

Choosing A Medicare Part D Prescription Plan: A Step-By-Step Guide To Selecting A Plan Online

Medicare has posted two tools on www.medicare.gov to help people select a Medicare Part D prescription plan—a plan finder which enables users to compare plans’ out-of-pocket costs and enroll in the Part D plan of their choice; and a formulary finder which allows for comparison of plan formularies (lists of covered drugs).

Medicare Part D is arguably the most complex benefit health care consumers have ever had to decipher and navigating these online tools can be tricky. The two tools do not link or “talk” to each other. Information is incomplete. Instructional copy is sometimes unclear. There are differences between what the Web site lists as a given plan’s costs and benefits, and what the plan will tell you when you contact them directly.

The Centers for Medicare and Medicaid Services (CMS), in charge of the site, the tools, and the implementation of Part D, is aware of these problems and there is some chance that some of them may be corrected. Therefore, if you can wait to enroll until May 15th without a lapse in prescription coverage, it may pay to hold off until at least a few bugs are knocked out of the system.

If you can’t wait (for instance, if you have Medicare and Medicaid together), the pages below will help walk you through the online tools. This can be time consuming. Give yourself plenty of time and make sure you sit down with all the information you need including:

- a list of the medications you take (including the precise, full drug names, dosage and number of pills you take).
- your red, white and blue Medicare card (you will need your Medicare claim number and the effective date for Medicare A or B to use the Plan Finder).
- the exact name and address of your pharmacy.

You can start with either tool. The **Plan Finder** lets you to enroll in a plan online, but we recommend starting with the **Formulary Finder** because it will allow you to view drug formularies comparatively and get certain formulary details that are not available on the Plan Finder. You will pick a plan based on three components: Formulary Finder results, Plan Finder results, and benefits you may have from other insurance (e.g., Medicaid or ADAP).

Formulary Finder Steps

1. Go to www.medicare.gov
2. Scroll down until you see the Formulary Finder link and click on it.
3. Select your state from the pull-down menu and click continue.
4. In the box under “Find drugs by name” type the name of the first drug on your list and click on the button that says “Search for Drug.” Theoretically, you should be able to enter either the generic or the brand name—whichever one you take—but if one doesn’t work, try the other.
5. Scroll down a little. You should see another box with your drug (and possibly a few others with a similar name) listed. Click on the one you need and then on click the button that labeled “Add Selected Drug to List.”
6. Look at the table labeled “Review the Drug List” and make sure the correct drug appears. Note: If you entered a brand name in Step 4, you now have the option of checking a box that says “Use lower cost generic drugs when available.”
7. If the wrong medication appears, click the button that says “Remove” and begin again.

8. If the correct medication appears, click the button that reads, "Add Additional Drugs" and repeat steps 4 through 6 until every drug you take appears in the "Review Drug List." You may have to scroll up and down throughout this process.
9. When all your medications appear, click the button labeled "Continue With Selected Drugs."
10. Under **Choose How You Want to View Plans**, click the button that reads "Change/Update My Drug Dose and Quantity."
11. A chart will appear with your drug and dosage in one column and the quantity of each you will need for a 30-day period. The fields will already be filled in, but you can change them if the information is incorrect. Use the pull-down to change the drug/dosage in the first column and type in any changes to 30-day quantity in the second column. **Note: After each change, scroll down and click "Update Dosage/Quantity" or you may lose your changes.**
12. Scroll down to **Choose How You Want to View Plans**. If you do not need to add any additional drugs, click the button that reads "Continue With Selected Drugs."
13. The next screen you see will say **Plan Formulary Finder: Plan List**. You will see one or two tables: The first will have a list of plans that carry all your drugs, if there are any. The second will have a list of plans that cover some of your drugs. This second table won't tell you immediately which drugs a plan does or does not cover, but it will tell you how many of your drugs it covers (for example: 67% or $\frac{2}{3}$) under the heading "Formulary Match %." Scroll down to the bottom right of the screen where it says "Plans per page," use the pull down menu to select "All."
14. Click on a plan name to see which of your drugs it will cover and which it will not; which will require prior authorization (meaning you must meet certain medical criteria to get your drug covered); which have quantity limits (meaning a cap on the amount you can get within a given time); and which require step therapy (meaning you must try and fail a less

expensive alternative drug before the prescribed drug will be covered) Drugs subject to these hurdles will require a written statement from doctor before they can be covered. Obtaining such letters takes time, and approval is not guaranteed. Therefore, we suggest choosing plans with the fewest prior authorization, step therapy, and quantity limits.

Note: The formulary finder assumes that Part D is the only insurance you have. In other words, it does not take Medicaid, EPIC, ADAP, or other drug coverage into account. If you receive any of these benefits, they may step in and help you get the prescription drugs that your Part D plan does not provide.¹

15. Repeat Step 14 for all the plans on your list that seem like a possible fit for your prescriptions needs. Many companies offer multiple plans and many plans have similar names, so it's important to **write down the full name** of the plans you like. If you prefer, you can print out the screen with the full list and circle the ones you're interested in.

Once you have all this information printed out or written down, you are ready to proceed to the Plan finder:

Plan Finder Steps

1. Go back to www.medicare.gov
2. Scroll down until you see the "Compare Medicare Prescription Drug Plans" link and click on it.
3. Scroll down to the heading that reads "Where would you like to begin?" click on the arrow next to "Find a Medicare Prescription Drug Plan."
4. Scroll down to **Personalized plan search**.

¹ Keep in mind the differences between Traditional Medicare with a stand-alone prescription drug plan (PDP) and Medicare Advantage Prescription Drug (MAPD). With Traditional Medicare, you have Medicare Part A for hospitalization and Part B for outpatient care. If you have Traditional Medicare, you will enroll in a stand-alone Part D plan that will cover you prescription drugs. MAPD is managed care—all services go through that plan: doctor, hospital, and prescription drugs. You can only use network providers. This is also known as Medicare Part C.

5. Enter the following information:
 - Medicare claim number (this is Social Security Number and a letter as it appears on the front of your Medicare card)
 - Last Name
 - Date of Birth
 - Effective Date of Part A or Part B (also on your Medicare card)
 - ZIP code
6. Click on "Search Plans"
7. The next screen will say **Review your current plan.** If Medicare already has you enrolled in a Plan, this screen will list the Plan Name, and Plan Phone Number. This section will also tell you if you are enrolled in Extra Help (a subsidy that pays all of your drug costs except for a copayment). To review other drug plans, scroll down to the next section, Decide on your plan options, and click "Choose a drug plan type."
8. Click on "Search for Medicare Prescription Drug Plans." If you want to enroll in a Medicare managed care Part D plan, you can click on "Search for Medicare Advantage Plans."²
9. Scroll down and click on "Enter My Medications."
10. Enter your first prescription by name and click "Search for drug." Scroll down to make sure it appears under "Review your drug list." You should see your drug (and possibly a few others with similar names) listed. Click on the one you need and then click "Add Selected Drug to List." Note: Theoretically, you should be able to enter either the generic or the brand name—whichever one you take—but if one doesn't work, try the other.

² Keep in mind the differences between Traditional Medicare with a stand-alone prescription drug plan (PDP) and Medicare Advantage Prescription Drug (MAPD). With Traditional Medicare, you have Medicare Part A for hospitalization and Part B for outpatient care. If you have Traditional Medicare, you will enroll in a stand-alone Part D plan that will cover you prescription drugs. MAPD is managed care—all services go through that plan: doctor, hospital, and prescription drugs. You can only use network providers. This is also known as Medicare Part C.

11. Scroll back up and repeat Step 10 until all your drugs appear under "Review drug list." Make sure the correct drug appears. If the wrong medication appears, click the button that says "Remove" and begin again. Note: If you entered a brand name in Step 10 you now have the option of checking a box that says "Use lower cost generic drugs when available."
12. Click "Continue with Selected Drugs."
13. Under **Choose How You Want to View Plans**, click the button that reads "Change/Update My Drug Dose and Quantity."
14. A chart will appear with your drug and dosage in one column and the quantity of each you will need for a 30-day period. The fields will already be filled in, but you can change them if the information is incorrect. Use the pull-down to change the drug/dosage in the first column and type in any changes to 30-day quantity in the second column. **Note: After each change, scroll down and click "Update Dosage/Quantity" or you may lose your changes.**
15. Click "Continue with Selected Drugs."
16. You have a choice of what to do next. You can click on either "Select my preferred pharmacy" or "Continue to plan list."
17. If you choose "Select my preferred pharmacy," a warning screen will appear. Click on "Select" again. A list of pharmacies will come up based on the ZIP code you entered in Step 5. If you get your prescriptions in another neighborhood, you can scroll down and enter another ZIP code and a revised list will appear. Check the pharmacy you want to use and click "Continue with selected pharmacy."
18. A table labeled "Plan Comparison" will come up on the next screen. Scroll down to the bottom right of the plan summary chart [it's not all the way at the bottom] where it says "Plans per page," use the pull down menu to select "All."

From here, you can view plans one at a time (use the list of plans you selected from the

Formulary Finder” to narrow down your choices). Click on a plan’s name. You will see details about the premium and your monthly cost (copay) for individual drugs. A single asterisk (*) before the drug’s name indicates that the drug is subject to prior authorization, step therapy, or quantity limits; you already obtained more specific information from the Formulary Finder. You will also see which drugs will be covered by the plan. If a drug is not covered, you will see the words “NOT ON FORMULARY” and a double asterisk (**) next to a drug’s name. The cost shown is the full cost of the non-covered drug. **Remember, you may have other insurance (for example, Medicaid) that will cover it, but the Plan Finder cannot tell you that. Remember: The formulary finder assumes that Part D is the only insurance you have. The out-of-pocket cost and drug coverage information assumes you have only**

the Part D coverage. In other words, the Plan Finder does not take into account your coverage from Medicaid, EPIC, ADAP, or other insurance. If you receive any of these prescription drug benefits, they may step in and help you get the prescription drugs that your Part D plan does not provide. When you’re done reviewing one drug plan, click “Return to Personalized Plan List.” to check out the others.

19. When you have found a plan that best meets your drug needs, you can click “Enroll.” **However, actual plan information may differ from what you see on this Web site.** Call your first and second choice plans and make sure the formulary and cost-sharing information is accurate before you enroll. Ask to speak with a licensed insurance agent, not a customer service representative. Then, you may enroll either through www.medicare.gov or directly with the plan itself.

Getting More Information

GMHC Fact sheets:

Medicaid, Medicare, and “dual eligibles”
Medicare Part D Timeline

Enrollment Considerations
Paying for Part D

Other Resources and Networks

Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Resources
www.cms.hhs.gov/medicare/

Medicare Website
www.medicare.gov/medicarerreform/

Medicaid
www.cms.hhs.gov/medicaid/consumer.asp

EPIC Elderly Pharmaceutical Insurance Coverage
www.health.state.ny.us/health_care/epic/index.htm

Social Security Administration
www.socialsecurity.gov/prescriptionhelp/

Social Security Administration “Extra Help” page
<https://s044a90.ssa.gov/apps6z/i1020/main.html>

Families USA
www.familiesusa.org/site/PageServer?pagename=Medicare_Drug_Law_Materials

Medicare Rights Center
www.medicarerights.org/newlawframeset.html

Kaiser Family Foundation
www.kff.org/medicare

Center for Medicare Advocacy
www.medicareadvocacy.org/FAQ_PartD.htm
www.medicareadvocacy.org

HIV Medicine Association
www.idsociety.org/HIVMA_Template.cfm?Section=Medicare&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=42&ContentID=7079
www.hivma.org

Treatment Access Expansion Project
www.taepusa.org/medicare_partd.html

American Academy of HIV Medicine
www.aahivm.org