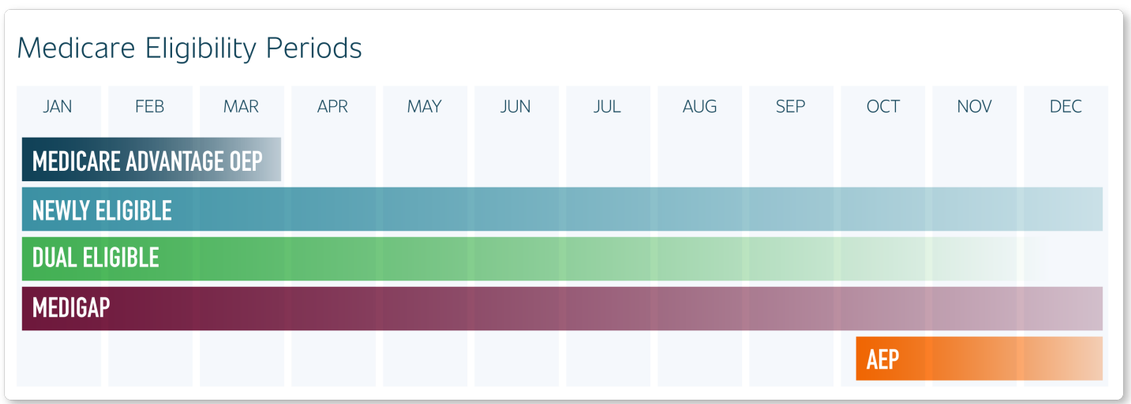
Understanding Dual Eligibility For Medicare

EnlivenHealth™
an Omnicell Innovation
Formerly FDSAMPLICARE

Introduction

Growing your Medicare business is essential to improving the profitability of your pharmacy and increasing patient retention. Pharmacists are well-aware of the Annual Enrollment Period (AEP) from October 15 to December 7, which is the only time of year for many Medicare patients to make changes to their plans. However, the opportunities to help your Medicare patients do not end with the AEP — there are many other windows to guide your patients throughout the calendar year.

Many Medicare beneficiaries qualify for Special Enrollment Periods, which allow them to enroll in or make changes to their plan options during the year. For instance, a newly eligible Medicare patient has a seven-month window known as the Initial Enrollment Period to enroll in a plan. This period includes the three months before their 65th birthday, their birthday month, and the three months following. Similar to the AEP, this is a crucial window for pharmacists to help patients understand what their changing insurance options could mean for their health and their finances.



For patients who are dually eligible for both Medicare and Medicaid, the number of chances to help increases even further. These patients qualify for a Special Enrollment Period (SEP) that allows them to make changes to their plans outside of the AEP and their IEP. According to a CMS analysis, the total number of dually eligible beneficiaries grew from 8.6 million to 12.2 million between 2006 and 2018. In this same time period, the total Medicare population increased from 45.7 million to 62.9 million. With so many patients qualifying for these special enrollment periods, pharmacies that do not focus on Medicare plan comparisons year-round are missing out on crucial opportunities to retain patients, impact DIR fees, and improve bottom line growth for the business.

With the right strategies in place, you can take steps to simultaneously strengthen the health of your patients and your pharmacy. This guide will provide an overview of dual eligible patients, their enrollment options, and the benefits of using FDS Amplicare to get started on developing a plan for success.

Similar to the AEP, this is a crucial window for pharmacists to help patients understand what their changing insurance options could mean for their health and their finances

Who Are Dual Eligible Beneficiaries?

Dual eligible beneficiaries are patients who are enrolled in both Medicare and Medicaid, or who receive Extra Help through Social Security. The term "dual eligible" is also used to describe individuals who are enrolled in Medicare Part A and/or Part B — also known as Original Medicare — and receive full Medicaid benefits and/or assistance with Medicare premiums or cost-sharing through a Medicare Savings Program.

There are four kinds of Medicare savings programs for which patients may qualify:

Qualified Medicare Beneficiary (QMB) Program:	This program helps pay for Part A and/or B premiums as well as deductibles, coinsurance, and copayments.
Specified Low-Income Medicare Beneficiary (SLMB) Program:	This program helps pay for Part B premiums for individuals enrolled in a Part A plan and have limited income or resources.
Qualifying Individual (QI) Program:	Similar to the SLMB Program, the QI Program helps pay for Part B premiums. Applications are granted on a first-come, first-served basis and beneficiaries must apply each year for QI benefits. However, individuals who qualify for Medicaid cannot get QI benefits.
Qualified Disabled and Working Individuals (QDWI) Program:	The QDWI Program helps pay for Part A premiums for certain individuals with disabilities who are working.

Patients who qualify for any of these programs automatically qualify to receive Extra Help to pay for Medicare drug coverage.

Four Parts of Medicare

For dually eligible beneficiaries, the basics, i.e., physician services, prescription drugs, in-patient care, hospice care, home visits, and more, are covered by Medicare. Medicaid covers services not taken care of by Medicare. Often, these patients have complex medical needs and the assistance they receive helps raise the quality of their care and reduce the cost of expensive treatments.

Medicare Part A
This covers hospital insurance and associated costs.

Medicare Part B
This covers medical insurance, such as physician services, lab and x-ray services, outpatient, and other services.

Medicare Part C
These plans offer similar coverage as parts a and b as well as additional coverage such as dental, vision, and wellness.

Medicare Part D
This covers prescription drugs.

Note:
Part A and Part B are known as Original Medicare. Part C is also known as Medicare Advantage.

Enrollment Options

As with all Medicare beneficiaries, dual eligible patients can make changes to their plans during the general AEP. Unlike others, these patients can also switch their Medicare plan once every quarter between January and September. This adds up to a total of three additional times per year. Once a patient enrolls in a plan, the SEP is considered used for the quarter. For instance, say a patient enrolled in a plan in March (Q1), which would take effect in April (Q2). This change would count toward the Q1 SEP.

Dual eligible patients may also qualify for a **benchmark Part D plan**. Benchmark plans typically have premiums below the specified amount for the state and are a more cost-effective option for many patients when compared to plans with premiums. If a patient receives Extra Help, this additional assistance will help pay for the full cost of their Part D premiums. Patients receiving the Low-Income Subsidy will have no monthly premiums and no deductibles for Medicare Part D plans. When helping patients compare plans, it is advisable to focus on benchmark plans as patients will not have to pay additional monthly premiums.

When it comes to plan selection, dual eligible patients are heavily targeted by brokers and insurance plans, so many do choose plans. Patients who never choose a plan are automatically moved into a benchmark plan if their current plan loses benchmark status. Patients who select a plan, however, are not auto-enrolled. By reviewing their options consistently, dual eligible patients are able to keep up with plans losing and obtaining benchmark status and ensure they are on a plan that best fits their needs.

How do patients know if they are in a benchmark plan?

- Patients will receive a letter from Medicare (CMS) letting them know which plan they are enrolled in and what the associated costs are
- Patients can also contact a plan to verify whether or not it is a benchmark plan

Opportunities for Pharmacies

According to GoHealth's "Biannual Medicare 2020 Report," which surveyed more than 2,100 Medicare beneficiaries and those nearing eligibility, many beneficiaries are overwhelmed by their options. Thirty-seven percent of current beneficiaries and 51% of those approaching eligibility say they find official resources confusing to navigate. Additionally, 47% of soon-to-be eligible seniors admit they don't know where to start when it comes to their options.

As the most trusted and the most accessible healthcare providers in the U.S., pharmacists are in a distinct position to help Medicare patients navigate their options and find a plan that best fits their needs. Offering plan comparisons opens the door to building meaningful relationships with patients and increase retention and bottom-line growth in the process.

Dual eligible patients are often automatically enrolled in programs that might not consider their specific health needs. Comparing plans at the pharmacy can help ensure they are on a plan that takes into account their medications and unique health situations. By doing so, you may discover the patient has an alternative option that offers them cheaper costs or better coverage, such as a higher CMS rating, fewer drug restrictions, or fewer Prior Authorization requirements. These all translate to better care for the patient.

You can also advise them about the benefits of enrolling in benchmark plans or provide guidance on what plans cover their medications, any exception and appeals process, and what plans include the pharmacy that the patient wants to use.

Dual eligible patients are often automatically enrolled in programs that might not consider their specific health needs. Comparing plans at the pharmacy can help ensure they are on a plan that takes into account their medications and unique health situations.

In some cases, plans that offer better coverage for the patient may also help improve the pharmacy's profitability and reduce DIR fees. For instance, dual eligible patients are good candidates for non-preferred plans since there is no copay incentive for them to go to a particular pharmacy (i.e., their copays remain the same, regardless of whether or not their pharmacy is preferred). This benefits your pharmacy as you get reimbursed more and pay less in DIR fees for non-preferred plans.

Throughout the year, reviewing options for dual eligible patients can be helpful for both the patient and the pharmacy, especially when the pharmacy may be experiencing underwater claims or claims on which you may be losing money on an ongoing basis. If a patient has a plan that works better for them and the pharmacy, prioritizing them for a plan comparison is a good, mutually beneficial, idea.

Plans that offer better coverage for the patient may also help improve the pharmacy's profitability and reduce DIR fees

Best Practices for Reaching Dual Eligible Patients

Once you decide to focus on dual eligible patients at your pharmacy, having the right tools and a winning strategy can help direct your efforts. Here are a few things to keep in mind as you plan for success:

Find the win-win opportunities

Using Amplicare's Dual Eligible Report, you can easily identify patients with mutually beneficial opportunities that benefit both the patient and the pharmacy. You can further segment your customer base by focusing on patients with a current plan detected, which can help make comparisons easier. Remember to always confirm your patient's plan before helping them enroll in a new plan.

Start with PDPs

Dual eligible patients may be enrolled in both Part D (prescription drug plans) or Medicare Advantage plans. If you're just starting out with dual eligible plan comparisons, helping patients enrolled in Part D plans first may be a good first step. Part D comparisons may be more straightforward than Medicare Advantage plans as the latter also take into account additional health benefits.

Look for added benefits

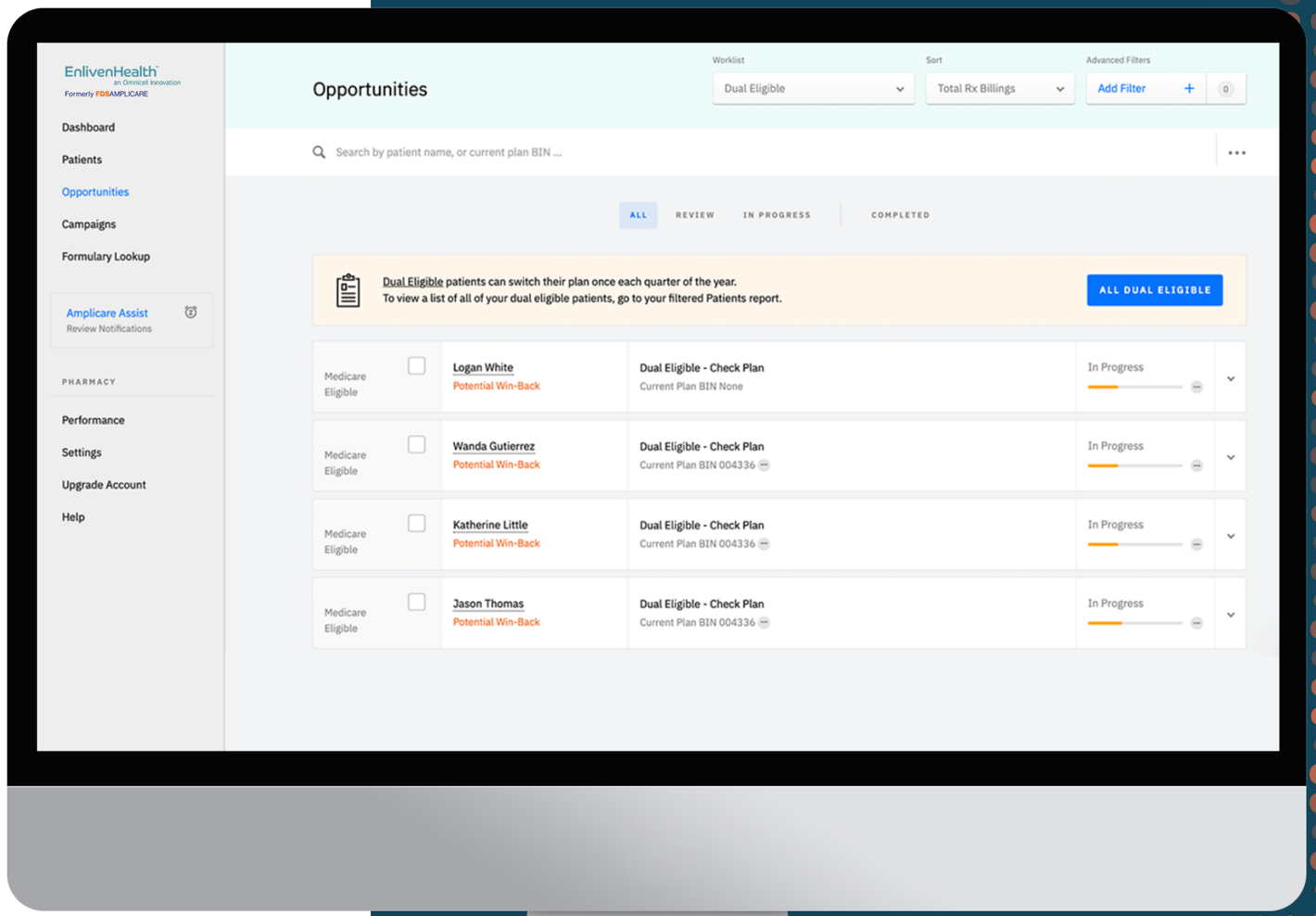
Because patients on benchmark plans have $0 premiums and deductibles, their costs will remain fairly consistent. When helping these patients explore their options, look for additional benefits such as a plan with fewer formulary restrictions or Prior Authorizations, which would improve patient care. Some plans also offer extra perks such as transportation benefits, hearing, vision, and dental exams, or credits for health-related products at no cost to the patient.

Set up outreach campaigns:

Once you know who your dual eligible patients are, the next step is reaching out to them. With Amplicare, you can easily set up an outreach campaign each quarter to explain the Special Enrollment Period and the services your pharmacy offers. Follow these up with either in-person or over-the-phone consultations to walk them through their options and what changes may mean.

Dual eligible patients are an important audience for pharmacies. By taking advantage of the opportunities their enrollment windows provide, you can improve care for your patients — thereby increasing retention and loyalty — and boost your pharmacy's profitability.

To learn more about how FDS Amplicare can help your pharmacy engage with your dual eligible Medicare beneficiaries, reach out to us at: growth@amplicare.com



EnlivenHealth™

an Omnicell Innovation

Formerly **FDS**AMPLICARE