

# MSC E-VISORY

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State of New York Office of Mental Retardation and Developmental Disabilities  
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The MSC E-Visory is an electronic advisory intended to provide timely information to Medicaid Service Coordination Supervisors and their staff.

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Each E-Visory has pertinent information on programs and services available to individuals receiving Medicaid Service Coordination (MSC). Announcements about MSC training, conferences and meetings appear regularly in issues of the MSC E-Visory. Please forward this issue to all Medicaid Service Coordinators and MSC Supervisors.

## In This Issue:

### Transition to 2010 Medicare Part D Prescription Drug Plans for Low Income Subsidized Beneficiaries in NYS

Effective 1/1/10 there are changes to the Medicare Part D prescription drug plans for low income subsidized beneficiaries. An explanation of these changes is provided below.

The chart listing the benchmark plans is separately attached. To use the chart properly, identify the Part D Plan in which an individual is enrolled and refer to the comments to identify what action might be necessary to ensure the individual's prescription needs are met by a Part D Plan in 2010.

Also separately attached is the Part D Cost Sharing grid.

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## **Transition to 2010 Medicare Part D Prescription Drug Plans for Low Income Subsidized Beneficiaries in NYS**

The number of Medicare Part D benchmark or subsidized prescription drug plans that are available to dually eligible (Medicare and Medicaid) or Low Income Subsidized beneficiaries will change, effective 01/01/2010.

There were nine benchmark plans in 2009; beginning January 1, 2010 there will be 10 plans that have no premium costs for fully subsidized enrollees. There are two new plans for 2010 – **EnvisionRxPlus Silver (S7694-003)** and **Fox Value Plan (S5557-034)**; **Unicare MedicareRx Rewards Standard (S5960-109)** will no longer be a benchmark plan.

It is important to review the Part D plan that a beneficiary is enrolled on, and consider the need for changes early during the open enrollment period of 11/15/09 to 12/31/09. The Centers for Medicare and Medicaid Services has recommended in the past that plan changes be made by the end of the first week in December for best results at the pharmacy in January of the next year.

The NYS Health Insurance Information Counseling and Assistance Program (HIICAP) offers local counseling on Medicare benefits for persons living at home. The HIICAP Hotline is 1-800-701-0501.

You can compare Medicare Prescription Drug Plans and the new 2010 formularies at [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-Medicare (1-800-633-4227; TTY 1-877-486-2048).

Scenarios for Transition to 2010 Part D Prescription Drug Plans are attached separately for your consideration. It is also available on the OMRDD website at [www.omr.state.ny.us/wt/publications/msc/index.jsp](http://www.omr.state.ny.us/wt/publications/msc/index.jsp).

Also attached separately is the Part D Cost Sharing grid.

## Transition to 2010 Medicare Part D Prescription Drug Plans for Fully Subsidized Beneficiaries in NYS

**2010 Federal Part D Low Income Subsidy (LIS) for NYS: \$33.32**

- People enrolled in Medicare and Medicaid are fully subsidized beneficiaries and will pay no monthly premium for basic benchmark plans costing up to \$33.32 a month.
- To use the chart below, identify the Part D Plan in which an individual is enrolled and refer to the comments to identify what action might be necessary to ensure the individual's prescription needs are met by a Part D Plan in 2010.

Company Name	Plan Name (and ID Numbers)	\$0 Premiu m with Full Low- Income Subsidy ?	Monthly Drug Premium	+ 2010 Benchmark Plan - Premium fully covered for individuals with full low-income subsidy.
				+ New Benchmark Plan for 2010 – Premium fully covered for individuals with full low- income subsidy
				- Lost benchmark status for 2010. Premium not fully covered.

### Comments/Actions Needed:

+ Bravo Health	Bravo Rx (S5998-001)	YES	\$30.60	Remains a benchmark. No action needed except compare medications against 2010 formulary.
+ CIGNA Medicare Rx	CIGNA Medicare Rx Plan One (S5617-013)	YES	\$27.70	Remains a benchmark. No action needed except compare medications against 2010 formulary.
+ EnvisionRx Plus	EnvisionRxPlus Silver (S7694-003)	YES	\$31.20	New benchmark plan for 2010.
+ Fox Insurance Company	Fox Value Plan (S5557- 034)	YES	\$29.30	New benchmark plan for 2010.
+ GHI Medicare Prescription Drug Plan	GHI Medicare Prescription Drug Plan (S5966-001)	YES	\$27.60	Remains a benchmark. No action needed except compare medications against 2010 formulary.

+ HIP Insurance Company of NY	HIP Part D New York (S5741-001)	YES	\$30.60	Remains a benchmark. No action needed except compare medications against 2010 formulary.
+ Medco Medicare Prescription Plan	Medco Medicare Prescription Plan - Value (S5983-004)	YES	\$28.00	Remains a benchmark. No action needed except compare medications against 2010 formulary.
+ RxAmerica	Advantage Star Plan by RxAmerica (S5644-004)	YES	\$28.80	Remains a benchmark. No action needed except compare medications against 2010 formulary.
+ SilverScript	SilverScript Value (S5601-006)	YES	\$31.60	Remains a benchmark. No action needed except compare medications against 2010 formulary.
- UniCare	MedicareRx Rewards Standard (S5960-109)	No	\$38.70	NOT a benchmark for 2010. Persons who were auto-enrolled in this plan will be randomly reassigned to a new benchmark plan. Persons who chose this plan will have to choose a 2010 benchmark plan or pay the amount above the benchmark.
+ Universal American	Prescriba Rx (Prescription Pathway) Bronze (S5825-045)	YES	\$28.30	Remains a benchmark. No action needed except compare medications against 2010 formulary.

**NOTES:**

- LIS = Low Income Subsidy
- NYS Regional Benchmark (maximum premium subsidy for LIS beneficiaries) for 2010 is \$33.32 (premium bills for cost above subsidy are appearing rounded up).
- CMS advises enroll/change plans by early December to be effective for 1/1/10.
- No co-pays for individuals in Long Term Care Facilities (LTC) like Intermediate Care Facilities (ICF).
- Review the Annual Notice of Change (ANOC) (sent out by PDPs to all members by 10/31/09) for formulary changes that may affect an individual and change plans, as needed. Comprehensive formularies are available on plan websites and [www.medicare.gov](http://www.medicare.gov).

If an individual residing in an OMRDD residential program remains in a former benchmark plan and there is a premium or partial premium due, the residential provider will be responsible for paying the premium or partial premium.

*Information compiled from various sources without warranty or representation as to the accuracy or completeness of information.*

*See <http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/> for 2010 Landscape of Plans.*

Part D Cost Sharing

2010	Typical Part D Beneficiary	Dual Eligible			Other Low Income (Non Dual Eligible)	
		ICF	Other		Incomes under 135% poverty & asset eligible	Incomes under 150% poverty & asset eligible
			Income under 100% poverty	Income above 100% poverty		
<b>Annual Deductible</b>	\$310	\$0	\$0	\$0	\$60	\$62
<b>Monthly Premium</b>	\$30.36 base beneficiary premium *	\$0	\$0	\$0	\$0	Sliding scale
<b>Cost Sharing</b>	25% of drugs between \$310 + \$2830 (\$630)	\$0	\$1.10/\$3.30 co-pay	\$2.50/\$6.30 co-pay	\$2.50/\$6.30 co-pay	15% of drugs up to out of pocket threshold (\$4550)
<b>Initial Coverage Limit</b>	\$2830	no limit	no limit	no limit	no limit	no limit
<b>Doughnut Hole (Enrollees pay 100% of Drug Costs)</b>	100% of drug costs between \$2830 - \$6440 (\$3610)	none	none	none	none	none
<b>Catastrophic Coverage (\$6,440 catastrophic threshold, equivalent to \$4550 out of pocket limit)</b>	The greater of \$2.50/\$6.30 co-pay or 5% cost (Medicare 95%)	no costs	no costs	no costs	no costs	\$2.50/\$6.30 co-pay above the out-of-pocket threshold

Medicare Advantage Plans are required to offer basic drug coverage. Dually Eligible persons enrolled in Medicare plans offering integrated health care coverage are automatically enrolled in that sponsor's Medicare Advantage Prescription Drug plan (MA-PD).

\* 2010 Benchmark or fully subsidized plans for dual eligible persons in NYS have premiums of \$33.32 or less (full subsidy for basic plan premiums up to \$33.32).