment may not fit your needs.

After PDP enrollment by CMS, Maine’s Department of Health and Human Services (DHHS) will look at their records of your prescription drug use. If the PDP selected by CMS doesn’t cover the drugs you use, DHHS will reassign you to one of the PDP’s contracted with the state that best meets your prescription drug needs (this is called “intelligent reassignment”). You can also choose to enroll in a PDP—whether or not it is contracted with the state—on your own (unless you are one of the few people who have Medicare and the Low Cost Drugs for the Elderly and Disabled [DEL] benefit, but not the Medicare Savings Program [MSP]).

If you choose a basic plan (with a premium that is at or below the federally determined “benchmark” premium amount), the only expense you will have for drugs covered by your PDP will be a small copayment on brand name drugs. Both CMS and DHHS will assign people with MaineCare or the Medicare Savings Program (MSP) to plans with premiums equal to or less than the benchmark premium (although DHHS may choose to pay the cost of a more expensive plan in certain circumstances). You may also decide to enroll in a PDP with a premium cost that is over the benchmark—an enhanced PDP. In this instance, you will need to pay the portion of the premium that is over the benchmark amount. You can call your local Area Agency on Aging (1-877-353-3771 (TTY 1-800-750-5353) for help selecting a plan.

DHHS has a contract with one enhanced (non-basic) PDP. DHHS may choose to enroll you in this plan if it is in your best interest and it is cost effective for the state. In this instance, DHHS will pay the full cost of the premium—you will not be responsible for the portion of the premium that is over the benchmark amount.

See Appendix H for a complete list of PDPs offered in Maine. This list notes which of these PDPs are basic plans that contract with the state.

9.3 When can I switch to a different prescription drug plan (PDP)?

As a MaineCare or Medicare Savings Program (MSP) member, you are allowed to switch your prescription drug plan (PDP) as often as once per month, if necessary. This means that if you are prescribed a new drug at some point during the year, you have the freedom to switch plans in order to accommodate the new drug and maintain optimal coverage—without having to wait for an open enrollment period.

You may switch your PDP on your own by enrolling directly with the desired PDP, or you may contact the Department of Health and Human Services (DHHS) Pharmacy Help Desk at toll-free 1-866-796-2463 and ask to switch plans.

Important information for people with Medicare and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit only (who do not have MSP):

- If you have Medicare and DEL (but not MSP), you can switch your PDP just once outside of the open enrollment period (from November 15 through December 31). There may be other special instances when you can change your PDP; call the DHHS Pharmacy Help Desk at toll-free 1-866-796-2463 for more information.
- If you have Medicare and DEL (but not MSP), you must enroll in a PDP through the Pharmacy Help Desk, and you will only be able to enroll in a PDP that has a contract with the state (see Appendix H for a list of contracted PDPs).

9.4 If my income goes up during the year and I am no longer eligible for MaineCare, the Medicare Savings Program (MSP), or the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, can I switch to a different prescription drug plan (PDP)?

Because you were enrolled in MaineCare or the Medicare Savings Program (MSP), you were automatically able to get a federal Low-Income Subsidy (LIS; some people call this Extra Help) for your Medicare Part D expenses (including the full cost of your prescription drug plan's [PDP's] premiums, deductible, and expenses related to the "doughnut hole"). You also received a federal subsidy on your co-pays (which was reduced even more by the State Wrap benefit). Even if you are no longer eligible for MaineCare or MSP, you will be able to continue to get the federal Low-Income Subsidy (LIS) until the end of the calendar year. The only change you will see in your prescription drug plan (PDP) costs is that your co-pays will increase. Co-pays for generics will probably go from zero to either \$1.10 or \$2.40; co-pays for brand name drugs on your PDP will probably increase to \$3.20 or \$6.00 because you will no longer be eligible for the State Wrap benefit. You will lose these subsidies next year, unless you are again found eligible for MaineCare or the MSP.

If your eligibility for MaineCare or MSP ends, you will no longer be able to change your PDP as often as once a month. If you are notified at the end of the year that you are no longer eligible for the subsidies, you will have a one-time opportunity to change to a different PDP between January 1 and March 31. If you are notified after March 31 that your subsidy will end, you will be able to change to a different PDP in the month you are notified or any time in the next 2 months. This option is called a Special Enrollment Period (SEP).

9.5 What if I need to fill a prescription before I get my prescription drug plan (PDP) membership card?

You may need to get a prescription filled before you have been officially notified of your enrollment in a prescription drug plan (PDP) (before you have received your PDP enrollment card in the mail).

If you enroll in a PDP directly through the company, your coverage starts the month following application. This is true even if you apply late in the day on the last day of the month. If you apply through the Department of Health and Human Services (DHHS) Pharmacy Help Desk, coverage typically begins in the second month following the date of application (for example, if you applied in May, you would typically receive coverage starting in July).

Because a lag between enrollment and notification of coverage often exists, a new beneficiary can take any of the following to the pharmacy as proof of membership in a PDP:

- An acknowledgement or confirmation letter from the plan,
- A welcome letter from the plan, or
- An enrollment confirmation number and the name and telephone number of the plan.

If you still can't get your drug (with the subsidies outlined in Section 7.1), call the DHHS Pharmacy Help Desk at 1-866-796-2463.

9.6 Transitional coverage: What do I do if a drug is not on my prescription drug plan's (PDP's) formulary?

When you join a new prescription drug plan (PDP), if you have been taking a drug that is not on the new plan's formulary or is on the formulary with restrictions, the plan is required to provide a one-time 30-day supply of that medication (called a transitional fill). This one-time supply must begin within the first 90 days (the transition period) of the person's enrollment in the new plan.

The transition period is intended to give you and your doctor time to find another drug on the plan's formulary that will work as well as the drug you are currently using. However, if you have already tried similar drugs and those drugs didn't work, or if your doctor determines that, because of a medical condition, you must take a certain drug, the doctor can contact the PDP to request an exception. If the doctor's request is approved, the plan will cover the drug.

If you are in a nursing home, the PDP must cover up to three temporary fills of a drug for up to the first 90 days of your enrollment in the new plan. In addition, PDPs must provide emergency supplies of non-formulary medications (or formulary medications that require prior authorization, quantity limits, or step therapy) for nursing home residents while their doctors are in the process of filing exceptions. (PDPs may also cover emergency supplies of drugs for non-nursing home residents, but that is not mandated.)

Section 10. Rules for Specific Groups of People

10.1 What if I have prescription drug coverage through a union or another source?

If you are enrolled in Medicare and MaineCare or the Medicare Savings Program (MSP) and you have other prescription drug coverage that's at least as good as Medicare's drug coverage (called "creditable" prescription drug coverage), you can decline Medicare Part D coverage. If you don't want to join a Part D drug plan, you can call 1-800-MEDICARE (1-800-633-4227), or call the PDP that Medicare enrolled you in.

Medicare offers employers and unions help paying for retiree drug coverage. Your former or current employer or union must notify you about how your current coverage compares to Medicare's (minimum) standard prescription drug coverage.

Employers or unions may provide this information within a notice or in their benefits handbook. It is important that you keep this notice because it can help you to decide whether to join a Medicare drug plan. The notice will serve as proof of creditable prescription drug coverage.

If you drop your employer or union coverage, you may not be able to get it back. You also may not be able to drop your employer or union drug coverage without also losing your employer or union health (doctor and hospital) coverage. Contact the employer or union benefits administrator before making any change to drug coverage. Unfortunately, many people have dropped their employer or union drug coverage in order to sign up for a PDP, only to learn after the fact that they lost all of their health coverage. Once this coverage is lost, you typically are not able to re-enroll.

If your creditable coverage ends (whether you drop coverage or it is no longer offered to you), you must sign up for a Medicare Part D PDP within 63 days, or else Medicare will charge a late-enrollment penalty (12% of the cost of the monthly premium for as long as you have Medicare Part D). However, for low-income beneficiaries with full-benefit MaineCare or the Medicare Savings Program, this late-enrollment penalty will be covered.

10.2 What if I have prescription drug coverage from TRICARE, the Department of Veterans Affairs (VA), or the Federal Employee Health Benefits Program (FEHBP)?

As long as they still qualify, most people keep their TRICARE, Department of Veterans Affairs (VA), or Federal Employee Health Benefits Program (FEHBP) prescription drug coverage.

Contact the plan's benefits administrator or the insurer for information about TRICARE, VA, or FEHBP coverage before making any changes. It will almost always be to your advantage to keep your current coverage without any changes. However, in some cases, adding Medicare prescription drug coverage may provide extra coverage and, sometimes, lower copayments.

10.3 Special Part D rules for people in institutions

Incurred medical expense deduction in assisted living

If you are enrolled in MaineCare and have income that you contribute to your assisted living facility's "share of cost" (the amount of money that must be paid toward the cost of care), some of that income may be able to be used to pay for prescription drugs that are not covered by your prescription drug plan (PDP). This is outlined in federal Medicaid law as the incurred medical expense deduction. A resident could use the incurred medical expense deduction while engaged in the exceptions or appeals process or, if those failed, for the payment of drugs that are not covered by Part D. You could also use some of your income to purchase coverage in a more comprehensive PDP—a PDP providing enhanced alternative coverage—that includes drugs that are otherwise excluded from PDP coverage.

The incurred medical expense deduction is only available to residents who have some income, such as Social Security or a private pension, that is used to contribute to the cost of care (if Supplemental Security Income [SSI] is the only income, there is no income to protect and therefore this deduction cannot be used). Residents may also be able to use funds in a special needs trust, if they have one.

Residents of nursing homes

Residents of a Medicare-certified skilled nursing facility, or a Medicaid-certified nursing facility—but not residents of an assisted living facility—are protected by the Nursing Home Reform Law mandate that *all* services, including pharmaceutical services, be provided to a resident when required by the resident's comprehensive assessment and care plan, regardless of the availability of Medicare or Medicaid payment for the service.

In other words, a nursing facility is required to provide a resident with the prescription drug (or particular dosage form) that is included in his or her care plan even if:

- The prescription drug plan (PDP) does not include the prescription drug (or dosage form)
- There is no state funding under MaineCare or Low Cost Drugs for the Elderly and Disabled (DEL), and
- He or she has no income to pay for the drug.

In addition, over-the-counter drugs, although excluded under Part D, are covered by the daily rate paid to skilled nursing facilities by Medicare Part A and to nursing facilities by Medicaid. The Nursing Home Reform Law requires that any over-the-counter drugs needed and used by a resident must be provided without charge by the nursing facility.

Unfortunately, the Nursing Home Reform Law does not apply to residents of assisted living facilities.

Section 11. Exceptions and Appeals

11.1 Your prescription drug plan (PDP) may limit your access to prescription drugs (prior authorization, quantity and dosage limits, and step therapy)

Your provider may want to prescribe a drug that is on your prescription drug plan's (PDP's) formulary, but with restrictions, or a drug that isn't on your PDP's formulary at all. Each PDP has different rules, but nearly all of them require that your provider write to them and explain why you need certain drugs (or a specific dosage of certain drugs) that are restricted or not on their formulary. Often these are drugs that are more likely to have side effects, to have restrictions on how long they can be taken, or to cost more than other drugs that work as well for most people. Here are some of the restrictions that a PDP may choose to impose on drugs that are on its formulary:

- **Prior authorization:** before the plan will cover a certain prescription, the person's doctor must contact the plan. The doctor must show that the drug is medically necessary in order for it to be covered.
- **Quantity limits:** the number of pills the plan will pay for at any one time or how many can be taken in a given time period (for example, no more than 10 in a month).
- **Step therapy:** one or more similar lower-cost drugs must be tried before the step therapy drug is covered.

Example of step therapy for a patient who needs a drug for heart failure:

- Step 1. Dr. Smith wants to prescribe an ACE inhibitor to treat Mr. Mason's heart failure. There is more than one type of ACE inhibitor. Some of the drugs he considers prescribing are brand-name drugs in Mr. Mason's Medicare PDP. The plan rules require Dr. Smith to prescribe the generic drug lisinopril first. For most people, generic lisinopril works as well as brand-name drugs.
- Step 2. If Mr. Mason takes lisinopril but has side effects or limited improvement, his doctor can prescribe a brand-name drug, like Prinivil® or Zestril®. Mr. Mason's Medicare PDP will now cover this drug, since generic lisinopril was tried first. Depending on the policy of Mr. Mason's PDP, Dr. Smith may or may not need to submit Coverage Determination paperwork to the PDP requesting the brand-name drug. Mr. Mason can either call his PDP and ask if his step therapy coverage will be automatic, or else he will find out when he goes to pick up his prescription at the pharmacy (if coverage was not automatic, the pharmacy will notify him that the drug was not covered).

11.2 Exceptions and appeals

The exceptions process

If your provider believes you need a drug that requires an exception, he or she can request one. Every prescription drug plan (PDP) must have an exception process, though each one is a little different. **Your provider can request an exception if you need a drug that:**

- Isn't on your PDP's formulary
- Was removed from your PDP formulary (for reasons other than safety)
- Is on the formulary, but requires prior authorization, or
- Is on the formulary, but has additional rules (such as step therapy or a dosage limitation) that should be waived because of your medical condition.

PDPs must respond to a request for an exception within 72 hours. Your provider can also ask for an expedited request when your "life, health or ability to regain maximum function" is in jeopardy. Plans must respond to expedited requests within 24 hours.

Maine Legal Services for the Elderly (LSE) has a Medicare Part D Appeals Unit that helps providers and their staff in requesting exceptions from PDPs and in obtaining any needed Part D information, including the fax/phone numbers for the PDPs. **The LSE Medicare Part D Appeals Unit toll-free number is 1-877-774-7772.** Information is also available at the LSE website: <http://www.maineelse.org>.

If a plan denies an exception request, there is an appeal process. LSE may provide help as soon as a person is denied coverage. LSE provides help with appealing a decision, but they encourage people to contact them before the appeal stage, as soon as coverage is denied.

Note: It is not possible to get an exception for drugs specifically excluded from Medicare coverage, including certain anti-anxiety drugs, weight loss and gain drugs, and over-the-counter drugs. (See Section 8.2 for more information on excluded drugs.)

The appeals process

If an exception for a medically necessary prescription drug is denied, or if prior authorization is not granted, there are various levels of administrative appeal and, if necessary, judicial review. The appeal process also addresses other "coverage determinations," such as a decision that a prescription is not medically necessary, cannot be filled for the amount specified, or cannot be filled at the time requested.

The appeals process has five steps, though many appeals are resolved in the first two steps. The steps are:

1. A standard **redetermination** by the prescription drug plan (PDP), or an expedited redetermination when more rapid decisions are needed.
2. A **reconsideration** by an Independent Review Entity.
3. A **hearing** before an Administrative Law Judge if the amount in controversy meets the threshold requirements established annually by the Secretary.

4. Medicare Appeals Council review.
5. Federal review of a final Centers for Medicare and Medicaid Services (CMS) decision if the amount in controversy meets the threshold requirements established annually by the Secretary.

To get help with an exception or appeal, call Maine Legal Services for the Elderly at toll-free 1-877-774-7772 (Monday through Friday, 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4 p.m.).

The manual “Medicare Part D Appeals: An Advocate’s Manual to Navigating the Medicare Private Drug Plan Appeals Process,” published by the Medicare Rights Center (last updated March 2009), can be downloaded from <http://www.medicarerights.org/appealsmanual.html>.

11.3 Coverage of a drug in an emergency

Prescription drug plans (PDPs) may provide you with an emergency supply of drugs while you appeal a decision. Each plan is required to set up its own emergency coverage policy. You will need to contact your PDP to find out how to get a drug in an emergency.

If a person is in a nursing home, the PDP must supply up to three fills of a prescription during the first 90 days that the person is in the PDP, even if the drug is not listed on the plan’s formulary (this is due to the terms of transitional coverage; see Section 9.6 for more information). In addition, the plan must provide emergency supplies of non-formulary drugs, as well as drugs that are on the formulary but require prior authorization, quantity limits, or step therapy, while an exception for the drug is being processed. The emergency supply must be for at least 31 days of medicine, unless the prescription is written for less than that.

During the appeal process, nursing home patients must continue to receive drug coverage.

11.4 What if I have a complaint about my prescription drug plan (PDP)?

Prescription drug plans (PDPs) are all required to have a grievance procedure. PDPs create their own policies around the grievance process. The grievance process is for problems or complaints that are **not** related to coverage determination, such as:

- Difficulty reaching PDP employees on the phone
- Poor customer service
- Dissatisfaction with how an appeal was managed.

The grievance process cannot overturn a denial of coverage—only the appeals process may be able to do this.

Problems and complaints can also be reported to the federal Centers for Medicare and Medicaid Services (CMS) at 1-800-MEDICARE. CMS also has regional offices. Maine is part of Region I, and this office can be reached at 617-565-1322. In order to collect a paper trail, it is recommended that complaints be emailed to PartDComplaints_RO1@cms.hhs.gov.

The Medicare Rights Center collects stories of people's experiences with Part D to help with its advocacy work. Stories can be shared on its website at <http://www.medicarerights.org>.

Appendix A. 2008 Federal Poverty Levels (FPLs)

Annual Income

Household Size	100%	130%	133%	150%	165%	170%	185%	200%	250%	300%
1	\$10,830	\$14,079	\$14,404	\$16,245	\$17,870	\$18,411	\$20,036	\$21,660	\$27,075	\$32,490
2	\$14,570	\$18,941	\$19,378	\$21,855	\$24,041	\$24,769	\$26,955	\$29,140	\$36,425	\$43,710
3	\$18,310	\$23,803	\$24,352	\$27,465	\$30,212	\$31,127	\$33,874	\$36,620	\$45,775	\$54,930
4	\$22,050	\$28,665	\$29,327	\$33,075	\$36,383	\$37,485	\$40,793	\$44,100	\$55,125	\$66,150
5	\$25,790	\$33,527	\$34,301	\$38,685	\$42,554	\$43,843	\$47,712	\$51,580	\$64,475	\$77,370
6	\$29,530	\$38,389	\$39,275	\$44,295	\$48,725	\$50,201	\$54,631	\$59,060	\$73,825	\$88,590
Each Additional	\$3,740	\$4,862	\$4,974	\$5,610	\$6,171	\$6,358	\$6,919	\$7,480	\$9,350	\$11,220

Monthly Income

Household Size	100%	130%	133%	150%	165%	170%	185%	200%	250%	300%
1	\$903	\$1,174	\$1,201	\$1,354	\$1,490	\$1,535	\$1,670	\$1,805	\$2,257	\$2,708
2	\$1,215	\$1,579	\$1,615	\$1,822	\$2,004	\$2,065	\$2,247	\$2,429	\$3,036	\$3,643
3	\$1,526	\$1,984	\$2,030	\$2,289	\$2,518	\$2,594	\$2,823	\$3,052	\$3,815	\$4,578
4	\$1,838	\$2,389	\$2,444	\$2,757	\$3,032	\$3,124	\$3,400	\$3,675	\$4,594	\$5,513
5	\$2,150	\$2,794	\$2,859	\$3,224	\$3,547	\$3,654	\$3,976	\$4,299	\$5,373	\$6,448
6	\$2,461	\$3,200	\$3,273	\$3,692	\$4,061	\$4,184	\$4,553	\$4,922	\$6,153	\$7,383
Each Additional	\$312	\$406	\$415	\$468	\$515	\$530	\$577	\$624	\$780	\$935

Poverty levels are adjusted annually according to the Consumer Price Index. Be aware that these levels will change in February or March of 2010.

Prepared by : Maine Equal Justice, 126 Sewall Street, Augusta, Maine 04330 (207) 626-7058

Appendix B. 2009 Unsubsidized Medicare Costs: Parts A, B, and D

(from the Medicare Rights Center: www.medicarerights.org/newmedicarecosts.html)

Medicare Part A. Costs for people who are **not** eligible for full-benefit MaineCare or the QMB portion of the Medicare Savings Program (MSP).

	In 2009 You Will Pay:
Monthly Premium	Nothing (if you or your spouse have worked for 10 years or more)
	\$244 (if you or your spouse worked between 7.5 and 10 years)
	\$443 (if you or your spouse worked less than 7.5 years)
Inpatient Hospital*	\$1,068 deductible per benefit period
	No coinsurance for days 1-60
	\$267 daily coinsurance for days 61-90
	\$534 daily coinsurance for 60 lifetime reserve days
	Full cost after 60 lifetime reserve days are used
Skilled Nursing Facility	No deductible for each benefit period
	No coinsurance for days 1-20
	\$133.50 daily coinsurance 21-100
Home Health Care	No deductible or coinsurance
Hospice Care	No deductible
	Small copayment for outpatient drugs and inpatient respite care

* For example, a 100-day hospitalization for someone with Medicare Part A who is **not** enrolled in full-benefit MaineCare or the QMB portion of the Medicare Savings Program (MSP) will cost:

Days 1-60:	\$ 1,068 +
Days 61-90:	\$ 8,010 +
Days 90-100:	\$ 5,874
	<hr/>
	\$14,952

Medicare Part B. Costs for people who are **not** eligible for full-benefit MaineCare. All Mainers with the Medicare Savings Program (MSP) will have their monthly premium paid for. Mainers with the QMB portion of the MSP will have all of these costs paid for.

	In 2009 You Will Pay:
Monthly Premium	\$96.40 if your annual income is below \$85,000 (\$170,000 for couples). If your income is higher, your premium will be higher.
Annual Deductible	\$135
Doctor and other medical services	20% ¹
Outpatient hospital care	Coinsurance or Copayment ²
Home health care	Nothing for Medicare-approved services
Clinical diagnostic lab services ³	Nothing for Medicare-approved services
Diabetes self-management supplies	20%
Durable medical equipment (DME; e.g., wheelchairs, hospital beds)	20% ⁴
Physical therapy services ⁵	20%
Ambulance services	20%
Chiropractor services	20%
Outpatient mental health services	50%
Blood	20% after first 3 pints per year.

¹Of Medicare-approved amount for providers who accept assignment. If your doctor does not accept assignment, federal law allows him or her to charge up to 15% above Medicare's approved amount. Some state laws offer more protection.

²Based on diagnosis.

³Copies of x-rays are not covered.

⁴Of Medicare-approved amount for durable medical equipment (DME) suppliers who accept assignment. For DME suppliers who do not accept assignment, Medicare does not limit how much they can charge above Medicare's approved amount. Medigap plans F, G, I, and J that cover DME will not cover anything above the Medicare-approved amount.

⁵As of January 1, 2006, Medicare limits how much it will pay for outpatient physical therapy (PT), speech-language pathology (SLP) and occupational therapy (OT). The limits for 2009 are \$1,840 per calendar year for PT and SLP combined and an additional \$1,840 per calendar year for OT. After you pay the Part B deductible, Medicare will cover 80 percent of the limit. After the limit has been reached, you will pay the full cost of the services until January 1st of the following year, unless you qualify for an exception to the therapy limits. Outpatient limits don't apply to therapy services you get at a hospital outpatient department or hospital emergency room.

Medicare Part D. Costs for people who are **not** eligible for full-benefit MaineCare or for the Medicare Savings Program (MSP).

	In 2009 You Will Pay:
Monthly Premium	Varies by plan. Average national premium is \$31.74.
Annual Deductible	Varies by plan. Cannot be more than \$295.
Coinsurance/ Copayments and the “Doughnut Hole”	<p>Varies by plan and by drug within plan.</p> <p>After spending a pre-determined amount in total drug costs* (usually \$2,700), you may have to pay 100% of the cost of your drugs (this is the coverage gap, or doughnut hole) until coverage begins again.</p> <p>*Total drug costs include the cost that both you and the insurance company spend on your prescriptions.</p> <p>In all plans, after you have spent \$4,350 out-of-pocket (not including premiums or the costs of drugs not on your plan's list of covered drugs or that you bought in a pharmacy outside the plan's network), you will pay 5%, or \$2.40 for generics and \$6.00 for brand-name drugs (whichever is higher) of the cost of each drug (catastrophic coverage).</p>

Appendix C. Regional Department of Health and Human Services (DHHS) Offices

Regional Office Location	Address	Telephone Numbers
<u>Augusta Regional Office</u>	35 Anthony Avenue 11 SHS Augusta, Maine 04333	(207)624-8090 ASPIRE (207)624-8080 or 1-800-452-1926 FAX: 207-624-8124 TDD/TTY: 1-800-606-0215
<u>Bangor Regional Office</u>	396 Griffin Road Bangor, Maine 04401	(207)561-4100 or 1-800-432-7825 FAX: 207-561-4493 TDD/TTY: 1-800-606-0215
<u>Biddeford District Office</u>	208 Graham Street Biddeford, Maine 04005	(207)454-9000 or 1-800-622-1400 FAX: 207-454-9012 TDD/TTY: 1-800-606-0215
<u>Calais District Office</u>	392 South Street Calais, Maine 04619	(207)454-9000 or 1-800-622-1400 FAX: 207-454-9012 TDD: 1-800-606-0215
<u>Caribou District Office</u>	30 Skyway Drive Unit 100 Caribou, Maine 04736	(207)493-4000 or 1-800-432-7366 FAX: 207-493-4004 TDD/TTY: 1-800-606-0215
<u>Ellsworth District Office</u>	17 Eastward Lane Ellsworth, Maine 04605	(207)667-1656 or 1-800-432-7823 FAX: 207-667-5364 TDD/TTY: 1-800-606-0215
<u>Farmington District Office</u>	114 Corn Shop Lane Farmington, Maine 04938	(207)778-8400 or 1-800-442-6382 FAX: 207-778-8429 TDD/TTY: 1-800-606-0215
<u>Fort Kent District Office</u>	137 Market Street Fort Kent, Maine 04743-1447	(207)834-7700 or 1-800-432-7340 FAX: 207-834-7780 TDD/TTY: 1-800-606-0215
<u>Houlton Regional Office</u>	11 High Street Houlton, Maine 04730	(207)532-5000 or 1-800-432-7338 FAX: 207-532-5027 TDD/TTY: 1-800-606-0215
<u>Lewiston Regional Office</u>	200 Main Street Lewiston, Maine 04240	(207)795-4300 ASPIRE (207)795-4423 or 1-800-482-7517 FAX: 207-795-4551 TDD/TTY: 1-800-606-0215
<u>Machias District Office</u>	13 Prescott Drive Machias, Maine 04654	(207)255-2000 or 1-800-432-7846 FAX: 207-255-2022 TDD/TTY: 1-800-606-0215
<u>Portland Regional Office</u>	161 Marginal Way Portland, Maine 04101	(207)822-2000 or 1-800-482-7520 FAX: 207-822-2310 TDD/TTY: 1-888-720-1925
<u>Rockland District Office</u>	91 Camden Street Suite 103 Rockland, Me 04841	(207)596-4217 or 1-800-432-7802 FAX: 207-596-4331 TDD/TTY: 1-800-606-0215
<u>Sanford District Office</u>	890 Main Street Suite 208 Sanford, Maine 04073	(207)490-5400 or 1-800-482-0790 FAX: 207-490-5499 TDD/TTY: 1-800-606-0215
<u>Skowhegan District Office</u>	98 North Avenue Suite 10 Skowhegan, Maine 04976	(207)474-4800 or 1-800-452-4602 FAX: 207-474-4890 TDD/TTY: 1-800-606-0215
<u>South Paris Regional Office</u>	243 Main Street Suite #6 South Paris, Maine 04281	(207)744-1200 or 1-888-593-9775 FAX: 207-743-8735 TDD/TTY: 1-800-606-0215

State-wide toll-free number for DHHS: 1-877-543-7669

Appendix D. Regional Social Security Administration (SSA) Field Offices

PO Box 740
1 Great Falls Plaza
Auburn, ME 04212-0740
782-5157
TTY 783-3870

231A Park Street
Rockland, ME 04841
596-6633
TTY 594-4984

PO Box 1075
330 Civic Center Drive
Augusta, ME 04332-9928
622-1451
TTY 623-4190

3 Canal Street
Rumford, ME 04276
364-3731
TTY 369-0563

Federal Building
202 Harlow Street, Room 208
Bangor, ME 04401
990-4530
TTY 941-8698

110 Main Street
Suite 1450
Saco, ME 04072
282-5956
TTY 282-6404

Suite 150
550 Forest Avenue
Portland, ME 04101
771-2851
TTY 773-3981

46 Front Street
Waterville, ME 04901
872-2723
TTY 873-3490

365 Main Street
Presque Isle, ME 04769
764-3771
TTY 764-2925

The SSA processes all applications for Medicare, Social Security retirement benefits, Social Security Disability Insurance [SSDI], and Supplemental Security Income [SSI];

National number for the SSA: 1-800-772-1213 (TTY 1-800-325-0778)

Appendix E. Medicare Part D Resources

MaineCare Pharmacy Help Desk

1-866-796-2463 (TTY 207-287-1828)

This resource is for people who are enrolled in:

- Medicare and MaineCare
- Medicare, the Medicare Savings Program (MSP), and/or the Low Cost Drugs for the Elderly and Disabled (DEL) benefit
- MaineCare only
- DEL only

The MaineCare Pharmacy Help Desk can:

- Help DEL-only clients choose a PDP that is contracted with the state.
- Identify clients with Medicare and full-benefit MaineCare or MSP who were enrolled in a PDP by the state and determine the date the enrollment file was sent to the PDP and the expected effective date of coverage.
- Approve requests to cover drugs when clients report that they are out of drugs or are unable to fill a prescription.
- Trouble-shoot problems with copayments, deductibles, premiums, PDPs, pharmacies, the Centers for Medicare and Medicaid Services (CMS), and others.
- Provide information, direct clients to resources, and advocate with the client in dealing with CMS, PDPs, pharmacies, and other entities, as the situation requires.

Office of Elder Services

1-800-262-2232 (TTY 1-800-606-0215)

www.maine.gov/dhhs/oes

The Office of Elder Services within the Maine Department of Health and Human Services receives a grant from the Centers for Medicare and Medicaid Services (CMS), the federal Medicare agency, to operate the State Health Insurance Assistance Program, or SHIP. As the State SHIP Office, OES works with the Area Agencies on Aging and Legal Services for the Elderly, Inc. to provide one-on-one counseling and assistance to people with Medicare and their families. SHIP offers free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. The SHIP works with many local, state and federal partners including the Maine Bureau of Insurance, Social Security Administration, DHHS offices and health and social services providers, to name a few.

People with Medicare insurance or those who expect to have it soon, often have questions or need help to understand their Medicare benefits. Trained health insurance counselors are available throughout Maine to provide information about Medicare and other health insurance issues. SHIP services are free, confidential and available to older people and people who have Medicare because of a disability. SHIP Counselors do not sell insurance or recommend policies.

MaineCare Member Services

1-800-977-6740 (TTY 1-800-977-6741)

MaineCare Member Services can help with questions about coverage or providers.

Legal Services for the Elderly

Medicare Part D Appeals Hotline: 1-877-774-7772 (9:00 am to 12:00 pm and 1:00 pm to 4:00 pm, Monday through Friday)

www.mainelse.org

Legal Services for the Elderly (LSE) helps people with Medicare and full-benefit MaineCare or the Medicare Savings Program (MSP) with appeals when a PDP denies drug coverage. Please contact LSE as soon as your drug or dosage need has been denied.

(LSE provides free, high quality legal services to Maine's socially and economically needy elderly age 60 and over on a variety of legal issues, including problems with MaineCare, Medicare, and the Medicare Savings Program. Their general HelpLine is 1-800-750-5353 [Monday through Friday, 9:00-12:00 and 1:00-5:00]. LSE also provides healthcare-related assistance to disabled Medicare beneficiaries who are younger than 65.)

Area Agencies on Aging (AAAs)

Note: People with MaineCare, the Medicare Savings Program (MSP), or the Low Cost Drugs for the Elderly and Disabled (DEL) benefit should call the Pharmacy Help Desk first (1-866-796-2463; TTY 1-800-423-4331). People without MaineCare, MSP, or DEL should call an Area Agency on Aging (AAA).

Statewide toll-free number for all Area Agencies on Aging: 1-877-353-3771 (TTY 1-800-750-5353).

www.maine.gov/dhhs/oes/resource/aaa.htm

AAAs can:

- Help people decide if they need to change plans, and, if so, to which one
- Help people to choose and enroll in a prescription drug plan (PDP)
- Help people to resolve Part D problems
- Provide information about Part D, the Medicare Savings Program (MSP), the Low Cost Drugs for the Elderly and Disabled (DEL) benefit, and the State Wrap benefit, in general or on a case-by-case basis
- Help people apply to the Department of Health and Human Services (DHHS) for MaineCare, MSP, or DEL

Social Security Administration (SSA)

National number: 1-800-772-1213 (TTY 1-800-325-0778)

www.socialsecurity.gov

The Social Security Administration (SSA) processes applications for Medicare Parts A and B, Social Security retirement benefits, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI). See Appendix D for a list of SSA field offices throughout the state.

In Maine, people eligible for help with Medicare Part D costs receive this benefit through either full-benefit MaineCare or the Medicare Savings Program (MSP). Although the SSA can accept applications for what is known as the Low-Income Subsidy (LIS), or “Extra Help,” people in Maine should **not** apply through the SSA! They should apply through the Department of Health and Human Services (DHHS), and the assistance they receive through full-benefit MaineCare or the MSP will include the LIS (Extra Help). See Appendix C for a list of DHHS offices throughout the state.

The Centers for Medicare and Medicaid Services (CMS)

Medicare Service Center: 1-800-633-4227 (TTY 877-486-2048)

www.medicare.gov

The Centers for Medicare and Medicaid Services (CMS) can provide information about Medicare prescription drug coverage.

To learn about the available Part D prescription drug plans in your area (searchable by state or county), there is a link on the www.medicare.gov homepage: “Learn more about plans in your area.” Includes links to the plan formulary and the company’s website.

Appendix F. MaineCare Option for Workers with Disabilities (Working Disabled Benefit)

(<http://maine.gov/dhhs/beas/work/>)

The MaineCare Option for Workers with Disabilities (sometimes called the Working Disabled Benefit or the Medicaid Buy-In) allows you to earn more and still keep your MaineCare benefits. For this benefit, you only need to meet the Social Security Administration (SSA) medical standard, not the work-related standard.

You may qualify for this MaineCare Option if:

- You meet the Social Security guidelines for a disability, and
- You have earnings, usually from a job, and
- You meet each of the following financial guidelines:

If you are single:

- Unearned income: your monthly income from retirement, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other income that is not wages from a job must be \$903 (100% of the federal poverty level [FPL]) or less after deductions. (Not all income is counted—income could be as high as \$978 per month.)
- Your wages from a job, added to the income that is not from a job, must be \$2,257 (250% FPL) or less after deductions. (Not all income is counted—income could be as high as \$4,709 per month.)
- Your assets are \$8,000 or less. (Not all assets are counted. For example, your home, car(s), and up to \$8,000 in savings are not counted.)

If you are married:

- Your monthly income from retirement, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other income that is not wages from a job must be \$1,215 (100% FPL) or less after deductions. (Not all income is counted—income could be as high as \$1,315 per month.)
- Your wages from a job, added to the income that is not from a job, must be \$3,036 (250% FPL) or less after deductions. (Not all income is counted—income could be as high as \$6,317 per month.)
- Your assets are \$12,000 or less. (Not all assets are counted. For example, your home, car(s), and up to \$12,000 in savings are not counted.)

If you meet the three guidelines listed above, you may be eligible for MaineCare. Even if your income is above these amounts, you may still be able to get MaineCare. Not all income is counted. Contact your local Department of Health and Human Services (DHHS) office and request to fill out an application for the MaineCare Option for Workers with Disabilities. See Appendix C for a list of local DHHS offices.

What will it cost?

If your monthly countable income is over \$1,354 if single or \$1,822 if married (150% FPL), you will need to pay a monthly premium for your benefits (either \$10 or \$20 per month, depending on your income). If you and your spouse are both eligible for this benefit, you will need to pay just one premium, based on your combined income. You do not need to pay the premium if you are responsible for paying your Medicare Part B premium.

Appendix G. Prior Authorization for MaineCare and the Low Cost Drugs for the Elderly and Disabled (DEL) benefit

Some prescription drugs you get through MaineCare or the Low Cost Drugs for the Elderly and Disabled (DEL) benefit must be “prior approved” by the Maine Department of Health and Human Services (DHHS) in order to be covered. DHHS has a list of expensive drugs for which they think there is a cheaper alternative that can treat you just as well. You can only get coverage for the more expensive drug with DHHS’s “prior approval.” If you and your doctor think the more expensive drug is best for you, your doctor must request approval from DHHS (by fax) and provide information supporting that request. If DHHS approves, you will be able to get that drug with no further delay.

To find out which drugs require prior authorization, go to www.mainearepdl.org and click on the link for “Preferred Drug Lists.”

Q. How long does DHHS have to make a decision about my doctor's request for prior authorization of a drug?

A. DHHS must grant or deny your doctor's request for prior authorization within 24 hours of the time it receives the doctor's completed request for “prior approval” of a particular drug.

Q. What happens if I get to the pharmacy and can't get my prescription?

A. If you can't get your prescription at the pharmacy, ask the pharmacist why you can't get your medicine. If you can't get your medicine because your doctor did not file paperwork for prior authorization, contact your doctor right away to discuss your options. If you cannot reach your doctor, you may be given a 96-hour (4-day) supply of most drugs without prior authorization. Whether or not you get this supply is up to the pharmacist. If the pharmacist does not know why your prescription was denied, you can call the MaineCare Pharmacy Help Desk at 1-866-796-2463 (Monday through Friday, 8:00 am to 5:00 pm).

Q. How long does the prior authorization last?

A. Up to one year. After a year, your doctor will have to ask for prior authorization again.

Q. What if I am denied prior authorization?

A. You can first try to resolve the dispute by contacting the MaineCare Pharmacy Help Desk at 1-866-796-2463 (Monday through Friday, 8:00 am to 5:00 pm). If you still disagree, you may request a fair hearing.

You have a right to a fair hearing. If you disagree with a DHHS decision about your prescription, you have a right to request a “fair hearing” to have that decision reviewed by an impartial person. You have a right to be represented at that hearing by a person of your choice. To ask for a fair hearing, call or write to the Office of Administrative Hearings, DHHS, 11 State House Station, Augusta, Maine 04333-0011; (207) 287-3610. To continue coverage of your prescription during an appeal, you must appeal within 12 calendar days of the date on the DHHS decision.

Who to call for help. If you have questions about MaineCare or DEL, or if you would like help with an appeal, contact your local Pine Tree Legal Assistance office (see Section 2.7 for a list of local offices), or for:

- Families with children and others age 59 and younger—call the Consumers for Affordable Health Care HelpLine at 1-800-965-7476.
- People with disabilities—call the Disability Rights Center at 1-800-452-1948 (in the Augusta area, call 626-2774).
- People age 60 and older—call the Legal Services for the Elderly Help Line at 1-800-750-5353 (in the Augusta area, call 623-1797).

Appendix H. 2009 Maine's Medicare Part D Prescription Drug Plans (PDPs)

	Company	Plan Name	Monthly Premium
1	(AARP) UnitedHealthcare	AARP Preferred	*
2	(AARP) UnitedHealthcare	AARP Enhanced	*
3 (state contracted)	(AARP) UnitedHealthcare	AARP Saver	\$0.00
4	Aetna	Essentials	*
5	Aetna	Plus	*
6	Aetna	Premier	*
7	Anthem B/C	Blue Plus	*
8	Anthem B/C	Blue Premier	*
9	Anthem B/C	Blue Value	*
10	CaremarkRx (SilverScript)	SilverScript	\$0.00
11	CaremarkRx (SilverScript)	SilverScript Plus	*
12	CaremarkRx (SilverScript)	SilverScriptComplete	*
13	CIGNA	Plan One	*
14 (state contracted preapproval required)	CIGNA	Plan Two	*
15	CIGNA	Plan Three	*
16	Coventry AdvantraRx	Premier	*
17	Coventry AdvantraRx	Premier Plus	*
18	Coventry AdvantraRx	Value	*
19	EnvisionRx Plus	Gold	*
20	EnvisionRx Plus	Silver	*
21	First Health	Premier	\$0.00
22	First Health	Secure	*
23	Health Net	Orange Option 1	*
24	Health Net	Value Orange Option 2	*
25	HealthSpring	Reg. 1	\$0.00
26	Humana	Complete	*
27	Humana	Enhanced	*
28	Humana	Standard	*
29	Medco	Access	*
30	Medco	Choice	*
31	Medco	Value	*
32	MemberHealth	Community CCRx Basic	*
33	MemberHealth	Community CCRx Choice	*

34	MemberHealth	Community CCRx Gold	*
35	Pennsylvania Life Ins. Co.	Prescr. Pathway Bronze	*
36	Pennsylvania Life Ins. Co.	Prescr. Pathway Gold	*
37	Pennsylvania Life Ins. Co.	Prescr. Pathway Platinum	*
38	RxAmerica	Advantage Freedom	*
39	Rx America	Advantage Star	*
40	Sterling Life Ins. Co.	Rx	*
41	Unicare	Rewards Standard	*
42	United American Ins. Co.	UA Part D	*
43	United American Ins. Co.	UA Silver	*
44	UnitedHealthcare	Basic	*
45	WellCare	Wellcare Signature	*
46 (state contracted)	WellCare	WellcareClassic	\$0.00

*Plans marked with an asterisk in the last column are enhanced plans, not basic plans, which means that the full premium is **not** paid for through MaineCare or the Medicare Savings Program (MSP). Medicare beneficiaries can sign up for any of Maine’s 46 prescription drug plans (PDPs) (see the Low Cost Drugs for the Elderly and Disabled (DEL)-only exception below), although low-income beneficiaries will have to pay a portion of that plan’s monthly premium if they do not choose one of the basic plans listed **in bold** above. Call your local Area Agency on Aging for more information: 1-877-353-3771 (TTY 1-800-750-5353).

The small number of people with DEL **only** (who do not also have MSP) **must** enroll in a state-contracted plan.

When MSP members do not select a PDP on their own, the state will “intelligently assign” them to a state-contracted plan (noted in first column) that best meets their prescription drug needs (of course, the state can only know someone’s drug needs if he or she has been on MaineCare/MSP or DEL in the past).

Some people may also be enrolled in Cigna’s Medicare Rx Plan Two at no additional expense. Determination that this special enrollment is appropriate is made by the Department of Health and Human Services (DHHS).

Appendix I. Factors to Consider When Choosing a Prescription Drug Plan (PDP), if you are enrolled in MaineCare or the Medicare Savings Program (MSP)

- Is the PDP a basic plan? If not, you will need to pay the monthly premium amount that is over the federally determined “benchmark.”
- Whether the plan formulary includes or continues to include:
 - The particular drugs you need
 - The strengths, packaging, and dosages of the drugs you need
 - The number of days covered in each prescription (e.g., 30, 60, or 90 days)
 - Coverage for off-label drug usage (when a drug is prescribed for a condition other than the condition it was created for).
- If you received an exception from the plan in 2007 to cover a drug that is not on the formulary or to bypass utilization management requirements:
 - Whether the plan will honor the exception in 2008 and continue to cover the drug, and what you have to do to make sure coverage will continue
 - Whether you must file a new exception request for 2008, when the new exception request can be filed, and what is the process for doing so
 - Whether another plan includes the drug on its formulary, and you therefore will not need to request an exception.
- The plan’s utilization management tools.
- Whether utilization management tools have been added to drugs that were on the formulary in 2007.
- The prior authorization (PA) requirements (requirement that a plan approve a prescription for a formulary drug before it will cover that drug).
- Whether the plan requires step therapy (requirement that certain drugs be tried before the drug prescribed by the beneficiary’s physician will be covered).
- Whether the plan offers therapeutic substitutions.
- Whether quantity limitations exist:
 - On the number of prescriptions per month
 - On the number of pills per prescription
 - On dosage strength.
- Whether mail-order administration of prescriptions is allowed or required.
- The number of days covered in each prescription (e.g., 30, 60, or 90 days).
- The transition process used by the plan (temporary use of drugs not covered by plan).
- The exceptions process used by the plan (how to appeal if a beneficiary’s drug is not covered by the plan).
- The prior authorization process to get approval for a formulary drug.

Appendix J. Patient Assistance Program (PAP) Eligibility Criteria and Medicare Part D

Will your Medicare patients be eligible for Patient Assistance Programs?

Retrieved from RxAssist Patient Assistance Program Center: <http://rxassist.org/docs/medicare-and-paps.cfm>

Last updated September 5, 2008.

No Medicare Patients may apply for PAPs		
Actelion American Regent Axcan Biogen Boehringer Ingleheim Cangene Cephalon Dermik	Eisai (Part D see below) IVAX MedImmune Millenium Mylan Purdue Reliant	Salix Savient Sciele Pharma Scios Teva/Gate Watson
Medicare Patients without a Part D plan may apply for PAPs		
Alpharma Amgen (Part D see below) Amylin Astellas Pharma (Part D see below) Bayer Berlex Biovail Bradley Pharmaceuticals Centocor Daiichi Sankyo Duramed Eli Lilly (Part D see below)	Endo Enzon ESP Forest Galderma Genentech Genzyme (Part D see below) Graceway Intermune King MedPointe MGI NitroMed	Novo-Nordisk Ortho-Biotech (Part D see below) PDL Biopharm Reckett Benckiser Roche (Part D see below) Serono Shire (Part D see below) Solvay Upsher-Smith Valeant (Part D see below) Vistakon
All Medicare Patients may apply for PAPs		
Abbott * Alcon (Part D enrollees must submit a hardship letter) Allergan * AstraZeneca -Part D enrollees use AZ Medicines & Me <input type="checkbox"/> Bristol	Digestive Care Eytech Gilead * GlaxoSmithKline -Part D enrollees use GSK Access program Johnson & Johnson * Kos	Pfizer * (Some medications may not be available to Part D enrollees) Procter & Gamble (Cannot be LIS eligible) Sanofi-Aventis (Appeal process for Medicare enrolled, financially-needed)

Myer Squibb* Berlex/Beta Seron Fnd. (Cannot be LIS eligible) Celgene Chiron/TOBI - Part D enrollees may be eligible for product or co-pay assistance	Merck* Merck/Schering Plough * NABI (Cannot be LIS eligible) Novartis	patients who have a life threatening condition confirmed by physician) Schering-Plough Takeda* UCB Wyeth (Part D enrollees must submit a hardship letter or LIS denial letter)
Medicare Part D patients may apply for selected medications		
Amgen - Sensipar and Enbrel only Astellas Pharma - Prograf only Eisai - Aricept only Eli Lilly - Zyprexa, Forteo and Humatrope only through LillyMedicareAnswers	Genzyme - Renagel only through Renagel Part D PAP Ligand --only if drugs not in patient's Part D plan Ortho-Biotech - Only if drugs not in patient's Part D plan Roche - Only if drugs not in patient's Part D plan	Shire - Fosrenol, only if drug not in patient's Part D plan Valeant - Only if drugs not in patient's Part D plan; Part D enrollees ineligible for Infergen PAP

LIS = Low-Income Subsidy within Part D. People with the Medicare Savings Program have the LIS.

*Will consider allowing some Part D enrollees to apply for PAPs; contact the company for more information.

MedHelp Maine is developing a statewide network of community prescription assistance programs that are managed by hospitals and other organizations.

On physician referral, these resources facilitate enrollment in federal, state, drug manufacturer, and other medication access options. Existing programs are listed on MedHelp Maine's toll-free information line, 1-888-283-9883, and on its website, www.medhelpmaine.org.

Appendix K. What Does Full-Benefit MaineCare Cover That Medicare Does Not?

Medicare doesn't cover everything. MaineCare generally covers more than Medicare. Examples of items and services that are **not** covered by Medicare, but are covered by MaineCare, include (but aren't limited to) the following:

- Dental care and dentures (very limited MaineCare coverage. No Medicare coverage.)
- Eye care (MaineCare covers a routine exam every 2 years, eye refractions, and one pair of eyeglasses. Medicare only covers some preventative care/exams.)
- Foot care, including orthotics (broader coverage under MaineCare than under Medicare)
- Hearing aids and hearing exams (MaineCare only covers hearing aides for nursing facility residents.)
- Laboratory tests (some tests are covered under Medicare and some are not. MaineCare covers a broader range of lab tests.)
- Long-term care, such as custodial care in a nursing home or at home. (Medicare is limited to "intermittent" home health services for a "homebound" person and to 100 days of skilled nursing care in a nursing home. MaineCare covers long-term nursing and home care.)
- Physical exams (routine or yearly) (Medicare will only cover a one-time physical exam within the first 6 months you have Part B)
- Private non-medical institutions, such as boarding homes and other residential care facilities
- Shots (Medicare covers some preventive vaccinations. MaineCare provides broader coverage.)
- Substance abuse services (MaineCare covers both out-patient and residential services. Medicare is primarily limited to out-patient services.)
- Transportation (MaineCare covers transportation costs, such as gas, tolls, meals, and lodging for medically necessary travel; transportation agencies also will provide transportation when necessary for MaineCare-covered services)

Appendix L. Legal Services for the Elderly Informational Flier

MEDICARE PART D APPEALS UNIT LEGAL SERVICES FOR THE ELDERLY

When you know Duals or DELs who need help because their Part D Prescription Plans refuse to cover their prescribed drugs you can refer them to:

**Medicare Part D Appeals Unit,
Legal Services for the Elderly (LSE)
Augusta, Maine
Toll Free: 1-877-774-7772**

Calls taken Monday through Friday, 9 a.m. to Noon, and 1 p.m. to 4 p.m.

The Appeals Unit will help **MaineCare** and **Drugs for the Elderly and Disabled (DELs)** members with appeals when their Part D Drug Plans deny coverage of their medication. The Unit will also help physicians and their staffs in filing coverage determination requests and in obtaining any needed Part D information. **There is no cost for this help.**

Common reasons for denial of coverage that are subject to appeal include:

- The Plan takes the position that the prescribed drug is not medically necessary.
- The medication is a Part D drug, but is not on the Plan's formulary.
- The Plan requires Prior Authorization and it was denied or not obtained.
- The prescribed dosage is not covered by the Plan.
- The prescribed form (liquid/pill/injectable) or type (generic/brand name) of the drug is not covered by the Plan.
- The Plan is requiring step therapy.

Providers can also call the Part D Unit for information and for fax/phone numbers for the prescription drug plans. Information is also available at the LSE website: <http://www.mainelse.org/>

Background

Legal Services for the Elderly has provided free, high quality legal services to Maine's socially and economically needy seniors since its establishment in 1974.

The Medicare Part D Unit was started in 2006 under a contract with the State of Maine.

Appendix M. Maine’s Medical Assistance Benefits: Who’s Covered and Who’s Not?

<i>Category</i>	Benefit Level	Income Limit¹	Asset Limit	<i>Notes</i>
Children age 0-18	Full-benefit MaineCare	200% FPL (federal poverty level)	None	Children with income up to 150% FPL are eligible for <u>free</u> MaineCare; infants under 1 with income up to 185% FPL are eligible for <u>free</u> MaineCare. Children between 150%-200% FPL are eligible for <u>low-cost</u> MaineCare (with a premium from \$8-\$64 per month, per family). Children in higher-income families who have a serious medical condition are served under the Katie Beckett option. For the Katie Beckett option, only the income and assets of the child who has the disabling condition (not the parents’ income or assets) are counted. There is an asset limit of \$2,000 for the child for Katie Beckett coverage. Full Cost Purchase Option allows families who lose coverage due to increased income to buy into MaineCare at a cost of \$100 per month per child for 18 months.
19- and 20-year-olds	Full-benefit MaineCare	150% FPL	\$2,000 ² (Many assets are excluded.)	Income of parents in the household is counted in some circumstances.
Parents with children age 18 and younger at home ³	Full-benefit MaineCare	200% FPL	\$2,000 ² (Many assets are excluded.)	Transitional coverage: If family income increases from under 150% to over 200% FPL due to earnings, an additional 6 months of coverage is available. These individuals are also eligible for transitional coverage for 4 months if the reason for the increase in income is child support.
Pregnant women	Full-benefit MaineCare	200% FPL	None	For the mother, coverage continues for 2 months beyond the month that pregnancy ends. Coverage will continue longer if the mother meets criteria above for parents. If the mother had full-benefit MaineCare when the baby was born, the baby will be covered by MaineCare for at least 1 year.
Disabled adults and seniors age 65 and older	Full-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) ² (Many assets are excluded.) Workers with disabilities: \$8,000 (\$12,000/couple) (Many assets are excluded.)	Full-benefit MaineCare “wraps around” Medicare. It covers nearly all Medicare costs. Individuals who are enrolled in Medicare will need to be enrolled in a Medicare Part D prescription drug plan (PDP) and will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 1-866-796-2463 for questions about Part D. MaineCare Option for Workers with Disabilities: People with disabilities who work may be eligible for full-benefit MaineCare if their unearned income is under 100% FPL and their total income, including earnings, is under 250% FPL. Some people may have monthly premiums.

¹ For most MaineCare benefits, some income does not count towards these limits.

² Asset rules now exempt \$8,000 for an individual and \$12,000 for a household of 2 or more in certain savings, including retirement savings!

³ DHHS rules cover parents with an 18-year-old who will finish high school by age 19.

<i>Category</i>	<i>Benefit Level</i>	<i>Income Limit¹</i>	<i>Asset Limit</i>	<i>Notes</i>
Disabled Adults and seniors age 65 and older who have Medicare	Limited-benefit MaineCare	185% FPL	None	Medicare Savings Program (MSP, or “Buy In”): MaineCare will pay the Medicare Part B premiums for those below 185% of FPL. For those below 150% of FPL MaineCare will also pay the Part A & B deductibles, co-insurance/co-pays. MSPs will have no Part D premium, deductible or “donut-hole.” Co-payments are limited.
“Non-Cats”: adults who do not fit into one of the “categories” for full-benefit MaineCare	Partial-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) ² (Many assets are excluded.)	Adults ages 21-64 who are not disabled and do not have minor children living at home may be eligible for MaineCare if their income is below 100% FPL and they are under the asset limit. Covered services are limited. There is usually a waiting list for this program. Individuals will be moved off of the waiting list and onto the program as spaces become available.
Adults medically eligible for nursing care	Full-benefit MaineCare	300% of SSI benefit level	\$2,000 (\$3,000/couple) ² (Many assets are excluded.)	Condition must be so severe that they would be nursing home eligible, but they are living in the community. Adults are served under the home-based care waiver program. For more information: 1-800-750-5353.
Women who have breast or cervical cancer (or pre-cancerous condition)	Full-benefit MaineCare	250% FPL	None	Women must be without insurance; age 40-64; have a positive screening for breast or cervical cancer at an approved screener. For more information: 1-800-350-5180.
HIV-positive adults	MaineCare drug coverage and other limited benefits	250% FPL	None	Individual must be HIV-positive (with or without diagnosis of AIDS); coverage includes prescriptions and physician and hospital services. There are some limitations on services; copays are higher (\$10 per prescription and per office visit) than for full-benefit MaineCare. There is a limit on the number of individuals who can participate in the program.
“Medically Needy” or “Spend Down”: persons whose income is too high for full-benefit MaineCare	Full-benefit MaineCare, after a large deductible is met	None	\$2,000 (\$3,000 for some couples) ² (Many assets are excluded.)	The Medically Needy benefit helps people with catastrophic health care expenses; participants must be in a coverable group (65 or older, disabled, 20 or younger, pregnant, or the parent of a minor child); the deductible amount depends on income level; medical bills and other costs associated with medical care must have been incurred, but don’t need to have been paid; certification is usually for 6 months. Old medical bills still owed can go toward the deductible.
Disabled adults and seniors age 62 and older	Low Cost Drugs for the Elderly and Disabled (DEL)	185% FPL (income limit is increased by 25% if drug costs are high.)	None	DEL covers: 1) 80% of generic drugs costs (member pays 20% and small copay); 2) 80% of drugs costs for 14 specific health problems (member pays 20% and small copay); 3) A small discount off the retail cost of many other medications; 4) A catastrophic drug benefit covers 80% of the cost of most needed drugs after the person incurs \$1,000 out-of-pocket using their DEL card (member pays 20% and small copay). Some drugs require prior authorization. Most individuals who are also enrolled in Medicare will need to be enrolled in a Medicare Part D prescription drug plan (PDP) and will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 1-866-796-2463 for questions on Part D.
Persons who do not qualify for full-benefit MaineCare	Maine Rx Plus	350% FPL (see notes)	None	People over 350% FPL will be eligible if they have out-of-pocket prescription drug expenses exceeding 5% of the family’s income, or out-of-pocket medical expenses exceeding 15% of the family’s income. Drugs listed as “preferred” on the MaineCare preferred drug list (PDL) are covered; savings are approximately 15% on brand name drugs and 60% on generic drugs.

Category	Benefit Level	Income Limit ¹	Asset Limit	Notes
“Non-Cats”: adults who do not fit into one of the “categories” for full-benefit MaineCare	Partial-benefit MaineCare	100% FPL	\$2,000 (\$3,000/couple) ² (Many assets are excluded.)	Adults ages 21-64 who are not disabled and do not have minor children living at home may be eligible for MaineCare if their income is below 100% FPL and they are under the asset limit. Covered services are limited. There is a waiting list for this program. Individuals will be moved off of the waiting list and onto the program as spaces become available.
Adults medically eligible for nursing care	Full-benefit MaineCare	\$1,911/mo	\$2,000 (\$3,000/couple) ² (Many assets are excluded.)	Condition must be so severe that they would be nursing home eligible, but they are living in the community. Adults are served under the home-based care waiver program. For more information: 1-800-750-5353.
Women who have breast or cervical cancer (or pre-cancerous condition)	Full-benefit MaineCare	250% FPL	None	Women must be without insurance; age 40-64; have a positive screening for breast or cervical cancer at an approved screener. For more information: 1-800-350-5180.
HIV-positive adults	MaineCare drug coverage and other limited benefits	250% FPL	None	Individual must be HIV-positive (with or without diagnosis of AIDS); coverage includes prescriptions and physician and hospital services; there are some limitations on services; copays are higher (\$10 per prescription and per office visit) than for full-benefit MaineCare; there is a limit on the number of individuals who can participate in the program.
“Medically Needy” or “Spend Down”: persons whose income is too high for full-benefit MaineCare	Full-benefit MaineCare, after a large deductible is met	None	\$2,000 (\$3,000 for some couples) ² (Many assets are excluded.)	The Medically Needy benefit helps people with catastrophic health care expenses; participants must be in a coverable group (65 or older, disabled, 20 or younger, pregnant, or the parent of a minor child); the deductible amount depends on income level; medical bills and other costs associated with medical care must have been incurred, but don’t need to have been paid; certification is usually for 6 months. Old medical bills still owed can go toward the deductible.
Disabled adults and seniors age 62 and older	Low Cost Drugs for the Elderly and Disabled (DEL)	185% FPL (If spend 40%+ of gross monthly income on Rx’s, monthly income limit is increased by 25%.)	None	DEL covers: 5) 80% of generic drugs costs (member pays 20% and \$2.00 copay); 6) 80% of drugs costs for 14 specific health problems (member pays 20% and \$2.00 copay); 7) A small discount off the retail cost of many other medications; 8) A catastrophic drug benefit covers 80% of the cost of most needed drugs after the person incurs \$1,000 out-of-pocket using their DEL card (member pays 20% and \$2.00 copay). Some drugs require prior authorization. Most individuals who are also enrolled in Medicare will need to be enrolled in a Medicare Part D prescription drug plan (PDP) and will get their drugs through Part D. Call the DHHS Pharmacy Help Desk at 1-866-796-2463 for questions on Part D.
Persons who do not qualify for full-benefit MaineCare	Maine Rx Plus	350% FPL (see notes)	None	People over 350% FPL will be eligible if they have out-of-pocket prescription drug expenses exceeding 5% of the family’s income, or out-of-pocket medical expenses exceeding 15% of the family’s income. Drugs listed as “preferred” on the MaineCare preferred drug list (PDL) are covered; savings are approximately 15% on brand name drugs and 60% on generic drugs.

¹ For most MaineCare benefits, some income does not count towards these limits.

² Asset rules now exempt \$8,000 for an individual and \$12,000 for a household of 2 or more in certain savings, including retirement savings!

Appendix N. 2008 Medicare Benefits: Coverage and Costs

				Medicare Savings Program (MSP)	
Medicare Program	What's Covered	Standard Costs	What assistance is available if enrolled in full-benefit MaineCare?	What assistance is available if enrolled in QMB? ¹	What assistance is available if enrolled in SLMB ² or QI? ³
Part A	<ul style="list-style-type: none"> Inpatient hospital Skilled nursing facility Home health care Hospice care <p>Some services not covered, including long-term care and personal care.</p>	<ul style="list-style-type: none"> Deductibles Coinsurance/copays 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly premium (if required) Deductibles Coinsurance/copays Services covered by MaineCare but not Medicare (see Appendix K) <p>MaineCare member pays: Small copays (usually \$2.50) for some MaineCare services. (Nursing home residents are excluded from copays.)</p>	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly premium (if required) Deductibles Coinsurance/copays <p>QMB member pays:</p> <ul style="list-style-type: none"> \$0 	<p>What is paid for?</p> <ul style="list-style-type: none"> N/A <p>SLMB/QI member pays:</p> <ul style="list-style-type: none"> Monthly premium (if required) Deductibles Coinsurance/copays
Part B	<ul style="list-style-type: none"> Doctors' visits Outpatient hospital care Home health care Lab services Physical therapy Diabetes supplies Mental health services Ambulance Durable medical equipment Some screening services (e.g. mammograms, diabetes, prostate cancer) Some immunizations (e.g. flu, Hepatitis B) <p>Some services not covered, including dental care and most chiropractic services.</p>	<ul style="list-style-type: none"> Monthly premium Deductibles Coinsurance/copays 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly premium Deductibles Coinsurance/copays Services covered by MaineCare but not Medicare. <p>MaineCare member pays:</p> <ul style="list-style-type: none"> Small copays (usually \$2.50) for some MaineCare services. (Nursing home residents are excluded from copays.) 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly premium Deductibles Coinsurance/copays <p>Only assists with services covered by Medicare.</p> <p>QMB member pays:</p> <ul style="list-style-type: none"> \$0 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly premium <p>SLMB/QI member pays:</p> <ul style="list-style-type: none"> Deductibles Coinsurance/copays

				Medicare Savings Program (MSP)	
Medicare Program	What's Covered	Standard Costs*	What assistance is available if enrolled in full-benefit MaineCare?	What assistance is available if enrolled in QMB? ¹	What assistance is available if enrolled in SLMB ² or QI? ³
<p>Part C Commonly known as Medicare Advantage (MA) plans. (Previously called Medicare +Choice.)</p>	<ul style="list-style-type: none"> Medicare-covered health care services through a Medicare private health plan, such as an HMO, PPO, or PFFS plan Typically includes drug coverage <p>Part A, B, and usually Part D, are all administered through one private plan (if PFFS plan does not provide drug coverage, may receive Part D through a separate plan).</p> <p>Typically cannot also have a Medigap plan.</p>	<ul style="list-style-type: none"> Copay for Part A (e.g. \$100 for admission) Monthly Part B premium Usually a monthly premium to the private plan Typically \$5 to \$15 copay for Part B services Sometimes a Part D deductible, coinsurance/copay Full cost of out-of-network services (except for emergencies) Typically no Part A or B deductibles/coinsurance <p>There are frequently limitations on services (including number and frequency) and medications; often must receive prior authorization. Members typically access only in-network providers.</p>	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly Part B premium Copays (whether payment is full or partial is determined on a case-by-case basis, until a standardized guideline is created) Services covered by MaineCare but not Medicare Part D costs, as listed on following page <p>MaineCare member pays:</p> <ul style="list-style-type: none"> Monthly premium to the private plan Small copays (usually \$2.50) for some MaineCare services. (Nursing home residents are excluded from copays.) Part D costs, as listed on following page 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly Part B premium Copays (whether payment is full or partial is determined on a case-by-case basis, until a standardized guideline is created) Part D costs, as listed on following page <p>QMB member pays:</p> <ul style="list-style-type: none"> Monthly premium to the private plan Part D costs, as listed on following page 	<p>What is paid for?</p> <ul style="list-style-type: none"> Monthly Part B premium <p>SLMB/QI member pays:</p> <ul style="list-style-type: none"> Monthly premium to the private plan Copays Part D costs, as listed on following page

* Costs vary depending on plan.

		Medicare Savings Program (MSP)			
Medicare Program Part D	<p>What's Covered</p> <ul style="list-style-type: none"> • Prescription drugs on the selected prescription drug plan (PDP), as administered by a private insurance company • Additional drugs may be requested through an "exception"/appeals process 	<p>Standard Costs*</p> <ul style="list-style-type: none"> • Monthly premium • Deductible • Coinsurance • Copays • Full cost of drugs for a designated period (the coverage gap, or "doughnut hole") 	<p>What assistance is available if enrolled in full-benefit MaineCare?</p> <p>What is paid for?</p> <ul style="list-style-type: none"> • Monthly premium • Deductible • Coinsurance • Doughnut hole costs <p>MaineCare member who shows Maine Rx Plus/DEL card⁴ pays:</p> <ul style="list-style-type: none"> • \$0 for generic drugs • \$1.60 for brand name drugs <p>For drugs not covered by Part D⁵ that are covered by MaineCare, pay MaineCare copay (\$3.00, capped at \$30 per month; nursing home residents are excluded from copays).</p>	<p>What assistance is available if enrolled in QMB?¹</p> <p>What is paid for?</p> <ul style="list-style-type: none"> • Monthly premium • Deductible • Coinsurance • Doughnut hole costs <p>QMB member who shows Maine Rx Plus/DEL card⁴ pays:</p> <ul style="list-style-type: none"> • \$0 for generic drugs • \$1.60 (if ≤100% FPL) or \$3.00 (if >100% FPL) for brand name drugs <p>For drugs not covered by Part D⁵ that are covered by DEL, pay DEL coinsurance and copay.</p>	<p>What assistance is available if enrolled in SLMB² or QI?³</p> <p>What is paid for?</p> <ul style="list-style-type: none"> • Monthly premium • Deductible • Coinsurance • Doughnut hole costs <p>SLMB/QI member who shows Maine Rx Plus/DEL card⁴ pays:</p> <ul style="list-style-type: none"> • \$0 for generic drugs • \$3.00 for brand name drugs <p>For drugs not covered by Part D⁵ that are covered by DEL, pay DEL coinsurance and copay.</p>

* Costs vary depending on plan.

¹ **QMB eligibility:** Monthly **countable** income ≤150% FPL: \$1,354 or less if you are single, or \$1,822 or less if you are married. †

² **SLMB eligibility:** Monthly **countable** income ranges from >150% to ≤170% FPL: from \$1,355 to \$1,535 if you are single, or from \$1,823 to \$2,065 if you are married. †

³ **QI eligibility:** Monthly **countable** income ranges from >170% to 185% FPL: from \$1,536 to \$1,670 if you are single, or from \$2,066 to \$2,247 if you are married. †

Important: Due to income disregards, **gross** income may be higher, particularly if working. See Section 3.2.

†In many cases, income for couples can be up to \$337 higher if only one spouse signs up for MSP ("MSP with an ineligible spouse").

⁴ MSP/DEL members must show their Maine Rx Plus/DEL card in order to receive the State Wrap benefit, which discounts the cost of their copay (down to \$0 for generics and either \$1.60 or \$3.00 for brand name drugs).

⁵ Federal law excludes Part D coverage of some categories of drugs, such as benzodiazepines and over-the-counter drugs. MaineCare or DEL may still cover drugs that are excluded from Part D coverage, if they are on the MaineCare Preferred Drug List (PDL).

DEL = Low Cost Drugs for the Elderly and Disabled benefit; FPL = Federal Poverty Level; HMO = Health Maintenance Organization; MA = Medicare Advantage; MSP = Medicare Savings Program; PDP = Prescription Drug Plan; PFFS = Private Fee-For-Service; PPO = Preferred Provider Organization; QI = Qualified Individual; QMB = Qualified Medicare Beneficiary; SLMB = Specified Low-Income Medicare Beneficiary.