

# Part D Information for State Policymakers

November 25, 2009

## Part D Plan Re-assignment and “Choosers”

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The Centers for Medicare & Medicaid Services (CMS) is taking several actions in order to reach out to the beneficiaries receiving the low-income subsidy who are facing a change in their Part D premiums in 2010, including providing more information to beneficiaries about these changes via two letters.

### ***Plan Re-assignment***

In order to ensure that Medicare beneficiaries do not face new drug costs in 2010, this fall CMS re-assigned certain low-income beneficiaries with the full premium subsidy to new Medicare Part D prescription drug plans, effective January 1, 2010. In general, CMS re-assigned low-income beneficiaries with the full premium subsidy who were previously auto or facilitated enrolled into a Prescription Drug Plan (PDP) whose premium in 2010 no longer falls within the premium subsidy limit. These individuals were randomly re-assigned to plans in their region with a premium at or below the regional low-income premium subsidy amount. (For more information for State Policymakers about the low-income subsidy, including how the reassignment process works, see the link below.)

In mid-November, these beneficiaries received a blue letter from CMS indicating which plan they were reassigned to for January 1, 2010. This letter also provided information for beneficiaries to make their own plan choices. (A link to the blue reassignment letter is found below.)

### ***“Choosers”***

This year, CMS also mailed a tan letter to “choosers.” Choosers are low-income beneficiaries who qualify for the full premium subsidy and who chose to join a Medicare prescription drug plan on their own, but whose plan premium will be increasing above the regional low-income premium subsidy amount in 2010. To respect individual choice, CMS does not reassign beneficiaries who joined a plan on their own or switched to different plan than the plan into which they were auto or facilitated enrolled by CMS. Elections made on behalf of beneficiaries by “authorized representatives”, such as some State programs, are treated as individual choice and are not subject to re-assignment.

The letter to choosers informs beneficiaries what their out-of-pocket payment will be in 2010 if they stay in their current plan. The letter also lists the zero premium plans available and provides a list of important things to think about when considering plan options such as pharmacy networks, drugs covered, and satisfaction with current plan. To best coordinate Medicare and State efforts, beneficiaries that were assigned to plans by State programs will not receive the chooser letter, even though they are not being reassigned. Instead, the State programs can coordinate their own notifications. (A link to the chooser letter, which is printed on tan paper, is found below.)

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## ***Additional Resources***

Part D Information for State Policymakers can be found at:

[http://www.cms.hhs.gov/States/065\\_Backgrounders.asp#TopOfPage](http://www.cms.hhs.gov/States/065_Backgrounders.asp#TopOfPage)

The blue reassignment letter and tan choosers letter, as well as other CMS mailings to Medicare beneficiaries, can be found at:

<http://www.cms.hhs.gov/LimitedIncomeandResources/LISNoticesMailings/list.asp#TopOfPage>