

AlaskaCare Retiree Town Hall 3

Event Summary

Date	Thursday, October 25, 2018 10:00 to 11:00 a.m.
Location	Live teleconference
Recording	https://vekeo.com/event/alaskacare-42158/
Attendance	Attendees were encouraged to register in advance to ensure their phone number would be called. All retirees who registered online for the event or whose phone number was on file with DRB were included on the auto-dial call list. Approximately 657 attendees participated in the call.

Presenters

<i>State of Alaska, Department of Administration Staff + Contractor</i>	
Leslie Ridle	Commissioner, Department of Administration
Michele Michaud	Chief Health Official, Division of Retirement and Benefits
Emily Ricci	Chief Health Policy Administrator, Division of Retirement and Benefits
Julian Nadolny	Director of Employer Group Waiver Plans, OptumRx
Stephany Gaffney	Operations Manager, OptumRx
Richard Ward	Segal Consulting (contracted actuary for AlaskaCare plans)

Introduction

Michele Michaud provided a brief overview of the Town Hall format, encouraged participants to submit questions on the phone during the event or via e-mail, and reminded participants that sharing personal health information or questions about individual claims cannot be addressed publicly in this forum. Participants can submit questions before or during the event at: drbtownhall@alaska.gov.

As shared in last month's event, AlaskaCare is transitioning to a new Pharmacy Benefit Manager (PBM) on January 1, 2019: OptumRx will be the PBM for all AlaskaCare plans and will handle all pharmacy claims beginning next year. Aetna will remain the third party administrator for medical claims. OptumRx will administer all pharmacy plans for retirees and active employees. All AlaskaCare members are receiving information this month about the changes and other information provided annually about your plan, and will receive more information periodically through January 2019, including a welcome kit and new ID cards in November.

The Division will continue hosting Tele Town Halls each month to answer retirees' questions about your health plan. Look for more information soon about the next Town Hall on Thursday, November 15.

For more information about the AlaskaCare enhanced EGWP, visit the Frequently Asked Questions (FAQ) page on the AlaskaCare website: <http://doa.alaska.gov/dr/askacare/retiree/faqs/egwpFaqs.html>

You can find more information about OptumRx, the new AlaskaCare Pharmacy Benefit Manager, on the AlaskaCare website: <http://doa.alaska.gov/dr/askacare/optumrx.html>

Summary of Questions and Answers

The following questions were answered during the call. While there was not enough time to address all callers' questions, presenters answered as many as possible during the hour, and chose questions that

were representative of the topics being asked most often, from a variety of participants from across Alaska and other locations in the U.S.

For more information about the AlaskaCare enhanced EGWP, visit the Frequently Asked Questions (FAQ) page on the AlaskaCare website. This page will be updated periodically to reflect the most current and accurate information, as well as addressing new questions as they arise.

<http://doa.alaska.gov/drb/alaskacare/retiree/faqs/egwpFaq.html>

You can find more information about OptumRx, the new AlaskaCare Pharmacy Benefit Manager, on the AlaskaCare website: <http://doa.alaska.gov/drb/alaskacare/optumrx.html>

1. *I believe I will be subject to the premium surcharge (IRMAA) for high-income retirees enrolled in a Medicare plan. Please explain how this will work, including impacts on Social Security payments.*

Similar to surcharges for high income retirees enrolled in Medicare Part B, the IRMAA premium amount will be deducted directly from your Social Security check if you qualify for Social Security or will otherwise be invoiced to you directly. The surcharge applies to individuals with at least \$85,000 in annual income, or a married couple with at least \$170,000 in annual income. The surcharge for Medicare Part D scales with income, starting at \$13 per month, up to \$74 per month at the highest income level. The Social Security Administration (SSA) will send you a letter with your IRMAA premium amount and the reason for the determination. The Social Security Administration will use your Modified Adjusted Gross Income (MAGI) to determine if the income-related monthly adjustment amount (IRMAA) applies.

High income retirees will receive from Social Security annually each fall, either an *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Title II Beneficiaries with a Cost of Living Adjustment (COLA)* or *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Beneficiaries Who Directly Remit Premiums to CMS*. If you receive either of these notices that your income meets the threshold to be assessed the IRMAA premium for your pharmacy plan, notify the Division of Retirement and Benefits as soon as possible. The Division is prohibited from paying the surcharge directly, and will reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount. The full amount of the IRMAA Part D surcharge will be covered by the plan. The Division will request information annually about each member's IRMAA amount, and adjust the reimbursement accordingly.

2. *When will in-network providers be notified of these changes?*

Pharmacy providers will be officially notified in November of this upcoming change in Alaska, as it impacts all AlaskaCare plans. The Division has also reached out to independent pharmacists in Alaska earlier this year to notify them of the upcoming changes, and will continue to be in communication with them about the changes.

3. *I currently receive prescriptions through the mail. Can I keep using this service, and how do I take care of this during the transition? And, do I need to enroll in the Medicare Part D plan?*

Yes, OptumRx provides an equivalent mail order program. The Division is working with our vendors to set up an automatic transfer for accounts of members currently using Aetna's mail order program to the new OptumRx home delivery program. We will provide more information in November, and

what if any action the member will need to take if they use the prescription mail order program. Mail order prescriptions will continue to have a \$0 co-pay, as they do today. Until the January 1, 2019 transition date, you will use the Aetna mail order program.

Members who are Medicare eligible as of January 1, 2019 will be automatically enrolled in the enhanced EGWP pharmacy plan. If you or your dependents become eligible for Medicare in the future, you or they would be enrolled in the AlaskaCare EGWP at that time. You do not need to enroll in an individual Medicare Part D plan, now or in 2019—the enhanced EGWP is a group Medicare Part D plan, and you will be automatically enrolled into the plan managed by the State.

AlaskaCare currently receives a federal subsidy for the retiree health prescription drug benefit. Using an enhanced EGWP plan instead, the retiree health trust will receive significantly higher subsidies than we do today, saving the trust up to \$20 million annually.

4. *I currently fill prescriptions with a 90-day supply at my local pharmacy. Can I still receive a 90-day supply, not through the mail?*

Yes, the pharmacy benefits remain the same, including the option to fill a 90-day supply of your prescription as you can today. This can be done at a retail pharmacy or via mail.

5. *I am not sure if I am subject to the IRMAA premium surcharge. Where can I see the list of income tiers and the monthly premium surcharge amounts for Medicare Part D?*

Similar to surcharges for high income retirees enrolled in Medicare Part B, the IRMAA premium amount will be deducted directly from your Social Security check if you qualify for Social Security or will otherwise be invoiced to you directly. The surcharge applies to individuals with at least \$85,000 in annual income, or a married couple with at least \$170,000 in annual income. The surcharge for Medicare Part D scales with income, starting at \$13 per month, up to \$74 per month at the highest income level. The Social Security Administration (SSA) will send you a letter with your IRMAA premium amount and the reason for the determination. The Social Security Administration will use your Modified Adjusted Gross Income (MAGI) to determine if the income-related monthly adjustment amount (IRMAA) applies.

High income retirees will receive from Social Security annually each fall, either an *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Title II Beneficiaries with a Cost of Living Adjustment (COLA)* or *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Beneficiaries Who Directly Remit Premiums to CMS*. If you receive either of these notices that you are subject to the IRMAA premium for the enhanced EGWP, notify the Division of Retirement and Benefits as soon as possible. The Division is prohibited from paying the surcharge directly, and will reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount. The full amount of Part D IRMAA premium will be covered by the plan. The Division will request information annually about each member's IRMAA amount, and adjust the reimbursement accordingly.

If you are already enrolled in Medicare Part B, you can refer to the most recent letter you received. If you are subject to an IRMAA for Part B, you will be subject to the IRMAA for Part D. You will be receiving a letter from CMS that will list the income tiers for Part B as well as Part D. You can also

consult your 2017 tax information to see your modified adjusted gross income (MAGI), on which the 2019 premium surcharges will be based.

6. *I live outside of Alaska. Will there be any changes in coverage and access to pharmacy providers?*

Just like today, the AlaskaCare plan will have a national pharmacy network, in which most of Alaska's pharmacies participate in as well as many others across the U.S. OptumRx has a national network of 67,000 participating pharmacies, and options for accessing your prescriptions if you live or are traveling outside the U.S. Information will be mailed to you from OptumRx that will include a list of network pharmacies within a 25-mile radius of your location, and there will also be an online search tool to check whether your preferred pharmacy is in network. The Division does not anticipate significant changes to pharmacy access for members living outside Alaska. If you have questions or have a unique situation, please contact OptumRx.

7. *I currently receive prescriptions both through the mail program and locally at my pharmacy. Do I need to choose between these?*

No, the mail order pharmacy program can be used in addition to or instead of filling a prescription at a retail (in store) pharmacy. In either case, you can access a 90-day supply of your medication. The primary difference between the retail pharmacy and mail order pharmacy benefits are the co-pays. At retail the copays are: \$4 for a generic drug, \$8 for a brand name drug, or \$0 co-pay for coordinated plans. The mail order pharmacy has a \$0 co-pay for all medications.

8. *I currently fill prescriptions at CVS Pharmacy, will I need to find another pharmacy?*

Both Aetna and OptumRx maintain robust national networks of participating pharmacies. While the specific list of in-network pharmacies will not be provided until November and the Division does not have a full list of participating pharmacies available during this call, it is very likely that major retail pharmacy chains such as CVS will be in network.

9. *If I start a new prescription this month, will this new prescription be handled by OptumRx, or our current plan with Aetna?*

If you have an existing prescription on file at your local pharmacy or in the mail order program, you will continue working with Aetna through December 31, 2018. The Division is working with the vendors to automatically transfer these records to OptumRx to avoid an interruption in your prescriptions. If your existing prescription has expired or has no remaining refills, and you therefore need a new prescription before January 1, 2019, you will continue to work with Aetna to get a new prescription filled. This prescription would also be transferred from Aetna to OptumRx during the transition. If you do have at least one refill before the transition date and want to ensure you have adequate access to your prescription, consider a 90-day supply during this fill, or simply filling the prescription before the transition date.

During a 90-day transition period from January 1, 2019 through March 31, 2019, if necessary, you can receive up to a 30-day-supply of medications at retail that you are currently taking but require prior authorization. If you fill a 30-day supply without a prior authorization, you will receive a notification in the mail reminding you to complete the authorization.

10. My spouse and I are on the same plan, one person is Medicare eligible and the other person is not. Will we need to manage different plans?

Members who are Medicare eligible as of January 1, 2019 will be automatically enrolled in the enhanced EGWP. If you or your dependents become eligible for Medicare in the future, you or they would be enrolled in the AlaskaCare EGWP at that time. In this example, you would be eligible for Medicare after the transition date, so you would be automatically enrolled when eligible. You will receive a separate ID card from your non-Medicare eligible dependents. All AlaskaCare members will be receiving new ID cards from the new pharmacy benefit manager.

11. I currently receive specialty pharmacy drugs that are not available locally. Will these continue to be covered under the new plan?

Yes, both Aetna and OptumRx offer specialty pharmacy program. OptumRx partners with BriovaRx specialty pharmacy to provide this service. The Division will follow up with members who are currently taking a specialty medication to provide more information on how to transfer the prescription to BriovaRx.

Members with specialty prescriptions can also receive their medications at a retail pharmacy with the same co-pays as all other medications. Using BriovaRx, members can receive specialty medications by mail with a \$0 co-pay.

12. Will my current physician still be in network with the transition to OptumRx? What information do I need to provide for this transition?

This transition only impacts pharmacy benefits for AlaskaCare. The transition to OptumRx as the new pharmacy benefit manager applies to all AlaskaCare members, but only for pharmacy benefits; Aetna will remain the third party administrator for all medical benefits, and the supplemental health benefit plans will also remain as they are today. Aetna remains the pharmacy benefit manager until the transition takes place on January 1, 2019. Because the third party administrator is not changing for the medical plan, the provider network is also remaining the same.

There may be changes to the pharmacy network, but the Division anticipates that most members will be able to use the same pharmacy. Information will be mailed to you from OptumRx in November that will include a list of network pharmacies within a 25-mile radius of your location, and there will also be an online search tool to check whether your preferred pharmacy is in network. The information provided to members in November will also include information about the mail order pharmacy program available through OptumRx with \$0 co-pay, as well as any necessary action members need to take regarding prior authorization for existing prescriptions. If you are taking a medication that requires prior authorization, you will be contacted with information on what forms you or your doctor need to complete.

13. My spouse and I are both State retirees, and have coordinated benefits. Will there be any issues to address regarding coordinated plans?

The Division understands that during a previous transition of third party administrators for the AlaskaCare plans, there were several issues regarding coordinated benefits, including this information not being available as of the transition date. Staff are working with our vendors to address this issue proactively and avoid this happening again on January 1, 2019, with the goal of

having information regarding coordinated benefits in place prior to the transition. Additional steps the Division has taken include: sharing information about members' coordinated benefits earlier in the transition process this year, conducting systems tests between the two administrators to ensure information is accurate and being transferred properly, and performing quality control to prevent these types of problems when the transition occurs.

14. *Will Aetna's patient portal still be available to access information about mail order prescriptions?*

Aetna will remain the third party administrator for all medical benefits as they are today. Aetna remains the pharmacy benefit manager until the transition takes place on January 1, 2019. The patient portal will no longer have pharmacy information, which will have been transferred to OptumRx, but your medical information will still be available on Aetna's patient portal. OptumRx maintains its own online patient portal; the welcome kit will include instructions for accessing your account and maintaining your information online.

15. *Most of my prescriptions are filled by mail order, but occasionally fill prescriptions at my local grocery store pharmacy. Will I still be able to do either with the new system?*

Yes, both of these options will still be available. OptumRx has a national network of 67,000 participating pharmacies, and options for accessing your prescriptions if you live or are traveling outside the U.S. Information will be mailed to you from OptumRx that will include a list of network pharmacies within a 25-mile radius of your location, and there will also be an online search tool to check whether your preferred pharmacy is in network. You can also contact OptumRx to verify whether your preferred pharmacy is in network.

16. *I saw in the most recent e-newsletter that the shingles vaccine will now be covered. Will other preventive benefits be covered, such as the flu shot, pneumococcal (strep) and other vaccines?*

Because the new enhanced EGWP is a Medicare Part D pharmacy plan, the Division has decided to extend coverage of vaccines administered at the pharmacy that are covered under Medicare Part D, such as the shingles vaccine, to all retirees as of that date, including retirees who are not Medicare eligible and are therefore not enrolled in the EGWP. However, Medicare Part D does not include coverage of the flu or pneumococcal shot, which will continue to require payment out of pocket for AlaskaCare retirees or coverage under a different health plan such as Medicare Part B.

17. *Will I need to use two different ID cards for pharmacy benefits, Medicare Part D as well as OptumRx?*

OptumRx is the pharmacy benefit manager for all AlaskaCare plans, including the enhanced EGWP for Medicare eligible retirees. You will only need to use the OptumRx pharmacy card to access benefits at your pharmacy.

18. *I have coordinated AlaskaCare plans, will I still have a \$0 co-pay at a retail pharmacy?*

Yes, members with coordinated benefits (two or more plans) will continue to have a \$0 co-pay for prescriptions filled at retail pharmacies.

19. Regarding the additional surcharge for Medicare Part D, will there be a reimbursement for this surcharge?

The Division is prohibited from paying the surcharge directly, and will reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount. This will be a tax-advantaged account, with a monthly or quarterly reimbursement amount equal to the IRMAA surcharge you are required to pay for a Medicare Part D plan. The full amount of premium will be covered by the plan via monthly or quarterly reimbursement.

20. I travel frequently, and typically fill prescriptions at Walgreens since they are readily available nationwide. I do not know of any CVS pharmacies nearby, and the mail order program doesn't work for me because of my frequent travel.

Both Aetna and OptumRx maintain robust national networks of participating pharmacies. While the specific list of in-network pharmacies will not be provided until November and the Division does not have a full list of participating pharmacies available during this call, it is very likely that major retail pharmacy chains such as Walgreens will be in network.

21. How does the mail order program work? I do not have a local pharmacy in my community, and use the mail order program through my local grocery store. Can I continue using this existing program, rather than needing to use the one through OptumRx?

As it relates to the AlaskaCare pharmacy plan, "mail order program" specifically means the program offered by the pharmacy benefit manager under the plan. The current vendor is Aetna, and will be OptumRx starting January 1, 2019. The co-pay is \$0 for this program.

If you use another mail order pharmacy program through a retail store, this is still considered a retail pharmacy prescription fill, and subject to the \$4 co-pay for generic drugs or \$8 for brand name drugs. Your co-pay would still be \$0 if you have coordinated benefits, at retail or via the vendor's mail order program. If you would like to access your medications with a \$0 co-pay and do not have coordinated benefits, consider enrolling in OptumRx's home delivery program.

22. The last transition, I had several difficulties with coordinating my federal and state health plans, and I am concerned this will happen again. How can I ensure this will be taken care of?

The Division is aware of several federal health plans, including Blue Cross Blue Shield, that allow for coordination. Each plan is different, however, so the answer to this question will depend on the individual plans and circumstances. We encourage that you contact the Division directly about your specific situation prior to the January 1, 2019 transition date to determine what if any action you need to take to ensure your benefits are coordinated with your other plan(s).

23. Are we required to enroll in a Medicare Part D plan?

No, you do not need to enroll in an individual Medicare Part D plan prior to or after January 1, 2019. Because this is a group Medicare Part D plan, you will be automatically enrolled if you or your dependent qualifies for Medicare.

24. I currently receive prescriptions through Aetna's specialty pharmacy program. Because I wasn't covered under Medicare Part D, the drug manufacturers have paid the \$8 co-pay for my prescriptions. Will I now be required to pay this co-pay because I am in a Medicare Part D plan?

If you transfer your prescription to BriovaRx, OptumRx's specialty pharmacy program, specialty medications can be mailed to you for a \$0 mail order co-pay. All other specialty pharmacies will be treated as retail pharmacies and you will be responsible for the retail copay (\$4 generic and \$8 brand name). The Division is working with our vendors to avoid any interruptions in members' access to the prescriptions they need, including any necessary prior authorizations and providing information on how to transfer your prescription to BriovaRx. We will contact affected members in the specialty pharmacy program with more information in November. Please contact the Division if you would like to further address your specific situation.

25. I am currently enrolled in Medicare Parts A and B, but not Part D, and do not have any prescriptions currently. Will I receive a penalty from Medicare for not having pharmacy coverage?

Because you are already Medicare eligible and enrolled in Parts A and B, you will be automatically enrolled in the AlaskaCare enhanced EGWP on January 1, 2019. You will not be penalized for not having a Medicare Part D plan in 2018, because you are already covered under the AlaskaCare pharmacy benefit plan and this is considered "credible coverage" by CMS and therefore you are not subject to a penalty. When you are enrolled in the enhanced EGWP Medicare Part D plan, your pharmacy benefits will remain the same and you will continue to have sufficient coverage.

26. I am leaving my private sector employment at the end of the month, and will switch from my AlaskaCare retiree coverage as primary rather than secondary. What do I need to do?

Because your situation will change prior to the January 1, 2019, transition date, you should notify Aetna of this change when it occurs in 2018 so they can make the necessary changes in your account. If this is addressed prior to the transition, your new information will be automatically transferred to OptumRx at the end of this year, and you will not need to take further action in 2019.

27. Will the Fred Meyer pharmacy network be included in OptumRx's network?

Both Aetna and OptumRx maintain robust national networks of participating pharmacies. While the specific list of in-network pharmacies will not be provided until November and the Division does not have a full list of participating pharmacies available during this call, it is very likely that major retail pharmacy chains such as Fred Meyer (part of the Kroger network) will be in network. Information will be mailed to you from OptumRx that will include a list of network pharmacies within a 25-mile radius of your location, and there will also be an online search tool to check whether your preferred pharmacy is in network. You can also contact OptumRx to verify whether your preferred pharmacy is in network.

28. How is the IRMAA calculated? If using 2017 tax information, we had unusually high income and concerned that it will result in a disproportionately high monthly premium surcharge in 2019.

The Social Security Administration uses your Modified Adjusted Gross Income (MAGI) to determine if the income-related monthly adjustment amount (IRMAA) applies. To make this determination, SSA requests income information from the IRS for the tax year that is two years prior to the premium year. For example, Social Security will use your MAGI from 2017 to determine your 2019 IRMAA. IRMAA is automatically re-determined each year as long as you file an income tax return. In

2020, for example, Social Security would review your 2018 tax information and set your monthly IRMAA amount based on that 2018 data.

If you disagree with the IRMAA premium amount or your income has gone down, you should contact Social Security at 1-800-772-1213 to resolve the determination.

29. *When will we receive information about the plan transition? I will be out of the country beginning early December, and do not want to miss this information.*

The information will be mailed on approximately November 20, 2018. Depending on your location and typical time between a mailing and receiving your mail, you should anticipate receiving this information within 7 to 10 days, prior to your departure date.

30. *I currently receive opioid pain medications and have a pain management contract. Since it takes additional time to get approval for the pharmacy to fill this prescription, will this impact my ability to access my medications?*

The Division is working with our vendors to avoid any interruptions in members' access to the prescriptions they need, including any necessary prior authorizations. Some members may need to get prior authorizations for certain medications, including opioid prescriptions which are controlled substances. A list of those medications will be available closer to the implementation date. As in the current plan, opioids are also subject to a 30-day supply per prescription fill for safety reasons. However, the plan does not restrict which specific pharmacies you need to use to access your prescription, the restriction is only on the amount of supply.

31. *How will the reimbursement process work for IRMAA? Will we need to submit paperwork each year about how much we are being charged?*

The Social Security Administration (SSA) will send you a letter with your IRMAA premium amount and the reason for the determination. The Social Security Administration will use your Modified Adjusted Gross Income (MAGI) to determine if the income-related monthly adjustment amount (IRMAA) applies. High income retirees will receive from Social Security annually each fall, either an *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Title II Beneficiaries with a Cost of Living Adjustment (COLA)* or *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Beneficiaries Who Directly Remit Premiums to CMS*. If you receive either of these notices that you are required to pay the IRMAA premium for the enhanced EGWP, notify the Division of Retirement and Benefits as soon as possible. The Division is prohibited from paying the surcharge directly, and will need to reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount. The full amount of Part D IRMAA premium will be covered by the plan.

The Division will request information annually about each member's IRMAA amount, and adjust the reimbursement accordingly. We are asking impacted members to submit a copy of this annual letter to the Division each year to ensure your monthly reimbursement is commensurate with the amount you are being charged by CMS.

32. I currently have Medicare as well as the AlaskaCare plan. What paperwork will I need to send to the Division, and on what timeline?

Most retirees, including those who are enrolled in Medicare, will not need to submit additional paperwork in order to be enrolled in the enhanced EGWP. The exception to this is high-income retirees subject to the IRMAA premium surcharge, who will be asked to submit a copy of their annual letter from Social Security to the Division in order to set up the Health Reimbursement Arrangement account and or adjust monthly reimbursement payment amounts each year.

You will be receiving a welcome packet from OptumRx including your new ID card, information about your pharmacy benefits, a list of participating pharmacies in your area, and other information you need to know before the transition date. You will not be required to submit additional paperwork in order to enroll. You may be required to submit new prior authorizations for one or more existing prescriptions, and the packet will include information for impacted members.

33. I need to get a prescription renewed before January 1, 2019. Should I complete that process with Aetna, or with OptumRx?

If you need to fill a new prescription or make changes to your existing prescriptions between now and December 31, 2018, you should contact Aetna to complete this process. Any changes made with Aetna will be automatically transferred to OptumRx on the transition date.

34. Will the monthly deduction from Social Security be the amount of the entire Medicare Part D premium, or just the IRMAA premium surcharge if I am subject to that?

No, only the IRMAA premium surcharge would be deducted from your Social Security payment, and only if you are subject to this additional surcharge. Members will not pay the base monthly premium for the Medicare Part D plan, as it is part of the AlaskaCare retiree pharmacy plan for Medicare eligible members.

35. I will turn 65 in December, do I need to enroll in Medicare? Do I need to sign up for Part D in December, and is there additional cost?

You will need to enroll in Medicare Part A and Part B when you are eligible in December 2018. Because you will be Medicare eligible on or before January 1, 2019, you will be automatically enrolled in the AlaskaCare enhanced EGWP beginning on that date. You do not need to enroll in an individual Medicare Part D plan, and you will not be penalized for not having a Medicare Part D plan in 2018, because you are already covered under the AlaskaCare pharmacy benefit plan and this is considered “credible coverage” by CMS. When you are enrolled in the enhanced EGWP, your pharmacy benefits will remain the same.

36. Will the new OptumRx mail order program also allow for automatic renewals and mailing of supply automatically?

Yes, both Aetna and OptumRx maintain mail order pharmacy programs, including automatic renewals and mailing of prescription refills.

37. Social Security sends me a letter each November, but we will not be enrolled this new program until January 2019. Will we receive a new letter in 2019?

No, you will continue to receive one letter annually each fall with information about Medicare and any premium surcharge you may be subject to, depending on your income. The letter is sent to all enrollees in Medicare Part B, and by default also includes information about Medicare Part D, even if you are not currently enrolled in a Part D plan. The letter you already receive has information about Part D, please consult your most recent letter.

38. For elderly retirees who experience dementia and related conditions that can impact functioning and ability to deal with administrative paperwork, how can these retirees manage the transition?

A retiree (or any AlaskaCare member) can designate a representative and/or power of attorney to handle their affairs. Members with representatives have this information on file with the Division already. For those with a representative on file already, the Division and OptumRx will communicate with the designated representative; for all others, information will be sent directly to the member until a representative is designated.

39. I do not use the mail order program, but my provider typically calls my pharmacy to proactively request a refill. Will this still be allowed in the new plan?

Yes, under the current pharmacy benefit manager as well as the new vendor, your provider can continue to call the pharmacy to take care of prescription refills. You can also contact OptumRx to learn more about your options for refills, such as automatic refills by mail.