

Medicare Plan Finder





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Lesson 1

What is the Plan Finder & How to Use It?

Mary McGeary Director, State Health Insurance Assistance Program (SHIP) New Jersey's Division of Aging Services



What is the Medicare Plan Finder Tool?

- An online searchable tool on official government Medicare.gov website
- Available to the public
- Allows users to compare Medicare plan options
 - Medicare Advantage Health plans
 - Medicare Part D Prescription Drug plans
 - Medicare Supplemental Policies (Medigap)
- Provides detailed information on coverage, costs, and benefits of different plan options in your area based on your prescriptions.
- Can also enroll in a Medicare Advantage plan or a Medicare Part D drug plan on the Medicare Plan Finder tool.

What You Need Before You Get Started

- Beneficiary's zip code
- List of Beneficiary's prescription drugs with dose
- Pharmacy Beneficiary uses
- Does Beneficiary have a Medicare account?
- Other Helpful Information
 - Medicare card with NEW Medicare number
 - Other Health Insurance cards
 - Subsidy eligibility (Medicaid, Low Income Subsidy (LIS), State Pharmacy Assistance Program)

Eight Step Process

- 1. Enter Beneficiary Information
- 2. Enter drugs by name, dose and quantity
- 3. Select pharmacies
- 4. Review search results
- 5. Compare plans
- 6. Review Plan Details
- 7. Save or print plan details
- 8. Enroll in a Plan

Getting to the Medicare Plan Finder

- Go to <u>Medicare.gov</u>
- Click "Find Health and Drug Plans"
- Or <u>Medicare.gov/plan-compare</u>
- Or call 1-800-Medicare
 - Customer Service Assistance for choosing a plan & enrolling
 - Available 24 hours a day, 7 days a week
 - Language Line Interpreters for 150 languages



Medicare.gov Homepage



Redesigned Medicare Plan Finder Home Page



Medicare Plan Finder

Things to Note

- Cannot save drug list if use option "continue without logging in"
 - Will be able to see plan and coverage information to make an enrollment choice.
- In order to save the drug list, you must access or create a Medicare Account (formerly called a "My Medicare Account")
 - Doing this will show beneficiary drug list from prior year's claims, no need to enter medications, just need to update it.

Step One: Beneficiary Question on "Extra Help"

Medicare.gov

Help with your costs

Do you get help with your costs from one of these programs?

-) Medicaid
-) Supplemental Security Income
-) Medicare Savings Program
-) Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

Search Preferences- Drug Costs

Always check "yes" if entering drugs



Step Two: Entering Drugs



Pop Up: Generic or Brand Name Drug Used?

egin typing to find & select	Add Drug	A generic is available
Browse drugs A-Z	Clear search Can't find your drug?	Lipitor has a lower cost generic version called atorvastatin.
		Would you like to add atorvastatin to your list instead?
		Add Generic Add brand instead
See Plans Without Drug Cos	sts	

Enter the Drug Dosage



Tip: Letters included with Drug Dose are Important

Would show on medicine bottle as 100mg ER

Tell us about this drug

Bupropion hydrochloride

DOSAGE

300mg tablet extended release 24 hour

 \sim

Select a dosage

75mg tablet

100mg tablet

100mg tablet extended release 12 hour

Bupropion hcl er (sr) 150mg tablet extended release 12 hour Bupropion hcl er (smoking det) 150mg tablet extended release 12 hour 200mg tablet extended release 12 hour 150mg tablet extended release 24 hour 300mg tablet extended release 24 hour 450mg tablet extended release 24 hour

Add Additional Medications

Confirm your drug list



Step Three: Select Pharmacies

Ch Drug co drug co use.	OOSE UP to 5 pharmac sts vary based on the pharmacy you use. Choosing pharma sts, helping you pick the lowest cost plan. You don't have to	cies acies lets us show you your es o choose the pharmacies you	timated currently	Tip: include som (ex: CVS or Walgr to get some prefe pricing.	e retail chains eens or Walmart) erred pharmacy	
	YOUR COMPLETE ADDRESS OR ZIP CODE NAME	OF PHARMACY (OPTIONAL)	Find Pharmacy			
Filter by	Distance: 5 miles 🗸					
Showing	g 1-10 of 46 pharmacies near 08625				S cotch Bd	
	Mail-order Pharmacy Add both mail-order and retail pharmacies to find the lowest cost.	Add Pharmacy	Baa Heart Jacob Real To Real T	697	8	Div
1.	Ewing Pharmacy 1400 Parkway Ave, Ewing, NJ 08628 (609) 323-7503	Add Pharmacy	277 (4 1000) Pd (107)	177 (447) 1877 (147) 1979 (147)	Capital Health Medical Center - Hopewell SpringHill St Princetor Element Ewing Princeton	uites Ewing n South
2.	Partners Pharmacy	Add Pharmacy	a (1)	Mountain View Golf Course		\searrow

Step Four: View Results

Showing 3 of 3 drug plans		SORT PLANS BY Lowest drug + premium cost
SilverScript Plus (PDP) Aetna Medicare Plan ID: S5601-009-0 Star rating: ★★★☆☆		
MONTHLY PREMIUM \$77.40 Includes: Only drug coverage YEARLY DRUG & PREMIUM COST	PH 3 of <u>Vie</u>	ARMACIES f 3 of your selected retail pharmacies are in-network w your pharmacies
\$610.72 Retail pharmacy: Estimated total drug + premium cost	Ure Vie	w drugs & their costs
\$0.00 Drug deductible Enroll Plan Details	Note: During OEP costs for a full year in will show. If comparing after January 1 shown will be calculated for months ren the year.	n the plan ., the costs maining in

Filter Plan List if Desired

Iter by: Insurance Carrier V Star Ratings V		Insurance Carrier 🔺	Drug Coverage 🗸 Star Ra
owing 10 of 23 drug plans			×
Cigna Secure Rx (PDP) Cigna Plan ID: S5617-018-0 Star rating: ★★★☆☆ MONTHLY PREMIUM		 Aetna Medicare Amerigroup Commu Amerigroup Insurar Cigna 	unity Care nce Company
\$38.20 Includes: Only drug coverage YEARLY DRUG & PREMIUM COST		Clover Health Clover Blue Cross Humana	Blue Shield of New Jersey
\$284.44 Retail pharmacy: Estimated total DEDUCTIBLE	drug + premium cost	UnitedHealthcare	
\$480.00 Drug deductible		<u>Clear</u>	Apply
Enroll Plan D	etails Add to compare	Select "add to com	npare"
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Step Five: Compare Plans Side-by-Side

	SilverScript SmartRx (PDP) × \$7.00 Monthly premium Enroll Plan Details	AARP MedicareRx Walgreens (PDP) × \$29.30 Monthly premium Enroll Plan Details	Cigna Essential Rx (PDP) \$34.90 Monthly premium Enroll Plan Details
Overview			
Star rating	★★★☆ ☆	★★★★☆	
Total	\$7.00	\$29.30	\$34.90
Yearly drug deductible	\$480.00	\$310.00	\$480.00
Drug coverage & costs			
Drugs covered/Not covered	3 of 3 Prescription drugs covered <u>Pestrictions may apply</u>	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>	3 of 3 Prescription drugs covered <u>Restrictions may apply</u>
Estimated total drug + premium cost	SHOPRITE PHARMACY DEPT #514 Preferred in-network \$715.90	SHOPRITE PHARMACY DEPT #514 Standard in-network \$727.20	SHOPRITE PHARMACY DEPT #514 Preferred in-network \$884.64
Review <u>total</u> cost at different pharmacies	WALGREENS #19172 Cout-of-network \$3,701.20 Covid Preferred in-network \$715.50	WALGREENS #19172 Preferred in-network S647-00 CVS PHARMACY #06900 Standard in-network \$727.20	WALGREENS #19172 Preferred in-network \$884.88 CVS PHARMACY #00900 Standard in-network \$971.24

Step Six: View Plan Details Page

Aetna Medicare SilverScript SmartRx (PDP) Plan type: Drug plan (Part D) Plan ID: S5601-179-0 Plan website Non-members: 1-833-526-2445 Members: 1-866-235-5660								
What you'll pay Total monthly premium Retail pharmacy: 2022 estimated total drug costs \$7.00 \$687.50 Covers 3 of 3 drugs								
Overview Drug Coverage	Star Ratings							
PREMIUMS								
Total monthly premium \$7.00								
DEDUCTIBLES The amount you must pay each year before your plan starts to pay for covered services or drugs.								
Drug deductible			\$480.00					

Plan Details- Yearly Costs

YEARLY DRUG COSTS BY PHARMACY Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?							
	Shoprite Pharmacy Dept #514 Preferred Preferred in-network pharmacy	Walgreens #19172 X Out-of-network pharmacy	CVS Pharmacy #06900 Preferred Preferred in-network pharmac				
Atorvastatin 40mg tablet	\$4.00	\$1,017.36	\$4.00				
Bupropion hydrochloride 300mg tablet extended release 24 hour	\$85.97	\$655.20	\$85.77				
Lantus 100unit/ml solution pen injector	\$597.93	\$2,000.64	\$597.73				
Total yearly drug cost	\$687.90	\$3,673.20	\$687.50				
ESTIMATED TOTAL DRUG + PREMIUM COST							
	Shoprite Pharmacy Dept #514 Preferred Preferred in-network pharmacy	Walgreens #19172 X Out-of-network pharmacy	CVS Pharmacy #06900 Preferred Preferred in-network phar				
Total yearly drug + premium cost	\$715.90	\$3,701.20	\$715.50				

*

Plan Details- Look for Months When Costs Change

ESTIMATED TOTAL DRUG + PREMIUM COST							
	Shoprite Pharmacy Dept #514 Preferred Preferred in-network pharmacy	Walgreens #19172 X Out-of-network pharmacy	CVS Pharmacy #06900 Preferred Preferred in-network pharmacy				
Total yearly drug + premium cost	\$715.90	\$3,701.20	\$715.50				
When you'll meet your deductible	September 2022	October 2022	September 2022				
When you'll enter the coverage gap V	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022	You won't enter the coverage gap in 2022				

Can Choose to Show Only Preferred Pharmacies



Plan Details- Estimated Costs During Coverage Phases

ESTIMATED DRUG COSTS DURING COVERAGE PHASES							
+ <u>WALGREENS #16034</u> - DRUG COSTS DURING COVERAGE PHASES Click + to expand the info							
CVS PHARMACY #06900 - DRUG COSTS DURING COVERAGE PHASES							
Retail costCost before deductibleCost after deductibleCost in coverage gapCost after coverage gap							
Atorvastatin 40mg tablet	\$1.75	\$1.00	\$1.00	\$0.44	\$1.75		
Bupropion hydrochloride 300mg tablet extended release 24 hour	\$28.77	\$28.77	\$19.00	\$7.19	\$3.95		
Lantus 100unit/ml solution pen injector	\$459.73	\$459.73	\$46.00	\$114.93	\$22.99		
Monthly totals	\$490.25	\$489.50	\$66.00	\$122.56	\$28.69		

Plan Details- Interpreting Estimated Costs During Coverage Phases

CVS PHARMACY #06900 - DRUG COSTS D	URING COVERA	GE PHASES	Why is the copay the sa before and after the de Plan does not apply dec	ame ductible? ductible to		
	Retail cost	Cost befo deductibl	re Cost after e deductible	Cost in coverag	ge gap	Cost after coverage gap
Atorvastatin 40mg tablet	\$1.75	\$1.00	\$1.00	\$0.44		\$1.75
Bupropion hydrochloride 300mg tablet extended release 24 hour	\$28.77	\$28.77	\$19.00	\$19.00 Same copay after deductible an in the Coverage Gap? Plan offer extra coverage in the Gap for the drug.		
Lantus 100unit/ml solution pen injector	\$459.73	\$459.73	\$35	\$3	5	\$22.99
Monthly totals	\$490.25	\$489.50	\$66.00	\$122.56)	\$28.69
	+ Vie	ew more drug c	overage			

Plan Details- View Plan Cost by Drug Tier

Preferred retail pharmacy drug cost for 1 month 🗸 Change						
Tiers	Initial coverage phase	Gap coverage phase	Catastrophic coverage phase			
Preferred Generic	\$1.00 copay	Generic drugs: 25% Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more) Brand-name drugs: \$9.85 copay or 5% (whichever costs more)			
Generic	\$19.00 copay	Generic drugs: 25% Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more) Brand-name drugs: \$9.85 copay or 5% (whichever costs more)			
Preferred Brand	\$46.00 copay	Generic drugs: 25% Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more) Brand-name drugs: \$9.85 copay or 5% (whichever costs more)			
Non-Preferred Drug	49%	Generic drugs: 25% Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more) Brand-name drugs: \$9.85 copay or 5% (whichever costs more)			
Specialty Tier	25%	Generic drugs: 25% Brand-name drugs: 25%	Generic drugs: \$3.95 copay or 5% (whichever costs more) Brand-name drugs: \$9.85 copay or 5% (whichever costs more)			

Plan Details- View Other Drug Information

OTHER DRUG INFORMATION						
	Tier	Prior authorization	Quantity limits	Step therapy		
Atorvastatin 40mg tablet	Tier 1	-	Yes	-		
Bupropion hydrochloride 300mg tablet extended release 24 hour	Tier 2	_	Yes	_		
Lantus 100unit/ml solution pen injector	Tier 3	_	_	_		

Can Edit Drug List

MY DRUG LIST		Change Drugs		
	Package	Quantity	Frequency	Brand/Generic
Atorvastatin 40mg tablet		45	Every month	Generic
Bupropion hydrochloride 300mg tablet extended release 24 hour		30	Every month	Generic
Lantus 100unit/ml solution pen injector	3ml pen (sold in pack of 5)	1	Every month	Brand

Plan Details- Star Ratings

Star ratings	+ Expand All Ratings
Overall star rating Overall rating is based on the categories below.	★★★☆ ☆
— Drug plan star rating	
+ Drug plan customer service	★★★★ ☆
+ Member complaints & changes in the drug plan's performance	****
+ Member experience with the drug plan	★★★ ☆☆
+ Drug safety & accuracy of drug pricing	****
Summary rating of drug plan quality	****

Step Seven: Printing Plan Finder Results



Tip for Printing Plan Finder Results



Printing Tip: Set scale to about 67-75% to reduce number of pages printed.

Saving Plan Finder Results



Step Eight: Enroll in a Plan

Green ENROLL buttons found on multiple pages

- Plan Results Page
- Plan Details Page
- Plan Compare Page



SilverScript Plus (PDP) Aetna Medicare Plan ID: S5601-009-0 Star rating: ★★★☆☆	D	
MONTHLY PREMIUM		
\$77.40 Includes: Only drug coverag	e	
YEARLY DRUG & PREMIUM COST		
\$449.60 Retail pharmacy: Estimat	ed total drug + premium cost	
DEDUCTIBLE		
\$0.00 Drug deductible		
Enroll	Plan Details	

Enrolling

- Complete enrollment form
- When completed will see confirmation number
 - print confirmation page or copy the number for proof of enrollment.
- New Plan will start January 1st if enrolling during the OEP.
- No need to take action to disenroll from prior Part D or MA plan.

<u>SHIP Counselors</u>: Remember to complete Beneficiary Contact Form in STARS and check both "plans compare" and "enrollment" under Topics Discussed!


Lesson 2

Medicare Advantage Plans on Medicare Plan Finder



Switch to Medicare Advantage from Part D Plan Search Results Page

Medicare.gov	Basics 🗸	Health & Drug Pl	ans 🗸	Providers & Services 🗸	🗨 Chat	→] Log in
There may be Medicare Advantage Plans available with lower drug costs. <u>Tell me</u>	<u>e more.</u>			View 38 available Medicare	e Advantage	<u>Plans</u>
Seck to drugs & pharmacies						B Print
MY LOCATION PLAN TYPE						
Mercer, NJ <u>Change location</u> Select a Plan Type V						
Filter by: Insurance Carrier 🗸 Star Ratings 🗸						
Showing 10 of 23 drug plans		SORT PLANS BY	Low	est drug + premium cost	~	·
SilverScript SmartRx (PDP)						
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Medicare Advantage Results Page

Showing 10 of 38 Medicare Advantage Plans		SORT PLANS BY	Lowest drug + premium cost 🗸 🗸
Aetna Medicare Prime Credit (PP Aetna Medicare Plan ID: H5521-277-0 Star rating: ★★★★☆	0)		
MONTHLY PREMIUM		PLAN I	BENEFITS
\$0.00 Includes: Health & drug coverage Doesn't include: \$170.10 Standard Part B	premium	 ✓ Vision ✓ Denta ✓ Heari ✗ Trans 	n al ing
YEARLY DRUG & PREMIUM COST		✓ Fitne	ss benefits
\$2,016.00 Retail pharmacy: Estimated total drug + premium cost		✓ World✓ Teleh	dwide emergency lealth
Doesn't include: Health costs		See mor	re benefits ∨
OTHER COSTS		COPAY	/S/COINSURANCE
\$1,000 annual deductible Heal	See more benefits A	Primary	doctor: \$20 copay per visit
¢750.00 -	X In-home support	Specialis	st: \$50 copay per visit
ΦΟΟΙΟ Drug deductible	X Home safety devices & modificati	ons DRUGS	5
\$11,300 In and Out-of-netwo	X Emergency response device	✓ Inclu	des drug coverage
\$7,550 In-network		View dru	ugs & their costs

August 2022

Filter Plan List if Desired



August 2022

Medicare Plan Finder

Compare Side-by-Side Up to 3 Plans

Aetna Medicare Prime Credit × (PPO)	AARP Medicare Advantage × Patriot (HMO)	Cigna Preferred Medicare × (HMO)
\$0.00	\$0.00	\$0.00
Medicare Advantage and drug monthly premium Enroll Plan Details	Medicare Advantage (without drug coverage) monthly premium Enroll Plan Details	Medicare Advantage and drug monthly premium Enroll Plan Details

Overview

Star rating	****	★★★★ ☆	★★★☆☆	
Health deductible	\$1.000 annual deductible	\$0	\$0	
Drug plan deductible	\$350.00	\$0.00	\$0.00	
Maximum you pay for health services	\$11,300 In and Out-of-network \$7,550 In-network	\$6,700 In-network	\$7,200 In-network	
Health premium	\$0.00	\$0.00	\$0.00	
Drug premium	\$0.00	\$0.00	\$0.00	
Part B premium	\$170.10	\$170.10	\$170.10	
Plan features	 ✓ Vision ✓ Dental ✓ Lessing 	 ✓ Vision ✓ Dental 	 Vision Dental Usering 	
August 2022	✓ Hearing ✓ Transportation Medicare P		✓ Hearing ✓ Transportation 41	

Medicare Advantage Plan Details Page

Aetna Medicare Prime Credit (PPO)					
Plan type: Medicare Advantage Plan ID: H5521-277-0	with drug coverage				
Plan website Non-members: 1-833-8	859-6031 Members: <u>1-888-2</u>	<u>68-9800</u>			Enroll
What you'll pay	Total monthly premium	Health deductible	Primary doctor	2022 estimated total drug costs (lowest cost retail pharmacy)	
	\$0.00	\$1,000	\$20	\$2,016.00	
Overview Benefits & Costs	Drug Coverage Ext	ra Benefits Option	nal Packages S	tar Ratings	
Overview					
PREMIUMS					
Total monthly premium				\$0.00	

Medicare Advantage Plan Details Page (continued)

PREMIUMS	
Total monthly premium	\$0.00
Health premium	\$0.00
Drug premium	\$0.00
Standard Part B premium	\$170.10
Part B premium reduction	Yes
DEDUCTIBLES The amount you must pay each year before your plan starts to pay for covered services or drugs.	
Health deductible	\$1,000 annual deductible
Drug deductible	\$350.00
MAXIMUM YOU PAY FOR HEALTH SERVICES	
Maximum you pay for health services 🗸	\$11,300 In and Out-of-network \$7,550 In-network

Plan Details Page: Benefits & Costs Tab

Benefits & Costs		
DOCTOR SERVICES View Provider Network Directory		
Primary doctor visit	In-network: \$20 copay per visit Out-of-network: 40% coinsurance per visit	
Specialist visit	In-network: \$50 copay per visit Out-of-network: 40% coinsurance per visit	
TESTS, LABS, & IMAGING		
Diagnostic tests & procedures 🗸	In-network: \$0-50 copay Out-of-network: 40% coinsurance	Limits apply 🗸
Lab services	In-network: \$0-10 copay Out-of-network: 40% coinsurance	Limits apply 🗸
Diagnostic radiology services (like MRI)	In-network: \$0-325 copay Out-of-network: 40% coinsurance	Limits apply 🗸
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Plan Details Page: Extra Benefits Tab

HEARING	
Hearing exam	In-network: \$50 copay Out-of-network: 40% coinsurance
Fitting/evaluation	Not covered
Hearing aids - Inner ear	Not covered
Hearing aids - Outer ear	Not covered
Hearing aids - Over the ear	Not covered
PREVENTIVE DENTAL Care to prevent or find problems with your teeth and gums.	
Oral exam	Not covered

Plan Details Page: Optional Packages Tab

Ο	ptional	packages
-	Pullul	paonagoo

This plan includes optional benefits you can add to your coverage at an additional cost.	
Package #1 Includes preventive dental services, and comprehensive dental services	Monthly premium: \$31.00 Deductible: \$50.00
Package #2 Includes preventive dental services, comprehensive dental services, and eyewear	Monthly premium: \$36.90 Deductible: \$50.00

See Plan's Website for More Details

Medicare.gov

Basics 🗸 🛛 Health & Drug Plans 🗸

Go back to plan comparison

Aetna Medicare Prime Credit (PPO)

Plan type: Medicare Advantage with drug coverage

Plan ID: H5521-277-0

Plan website Non-members: 1-833-859-6031 Members: 1-888-268-9800

Once on plan's website search for plan document called SUMMARY OF BENEFITS

What you'll pay	Total monthly premium	Health deductible	Primary doctor	2022 estimated total drug costs (lowest cost retail pharmacy)
	\$0.00	\$1,000 annual deductible	\$20	\$2,016.00 Covers 1 of 1 drugs



Lesson 3

Reviewing Information to Help Lower Drug Costs



Available on Part D and Medicare Advantage Pages

See if there's help to lower costs for drugs you take

Drug Coverage		
<u>See if there's help to lower costs for drugs you take.</u>		
PHARMACIES		
See the cost level to fill your drugs at the pharmacies yo pharmacy.	ou chose. You can also change pharmaci	es to see the cost level of other pharmacies in your area
More about pharmacy cost levels		
WALGREENS #19172		Preferred Preferred in-network pharmacy
CVS PHARMACY #06900		Preferred Preferred in-network pharmacy

Ways to Get Help with Drug Costs

5 ways to get help with prescription costs

You may find it necessary to get help paying for prescriptions even after enrolling in <u>Medicare Drug Coverage (Part D)</u>. For example, you may reach the annual spending limit and enter what is called the coverage gap. Here are 5 tips to consider if you think you might need to get help with the costs of prescription drug coverage.

1. Consider switching to generics or other lower-cost drugs.

There may be generic or less-expensive brand-name drugs that would work just as well as the ones you're taking now. Talk to your doctor to find out if these are an option for you. You might also be able to lower prescription costs by using mail-order pharmacies.

2. Choose a Medicare drug plan that offers additional coverage during the gap.

There are plans that offer additional coverage during the Medicare drug coverage gap, like for generic drugs. However, plans with additional gap coverage to help pay for prescriptions may charge a higher monthly premium.

Check with the drug plan first to see if your drugs would be covered during the gap. Find health & drug plans.

3. Pharmaceutical Assistance Programs.

Some pharmaceutical companies offer programs to help pay for medications for people eprolled in the accurate drug coverage (Part D). Find out whether there's a <u>Pharmaceutical Assistance Program</u> that can lower prescription costs for the drugs you take.

4. State Pharmaceutical Assistance Programs.

Many states and the U.S. Virgin Islands offer help paying for prescriptions, drug plan premiums and/or other drug costs. Find out if your state has a <u>State Pharmaceutical Assistance Program</u>.

5. Apply for Extra Help.

Medicare and Social Security have a program called Extra Help–a way for people with limited income and resources to get help with prescription costs. If you qualify for Extra Help, you could pay no more than:

- \$3.95 for each generic covered drug
- \$9.85 for each brand-name covered drug

Find a Pharmaceutical Assistance Program for the drugs you take

Some pharmaceutical companies offer programs to help pay for prescriptions for people in a Medicare Drug Plan (Part D)

BEGIN TYPING TO FIND & SELECT	
YOUR DRUG.	

	Find Programs
	<u>Clear search</u>
wse drugs A-Z	Can't find your drug?

Links to drug company help, state programs and federal Extra Help application.

Bro

Additional Resources

CMS Product Name	CMS Product Number
<u>Things to Think About When You Compare Medicare Drug</u> <u>Coverage</u>	11163
Have You Done Your Yearly Medicare Plan Review?	11220
<u>Create an Account for a Personalized Experience When You</u> <u>Shop for a Medicare Plan</u>	12064

ProductOrdering.cms.hhs.gov

Break

To help you track when we'll resume, each bar takes 1 minute to disappear from the slide...



Lesson 4 User Facing Features



Redesigned Landing Page

- Status: Launched on June 28th
- Previous experience:
 - Beneficiaries didn't know if they were where they need to be and what to expect
 - Beneficiaries didn't know the benefits of logging in & whether it was required to search for plans
- New experience:
 - Provides beneficiaries the option to login or create a Medicare.gov account, or easily jump-in and start searching for a plan
 - Clearly sets expectations for what's available in the tool & the benefits of creating an account first
 - More visually consistent with the new Medicare.gov branding

Redesigned Landing Page (continued)



Personalized Summary Page

- Status: launched on June 28th
- Previous experience:
 - Logged in experience for Beneficiaries was disjointed
 - Logging in still required beneficiaries to go through all of the steps even if their information was already saved – took just as many clicks to see plans as it did if they didn't log in
- New experience:
 - Single jumping-off page containing all information relevant for a beneficiary searching for a plan or reviewing their current enrollment status
 - Easy access to drug & pharmacy lists with the ability to quickly make updates
 - Available for logged in beneficiaries only

Authenticated Beneficiaries Only: Personalized Summary Page

page to review your plans, drugs, and ph	armacies. You can make	Print	fou have 5 saved pharmacles. F	ou can save up to 5.		
or get details about your coverage. ur plans		- 1	Mail-order Pharmacies	COSMOS MEDICAL 1711 Holaview	ARENA PHARMACY A . SUPPLIES v Rd, Baltimore, MD 21222	AND
Your current plan HumanaChoice H5216-043 (PPO) H5216-043-1)	Explore other Medicare coverage options Discover health and drug plans or Medigap policies in Bee, TX, 78145. (Change location)		WALGREENS #10689 300 E Houston St, Beeville, TX 78102 Edit My Pharmacies	2		
et plan details & contract information >	Find Plans Now	- 1	Your drug list You have 7 drugs. When you've e much they cost in each plan.	entered your drugs, you'll fin	d out how	
ur Extra Help with drug costs		- 1	Abelcet 5mg/ml suspension	Package Type 20ml vial	Quantity 4	Frequency Every month
pending on your income, you may qualify details.	y for help with Medicare costs.	- 1	Acamprosate		Quantity	Frequency
2022 Extra Help with drug costs		- 1	calcium 333mg tablet delayed release		180	Every month

Medigap Policy Rates Included on Policy Details

- Status: Launched May 17th
- Provides beneficiaries a way to make more informed decisions about potential Medigap plans by reviewing policy rate estimates
- Available to unauthenticated and authenticated beneficiaries
- Can be accessed via the Medigap site when investigating individual policy providers

Medigap Policy Rates Included on Policy Details Page

An official website of the United States government Here's how you know						Cambia	ar a Español
edicare.gov	Basics V	Health & Drug Plans 🗸	Providers & Services \checkmark	Randolph	Messages	🗨 Chat	C→ Log out
< Back to Medigap plans Step 2: Pick your policy Supplement Insurance	ce (Medigap) Plan A p	olicies				Print
Get a more accurate price	SEX Ma Fe	nle O Yo male O M	DU USE TOBACCO? fes No	Update Price	SCle	ear	
Show only plans for people under 65							
There are 55 Medigap policies offered in your state			SORT BY	Company Name:	A-Z		~
AARP - UnitedHealthcard		ompany (Lev		IG			
\$474-\$5888Costs are estimates and may change. Contact the company for an official quote.Doesn't include: \$170.10 Standard Part B premiumGet a more accurate price	Address P0 B0X 30607 Salt Lake 0 0607 Phone number: <u>1-888-378-0849</u> Website: Visit company website	Sity, UT 84130-	Premiums are low as you get older. Learn about costs	for younger buyers	: and won't cł	nange	

State Pharmaceutical Assistance Program (SPAP) Tool Include HIV/AIDS Eligibility Info

- Status: Launched May 26th
- Beneficiaries who found programs on Plan Finder were contacting ADAP providers but were unaware of those enrollment prerequisites.
- For <u>AIDS Drug Assistance Programs</u> (ADAP), additional eligibility criteria has been included to provide beneficiaries with more information on whether they qualify for an ADAP program
- Can be reached via the Plan Details page, then a link to the static site, then through a link to the SPAP site
- Viewable by both authenticated and unauthenticated users

SPAP Tool to Include HIV/AIDS Eligibility



edicare.gov	Basics 🗸	Health & Drug Plans ∽	Providers & Services 🗸	🗨 Chat	ا Log
ELECT A DIFFERENT STATE Arizona	View Prog	rams		Pr	B rint
Arizona AIDS Drug Assistance Program (ADAP) Assist	ELIGIBILITY CRIT • Patient is livi • Income eligit • LIS applicatio • Other factors	ERIA ng with HIV or AIDS bility on status s may apply			
* Requires Drug Plan (Part D) enrollment CONTACT INFORMATION Phone: (602) 542-7344 View program website					

Enrollment Request Notifications in Medicare Message Center

- Status: Launched July 19th
- When a beneficiary submits an enrollment request in the Online Enrollment Center (OEC), a confirmation web page is presented that includes the OEC confirmation number. After exiting the confirmation page, the beneficiary is unable to retrieve the OEC confirmation number from Medicare.gov.
- After submitting an enrollment request, authenticated beneficiaries will receive a message in their message center with their requested plan contact information, along with their confirmation number.
- These beneficiaries will also receive a notification email with basic enrollment request information and a link to the message center.

Enrollment Request Notification in Medicare Message Center

Notification

	Aarilou	<mark>₹2</mark> Messages	🗨 Chat	C→ Log out
UN	READ 2	M	<u>lark all as</u>	s read
Jur Yo r	ne 23rd, 2022 u chose a r	2 new plan		
Mai We	rch 28th, 202 Icome to y	22 our Medicare a	account!	
RE	AD			
Υοι	u have no p	reviously read	message	es

Message Center



Email (Spanish Example)

Medicare.gov

Marilou,

Hemos recibido su solicitud para inscribirse en Humana Basic Rx Plan (PDP). El ID del plan es S5884-138-0.

Esto es lo que puede esperar ahora:

- El plan le avisará después de verificar su información y confirmar su inscripción.
- Su nuevo plan aparecerá en su cuenta dentro de 10 días.

Tiene un nuevo mensaje disponible en su cuenta de Medicare que incluye su número de confirmación y más información.

Atentamente,

El Equipo de Medicare

Nota: Si recibió este correo electrónico por error, llame al 1-800-MEDICARE.

Pharmacy Selection Improvements

- Status: On schedule for September 2022 release
- A major barrier to access is that drug costs are too high for the vast majority of beneficiaries
- New experience:
 - Gives beneficiaries visibility into lower cost pharmacy options in Medicare Plan Finder
 - Reduces overall drug costs to the bene by providing them information to help them save money at the pharmacy counter
 - Increases confidence in their choices made through MPF due to increased cost visibility and guidance
 - Tailor messages to users when there are steps they can take to help surface lower cost pharmacies
 - Also adds the ability to see costs for each pharmacy in the In-Network Pharmacy Finder

Pharmacy Selection Improvements (continued)



Year Over Year Plan Comparison

- Status: On schedule for September 2022 release
- During OE, a critical decision-making juncture for logged-in beneficiaries is the choice to either stick with their current plan for next year (known as their rollover plan) or shop for a new plan.
- New experience:
 - Provides beneficiaries enrolled in a plan with ability to compare details between their current a future rollover plan to see changes before deciding whether to continue on with a plan search
 - Will be accessible via a beneficiary's account summary page
 - Viewable for authenticated users only

Multifactor Authentication

- Beginning this open enrollment, beneficiaries will be able to set up multifactor authentication.
- Methods supported will be text, phone, and email.
- Signup is voluntary & can be edited later or turned off in Account Settings.

Educational Information about Interchangeable Biologics

- Status: On schedule for September 2022 release
- Interchangeable biologics are biosimilars that are interchangeable with their reference product
- This feature is designed to educate users on the relationship between interchangeable biologics and a Beneficiary's reference drug(s).
- Improve patient access to biologics and lower drug costs for biologics
- The other drug information table on the Plan details page will provide a link to tooltip that lists interchangeable biologics alternatives and a "Learn More" link.



Lesson 5

Policy Updates & System Back-End Enablers



Policy Updates

- Value Based Insurance Design model updates for Contract Year 2023
 - Extra Help (LIS), Part D Buydown
- Race/Ethnicity collected during enrollment Jan 2023
- Inflation Reduction Act

System Back-End Enablers

- Migration to AWS Aurora
- Geocoding: Medicare Plan Finder
- Analytics and dashboard improvements
- Continual performance testing and improvements



Lesson 6 Looking Ahead to 2023


Plan Finder Improvements

- Print styling enhancements
- Improvements to drug pricing engine
- Resolve LIS pricing discrepancies
- Account creation/password reset improvements
- Better Plan Finder integration with PAP and SPAP programs
- Medigap Improvements
- Biologic drug enhancements
- Inflation Reduction Act



Overall, in your opinion, the content presented today was...

- a. Too basic
- b. Just right
- c. Too advanced



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