# Medicare Part D Implementation Model Language

## 1. Working Group and Implementation Plan

**Adapted from Vermont House Bill 768 (2004):**

1. The commission of aging and disabilities with representatives from the department of medical assistance and mental health agency shall convene a working group with a majority (51 percent) of participants consisting of elderly and disabled consumers, advocates, and providers, in order to:

    A. Plan for the implementation of Medicare Part D in the state beginning January 1, 2006. Such planning shall include monitoring and advocacy on federal policy as it relates to ___[state]___ and its state pharmaceutical assistance beneficiaries resulting from Medicare Part D and the balance of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 [Pub. L. 108-173; 117 Stat. 2066; 42 U.S.C. 1396kk-1], developing policies and procedures for enrollment and transitioning from medical assistance to Medicare prescription drug plans, and shall provide ongoing cost projections and identify sources of funding for holding these beneficiaries harmless from pharmacy benefit cuts once Medicare Part D is implemented.

2. The working group meetings shall be open to the public and meeting minutes shall be posted on the department of medical assistance and mental health agency's websites. One week prior to the meeting, notice of these meetings shall be made public.

3. The working group shall submit a report to the agencies involved no later than July 1, 2005.

## 2. Transition Assistance

**Adapted from North Dakota HB 1465 (2005):**

1. Until March 31, 2006, in an emergency, the department of medical assistance shall pay for a prescription drug for which federal assistance matching funds are not available to ensure that a medical assistance recipient who is also a Medicare beneficiary may continue to receive appropriate medications after implementation of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 [Pub. L. 108-173; 117 Stat. 2066; 42 U.S.C. 1396kk-1].
2. An emergency means when (1) an individual's medication is not covered by a Medicare Part D plan, or (2) when an individual's medication is not dispensed during the appeals or grievance process.

## 3. Hotline

**Adapted from Missouri HB 0169, SB 0039, SB 0075 (2005):**

1. Subject to appropriations, there is hereby established the "___[state]___ Prescription Drug Plan Clearinghouse" within the ___[state]____ prescription drug plan commission. The purpose of the clearinghouse shall include, but not be limited to:

    A. Assisting all ___[state]____ residents in accessing prescription drug programs;

B. Giving Medicare Part D beneficiaries information on how to navigate the exceptions and appeals processes of their prescription drug plans.

C. Educating the public on quality drug programs and cost-containment strategies; and

D. Serving as a resource for pharmaceutical benefit issues.

2. The administration of the clearinghouse shall include, but not be limited to:

A. Providing a one-stop-shopping clearinghouse for all information for seniors and disabled regarding prescription drug coverage programs and health insurance issues;

B. Targeting outreach and education including print and media, social service and health care providers to promote the program;

C. Maintaining a toll-free 800-phone number staffed by trained customer service representative;

D. Providing the state with measurable data to identify the progress and success of the plan, including but not limited to, the number of individuals served, length and type of assistance, follow-up and plan evaluation; and

E. Providing information on eligibility, enrollment, and benefits for the ___[state]____ prescription drug plan on the department's internet website.

4. **<u>Wraparound Coverage</u>**

**Adapted from Massachusetts SB 401 (2005):**

The State has a commitment to providing a "wrap-around program," so-called, for its residents who are eligible for Medicare Part D benefits who are also eligible for Medicaid prescription drug coverage such that enactment of the Medicare Part D program does not result in a significant loss of prescription drug coverage, either through inferior benefits or increased costs to the consumer for these eligible individuals.

1. The Medicaid Director shall design a "wrap-around program," so-called, for dually eligible persons, or people who are also eligible for prescription drug coverage under the Federal Medicare Prescription Drug Improvement and Modernization Act of 2003 so that these individuals experience a level of prescription drug coverage equivalent to that which they had on December 31, 2005. The Medicaid Director shall promulgate regulations consistent with this subsection by August 31, 2005.

2. The "wrap-around program" shall include:

    a. Cost-sharing assistance including coverage of Part D premiums, co-payments, deductibles, and/or co-insurance payments.

    b. Payment of non-formulary prescription drugs or drugs not covered by Part D.

    c. Payment of medications during an exceptions and appeals process.

3. If the wrap-around program requires payment of nominal co-payments, if an individual cannot afford to pay them, they shall still receive their medications at the time they are dispensed.