



NEWS RELEASE

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MEDICARE CONSUMER ALERT: OKLAHOMA PHARMACIES EXPERIENCING DIFFICULTIES KEEPING UP WITH HIGH VOLUME OF NEW PRESCRIPTIONS

*What Medicare/Medicaid Recipients Need to Know Before Taking Prescriptions to
the Pharmacy*

OKLAHOMA CITY – Medicare Oklahoma, a citizen group providing education on new prescription drug benefits for seniors, today issued a Consumer Alert for all Medicare/Medicaid recipients who are newly enrolled in Medicare’s “Part D” prescription drug plan and trying to fill a prescription.

According to Medicare Oklahoma director Bill Shapard, there have been reports that Medicare’s new eligibility database is experiencing slow response times due to a heavy volume of calls received earlier in the week.

“Verifying eligibility through the database is required before pharmacies can fill a prescription,” Shapard said. “We have been told by Medicare that adjustments are currently being made to deliver faster responses to pharmacies, but people need to be aware of the delays they may encounter in the meantime.”

Renzi Stone, Medicare Oklahoma spokesman, said people can help the process move more quickly by making sure to bring the appropriate documentation with them to the pharmacy, including:

- Medicare and/or Medicaid card
- Plan membership card or proof of membership
- If the recipient is receiving ‘extra help’ from Medicare, they need to take their letter from Medicare stating their eligibility for the extra help

In addition, Medicare Oklahoma is providing a ‘What If’ list of problems and answers to aid Medicare/Medicaid recipients who are enrolled in a plan and trying to fill their prescriptions.

What If...	Answer
A person enrolled in plan and goes to the pharmacy and the pharmacy has no record of the enrollment because the person enrolled late in the month	If the person has not received his/her enrollment acknowledgement letter or other materials (including an ID card), the pharmacy should check its records and determine which plan the person is enrolled in. If there is no record of enrollment, the pharmacist should call the designated pharmacy enrollment/eligibility helpline or 1-800-MEDICARE to identify the plan in which the person is enrolled and the plan's telephone number. The pharmacy can then call the plan to get the information needed to send a claim to the plan.
The person is enrolled in a plan and the pharmacy cannot confirm enrollment	<p>If the pharmacy cannot confirm enrollment, the person can pay the full cash price for his/her prescription. The person can also ask the pharmacy to give them only part of the prescription until he/she can call their plan. The person will need to contact their plan to find out how to submit a claim for reimbursement for the amount the plan (and Medicare for cost sharing under LIS if applicable) would have paid.</p> <p>Note: This situation may occur when a person completes a plan enrollment application at the very end of the month and the plan does not have sufficient time to update enrollment information or for the person to receive the enrollment acknowledgement letter. The plan prescription drug coverage will be effective the first of the following month the plan receives a complete enrollment application (through the last day of the month).</p>
The person is enrolled in a plan and has additional (secondary) coverage. What happens if the pharmacy can't confirm enrollment in a Medicare drug plan?	If the person has additional (secondary) coverage, the pharmacy will submit the claim to the additional (secondary) insurer, who may pay the claim as a primary payer. When the Medicare drug plan enrollment is confirmed, the secondary payer may seek reimbursement from the Medicare drug plan for the amount that the plan would have paid.
The person is enrolled in a plan with a deductible. How will the deductible be accounted for?	If the person is in a plan with a deductible, the pharmacy will charge him/her the plan's discounted price for the covered prescriptions and that amount would be

	applied to the deductible.
The person is enrolled in a plan without a deductible. How will this work?	If the person is in a plan with no deductible, the pharmacy will use the discounted price to charge the person whatever copay or coinsurance applies.
A person filled out a paper application for drug coverage, when will the enrollment be effective?	A complete enrollment application must be received by the drug plan by the last day of the month to be effective the first day of the following month. In order to ensure that the enrollment application is received by the plan by the last day of the month, the person should either mail the application sooner than the last day of the month, or contact 1-800-MEDICARE or use the On-Line Enrollment Center to enroll by 11:59 p.m. (PST) on the last day of the month. An application postmarked by that date will probably not be received by the plan and therefore not be effective.
A person enrolled in more than one plan prior to 01/01/06 and they think they are in a different plan than the one that is in the Medicare record.	<p>The pharmacist should instruct the person to contact 1-800-MEDICARE to determine the plan that they have actually enrolled in. If the person wants to be in another plan, the 1-800 staff can help the person enroll in another plan. This enrollment will automatically disenroll the person from their current plan. The enrollment in the new plan will be effective the first day of the following month. If the person needs a prescription, the pharmacist can fill it under the current plan until the new enrollment becomes effective.</p> <p>If a person completes a plan enrollment application at the very end of the month and the plan does not have sufficient time to update enrollment information or for the person to receive the enrollment acknowledgment letter, the pharmacy will bill the plan reflected in its system. Once the last enrollment received by the end of the month is recorded, the plans involved will reconcile the transactions.</p>
A person goes to a pharmacy that is listed in a Medicare drug plan's network, and the pharmacy has not contracted with the Medicare drug plan	The person should call the plan's customer service line to determine if there is a nearby in-network pharmacy to serve them. If they wish to continue filling their prescriptions with this particular pharmacy, they should ask the plan whether they may

	pay out-of-pocket and submit a paper claim for reimbursement (if applicable). Routine out-of-network claims are not permitted under the Medicare drug benefit.
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Medicare Oklahoma is currently touring central Oklahoma offering free educational seminars. For a complete schedule of events, visit www.medicareoklahoma.com or call the Help Line at (405)607-0058.

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