Part D Open Enrollment Period: “To-Do” Checklist for Benefits Counselors

Prior to meeting your client:

☐ Ask the beneficiary to bring or have available all cards and letters (e.g., Annual Notice of Change, reassignment, loss of deemed status).

☐ Ask client to bring a list of drugs currently taken, including the strength and dosage; suggest bringing a printout from the pharmacy.

During your meeting:

☐ Review pertinent sections of current plan’s Annual Notice of Change (ANOC).

☐ When running a comparison by cost, be sure to print out and highlight appropriate information on alternative plans.

After meeting with your client:

☐ Give the client a checklist to note date of receipt from plan of:

  ☐ Membership card
  ☐ Explanation and use of transition fills

☐ Check with beneficiary about any need for formulary exceptions or whether any of their medications are indication-based on the plan formulary (i.e., covered for one condition and not another)

☐ Remind beneficiary you are available to respond to questions or problems

☐ Give beneficiary your contact info
Open Enrollment Worksheet: Gather Information

Beneficiary’s name: ____________________________

Name of beneficiary’s 2019 Part D plan: ________________________________

- Plan Membership Number: _____________________________________________
  Check one: □ PDP □ MA-PD □ None – in other creditable coverage (see below for more info)

Beneficiary’s membership numbers and effective dates from all other membership cards:

- Medicare Number □□□□□□□□-□□□□ (new card # format)
  Part A Effective Date □□-□□-□□□□
  Part B Effective Date □□-□□-□□□□

- Social Security Number
  □ Same as Medicare number OR SSN □□□□□□□□-□□□□

- Medigap
  Policy Name _____________  Policy Number___________

- Other prescription drug coverage?
  Name of Policy: _______________________________________________________
  Policy Number: _______________________________________________________

  ➢ Is the other prescription drug coverage:
    □ Employer-sponsored health insurance
    □ FEHBP
    □ VA or TRICARE
    Name of Policy: ________________________________
    Policy Number: ________________________________

** Is this “other” coverage creditable drug coverage? Yes □ No □

Current Medications List:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Generic? (Y/N)</th>
<th>Strength and dose (Ex: 30 mg taken twice a day)</th>
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- Review pertinent sections of current plan Annual Notice of Change (ANOC)

- Record how costs will change for the beneficiary in 2020:

  Premium: 2019: ___ 2020: ___
  Deductible: 2019: ___ 2020: ___
  Copay/coinsurance: ____________
  Did the beneficiary reach the doughnut hole in 2019? Yes [ ] No [ ]

  Is the formulary changing in 2020? If yes, for which drugs?
  ___________________________________
  ___________________________________
  ___________________________________
Screen and Assess Options, 4-Step Process

Step 1: Screen for LIS & MSP – run thru BenefitsCheckUp®

- Is the beneficiary enrolled in LIS/Extra Help in 2019?  □ Yes  □ No  
  (Note: Can check status in Medicare Plan Finder if client has a registered MyMedicare.gov account and log-in)
- If not enrolled, is the beneficiary willing to screen for eligibility?  Yes □  No □
  ➢ If yes, record the following information:
    Monthly Income: $_________
    Resources: ______________________________________________________________
    Marital status: Single □  Married □
    Living arrangement: Alone or with spouse □  In another’s household □
    Living in congregate setting □  Nursing home □

Step 2: Use the Medicare Plan Finder tool

  ➢ Baseline: Current plan (refer to Current Medications List on page one)
    a. Coverage in 2020 for current drugs in current plan
    b. Pharmacy: ___________________________ In network? Yes □ No □

Step 3: Discuss MA-PD vs. PDP

Step 4: Run comparison by cost, drug coverage, and utilization management

How Beneficiary is Enrolled (no later than December 7, 2019):

Date of enrollment: ___________________________

□ Plan Finder
□ Paper application mailed to plan
□ Enrollment confirmation number
  Note: Can print out and give a copy to beneficiary, retaining a copy in your file
□ Call plan
  Note: Not recommended as no way to retain proof of enrollment action