

Center for Health Care Rights Part D SEP Request Protocol

For Medicare Prescription Drug Plans (PDPs) and Medicare Advantage Prescription Drug Plans (MA-PDs) there are limited times when a beneficiary can enroll into a plan, change plans, and disenroll from plans. Special Enrollment Periods (SEPs) allow beneficiaries to change their drug plan outside of the Annual Enrollment Period (November 15 – December 31) and the Medicare Advantage Open Enrollment Period (January 1 – March 31).

Those eligible for Special Enrollment Periods include the following (not an exhaustive list):

- individuals receiving LIS (dual eligibles and those on Medicare Savings Programs have an ongoing SEP; others have a one-time SEP),
- individuals moving into or out of a long-term care facility,
- individuals moving out of their plan's service area,
- individuals who involuntarily lose creditable coverage or who were given incorrect information about creditable coverage,
- Katrina victims.

Part D SEPs for Other Circumstances:

In addition to the Part D SEPs listed above and others already specifically outlined by CMS, CMS may also approve Part D SEPs for other circumstances on a case-by-case basis. In these situations, SEP requests should be submitted to CMS for consideration.

Potential Case Scenarios for SEP Requests:

- The client is showing no plan enrollment yet attempted to enroll in a PDP/MA-PD through the plan or Medicare during a valid enrollment period.
- The client is being billed for premiums from their old plan or their pharmacy shows that they are enrolled in two plans at the same time.
- The client thought they signed up for a PDP but are enrolled into the MA-PD offered by the same company due to possible misleading marketing practices by the company.
- The client has tried to switch from an MA-PD to a PDP, but is still showing enrollment in the MA-PD plan.
- 1-800-Medicare does not complete the client's enrollment or does not process the client's enrollment into the plan the client wanted, i.e., enrolling the client into the "Enhanced" plan versus the "Standard" plan. (I don't understand this scenario)

Questions to Ask at the Intake Level:

- Is the client experiencing any access to care problems?
- What is the client currently using to fill their prescriptions?
- What plan has the client's pharmacy been billing?

- What Part D plan did the client attempt to enroll into or want to be enrolled into?
- If the client's enrollment was not processed, does the client have proof of their attempt to enroll during a valid enrollment period? Confirmation numbers? Dates and names of persons they spoke to?
- If the client is enrolled in an MA plan, is the client being billed for out-of-plan services? Is the client using the MA plan?
- Has the client contacted Medicare or the plan about the problem?
- What are the client's income and assets? Screen for LIS.

Actions to Take at the Intake:

- Have the client provide you with their Medicare information, date of birth, address, drug plan and pharmacy information.
- **At intake, the primary goal is to assess if the client's enrollment problem is causing an access to care/drug situation. The secondary goal is to collect information on the client's enrollment status in order to assess if an SEP request is appropriate**
- Call the Medicare SHIP line to see what CMS records show for the client's Part D enrollment history. Request that a complaint is filed on the client's behalf.
- If the client attempted to enroll in a plan, but that enrollment was not processed, contact the plan customer service line to see if they have any record of an attempt to enroll. If there is an enrollment application on record, request that the plan process the enrollment and provide the client with coverage. Contact the plan government liaison if necessary.
- If the client is enrolled in two plans at the same time, contact both plans to see what they show for the client's enrollment status and if there is any claims activity. Confirm that the client is able to use the plan that they wish to be enrolled in to fill their prescriptions.
- Document your attempts to resolve the issue with the plan. This information should be included in any subsequent SEP request.

Urgent vs. Non-Urgent Cases:

When the client's enrollment problem is causing an urgent access to care issue:

- **If the client is dual eligible:**
 1. If no Part D plan is showing for the client, instruct the pharmacy to use the POS.
 2. If the POS cannot be used because the client shows enrollment in a Part D plan, contact the government liaison of the plan the client should be enrolled into and request that the plan provide the client with coverage.
 3. If Steps 1 and 2 are unsuccessful, contact the client's doctor and/or pharmacy to request a 14-day supply of samples. If this is unsuccessful, provide the client with information on county clinics and hospitals.
 4. Speak to a supervisor about submitting an urgent SEP request.

- **If the client is not dual eligible:**
 1. If the client attempted to enroll in a Part D plan and that enrollment was not processed correctly, contact the government liaison and request that the plan provide the client with coverage.
 2. If the plan refuses to provide the client with coverage, speak to a supervisor about submitting an urgent SEP request.
 3. While an urgent SEP request is being submitted, assess the client's ability to pay out of pocket for medications.
 4. If there is an urgent access to care issue and the client is low-income, contact the client's doctor and/or pharmacy to request that they provide the client with samples. Ask for a 14-day supply. If this is unsuccessful, provide the client with information on county clinics or hospitals.
 5. If the client can afford to pay out of pocket, discuss filling prescriptions at discount stores like Costco or Walmart, or using SB 393.

Review Intake Information With a Supervisor:

- Speak to a supervisor to evaluate for next steps and the possibility of an SEP request.
- If a supervisor feels that there is sufficient basis for an SEP request, draft the SEP request (see attached template) and submit to a supervisor for edits. Conduct a Part D plan web search for the client if necessary. If there are access to care problems, please mark the request as urgent.
- SEP requests are submitted on a weekly basis. Advise the client that their case will be opened and that an SEP request will be submitted to CMS. Advise the client that it may take two weeks to resolve urgent cases and one month to resolve non-urgent cases.

Follow up on SEP Requests:

- The assigned counselor should immediately contact the client to see if there are any access to care problems that have not been resolved at the intake level.
- When the case is assigned, a pull date will be set for 30 days from the date the SEP request is sent to CMS. If there is no response from CMS by that date, the assigned counselor should notify a supervisor. If it is an urgent issue, the pull date will be set for two weeks.
- Once an SEP request is submitted to CMS, CMS will assign a caseworker to the SEP request. The caseworker will contact the assigned counselor. Timeframes for CMS to resolve SEP requests vary. Typically, CMS will contact the assigned counselor within one month. Urgent SEP requests are usually resolved within two weeks. Cases which involve retroactive enrollment into a plan or claims reconciling may take longer to resolve.
- A supervisor will follow up on urgent SEP requests with CMS on a weekly basis.
- If applicable, remind clients to save their receipts for potential reimbursement for out-of-pocket drug costs.

SEP Request Template:

Indicate if Urgent SEP Request

Client Name
Client Address
Tel:

HICN:

Assigned Counselor:
Assigned Counselor Tel: (213) 383-4519, ext.

1. Facts that provide the basis for the SEP request, including any relevant dates, names of representatives, and confirmation numbers:

- Example: Ms. X called 1-800-Medicare to enroll in Blue Cross Medicare Rx April 2006 and was given a confirmation number of 12345 but her enrollment was not processed. Ms. X never received a PDP card from Blue Cross and now Blue Cross nor Medicare has a record of her enrollment.
- Example: Ms. X called Blue Cross in April 2006 to enroll in a stand alone PDP and spoke to a Blue Cross representative, Mr. Smith, who enrolled Ms. X into the Blue Cross Freedom Blue MA-PD plan while leading Ms. X to believe that she was enrolling into a PDP. Mr. Smith repeatedly told Ms. X that she was only signing up for drug coverage. Ms. X, believing that she had only enrolled in a PDP, then went out-of-plan and now has over \$2,000 in bills.
- Example: In 2006, Ms. X was enrolled in AARP MedicareRx. In December 2006 she called Blue Cross to enroll in Blue Cross MedicareRx for 2007 and has been able to use Blue Cross to fill her prescriptions in 2007. However, recently Ms. X received a bill for past due premiums from AARP and when she called both AARP and 1-800-Medicare, they told her she was still enrolled in AARP even though she has only used Blue Cross to fill her prescriptions since January 1, 2007.

2. Actions taken by the client to resolve the issue:

- Example: Ms. X called 1-800-Medicare in June 2006 and was told Medicare had no record of her Blue Cross enrollment. Ms. X then called Blue Cross to investigate and was told that Blue Cross also had no record of her enrollment and cannot enroll her because she is now outside of an enrollment period.

3. Actions taken by CHCR (Include information obtained from the plan and 1-800-Medicare/SHIP Line):

- Example: CHCR contacted 1-800-Medicare and was told that there is no record of Ms. X's Blue Cross enrollment. CHCR requested that a complaint be filed on Ms. X's behalf. CHCR then contacted Blue Cross and requested that the plan search for a record of Ms. X's enrollment application and correctly process the enrollment. However, CHCR has been unable to resolve the issue with the plan and Ms. X remains without drug coverage.

4. Impact of Enrollment Problem (Access to Care Issues, Out-of-pocket Expenses):

- Example: Ms. X has not been able to fill her prescriptions regularly since May 1, 2006, because she cannot afford to pay out-of-pocket for all her medications.
- Example: Ms. X has spent over \$1500 paying out-of-pocket for medications since May 1, 2006.
- Example: Because Ms. X was enrolled into an MA-PD instead of a PDP, Ms. X has been unable to see her doctors since May 1, 2006.

5. Name of the Part D Plan Client Should be Enrolled into and the Requested Effective Date of Coverage:

- Example: Ms. X is requesting enrollment into Blue Cross Medicare Rx effective May 1, 2006.
- Example: Ms. X is requesting enrollment into Blue Cross Medicare Rx PDP effective May 1, 2006, and concurrent disenrollment from Blue Cross Freedom Blue MA-PD.