



Navigating Medicare



Preventing Medicare Fraud

SENIOR MEDICARE PATROL

NEWSLETTER

JUNE 1, 2023

IF YOU HAVE MEDICARE/MEDICAID COMPLAINTS CALL OUR UTAH SMP/SHIP PARTNERS

Davis County
801-525-5050

Five County AAA
435-673-3548

Mountainland AAA
801-229-3819

Salt Lake County
385-468-3200

Six County
435-893-0728

Uintah Basin AAA
435-722-4518

Weber AAA
801-625-3770

Bear River AAA
435-752-7242

Tooele County AAA
435-277-2420

Southeastern AAA
435-613-0028

San Juan AAA
435-587-3225

Uintah County AAA
435-789-2169

Or call toll free
800-541-7735
For ANY Medicare Assistance

Scam proof the young people in your life

By Jim Kreidler
Consumer Education Specialist
May 17, 2023

#OlderAmericansMonth

Older adults:
use your experience.
Tell a young person
how to spot a scam.

ftc.gov/scams



Think the techy young people in your life are too techy to be scammed? Think again. According to [data from the FTC](#), people in their twenties reported losing money to fraud at a higher rate than people in their seventies. So, if you count yourself an older adult, let's use your accumulated knowledge this Older American's Month. Reach out to the young people in your life to help them better spot and avoid scams. But where to start?

The top scams young people reported include impersonator scams (think somebody pretending to be Amazon), job scams (think "amazing" offers to work from home) and investment scams (think cryptocurrency). Start by reminding them that scams take different twists and turns, but, nearly always, a scammer pretends to be someone you trust to trick you into sending money or personal information. Ask if they've seen something like these examples on social media, gaming sites, messaging apps, or somewhere else. And remind them: these are scams.

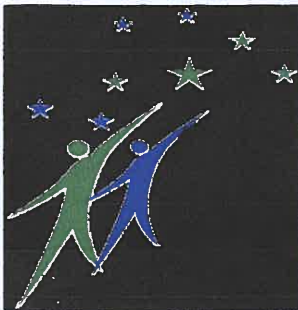
As you talk, here's some other advice to share:

Don't respond to unsolicited offers. If you get an out-of-the-blue call, text, or e-mail that seems to come from an online retailer,

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This document was supported, in part, by a grant from the Administration for Community Living, Department of Health & Human Services. Grantees undertaking project under government sponsorship are encouraged to express freely their findings and conclusions. Point of view or opinions do not; therefore, represent official Administration for Community Living Policy.

The Utah Senior Medicare Patrol (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse. Local SMP office 1-800-541-7735.



your bank, credit card, or a payment app, they're likely [phishing scams](#). Don't click links. Don't respond. Hit block and delete.

Never pay someone who promises a job. No honest employer will ever make you pay for a job. They also won't send you a check and then tell you to buy supplies, pay for training, or something else — and [send back whatever money](#) is left. Those are scams.

Don't believe promises of guaranteed returns or income. There's no such thing as an investment with little to no risk: not in cryptocurrency or any other investment. But if someone tells you that, you know they're a scammer.

Check Your Health- Avoid Medicaid Scams

by Utah Department of Health and Human Services | Wed, May 3rd 2023, 1:44 PM MDT



<https://kutv.com/features/health/check-your-health/check-your-health-avoid-medicaid-scams?video=1abfed087ef54a12af603551151c5665Medicaid/>

Medicaid scams — common signs to watch for:

- It's free to apply for Medicaid. You don't need to provide a credit card, money, gift cards, prepaid debit card, or cryptocurrency.
- Medicaid won't need your Medicare number or your social security number.
- You never need to pay to continue benefits.
- If someone threatens you or anyone in your household with legal action, it is likely a scam.
- Call the Department of Health and Human Services (DHHS) Medicaid to make sure they have your current information and find out when you need to renew your Medicaid information.

Medicare Minute Script – June 2023

How to Lower Your Part D Drug Costs

Today we will learn about programs that can help you save money on your prescription drugs.

Point 1: Understand the Extra Help program and if you may be eligible.

Extra Help is a federal program that helps pay for your out-of-pocket costs with Medicare prescription drug coverage. Your income and assets determine if you are eligible. The monthly income limit is around \$1,800 for individuals and around \$2,500 for couples. The asset limit is nearly \$17,000 for individuals and around \$33,000 for couples. Even if you think your income or assets are above the eligibility limits, you could still qualify for Extra Help because certain types of income and assets may not be counted. You automatically qualify for Extra Help if you have Medicaid, Supplemental Security Income, or a Medicare Savings Program.

Extra Help can save you money in many ways. The Extra Help program pays for your Part D premium up to an amount determined by your state. It lowers the costs of your prescription drugs. If you delayed Part D enrollment and have a late enrollment penalty, Extra Help eliminates your Part D late enrollment penalty. Finally, people with Extra Help can change their Part D plans more often, if needed, such as to lower costs.

Remember that Extra Help is not a replacement for Part D. It is also not a plan. It is a cost assistance program. To be eligible, you must have a Part D plan to receive Medicare prescription drug coverage. If you do not choose a plan, you will in most cases be automatically enrolled in one.

Point 2: Learn if your state has a State Pharmaceutical Assistance Program.

Many states offer State Pharmaceutical Assistance Programs, which are called SPAPs for short. SPAPs help state residents pay for prescription drugs, but each program works differently. States may coordinate their drug assistance programs with Part D. Some SPAPs require that you sign up for Part D in order to qualify for assistance. Many SPAPs continue providing coverage during your Part D Plan's coverage gap. Your SPAP may also help pay for your Part D plan's premium, deductible, or copayments. Certain states have something called "qualified SPAPs." Qualified SPAPs provide a Special Enrollment Period to allow you to enroll in or make changes to your Part D or Medicare Advantage coverage. To learn if your state has an SPAP and to find out if you qualify, call your State Health Insurance Assistance Program, or SHIP.

Point 3: Use other strategies and programs to save on drug costs.

Whether or not you qualify for Extra Help or an SPAP, you may have other options to help save on drug costs. If you are struggling to pay for expensive brand-name medications, you may want to speak to your doctor about whether you can use a less expensive generic drug. You can also speak to your doctor about getting samples of your medication if you are temporarily having trouble accessing it. You may try speaking to your pharmacist about waiving your copay. Although pharmacists cannot routinely waive copays for people without Extra Help, your pharmacist may waive your copay on a case-by-case basis. If you are getting a drug from a hospital pharmacy, you may also be able to ask if the hospital has a charity care program that would allow you to access the drug at a lower cost.

You may be able to get medications at a reduced price for national or local discount programs, which you can find on [NeedyMeds.org](https://www.NeedyMeds.org) or [GoodRx.com](https://www.GoodRx.com). You might also be eligible for free or low-cost drugs directly from the company that makes them. These programs are called Patient Assistance Programs, or PAPs. In most cases, your doctor applies for you.

Point 4: Be aware of pharmacy and prescription drug fraud.

Just as it's important to get assistance with your drug costs, it's also important to protect yourself from potential fraud, errors, and abuse. There are many types of prescription drug schemes. A common pharmacy and prescription drug fraud scheme could be when Medicare is billed for a medication that you did not receive. Another type of scheme could occur if you are given a different prescription than what you were prescribed. It's so important to read your Medicare statements to check for errors or suspicious charges. This would include checking your statements to ensure that the medications you pick up from the pharmacy are the type and quantity of medication you were prescribed. If you notice anything suspicious with your Medicare statements or medications, contact your local Senior Medicare Patrol, or SMP for short. Your SMP can help report the incident to the correct authorities.

Take Action:

1. If you think you qualify for Extra Help, you can apply through the Social Security Administration. Go to www.ssa.gov, call 800-772-1213, or visit your local branch.
2. Call your State Health Insurance Assistance Program (SHIP) if you need help applying for Extra Help. They can also explain whether your state has an SPAP and how to apply.
3. Speak with your doctor and pharmacist about other potential ways to lower your drug costs.
4. Contact your SMP if you have experienced potential Medicare fraud, errors, and abuse.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 and say "Medicare" when prompted, or visit www.shiphelp.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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SHIP Technical Assistance Center: 877-839-2675 | www.shiptacenter.org | info@shiptacenter.org

SMP Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

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How to Lower your Prescription Drug Costs

Cost-saving checklist:



Apply for Extra Help

- You may qualify if you have limited income and assets. See the following page for details.



Learn about any State Pharmaceutical Assistance Programs (SPAPs) in your state

- Call your local State Health Insurance Assistance Program (SHIP) to find out whether your state has an SPAP, if you are eligible, and how to apply. Call 877-839-2675 (and say "Medicare" when prompted) or go to www.shiphelp.org to contact your SHIP.



Talk to your doctor

- Ask your doctor if a generic drug could work for you. Generic drugs are often less expensive than brand-name drugs.
- Ask your doctor if they can provide you with samples of your medication. This is only a temporary solution.
- Ask your doctor for assistance with appealing. If your drug is not covered or is covered on a high cost-sharing tier, you may be able to appeal .



Learn about any Patient Assistance Programs (PAPs) that could help you

- Some drug manufacturers offer PAPs. Your doctor may have to apply for you, and eligibility varies based on the program.



Ask your pharmacist to waive your copay

- While they are not allowed to do so routinely, your pharmacist may be able to waive copays on a case-by-case basis.



Look for charity programs that help pay drug costs

How to Lower your Prescription Drug Costs

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. If you have Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you automatically qualify for Extra Help. If you have Medicare but do not have Medicaid, SSI, or an MSP, see the chart below to learn if you qualify for Extra Help. If you think you may qualify, you can apply through the Social Security Administration (SSA). Visit www.ssa.gov or call 800-772-1213 to learn more.

The Extra Help program			
If your income is:	And your assets are:	You can get:	Your 2023 copays are:
Up to \$1,843 per month for individuals Up to \$2,485 per month for couples	Up to \$16,660 for individuals Up to \$33,240 for couples	Partial Extra Help	15% coinsurance or the plan copay (whichever is less) After reaching catastrophic coverage, \$4.15 per generic and \$10.35 per brand-name (or 5% of the drug cost, whichever is greater)
Up to \$1,660 per month for individuals Up to \$2,239 per month for couples	Up to \$10,590 for individuals Up to \$16,630 for couples	Full Extra Help	\$4.15 generic copay \$10.35 brand-name copay No copay after reaching catastrophic coverage

What is pharmacy and prescription drug fraud?

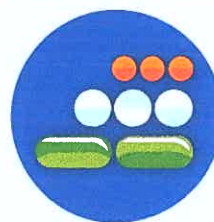
Just as it is important to get assistance with your drug costs, it is important to protect yourself against potential pharmacy or prescription fraud, errors, and abuse. There are many types of prescription drug schemes. Here are some examples of potential pharmacy or prescription drug fraud:

- A pharmacy bills Medicare for a medication that you did not receive or were not prescribed.
- A pharmacy gives you a medication that is different than what your doctor prescribed. For example, the pharmacy may give you too few pills. A pharmacy could also give you an expensive compounded medication when your doctor ordered a less expensive prescription.
- A pharmacy offers you “free” or “discount” prescription drugs without your doctor’s order, and then bill Medicare.
- A pharmacy offers you gift cards or money in exchange for you using their pharmacy.
- A pharmacy gives you expired drugs.
- A pharmacy automatically refills a prescription that you no longer need and bills Medicare, even if you do not pick up the prescription.
- A pharmacy routinely waives copays for all clients.

How can I detect pharmacy and prescription drug fraud?



Read your Medicare statements to check for errors or suspicious charges. Read your Medicare Summary Notices (MSNs) and Explanation of Benefits (EOBs) whenever you receive them. When you thoroughly read these statements, you can catch mistakes and suspicious charges.





Check that your medications are really what you were prescribed. After picking up a prescription from the pharmacy or having it delivered to your home, confirm that the medication does not look different and that you received the correct quantity.



If you notice anything suspicious with your Medicare statements or medications, contact your local **Senior Medicare Patrol (SMP)**. Your SMP can help report the incident to the correct authorities.

Local SHIP contact information

Local SMP contact information

<p>Toll-free phone number: 877-839-2675 (To connect with your SHIP, say “Medicare”)</p>	<p>Toll-free phone number: 877-808-2468 (To connect with your SMP, say “Medicare Fraud”)</p>
<p>Online SHIP Locator: www.shiphelp.org Click: </p>	<p>Online SMP Locator: www.smpresource.org Click: </p>
<p>SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2021 Medicare Rights Center www.medicareinteractive.org </p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i></p>	

Medicare Minute Teaching Materials — June 2023

How to Lower Your Prescription Drug Costs

1. What costs may I have with Medicare Part D?

Medicare Part D, the prescription drug benefit, is the part of Medicare that covers most outpatient prescription drugs. Part D is offered through private companies. You can purchase a stand-alone Part D plan if you have Original Medicare. If you have a Medicare Advantage Plan, your Part D coverage is usually included in your plan. Some of the costs associated with Part D drug coverage are:

- **Premium:** The monthly amount that you pay to your Part D plan for coverage. Premiums vary by plan, and the average national premium in 2023 is \$32.74.
- **Annual deductible:** The amount you must pay for your Part D prescription drugs before your plan begins to pay. The deductible varies by plan, and not every Part D plan has a deductible. The maximum deductible in 2023 is \$505.
- **Coinsurance or copays:** The amount that you pay out of pocket for covered drugs after you have met your deductible and before you enter the coverage gap (see below). A coinsurance is a percent of the cost of a drug. A copay is a set amount. Many Part D plans use tiers to price drugs listed on their formularies. Drugs on lower tiers are less expensive, and drugs on higher tiers are more expensive. A sample tier structure could be:
 - Tier 1: Preferred generic drugs
 - Tier 2: Generic drugs
 - Tier 3: Preferred brand-name drugs
 - Tier 4: Non-preferred drugs
 - Tier 5: Specialty drugs
- **Coverage gap costs:** In most plans, after you and your plan together spend \$4,660 in total drug costs, you reach the coverage gap. This is also known as the donut hole. During the coverage gap, you will have to pay 25% of the cost of your drugs. In all plans, after spending \$7,400 out of pocket, you will leave the coverage gap and enter catastrophic coverage (see below).
- **Catastrophic coverage costs:** In all plans, after you spend \$7,400 out of pocket, you will reach catastrophic coverage, the coverage period when you have lower out-of-pocket costs.

Some of these costs may be different depending on your circumstances. For example, the Extra Help program (see number 2) reduces or eliminates the Part D premium and deductible and significantly lowers copays.

You may also have a higher Part D premium if you have a high income. This is called an Income-Related Monthly Adjustment Amount (IRMAA). The Social Security Administration (SSA) determines if you owe an IRMAA based on the income that you reported on your IRS tax return two years prior (\$97,000 annual income for individuals and \$194,000 annual income for couples). If you believe you should not pay an IRMAA, your circumstances have changed, or your IRMAA was miscalculated, you have the right to request that SSA lower or eliminate your premium increase.

2. What is Extra Help?

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. It is also known as the Part D Low-Income Subsidy (LIS). If your monthly income is up to \$1,843 in 2023 (\$2,485 for couples), and your assets are below \$16,660 (\$33,240 for couples), you may be eligible for Extra Help. Note: These limits include a \$20 income disregard that the Social Security Administration (SSA) automatically subtracts from your monthly unearned income. In other words, SSA does not count the first \$20 of an applicant's unearned income.

Even if your income or assets are above the eligibility limits, you could still qualify for Extra Help because certain types of income and assets are not counted, in addition to the \$20 mentioned above.

If you are enrolled in Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you automatically qualify for Extra Help regardless of whether you meet Extra Help's eligibility requirements. You should receive a purple-colored notice from the Centers for Medicare & Medicaid Services (CMS) informing you that you do not need to apply for Extra Help.

The Extra Help Program offers the following benefits:

- Pays for your Part D premium up to a state-specific benchmark amount
- Lowers the cost of your prescription drugs
- Gives you a Special Enrollment Period (SEP) to enroll in a Part D plan or switch between plans once per quarter in the first three quarters of the year (January through March, April through June, and July through September).
- Eliminates any Part D late enrollment penalty (LEP) you may have if you delay Part D enrollment.

Remember that Extra Help is not a replacement for Part D or a plan on its own. You must still have a Part D plan to receive Medicare prescription drug coverage and Extra Help assistance. If you do not choose a plan, you will in most cases be automatically enrolled in one. This usually takes one to two months. During that period, Medicare may enroll you in the Limited Income Newly Eligible Transition (LI NET) program to give you temporary coverage. LI NET must cover all your prescriptions, at any pharmacy, as long as they are not excluded from Part D coverage. When you are at the pharmacy, show the automatic enrollment notice from Medicare (typically a yellow notice) to prove that LI NET should cover you. For more information on LI NET or help enrolling in a Part D plan during this time, contact your State Health Insurance Assistance Program (SHIP). Contact information for your SHIP is on the last page of this document.

To receive assistance with your copays, your prescriptions should be on your plan's formulary, and you should use pharmacies in your plan's network.

If you are eligible for Extra Help and have other creditable drug coverage (like Veterans Affairs drug coverage or a retiree plan), you should evaluate your costs and coverage to decide whether to enroll in Part D and Extra Help or to keep your current drug coverage, or whether it is possible or advisable to have both. Be sure to ask your former employer or union if you can get a Part D plan without losing the retiree benefits you want to keep. Also check if disenrolling from retiree drug coverage makes you ineligible for other retiree health benefits. If

you cannot have Part D and you retiree benefits, or if keeping both is not cost-effective, think carefully about whether you should get a Part D plan. This is especially true if your retiree plan also covers your spouse or dependents. If you later want Part D, you will have a two-month SEP after you lose creditable coverage.

Finally, those with Medicaid and certain kinds of employer, union, or retiree drug coverage may in some cases not be enrolled in Extra Help or can ask not to be enrolled. Contact your local Medicaid office or your State Health Insurance Assistance Program (SHIP) to learn how to decline Part D without losing your Medicaid coverage. Contact information for your SHIP is on the last page. If you later want Part D, you can enroll at any time without penalty if you are still enrolled in Medicaid or eligible for Extra Help.

3. How do I apply for Extra Help?

If you have Medicaid, SSI, or an MSP, you should be automatically enrolled in Extra Help. If not, you can apply for the Extra Help program through SSA using either the print or online application. To apply online, visit www.ssa.gov. Depending on processes in your state, the application can also serve to screen you for an MSP, which helps pay some of your Medicare costs. Be sure to complete the entire application and provide accurate information so you get all the benefits for which you qualify.

If your application for Extra Help is denied, you can appeal to SSA. You will receive a Pre-Decisional Notice if your application will be denied, explaining that you may not be eligible for Extra Help and why you will be denied. For example, if the monthly income you reported in your application is over the limit. If you think that SSA's rejection is based on incorrect information, you have 10 days from the date on your notice to correct your application. It may be fastest to call or visit your local SSA field office using the telephone number or address on the notice. You can also call SSA's national hotline at 800-772-1213.

Once SSA makes a final decision, you will receive either a Notice of Award or a Notice of Denial (meaning you do not qualify). If you disagree with SSA's decision, you can appeal. It is better to appeal than to reapply. This is because if your appeal is successful, your Extra Help will be effective from the first day of the month that you originally applied.

You should request a hearing within 60 days of receiving notice of SSA's decision. If you do not want a hearing, you can request a case review where an SSA agent will review your application and any additional information you send in. Hearings are held by phone. You will get a notice in the mail that confirms the date of your hearing and gives you a toll-free number to call. This notice also explains how to submit evidence supporting your case. If you have a scheduling conflict, you can reschedule your hearing if you have good cause. You may try to reschedule, for example, if you have a surgery or major procedure that conflicts with your hearing. After your hearing or review, SSA will send you a notice with the final decision on your case. If you still disagree with the decision, you can file an appeal in Federal District Court.

4. What is a State Pharmaceutical Assistance Program?

Many states offer State Pharmaceutical Assistance Programs (SPAPs) to help residents pay for prescription drugs. Each program works differently. States may coordinate their drug assistance programs with Part D, Medicare's prescription drug benefit. Some SPAPs require that you sign up for Part D to qualify for assistance. In these cases, if a drug is covered by both your SPAP and your Part D plan, both the amount you pay for your

prescriptions plus the amount the SPAP pays will count toward the out-of-pocket amount you have to pay before reaching catastrophic coverage (see number 1). Many SPAPS continue providing coverage during your Part D plan's coverage gap. Your SPAP may also help pay for your Part D plan's premium, deductible, and copayments.

Certain states have qualified SPAPs. Qualified SPAPs provide an SEP to allow you to enroll in or make changes to your Part D or Medicare Advantage coverage. Contact your State Health Insurance Assistance Program (SHIP) to find out if your state has an SPAP, if you might be eligible, and how to apply. Contact information for your SHIP is on the last page of this document. You can also go to Medicare.gov to [find if your state has an SPAP](#).

5. What other programs and resources might help me save money on my prescription costs?

In addition to Extra Help and SPAPs, there may be other programs that you can qualify for, based on your circumstances, to reduce the amount you are spending on prescription medications.

- **Patient Assistance Programs (PAPs):** Through a PAP, you may be eligible to get free or low-cost drugs directly from the company that makes them. In most cases, your doctor must apply for you. Not all PAPs allow you to apply if you are eligible for Part D.
- **Charity programs:** There may be charities that can help reduce your prescription costs. If you have Part D, the amount the charity pays could count toward your out-of-pocket costs.
- **Prescription drug discount programs:** You may be able to get medications you need at a reduced price from national or local discount programs. Note that you cannot use a prescription drug discount program and Part D coverage at the same time: you must select between them at the pharmacy. You can find prescription drug discount programs on websites like www.NeedyMeds.org, www.GoodRx.com, or www.CostPlusDrugs.com. Similarly, there may be discount or lower cost pharmacies. Often, these pharmacies will not be in network for your plan and so you will have to pay the full amount – this may or may not be less than your copayment under your plan. Usually, amounts you pay while using a discount card, coupon, or at a discount pharmacy will not count toward your out-of-pocket costs under your Part D plan.
- **Safety net providers:** Pharmacies in certain government-funded hospitals and community health centers may provide medication at lower costs or charge you based on your income. These centers and clinics include federally qualified health centers (FQHCs) and rural health clinics (RHCs). Some centers may waive copays for drugs covered by your Part D plan if you request assistance. Be sure to contact the facility directly to learn which benefits it offers and which costs may count toward reaching your out-of-pocket maximum.

6. What strategies can I use when speaking with my providers, plan, and pharmacists if I cannot afford my prescription drugs?

In addition to the programs listed above, there may be other options to help you save money if you're having trouble affording your prescription drugs.

Ask your doctor:

- About generics: Generic drugs are often less expensive than brand-name drugs. Check with your doctor to see if a generic drug will work for you.
- For samples of your medication: This is only a temporary solution, as your doctor may not be able to provide samples for very long. If you are using samples, be sure to also explore other options for getting your drugs covered.

Ask your plan:

- About mail-order prescriptions: If you have Extra Help and your drug plan has a mail-order option, you may be able to get a 90-day supply of your prescription at a lower cost. Keep in mind that with mail order, it may take longer to get your drugs than if you were to go to the pharmacy yourself. Plan ahead when filling your prescriptions by mail.
- For a tiering exception: If your Part D plan is covering your drug and your copayment is expensive, it could be that the medication is on a high tier. A tiering exception request is a way to request lower cost-sharing (see number 7).

Ask your pharmacy or hospital:

- To waive your copay: Pharmacies are not allowed to routinely waive their copays for people without Extra Help, but your pharmacist can waive copays on a case-by-case basis. Tell your pharmacist you cannot afford the copay, and request that it be waived. If you are looking for a pharmacy that may waive your copay, make sure it is in your plan's network. Some pharmacies routinely waive copays for people with Extra Help. Ask your pharmacist if your pharmacy does this.
- About charity care: Hospitals may have a charity care policy that can reduce your drug copays if you cannot afford them. Under such a policy, your final copay is determined by your income (using a sliding scale). To qualify, your prescription must be written by a doctor in the hospital and filled at the hospital's pharmacy. Tell the hospital's pharmacist that you cannot afford the copay and ask if you qualify for prescription assistance. Make sure to confirm that the hospital's pharmacy is in-network.

7. How can I ask my plan to cover my drug, or to cover it with a lower copay?

If your drug is not on your plan's formulary, or if it has a high copay because it is on a high tier, you can appeal to your plan to request that they cover the drug or cover it with lower cost-sharing.

Tiering exception request: If your drug is on a high tier, you can file a tiering exception request to ask the plan to put the drug on a lower tier. Note that this does not apply if your drug is on a specialty tier, in which case you cannot request a tiering exception.

- Your doctor should contact the plan to learn how to request a tiering exception. They may have to fill out a Coverage Determination Request Form or other paperwork from the plan. The doctor should also write a letter that explains that drugs or treatment for your condition that are on lower tiers are ineffective or harmful.

- The plan must give a decision within 72 hours of receiving the request. You can ask your doctor to request an expedited appeal if you or your doctor feel that your health could be seriously harmed by waiting through the standard timeline for decisions. If your plan grants the expedited appeal request, they must provide a decision within 24 hours.
- If your plan denies the tiering exception request, you can appeal the decision by following instructions on the notice you receive. This notice is called the Notice of Denial of Medicare Prescription Drug Coverage. You should appeal within 60 days of the date on the denial notice.

Formulary exception request: If your drug is not covered on your plan's formulary, you can appeal for a formulary exception to ask your plan to cover the drug.

- You can contact your plan or ask your doctor to contact your plan and ask for an exception. The plan will send you or your doctor the paperwork, which you or your doctor should complete and return. You should try to include a letter of support from your doctor that explains that the other drugs on the plan's formulary would be ineffective or harmful to your health.
- The plan must give a decision within 72 hours of receiving the request. You can ask your doctor to request an expedited appeal if you or your doctor feel that your health could be seriously harmed by waiting through the standard timeline for decisions. If your plan grants the expedited appeal request, they must provide a decision within 24 hours.
- If your plan denies the formulary exception request, you can appeal the decision by following instructions on the notice you receive. This notice is called the Notice of Denial of Medicare Prescription Drug Coverage. You should appeal within 60 days of the date on the denial notice.

8. Who should I contact for more information on reducing drug costs?

Your health care provider: If you are having trouble affording your medications, speak with the provider prescribing them. They may be able to switch your prescription from more expensive brand-name drugs to more affordable generic drugs. They may also be able to temporarily give you free samples of the medication.

State Health Insurance Assistance Program (SHIP): Contact your local SHIP to learn if your state has a State Pharmaceutical Assistance Program (SPAP) and if so, for help determining if you are eligible. Your SHIP can also help you apply for Extra Help or enroll into a Part D plan if you are eligible for Medicare's Limited Income Newly Eligible Transition (NET) Program. Contact information for your local SHIP is on the final page of this document.

Senior Medicare Patrol (SMP): Contact your local SMP if you believe you have experienced potential Medicare fraud, errors, or abuse. Contact information for your local SMP is on the final page of this document.

Social Security Administration (SSA): You can apply for the Extra Help program through SSA to help lower your drug costs.

Your drug manufacturer: The manufacturer of your medication may offer discount programs. Contact the manufacturer to learn if there are programs available and if you are eligible.

9. What is pharmacy and prescription drug fraud?

Just as it's important to get assistance with your drug costs, it's also important to protect yourself from potential pharmacy or prescription drug fraud, errors, and abuse. There are many types of prescription drug schemes. A common pharmacy and prescription drug fraud scheme could be when Medicare is billed for a medication that you did not receive. Another type of scheme could occur if you are given a different prescription than what you were prescribed. It is so important to read your Medicare statements to check for errors or suspicious charges. This would include checking your statements to ensure that the medications you pick up from the pharmacy are the type and quantity of medication you were prescribed. If you notice anything suspicious with your Medicare statements or medications, contact your local Senior Medicare Patrol (SMP). Your SMP can help report the incident to the correct authorities.

Here are more examples of potential pharmacy and prescription drug fraud:

- You see charges on your Medicare statements for:
 - Prescription drugs or refills that you never picked up or were never prescribed.
 - Prescription drugs that were prescribed by a provider you have never seen.
 - More medication quantity than you were prescribed.
 - A different, more expensive medication than the one you were prescribed.
- A pharmacy intentionally provides you with less medication than you were prescribed.
- A pharmacy gives you expired drugs.
- A pharmacy offers you “free” or “discount” prescription drugs without your doctor’s order, and then bills Medicare.
- A pharmacy offers you gift cards or compensation in exchange for you using their pharmacy.
- A pharmacy automatically refills a prescription that you no longer need and bills Medicare, even if you do not pick up the prescription.
- A pharmacy gives you and bills Medicare for an expensive compounded medication when your provider ordered a traditional or less expensive prescription.

SHIP case study

Myrna is covered by a Part D prescription drug plan, but her medication costs are too high for her to afford. She is single and has an income of \$1,230 per month. She spends about \$200 per month on the copay for just one of her drugs, in addition to the Part D premium.

What should Myrna do?

- Myrna should call her State Health Insurance Assistance Program (SHIP) to seek help lowering her drug costs.
 - If Myrna doesn’t know how to find her SHIP, she can call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org.
- The SHIP counselor will talk to Myrna about the programs she may be eligible for that will lower her drug costs.
 - Since Myrna’s income is below the Extra Help limit of \$1,843, and if her assets are below \$16,660, she is probably eligible for Extra Help. The SHIP counselor will talk to her about how to apply for Extra Help.

- The SHIP counselor will also let Myrna know if her state has a State Pharmaceutical Assistance Program and explain whether Myrna is eligible. If so, the counselor can tell her how to apply.
- The counselor will also make sure that Myrna knows how her drug plan and her drug costs work.
 - The SHIP counselor can make sure that Myrna's drugs are all included on her plan's formulary, or list of covered drugs, and that she is getting her drugs from an in-network pharmacy. They can also talk to Myrna about the different tiers of drug coverage in a Part D plan. The SHIP counselor or Myrna can find more information about her drug plan by contacting the plan directly or looking it up using the Medicare Plan Finder.
 - If Myrna's drugs are not covered, or are covered with high cost-sharing, the SHIP counselor can advise her to speak to her doctor about finding covered drugs or appealing to the plan for a formulary or tiering exception.

SMP case study

Rick's doctor prescribes him a one-month supply of his medication. When he picks up his prescription, however, he finds that the pharmacist has not given him enough pills to last through the month. He is concerned because the copay for this medication is expensive, and he is unsure why the pharmacist did not give him enough.

What should Rick do?

- Rick should contact his doctor to make sure that he was prescribed and understood his doctor's instructions for how much medication to take and for how long. Then he should contact his pharmacy to see if what was prescribed was sent over and if they made a potential error or mistake.
- If Rick believes that his pharmacy intentionally gave him fewer pills, he should contact his Senior Medicare Patrol (SMP).
 - If Rick does not know how to contact his SMP, he can call 877-808-2468 or visit www.smpresource.org.
- The SMP team member will tell Rick that this could be potential pharmacy and prescription fraud or abuse if there was "prescription shorting," in which a pharmacy routinely dispenses prescriptions a few pills short in order to make money.
- The SMP team member will help Rick report the suspected fraud to the proper authorities and will provide education on how to avoid Medicare fraud, errors, and abuse in the future.
- If Rick still has other concerns about his drug costs, the SMP team member can help direct him toward programs like Extra Help or his state's SPAP, and can tell him that he can learn more about eligibility and how to apply by contacting his local SHIP.