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Number: APD-IM-15-080
Issue date: 10/15/2015
CORRECTED

Topic: Other

Subject: MMA Transmittal: 2016 Medicare Part D Stand-Alone Plan Information

Applies to (check all that apply):

- Checkboxes for various DHS departments and programs including All DHS employees, Area Agencies on Aging, Aging and People with Disabilities, Self Sufficiency Programs, County DD Program Managers, ODDS Children's Residential Services, Child Welfare Programs, County Mental Health Directors, Health Services, Office of Developmental Disabilities Services(ODDS), ODDS Children's Intensive In Home Services, Stabilization and Crisis Unit (SACU), and Other (please specify).

Message:

The Centers for Medicare and Medicaid (CMS) has announced the 2016 Stand-Alone Medicare Prescription Drug Plans (PDPs).

The 2016 Benchmark premium amount for Oregon and Washington PDP Region is \$ 33.80. Clients eligible to receive full Low-Income Subsidy (LIS) are any clients receiving Medicaid and/or a Medicare savings program benefit (OSIPM, MAA, OPP, QMB, SMB, and SMF).

The following plans will no longer be Medicare Stand-Alone prescription plans for 2016. Clients in these plans will be reassigned to collating plans or randomly re-assigned.

Cigna-HealthSpring Rx enhanced (S5617-241) ----- Members will be assigned to Cigna-Health Spring Rx Secure-Extra (PDP) S5617-275

SmartD Rx Saver (PDP) (S0064-030) ----- Members will be assigned to Express Scripts Medicare Value (PDP) S5660-132. Express Scripts Value premium amount for 2016 is \$38.40. Clients will be subject to pay \$4.60 as the plan premium amount is over Oregon's

regional benchmark amount \$33.80.

Aetna Medicare Rx Premier (PDP) (S5810-200)----- Members will be assigned to First Health Part D Premier Plus (PDP) (S5768-192)

Transamerica Medicare Rx Choice enhanced (PDP) (S9579-062) ----- *Members will be assigned to Transamerica Medicare Rx Classic (PDP0 S9579-029*

****** Please note that, CMS has sanctioned United American Insurance Company with a suspension of enrollment for contract S5755. United America Insurance Company is not included in the current Stand-Alone PDP 2016 list- but, may be offered again in 2016.**

The 1st attached document lists all of the PDP's that will be available in Oregon for 2016. The benchmark plans are highlighted. These plans will not charge full, LIS eligible clients a monthly premium.

On this list there are some PDP's that are highlighted as being premium free; however they are above Oregon's regional premium benchmark amount. These PDP's have voluntarily agreed to waive the de minimis portion for Low Income Subsidy beneficiaries.

- Cigna-HealthSpring Rx (S5617-148)
- WellCare Classic (PDP) S5967-167)

The 2nd attached document is the "2016 LIS Reference Sheet" This document provides the LIS levels and corresponding case coding for all categories of LIS eligibility for the 2016 calendar year, including individuals that apply through the Social Security Administration.

If you have any questions about this information, contact:

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2016 Medicare Part D Stand-Alone Prescription Drug Plans

Includes all contracts/plans regardless of 2015 approval status/subject to change.
Any plan that is not highlighted will have a monthly premium for all people

Oregon's Benchmark amount \$ 33.80

Company Name	Plan Name	Benefit Type	Monthly Drug Premium	Contract ID	Plan ID
Aetna Medicare	Aetna Medicare Rx Saver (PDP)	Basic	\$30.10	S5810	64
Asuris Northwest Health	Asuris Medicare Script Basic (PDP)	Basic	\$94.50	S5609	1
Asuris Northwest Health	Asuris Medicare Script Enhanced (PDP)	Enhanced	\$154.20	S5609	2
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	Basic	\$34.70	S5617	148
Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Extra (PDP)	Enhanced	\$34.90	S5617	275
EnvisionRx Plus	EnvisionRx Plus Clear Choice (PDP)	Enhanced	\$33.50	S7694	115
EnvisionRx Plus	EnvisionRxPlus Silver (PDP)	Basic	\$30.70	S7694	30
Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	Enhanced	\$72.80	S5660	215
Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	Basic	\$38.40	S5660	132
First Health Part D	First Health Part D Premier Plus (PDP)	Enhanced	\$74.50	S5768	192
First Health Part D	First Health Part D Value Plus (PDP)	Enhanced	\$31.70	S5768	153
Humana Insurance Company	Humana Enhanced (PDP)	Enhanced	\$64.10	S5884	28
Humana Insurance Company	Humana Preferred Rx Plan (PDP)	Basic	\$32.20	S5884	113
Humana Insurance Company	Humana Walmart Rx Plan (PDP)	Enhanced	\$18.40	S5884	176
SilverScript	SilverScript Choice (PDP)	Basic	\$25.10	S5601	60
SilverScript	SilverScript Plus (PDP)	Enhanced	\$80.90	S5601	61
Stonebridge Life Insurance Company	Transamerica MedicareRx Classic (PDP)	Basic	\$121.10	S9579	29

Company Name	Plan Name	Benefit Type	Monthly Drug Premium	Contract ID	Plan ID
Symphonix Health	Symphonix PrimeSaver Rx (PDP)	Enhanced	\$38.60	S0522	63
Symphonix Health	Symphonix Value Rx (PDP)	Basic	\$32.20	S0522	30
UnitedHealthcare	AARP MedicareRx Preferred (PDP)	Enhanced	\$58.80	S5820	29
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	Basic	\$34.40	S5921	374
WellCare	WellCare Classic (PDP)	Basic	\$31.30	S5967	167
WellCare	WellCare Extra (PDP)	Enhanced	\$76.10	S5967	201
WellCare	WellCare Simple (PDP)	Basic	\$31.00	S4802	20

Benchmark- A prescription drug plan with a monthly premium at or below the low income premium subsidy amount.

2016 LIS Reference Sheet

LIS Category 1

Who:

- Individuals with Medicare and Medicaid whose income is **above** 100% of Federal Poverty Level. The UCMS screen for the client's Program Codes of OSP and FS2 case descriptor; **or**,
- Individuals who are enrolled in a Medicare Savings Program. These clients may have a MED, SMB or SMF in the UCMS screen for the Medical Program, with any of the following case descriptors: FS2, FS1, SMB, SMF, or QMB. These clients do not have OSP or MAA program code; **or**,
- Individuals with Medicare whose income is below 135% of Federal Poverty Level, with limited resources who have been approved by SSA.

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$2.95 and \$7.40 in 2016

LIS Category 2

Who: Individuals with both Medicare and Full Medicaid coverage (Full-Benefit Dual Eligibles) whose income is **below** 100% of FPL, who do not reside in an institution. These clients should have OSP or MAA medical Program Coding on the UCMS screen, with QMB or QMM and FS1 case descriptors. All SSI clients are eligible for LIS category 2 even without the QMB coding (Exp: clients with no Medicare part A).

Benefit: No monthly premium for benchmark plans and no deductible
Copayments limited to \$1.20 and \$3.60 in 2016

LIS Category 3

Who: Individuals with both Medicare and full Medicaid coverage (Full Benefit Dual-Eligibles) who are expected to be institutionalized in a Nursing facility or other medical facility for a full calendar month these clients should have an OSP or MAA medical Program Coding on the UCMS screen, with a case descriptor of ISI.

-Or

- Individuals with both Medicare and full Medicaid (Full Benefit Dual-Eligibles) who receives **Home and Community-Based Services**, in a waived facility. These clients should have an OSP or MAA medical Program Coding on the

UCMS screen, with case descriptors of APD/IHC, DDC, DDS, ICP and APD/CBF.

Benefit: No monthly premium for benchmark plans, no deductible, and no copayments on Medicare Part D covered drugs.

LIS Category 4

Who: People with Medicare (no Medicaid or MSP) whose income is between 135% of FPL and 150% of FPL and who have limited resources. These individuals must apply for the LIS with SSA.

Benefit: A subsidy covering up to 75% of the monthly benchmark premium and:

Out of pocket expenses in 2016 are limited to:

\$74.00 annual deductible

15% of the prescription costs up to \$ 4,850 out-of pocket

Co-payments limited to \$2.95 for each generic drug and \$ 7.40 for each name brand drug after the annual prescription costs exceed \$4,850 out-of-pocket spending

Any Partial or Full dual eligible who has been deemed by the Department with any of the above eligibility from July through December of a given year, will retain their copayment levels for the following calendar year.

SSA will review eligibility at the end of each calendar year for those that apply through their system. If an individual loses his or her eligibility during the calendar year, he or she will not lose the benefit until the end of the calendar year.