

Select originating Division

DeAnna Hartwig

Authorized Signature

Number: SPD-IM-08-077

Issue Date: 10-09-2008

Topic: Other

Subject: MMA Transmittal: 2009 Medicare Part D Plan Reassignment

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message: The Centers for Medicare and Medicaid Services (CMS) has announced the 2009 Stand-Alone Medicare Prescription Drug Plans (PDP's). Several significant changes will impact Medicare clients in various manners, dependent on whether or not the client chose their plan or if they remained with the plan that CMS assigned to them.

The 2009 benchmark premium for Oregon and Washington PDP Region is \$31.80. Clients eligible to receive the full LIS subsidy are any clients receiving Medicaid and/or a Medicare Saving program benefit (OSIPM/OHP, MAA, OPP, QMB, SMB, and SMF).

The following is a list of plans (with corresponding CMS Contract and Plan #) that were \$0 premium plans for clients receiving the full premium subsidy in 2008, but will not be \$0 premium plans in 2009.

<u>Plan Name, Contract & ID #</u>	<u>2009 Premium for Duals</u>
Humana PDP Standard (S5884-088)	\$ 6.10 per month
Advantage Star Plan by Rx America (S5644-083)	\$ 3.00 per month
Sterling Rx (S4802-020)	\$ 6.10 per month
Wellcare Classic (S5967-167)	\$ 2.60 per month
Aetna Medicare Rx Essentials (S5810-064)	\$.40 per month
Health Net Orange Option 1 (S5678-006)	\$.50 per month
Unicare/MedicareRx Rewards Standard (S5960-136)	\$.50 per month

Effective December 31, 2008, the "De Minimis" policy will end, therefore clients will be subject to pay any premium amount over the Benchmark.

Clients who are currently in any of the above plans and were enrolled via an “auto-enrollment” or “facilitated enrollment” will be reassigned to another premium free PDP. **Clients who chose** any of the above plans **will not be** reassigned to another plan. If the client does not make a change to full LIS, the client will be charged the monthly premium for 2009 coverage.

Reassignment Process

Clients who did not change plans and are still in their auto/facilitated enrollment plan will be reassigned to a benchmark plan with a premium of \$ 31.80 or less. In 2009 there are no current collating Oregon plan sponsors that will provide the basic benefit at the \$31.80 or less (\$0 premium); in this case all LIS eligible clients will be randomly assigned to a premium plan of \$31.80 or less.

Other changes to note:

The following plans will no longer be Medicare Stand-Alone prescription plans for 2009. Clients in these plans will be reassigned to collating plans or randomly reassigned.

Fox Value Plan (S5557-005) & Fox Grand (S5557-010) ***Randomly Reassigned***

First Health Part D-**Select** (S5768-077) ***Reassigned to First Health Part D Premier (S5768-123)***

ODS Health Advantage Rx (S5975-001) & ODS Health Advantage Rx Extra (S5975-002)
Randomly Reassigned

Sterling Rx Plus (S4802-020) ***Reassigned to another Sterling Rx or Randomly Reassigned***

United Health Rx Value (S5820-133) ***Reassigned to another United Health Plan***

Prescription Pathway Bronze (S5597-095) ***Reassigned to Prescriba Rx Bronze (S5597-264) or Randomly Reassigned***

*****In 2009 Community Care Rx (CCRX) company name will no longer be MemberHealth, it has been changed to Universal America.*

The 1st attached document lists all of the PDPs that will be available in Oregon for 2009. The benchmark plans are highlighted. These plans will not charge full, LIS-eligible clients

a monthly premium. There are fewer LIS plans than there were last year for clients to choose from.

The 2nd attached document is the “2009” LIS Reference Sheet”. This document provides the LIS levels and corresponding case coding for all categories of LIS eligibility for the 2009 calendar year, including individuals that apply through the Social Security Administration

If you have any questions about this information, contact:

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2009 Oregon Medicare Part D Stand-Alone Prescription Drug Plans

Includes all contracts/plans regardless of 2009 approval status-subject to change.

Any plan that is not highlighted will have a monthly premium for all people.

Company Name	Plan Name	Benefit Type	\$0 Premium with Full Low-	Monthly Drug Premium	Contract ID	Plan ID
Aetna Medicare	Aetna Medicare Rx Essentials	Basic		\$32.20	S5810	064
Aetna Medicare	Aetna Medicare Rx - Costco Plus Plan	Enhanced		\$59.50	S5810	166
Aetna Medicare	Aetna Medicare Rx Premier	Enhanced		\$120.60	S5810	200
Asuris Northwest Health	Asuris Medicare Script	Basic		\$64.50	S5609	001
Asuris Northwest Health	Asuris Medicare Script Enhanced	Enhanced		\$81.00	S5609	002
CIGNA Medicare Rx	CIGNA Medicare Rx Plan One	Basic		\$36.30	S5617	148
CIGNA Medicare Rx	CIGNA Medicare Rx Plan Two	Enhanced		\$49.80	S5617	150
CIGNA Medicare Rx	CIGNA Medicare Rx Plan Three	Enhanced		\$80.10	S5617	200
Coventry AdvantraRx	AdvantraRx Value	Enhanced		\$21.60	S5674	044
Coventry AdvantraRx	AdvantraRx Premier	Basic		\$44.20	S5674	045
Coventry AdvantraRx	AdvantraRx Premier Plus	Enhanced		\$59.50	S5674	047
EnvisionRx Plus	EnvisionRxPlus Silver	Basic		\$34.40	S7694	030
EnvisionRx Plus	EnvisionRxPlus Gold	Enhanced		\$63.10	S7694	064
First Health Part D	First Health Part D-Secure	Enhanced		\$16.70	S5768	112
First Health Part D	First Health Part D-Premier	Basic	•	\$30.00	S5768	123
Health Net	Health Net Orange Option 1	Basic		\$32.30	S5678	006
Health Net	Health Net Orange Option 2	Enhanced		\$48.20	S5678	012
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan-Reg 30	Basic	•	\$24.30	S5932	029
Humana Insurance Company	Humana PDP Enhanced S5884-028	Enhanced		\$36.50	S5884	028
Humana Insurance Company	Humana PDP Standard S5884-088	Basic		\$37.90	S5884	088
Humana Insurance Company	Humana PDP Complete S5884-058	Enhanced		\$104.60	S5884	058
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value	Basic	•	\$29.50	S5660	132
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Choice	Enhanced		\$47.70	S5660	030
Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Access	Enhanced		\$76.60	S5660	200
Pennsylvania Life Insurance Company	Prescriba Rx Bronze	Basic	•	\$30.60	S5597	264
Pennsylvania Life Insurance Company	Prescriba Rx Gold	Enhanced		\$31.40	S5597	062
Pennsylvania Life Insurance Company	Prescriba Rx Platinum	Enhanced		\$66.90	S5597	227
RxAmerica	Advantage Freedom Plan by RxAmerica	Enhanced		\$34.40	S5644	062
RxAmerica	Advantage Star Plan by RxAmerica	Basic		\$34.80	S5644	083
Sierra Health and Life Insurance Company, Inc.	SierraRx	Basic		\$32.90	S5917	006
Sierra Health and Life Insurance Company, Inc.	SierraRx Basic	Basic		\$71.00	S5917	031
SilverScript Insurance Company	SilverScript Value	Basic	•	\$29.90	S5601	060
SilverScript Insurance Company	SilverScript Plus	Enhanced		\$56.80	S5601	061
SilverScript Insurance Company	SilverScript Complete	Enhanced		\$79.40	S5601	101
Sterling Life Insurance Company	Sterling Rx	Basic		\$37.90	S4802	020

Company Name	Plan Name	Benefit Type	\$0 Premium with Full Low-	Monthly Drug Premium	Contract ID	Plan ID
UniCare	MedicareRx Rewards Standard	Basic		\$32.20	S5960	136
UniCare	MedicareRx Rewards Value	Basic		\$36.00	S5960	030
United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan	Basic		\$42.00	S5755	068
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	Enhanced		\$45.40	S5755	033
UnitedHealthcare	AARP MedicareRx Saver	Basic	•	\$26.70	S5921	021
UnitedHealthcare	AARP MedicareRx Preferred	Basic		\$38.40	S5820	029
UnitedHealthcare	UnitedHealth Rx Basic	Enhanced		\$43.10	S5921	022
UnitedHealthcare	AARP MedicareRx Enhanced	Enhanced		\$79.10	S5921	023
Universal American	Community CCRx Basic	Basic	•	\$31.00	S5803	099
Universal American	Community CCRx Choice	Enhanced		\$41.70	S5803	167
Universal American	Community CCRx Gold	Enhanced		\$46.40	S5803	247
WellCare	WellCare Classic	Basic		\$34.40	S5967	167
WellCare	WellCare Signature	Enhanced		\$41.50	S5967	064

2009 LIS Reference Sheet

LIS Category 1

Who:

- Individuals with Medicare and Medicaid whose income is **above** 100% of Federal Poverty Level. The UCMS screen for the client's Program Codes of OSP and FS2 case descriptor; **or**,
- Individuals who are enrolled in a Medicare Savings Program. These clients may have a QMB, SMB, MED or SMF in the UCMS screen for the Medical Program, with any of the following case descriptors: FS2, FS1, SMB, SMF, or QMB. These clients do not have OSP or MAA program code; **or**,
- Individuals with Medicare whose income is below 135% of Federal Poverty Level, with limited resources who have been approved by SSA.

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$2.40 and \$6.00 in 2009.

LIS Category 2

Who: Individuals with both Medicare and Full Medicaid coverage (Full-Benefit Dual Eligibles) whose income is **below** 100% of FPL, who do not reside in an institution. These clients should have OSP or MAA medical Program Coding on the UCMS screen, with QMB or QMM and FS1 case descriptors. All SSI clients are eligible for LIS category 2 even without the QMB coding (Exp: clients with no Medicare part A).

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$1.10 and \$3.20 in 2009.

LIS Category 3

Who: Individuals with both Medicare and full Medicaid coverage (Full Benefit Dual-Eligibles) who are expected to be institutionalized in a Nursing facility or other medical facility for a full calendar month. These clients should have an OSP or MAA medical Program Coding on the UCMS screen, with a case descriptor of ISI.

Benefit: No monthly premium for benchmark plans, no deductible, and no copayments on Medicare Part D covered drugs.

LIS Category 4

Who: People with Medicare (no Medicaid or MSP) whose income is between 135% of FPL and 150% of FPL and who have limited resources. These individuals must apply for the LIS with SSA.

Benefit: A subsidy covering up to 75% of the monthly benchmark premium and:
Out of pocket expenses in 2009 are limited to:

\$60.00 annual deductible

15% of the prescription costs up to \$4,350 out-of pocket

Co-payments limited to \$2.25 for each generic drug and \$5.60 for each name brand drug after the annual prescription costs exceed \$4,350 out-of-pocket spending

Any Partial or Full dual eligible who has been deemed by the Department with any of the above eligibility from July through December of a given year, will retain their copayment levels for the following calendar year.

SSA will review eligibility at the end of each calendar year for those that apply through their system. If an individual loses his or her eligibility during the calendar year, he or she will not lose the benefit until the end of the calendar year.