

Follow-up to Leslie Norwalk's presentation Friday, November 3, 2006

Thank you for joining us for this presentation. Below are answers to questions CMS received at the end of the call or in subsequent email messages. As always, we appreciate your continued support and commitment.

Q1. Should low-income subsidy [LIS] beneficiaries who are being reassigned wait until December to apply for a new 2007 plan? If they apply in November, won't the change become effective in December? We are confused on this because we have been told that all on-line enrollments will be effective January 1, 2007. Is this also the case if they contact the plan directly?

A1. It is true that people who use the on-line enrollment center in November will be enrolled in the new plan effective January 1. They should contact the plan directly if they intend to join with a November effective date. It is a standard part of the plans' enrollment procedures to make sure enrollment applications received during November are intended for January 1 (rather than December 1). In practice, plans would generally assume a January 1, 2007, date, but they should confirm this with each prospective enrollee.

Q2. What is the last date a beneficiary can reapply for extra help [LIS] and not lose the LIS benefit?

A2. People who are found not automatically eligible for the extra help in 2007 retain LIS status through December 31, 2006. If they are not subsequently found automatically eligible later in 2006 and do not apply for the LIS, they would no longer receive the extra help beginning January 1, 2007. If they later apply and are found eligible for the extra help, it will be effective back to the first day of the month they applied, so an application anytime during the month of January 2007 could have an effective date of January 1, 2007. However, we recommend applying shortly after receiving the application to ensure coverage is seamless on January 1, 2007.

Q3. Will people who were correctly not listed on the July 2006 deemed list, but who subsequently regain deemed status, be automatically re-deemed or will they have to apply for LIS?

A3. People who were not deemed for LIS in 2007, based on July 2006 data, but were subsequently found automatically eligible for the extra help will not have to apply for the LIS and will receive a yellow or green letter from CMS notifying them of their eligibility.

Q4. If people are automatically re-deemed [found automatically eligible for the LIS in 2007], will there be automatic enrollment and the risk of an unwanted change in their Part D plan?

A4. Loss of deemed status does not affect plan enrollment; the person remains enrolled in his or her 2006 Part D plan. Likewise, if the person retains—or later regains—deemed status but is already in a Part D plan, CMS will not facilitate his or her enrollment into a different one.

Q5. What will happen to people who lose not only their LIS status, but also their plan (e.g. plan is no longer being offered)?

A5. Only one Medicare Prescription Drug Plan in the nation is no longer being offered, and it had only 25 total enrollees. Those beneficiaries were notified by October 2 of their options for choosing a new Part D plan during the Annual Coordinated Election Period. Assuming they never regain LIS, they will also have a Special Election Period to choose a new plan, for the first 3 months of 2007.

Q6. When investigating Medicare Prescription Drug Plans with the CMS web-based Drug Plan Finder tool, entering items such as syringes, needles, alcohol swabs, etc., does not produce any selection option. According to the program details, diabetic supplies are covered. Can these items please be added to the plan finder tool?

A6. Medical supplies and over-the-counter supplies are not included in the drug look-up on the Drug Plan Finder; the list only includes prescription drugs. Individuals should contact the plans directly for pricing information for these items.

Q7. Are glucometers, lancets, and related equipment covered items?

A7. Part B coverage of diabetic supplies has not changed. All diabetes monitoring supplies are covered under Part B and not under Part D. Part D only covers insulin and items necessary to inject the insulin, like insulin syringes and alcohol prep pads.

Q8. Where are the email addresses for the plans?

A8. Email addresses are not available. Individuals should call the listed customer service numbers or visit the plan websites; both are available on the Drug Plan Finder.

Q9. Is there a place to find a beneficiary's LIS level and be able to enter that on the Drug Plan Finder to get accurate information?

A9. The personalized search on the Drug Plan Finder provides this information just as it did during the 2006 plan year.

Q10. What color are the reassignment letters?

A10. The reassignment letters are blue. (A chart is available on the www.cms.hhs.gov website that explains the mailings that beneficiaries will receive. It also details the action, if any, the beneficiary should take. Additionally, links to the notices are included in the document. This chart is download {8} on http://www.cms.hhs.gov/States/11_NotificationstoBeneficiaries.asp on the web.

Q11. Have the blue reassignment letters been sent?

A11. Yes, they were mailed November 6 – 7.

Q12. What are the 2007 yearly income requirements to qualify for the extra help [LIS]?

A12. The income requirements for the extra help are based on the Federal poverty level. The 2007 Federal poverty level guidelines are expected to be released in late January or early February 2007. Until that time, the 2006 income guidelines will be used to determine extra help eligibility.

Q13. What is CMS' strategy for outreach and education regarding beneficiaries who may have a loss or change in LIS status for 2007?

A13. CMS' strategy is described at <http://www.cms.hhs.gov/LimitedIncomeandResources/downloads/LISRedeterminationandReassignment2007.pdf> on the web.