

Key Speaking Points

For Healthcare Providers in Assisting Medicare Beneficiaries

- Remind your patients that the Medicare prescription drug benefit is voluntary. Beneficiaries must sign up to receive the benefits. Medicare prescription drug coverage is insurance. It is not a free benefit for drugs. Participation will help Medicare beneficiaries with drug expenses—especially if they have very high drug costs.
- Remind beneficiaries of the enrollment dates, that the introductory enrollment period is approaching, and that they should investigate their options and preferences now in order to make an informed decision.
- Remind beneficiaries that there are financial penalties for late enrollment. These penalties can be costly, and so it may be beneficial to participate now—even if the cost-savings are less significant today. The benefit may be more valuable tomorrow—especially if their prescription drug costs escalate.
- Inform beneficiaries that they may qualify for low-income subsidies, which provide substantial help with their drug costs. They may apply for low-income subsidies through the Social Security Administration (**1-800-772-1213**).
- Assure patients that you can guide them to a number of resources to help them with their information-gathering.
- Remind beneficiaries that you and your staff have done your homework in order to help make this transition as smooth as possible for your patients.
- Reinforce the **5-Step Enrollment Process** with your patients (for patients who do not have both Medicare and Medicaid or are in a skilled nursing facility):

1. Prepare your information

- Your ZIP code
- A list of the medications you are currently taking
- Consider those medications you may need in the future

2. Contact the Medicare resources at:

- www.medicare.gov
- **1-800-MEDICARE (1-800-633-4227)**

Ask about the prescription drug plans in your area. If you think you may qualify for low-income subsidies, also contact the Social Security Administration for an application, which you can complete and submit to them for approval.

3. Contact your preferred plan(s) and request application information from them.

4. All plans are not the same. Assess the specifics of each plan, and select one plan that seems best for you.

Some factors you should consider are the plan's:

- Out-of-pocket costs: What are the monthly premiums, deductibles, and copayments?
- Formulary: Are the patient's drugs covered? (Note: formularies can change over the plan year)
- Pharmacy network: Is the patient's pharmacy included?
- Exceptions and Appeals Process: How difficult is it to get a non-covered drug?
- Drug counseling support: What type of Medication Therapy Management Program (MTMP) is provided by the plan for special-needs patients?

5. Complete the application and return it to the plan to get enrolled.

The information contained herein is accurate as of August 8, 2005. Please note that some elements of the Medicare Modernization Act may change or be updated over time. Please visit www.medicare.gov for the most current information on MMA.