




Medicare Basics and Behavioral Health

Presented by




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Agenda

- Part 1 – Behavioral Health
- Part 2 – The Basics of Medicare
- Part 3 – Behavioral Health Services and Affordable Care Act Updates
- Part 4 – Assistance Programs Available

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**Part 1
Behavioral Health**

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Introduction

- The Behavioral Health Connection (BHC):
 - A joint initiative between the Pennsylvania Department of Aging and the Behavioral Health Community (Mental Illness and Substance Use Disorders)
 - Ensures behavioral health consumers have appropriate access to the APPRISE network and other CMS (Centers for Medicare and Medicaid Services) programs.



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Mental Illness

- "...a medical condition which disrupts a person's thinking, feeling, mood, and ability to relate to others and daily functioning. It's a medical condition which results in a diminished capacity for coping with ordinary demands of life..." (NAMI, 2013)
- Examples: Major Depression, Schizophrenia, Bipolar Disorder, PTSD, borderline personality disorder, and panic disorder

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Mental Illnesses, continued

- 1 in four adults (57.7 million) experience a mental health disorder in any given year
- 1 in 17: lives with serious mental illness (schizophrenia, major depression or bi polar disorder)
- Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care
- Adults with serious MI-die 25 years earlier than other Americans

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Substance Use Disorders

- Misuse of prescription (or OTC) drugs and/or alcohol
- Use of illicit drugs (marijuana, cocaine)
- Interference with daily living (DSM IV)



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Behavioral Health and Older Adults

- More than 80% of older adults in need of mental services are not receiving the treatment they need
 - Limited social supports to access help
 - Stigma!
 - Lack of information for/on behavioral health needs of older minorities

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Behavioral Health Treatment for Older Adults (SAMHSA)

- Medications, counselling and psychotherapy
- Stigma is a large factor for current generations
 - May change with baby boomers
- Medications may be limited by side effects and/or drug interactions

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PA: older adults

- >1.8 million people over age 65
 - 1 out of 5 of older adults in PA have some form of depression
 - Over 42% of long term care residents experience significant symptomatology
 - 25% of older adults with a medical illness may also have depression
- NOTE:** 90% respond to treatment. Recovery is possible.

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How do you find a Geriatric Psychiatrist?

- Geriatric Mental Health Foundation:
www.gmhfonline.org
- Contact Medicare Advantage Plan



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Substance Use, Misuse, Abuse and Addiction: Older adults

- Approx. 17% of the 65+ population has difficulties with alcohol and/or drug use
 - Majority due to prescription medication
 - Older adults consume more medications than any other age group
 - Average person 65 years+
 - take 11 different medications in one year

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Alcohol use and older adults

- Most abused substance in U.S.
 - Drug of choice among older adults
 - Consumption of alcohol “hidden/overlooked”
 - Estimated 2.5 to 3.7 million Americans age 65+ are addicted to alcohol
 - Cognitive/physical problems may be recognized but alcohol abuse not addressed (“too embarrassed to confront older adult”)
 - Lower tolerance and increased effects on body

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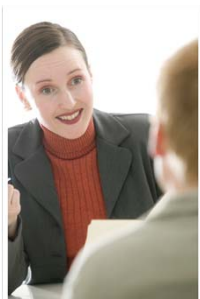
Did you know....?

- Older adults are hospitalized more frequently for alcohol related problems than for heart attacks
- Alcohol is drug of choice with anti-anxiety medications (Xanax or Ativan) second
- Older men are 4x as likely to have alcohol use disorders; Older women are more likely to drink alone
- Number of older adults who abuse alcohol will likely double in next 50 years due to aging in America and future generations of older adults have more liberal attitudes toward alcohol consumption

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Working with Someone in the BH Community

- Try not to rush the conversation
- Call a support person (friend, relative) to assist
- Be concise
- Re direct as needed
- Offer to follow up if there is a lot of information discussed



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What Can YOU Do? (NAMI, 2012)

Someone Experiencing Psychotic Symptoms May...	A Helpful Response Would Be To...
Have trouble with reality	Be simple, truthful
Be fearful	Stay Calm
Be insecure	Be accepting
Have trouble concentrating	Be brief, repeat
Be over stimulated	Limit input
Easily become agitated	Recognize agitation
Have poor judgment	Re-direct conversation as needed
Be preoccupied	Get attention first
Be withdrawn	Initiate relevant conversation
Have little empathy for you	Recognize as symptom
Believe delusions	Stay consistent and on task
Have low self-esteem/motivation	Stay positive

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Communicating with Someone Who is Experiencing Psychotic Symptoms

DO.....	DON'T.....
ASSESS the situation for safety	REINFORCE/CORRECT behavior related to the person's illness
BE CALM and give firm, clear instructions	STARE at the person (may be interpreted as a threat)
MAINTAIN ADEQUATE SPACE between you and the person	CONFUSE the person (multiple directions, speaking too fast)
RESPOND to apparent feelings	GIVE MULTIPLE CHOICES (increases confusion)
RESPOND to delusions and hallucinations by talking about the person's feelings rather than what he/she is saying	WHISPER, YELL, RIDICULE, DECEIVE or TOUCH (may cause fear/agitation and lead to violence)
BE HELPFUL, ENCOURAGING and SUPPORTIVE	

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Mental Health and Substance Abuse Services Bulletin (2006)

- An older adult should never be denied mental health treatment because they have a mental health illness and one of the following:
 - Intellectual or developmental disability
 - Dementia
 - Alcoholic or Drug Dependency
- Treatment
 - crisis intervention
 - community based treatment



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Resources

Substance Use Disorders

National Clearinghouse for Alcohol and Drug Information 800-729-6686; www.health.org

National Drug Information, Treatment and Referral Hotline 800-662-HELP; <http://csat.samsha.gov>

Alcoholics Anonymous 800-637-6237; www.aa.org

SMART Recovery (alternative to AA) www.smartrecovery.org

Mental Health Disorders

National Alliance for Mental Illnesses: www.nami.org

Mental Health Association in Pennsylvania: <http://www.mhapa.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA): <http://store.samhsa.gov/mhlocator>

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Part 2 The Basics of Medicare



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What is Medicare?

- A federal health insurance program for
 - People age 65 years or older
 - People under age 65 with certain disabilities
- You must be a US Citizen or legal immigrant for at least five years.

Medicare is not the same as Medicaid.

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Medicare Has Four Parts

- **Part A** -- Hospital insurance
- **Part B** -- Medical insurance
- **Part C** -- Private Medicare Advantage plans
- **Part D** -- Prescription Drug coverage

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Part A: Hospital Insurance

<p>Hospital Stays, Including Psychiatric</p> <ul style="list-style-type: none"> • Room, meals, nursing, doctors care not covered under Part B • Does not cover TV, telephone, private room, etc. 	<p>Skilled Nursing</p> <ul style="list-style-type: none"> • After three-day hospital stay • Up to 100 days benefits
<p>Hospice</p> <ul style="list-style-type: none"> • For terminally ill with < 6 months to live • In home or facility • Also, social services and respite for caregivers 	<p>Home Health Care</p> <ul style="list-style-type: none"> • Part-time or intermittent only • First 100 visits • Also, social services, durable medical equipment, etc.
<p>Blood</p> <ul style="list-style-type: none"> • After first three pints 	

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Part B: Medical Insurance

<p>Outpatient Medical Care</p> <ul style="list-style-type: none"> • Doctor's care not covered by Part A • Mental Health Counseling • Includes second surgical opinions 	<p>Home Health Care</p> <ul style="list-style-type: none"> • If doctor ordered • Up to 100 days in benefit period • Not long-term care or custodial care
<p>Preventive Care</p> <ul style="list-style-type: none"> • One-time Welcome to Medicare Exam • Yearly Wellness exams • Pap test & pelvic exam • Age-appropriate screenings and shots 	<p>Ambulance</p> <ul style="list-style-type: none"> • Emergency transport when another way would endanger health • Only to nearest ER • Does not cover cab rides
<p>Blood & Rx Drugs</p> <ul style="list-style-type: none"> • After first three pints • Drugs administered in doctor's office 	<p>Occupational & Physical Therapy</p> <ul style="list-style-type: none"> • For treatment that will improve health • To help return to every day activities • Some limits and exceptions
<p>Labs, X-rays & Tests</p> <ul style="list-style-type: none"> • If medically necessary • Personal diabetic testing supplies 	<p>Durable Medical Equipment</p> <ul style="list-style-type: none"> • Crutches, wheelchairs, oxygen, hospital beds, etc. if needed in home • Rented or purchased

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Medicare Doesn't Cover...

- Drugs unrelated to illness
- Private duty nursing
- Long-term care
- Medical care outside US
- Homemaker services
- Home delivered meals or personal services
- IV delivered antibiotics/fluids for hydration
- Non-emergency transportation services
- Alternative Medicine
- Routine dental & vision care

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2014 Premiums & Deductibles

	Part A	Part B	Part C	Part D
Monthly Premium	\$0	\$104.90	\$10-\$253 (varies by plan)	\$12.60-\$169 (varies by plan)
Deductible	\$1,216 Per benefit period (days 1-60 in hospital stay)	\$147 Per year	\$0-\$1,500 Per year (varies by plan)	\$0-\$310 Per year (varies by plan)

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Cost Sharing

- **Part D Coverage Gap** -- 47.5% of brand name drugs and 72% of generic drugs (while paying \$2,850 to \$6,455 of out-of-pocket costs)
- **Part B Co-insurance** -- 20%, 20% for mental health
- **Hospital Outpatient Co-insurance** -- 20%
- **Durable Medical Equipment** -- 20%
- **Skilled Nursing** -- up to \$152/day (days 21-100), 100% (over 100 days)
- **Hospital Co-pays** -- \$304/day (days 61-90), \$608 (days 91-150)

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When to Apply?

Automatic Enrollment

- For individuals already receiving
- Social Security Benefits or
- Railroad Retirement Board Benefits

Initial Enrollment Period Package

- Mailed 3 months before
- 25th month of disability benefits
- Age 65

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The Medicare Card



1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty if found, along in nearest U.S. Mail box.

Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1882
Form CMS-1666 (01-2009)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-433-4227), TTY/TDD: 1-877-486-2048 or visit us at www.medicare.gov.

If you do not want Part B, check the box next to "I do not want Medical insurance." Then, send the Medicare card back before the Part B effective date.

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When to Apply? (cont.)

Who

- Some people are not automatically enrolled and need to sign up

Where

- Those people enroll through Social Security
- Railroad retirees enroll through the Railroad Retirement Board

When

- Apply up to three months before 65th birthday
- Enrollees do not have to be retired


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When Can You Sign Up?

Before Birthday <ul style="list-style-type: none">• 3 months before the month you turn 65• 2 months before you turn 65• 1 month before you turn 65 <p>If you enroll before the month you turn 65, coverage begins the 1st day of the month you turn 65</p>	The month you turn 65 <p>If you enroll during your birthday month, coverage begins the next month.</p>	After Birthday <ul style="list-style-type: none">• 1 month after the month you turn 65• 2 months after you turn 65• 3 months after you turn 65 <p>If you enroll after your birthday month, coverage is delayed 2-3 months</p>
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General Enrollment Period (GEP)



- If you didn't sign up during your Initial Enrollment Period (IEP), the GEP is January through March of each year.
- Coverage begins July 1
- Penalties may apply if you didn't have other creditable coverage.

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Special Enrollment Period (SEP)

Part A & B

- When covered by **active*** employee coverage or group coverage through a spouse
 - In general, enroll in Part A, but often delay your Part B until employee coverage ends
 - You can sign up during your employer group coverage or the 8 months after your active coverage ends.

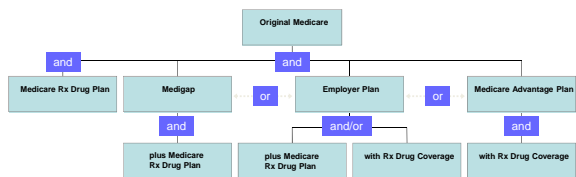
*COBRA is NOT active employee coverage, not considered creditable

Part A & B

- If you don't have coverage from **active** employment
 - Yours or your spouses
 - Delaying Part A and/or B may mean
 - Higher premiums
 - Paying for your health care out-of-pocket

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Coverage Choices



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Medicare Supplements: Medigap

- Cover some of what Medicare doesn't
- Sold by private insurers
- No health screening (if you buy within 6 months of when you are age 65 **and** enrolled in Part B)
- Standard Plans -- A, B, C, D, F, G, K, L, M, N

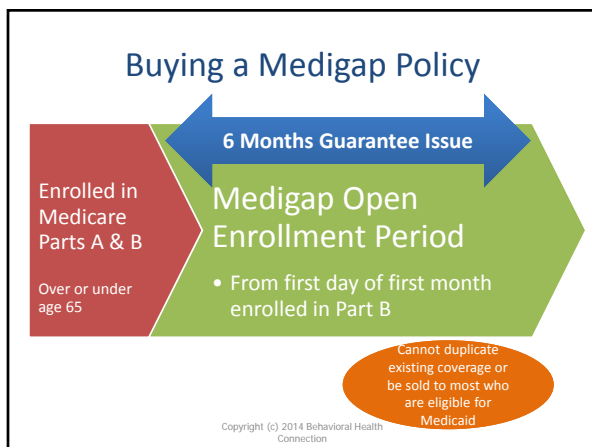
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Standard Medigap Policies

Standard Benefits	A	B	C	D	F*	G	K	L	M	N
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A hospice co-insurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Part B co-insurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	**
Part B preventive care co-insurance or copayment (after Part B deductible)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled nursing care (first three years)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Additional Benefits	A	B	C	D	F*	G	K	L	M	N
Part A hospital deductible	✓	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B medical deductible	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B medical excess charges (15% of allowed amount)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled nursing co-insurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Foreign travel emergency (up to plan limits)***	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yearly out-of-pocket limit (after Part B deductible)								\$4,140	\$2,470	✓
Effective January 1, 2012										

* Plan F also offers a high deductible option, which pays benefits after beneficiary has met a deductible of \$2,140 in 2014.
 ** Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20 for some office visit and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.
 *** Plans with Foreign travel have an annual \$250 deductible. This benefit has a lifetime limit of \$50,000.

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Part C: Medicare Advantage (MA)

<p>Preferred Provider Organizations (PPO)</p> <ul style="list-style-type: none"> Pay more for out-of-network care No primary care doctor needed 	<p>Private Fee for Service (PFFS)</p> <ul style="list-style-type: none"> Provider must agree to plan's payment terms Providers may decide not to accept on a case-by-case basis
<p>Health Maintenance Organization (HMO)</p> <ul style="list-style-type: none"> Only pays for care in network Usually need a referral to see a specialist 	<p>Medical Savings Account (MSA)</p> <ul style="list-style-type: none"> High-deductible health plan + bank account May have a preferred network
<p>Special Needs Plan (SNP)</p> <ul style="list-style-type: none"> For low-income people with chronic conditions Need primary care doctor or care coordinator 	<p>Programs of All-Inclusive Care for the Elderly (PACE)</p> <ul style="list-style-type: none"> For frail, disabled, & elderly over age 55 Community-based care
<p>Medicare Cost Plans</p> <ul style="list-style-type: none"> Only available in certain areas of US Can join with Part B only 	<p>Demonstration/Pilot Programs</p> <ul style="list-style-type: none"> Only available in certain areas of US Research studies, etc.

MA plans must cover the same benefits as Original Medicare.

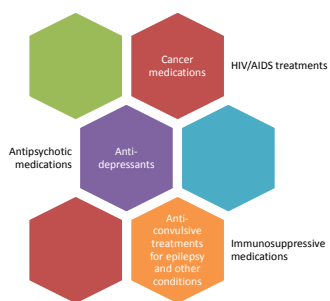
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Part D: Rx Drug Coverage

<p>FDA-Approved Rx Drugs</p> <ul style="list-style-type: none"> • Name brand and generic • Accepted at network pharmacies only • Used for medically-accepted indication only • Not fertility drugs, drugs to manage weight gain or loss, supplements except prenatal vitamins 	<p>Biologicals & Insulin</p> <ul style="list-style-type: none"> • Part B covers diabetic testing supplies • Also, medical supplies for injecting insulin
<p>Vaccines</p> <ul style="list-style-type: none"> • Except those covered by Part B 	<p>Plan Structures</p> <ul style="list-style-type: none"> • Stand-alone plans or part of Medicare Advantage plan • Drug formularies • 47.5 brand-name discount in coverage gap • 72% brand-name discount in coverage gap

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Drug Coverage Categories



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Excluded Part D Drugs

- Anorexia
 - Weight loss or weight gain
 - Erectile dysfunction
 - Fertility
 - Cosmetic or lifestyle purposes (e.g., hair growth)
 - Symptomatic relief of coughs and colds
 - Prescription vitamin and mineral products (except prenatal vitamins and fluoride preparations)
 - Non-prescription drugs
- Excluded by law from Medicare coverage
 - Plan may choose to cover at its own cost
 - Or share cost with member

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Benzodiazepines and Barbiturates

- As of January 2013 these medications were removed from Medicare's excluded drug list and included as a Part D covered drugs
 - Benzodiazepines
 - Barbiturates
 - In 2014, barbiturates that meet the definition of a Part D drug will be covered for any medically accepted conditions

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Managed Access to Covered Drugs

- Formulary** • A list of drugs covered by the plan
- Prior-Authorization** • Must show medical necessity and receive prior approval before coverage
- Step Therapy** • Must start with a lower-cost version of the drug first, usually a generic
- Quantity Limits** • Limits the amount of the drug that will be covered for a specific time period

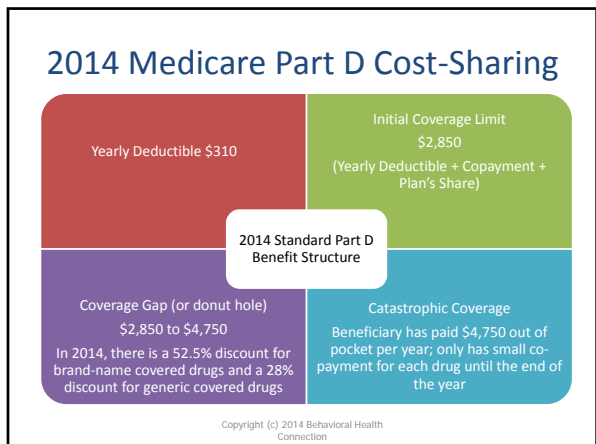
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Coverage Exceptions

- Temporary supply at the start of the plan year
- Coverage Determination
 - Plan must respond within 72 hours
 - Can request expedited request (within 24 hours)
- Successful appeals or "redeterminations"
- May still have to pay full price

It helps to give the doctor a list of drugs covered by the plan before prescriptions are written.

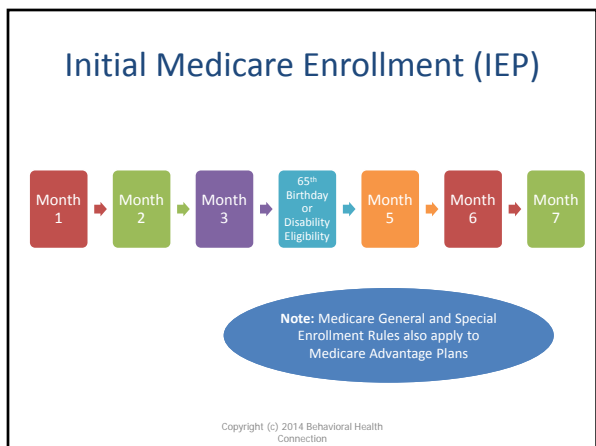
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"Donut Hole" Drug Discounts

Year	What You Pay for Brand Names in the Coverage Gap	What You Pay for Generics in the Coverage Gap
2013	47.5%	79%
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

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Annual Open Enrollment Period (AOEP)

Can join, switch, or drop a Medicare Advantage Plan

October 15 → November → December 7 → Coverage Starts January 1

During This Time, Beneficiaries Cannot ...

- Switch from a Medicare Advantage Plan without Rx coverage to a Stand-alone Prescription Drug Plan (PDP) without a penalty

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Medicare Advantage Disenrollment

Can leave Medicare Advantage Plan & return to Original Medicare (and stand-alone Rx Plan)


January 1 → February 14 → Coverage Starts First Day of Following Month

During This Time, Beneficiaries Cannot ...

- Switch from Original Medicare to a Medicare Advantage Plan
- Switch from one Medicare Advantage Plan to another
- Switch from one Stand-Alone Prescription Drug Plan to another
- Join, switch, or drop a Medicare Medical Savings Account Plan

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Late Part D Enrollment Penalty

 <p>Pay Penalty</p> <ul style="list-style-type: none">• People who miss their Initial Enrollment Period (IEP) or Special Enrollment Period (SEP)• 63 days or more without creditable drug coverage	<p>No Penalty</p> <ul style="list-style-type: none">• People with Extra Help
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Resources

www.medicare.gov

www.olderpa.org

www.cms.hhs.gov

http://www.dpw.state.pa.us/foradults/healthcaremedicalassistance/aidswaiverprogram/specialpharmaceuticalbenefitsprogram/S_000352

www.ssa.gov

<http://www.aidslawpa.org/>

www.shiptalk.org

www.aging.state.pa.us

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Part 3

Behavioral Health Services and Affordable Care Act Updates



www.OlderPA.org

Mental Health & Hospitalization

- 190 day lifetime limit (for psychiatric hospitals)

Your costs in Original Medicare

- Days 1–60: \$1,216 deductible for each benefit period in 2014
- Days 61–90: \$304 co-insurance per day
- Days 91 and beyond: \$608 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.
- Partial hospitalization: covered if doctor states individual would otherwise need inpatient hospitalization

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Medicare covered Behavioral Health Services

- Under Medicare Part B, covered services include, but are not limited to:
 - Psychotherapy
 - Patient education regarding diagnosis and treatment
 - Post-hospitalization follow-up
 - Prescription drugs administered during a hospital stay or injected at a doctor's office

Note: Methadone may be covered if provided to hospital inpatients but not provided in outpatient clinics.
- Outpatient prescription drugs covered under Part D
 - Part D plans must cover medically necessary drugs to treat drug abuse either through a formulary (list of covered drugs) or through the exception process

Note: plans cannot cover methadone to treat substance abuse, but can cover methadone for other conditions, such as pain.

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Outpatient Mental Health Care- Original Medicare only

- After Part B Deductible
 - To diagnose a condition
 - 20% copay of Medicare approved amount
 - For outpatient treatment such as: psychotherapy

In this year...	Beneficiary will pay...
2014	20%

Medicare Advantage Plans
Must contact plan for copay amounts and participating providers

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Annual Depression Screening

- Screening in primary care setting
 - Various screening tools available at the discretion of the clinician (Geriatric Depression Scale, PHQ-2, PHQ-9, etc.)



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Alcohol Misuse

- Someone is considered to be misusing alcohol if they are a:
 - Woman under 65 years who has more than three drinks at a time or seven drinks per week
 - Man under 65 years who has more than four drinks at a time or 14 drinks per week
 - Person over 65 years who has more than three drinks at a time or seven drinks per week

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Alcohol and Substance Use Disorders

Medicare Advantage Plans

- Contact insurance provider

Original Medicare:

- Must be a Medicare-participating facility (inpatient and outpatient settings)
- Medically necessary and Dr. sets up your plan of treatment

INPATIENT: Billed to Part A if hospitalized for substance abuse treatment (costs the same as any other hospital stay)
OUTPATIENT: Medicare pays 80% of amount for services from a clinic or hospital outpatient department

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Alcohol Misuse and Counseling

Annual Screening




– Up to 4 face to face counseling sessions the following criteria is met:

- Misuse alcohol
- Are not alcohol dependent
- Are competent and alert when counseled
- Counseling must be provided by qualified PCP, in a primary care setting
- No cost if provided accepts Medicare assignment



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Part 4 Assistance Programs Available

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People Who Need Help

- 17% of Medicare beneficiaries live below 100% of the Federal Poverty Level.
 - Income under \$11,670 per year (or about \$972 per month)
- Meeting out-of-pocket costs for Medicare is next to impossible without additional financial assistance.



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2014 Federal Poverty Level (FPL)

100% FPL for the
48 Contiguous States and the District of Columbia

Persons in family	Poverty guideline
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$35,030
8	\$40,090

Note: For families/households with more than 8 persons, add \$4,060 for each additional person.

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Smart Shopping is Important

- Help clients think about **Smart Shopping**
- In addition to trying to find the available programs that can help reduce costs, it's important to consider:
 - Is the formulary right for the prescriptions the client has?
 - Which plan has the lowest out-of-pocket costs?
 - Has the client considered switching to generics to help reduce costs?
 - Is my pharmacy in the network?



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Medicare Part D Extra Help/ Low-Income Subsidy (LIS)

- Medicare Part D is the prescription drug benefit of Medicare
- "Extra Help" provides additional financial assistance for people with limited income and resources.



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Benefits of Extra Help

- Most people that qualify for Extra Help ...
 - Have little to no Part D premiums
 - Have little to no Part D deductibles
 - Do not fall in the coverage gap (or "donut hole")
 - Pay no more than \$6.35 for each prescription covered by their plan
 - Have no late enrollment penalty
 - Can join or switch a Part D plan monthly

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Medicare Savings Programs (MSPs)

- A **Medicaid** program that helps pay **Medicare** premiums
 - Administered by the state Medicaid office
- Four Types
 - Qualified Medicare Beneficiary Plus (QMB Plus)
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualified Individual (QI)
- Use the COMPASS Online Application to apply:
 - www.compass.state.pa.us

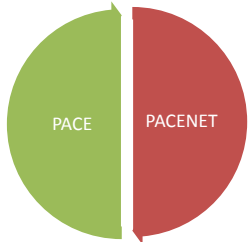
Medicaid

- Joint federal-state financed program for certain people with limited income and resources
- People over age 65 and younger people with disabilities can receive Medicaid if they also meet financial requirements
- Federal government establishes broad rules
- Most states seek “waivers” to change their programs
- Use the COMPASS online application to apply
 - www.compass.state.pa.us

Medicaid Programs in PA

- Medical Assistance for Workers with Disabilities (MAWD)**
 - Allows disabled people to return to work
- Spend Down Medicaid (or Medically Needy)**
 - For those over the income limits, but have high medical costs
- Healthy Horizons**
 - Medicaid program for people with Medicare (QMB Plus)

PACE/PACENET



- Low-cost prescription assistance to people in Pennsylvania, age 65 and older with limited incomes, resident of PA for at least 90 days
- **Not** the same as PACE Medicaid

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Cost Saving Programs

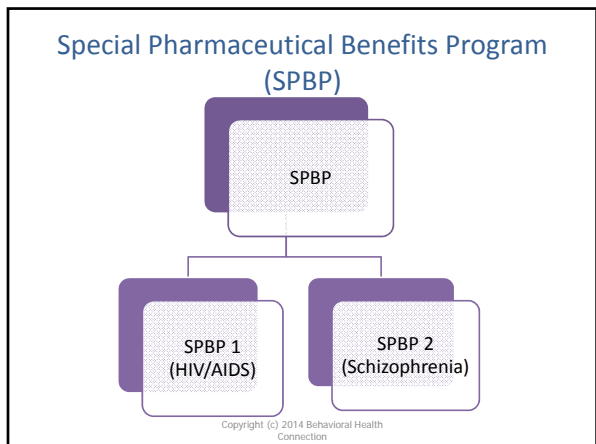
	Medicare Savings Program	Healthy Horizons (Medicaid)	Part D Extra Help (LIS)	Pharmacy Assistance Programs	PACE/PACENET
Eligibility (2014)	Income • Individual: \$1,313/mo. • Couple: \$1,769/mo. Assets • Individual: \$7,160 • Couple: \$10,750	Income • Individual: \$972/mo. • Couple: \$1,311/mo. Assets • Individual: \$2,000 • Couple: \$3,000	Income • Individual: \$1,459/mo. • Couple: \$1,966/mo. Assets • Individual: \$13,440 • Couple: \$26,860	Income • Varies by manufacturer Assets • Varies by manufacturer	Income • Individual: \$23,500/year • Couple: \$31,500/year. Assets • No asset limit
What it Pays	• SLMB & QI – Part B monthly premiums • QMB – Part A & B monthly premiums, co-pays, Part A & B annual deductibles	• Medicare premiums, deductibles, co-payments, co-insurances for Part A & B • Vision, dental, hearing • Long-term care	• All or part of Part D premiums • Rx coverage gap • All or part of the annual Rx deductible • Most of co-pays	• Most or all of Rx cost • Quantity may be limited	• Most of Rx cost • Small deductible for PACENET, if not Part D plan
Where to Apply	PA Department of Public Welfare www.dpw.state.pa.us or County Assistance Office or with an APPRISE Counselor	PA Department of Public Welfare www.dpw.state.pa.us or County Assistance Office or with an APPRISE Counselor	Social Security Administration www.ssa.gov or with an APPRISE Counselor	Partnership for Prescription Assistance Pennsylvania www.pparxpa.org	PA Department of Aging 1-800-225-7223 or Area Agency on Aging or with an APPRISE Counselor

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What Counts?

Income	Assets
<ul style="list-style-type: none"> • Wages & Salaries • Commissions & Bonuses • Retirement Benefits • Pensions & Annuities • Social Security Benefits • Veteran's Benefits • Unemployment Compensation • Workers' Compensation • Prizes & Winnings • Gifts & Inheritances 	<ul style="list-style-type: none"> • Real estate (depending on program) • Bank accounts, including checking, savings, and certificates of deposit • Stocks, Bonds & Mutual Funds • Retirement Accounts (IRAs) • Life Insurance • Cash at home or anywhere else <p style="font-size: x-small; background-color: #ffffcc;">Note: These are general categories. Eligibility can be very complex, and is determined by the program. If you have questions contact them directly.</p>

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SPBP 1(HIV/AIDS)

- **Eligibility Requirements (New Enrollment)**
 - Any age
 - Must be residing in Pennsylvania
 - Income
 - Individuals - \$57,550
 - Families – add \$20,100 for each additional member
 - Clinician must attest to HIV/AIDS diagnosis

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SPBP 1 continued

- **Eligibility Requirements**
 - Must submit proof of:
 - Residence
 - Social Security card
 - Date of Birth
 - Income for household
 - Insurance Cards
 - Non-Medicare patients receiving drug coverage under Medical Assistance do not qualify
 - Can have other drug coverage and apply

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SPBP 1-Renewals

- Applications
 - Every 6 months
 - Documentation Needed:
 - Residence
 - Income
 - Insurance Cards
 - Proof of changes in name, date of birth & SSN

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SPBP 2 (Mental Health: Schizophrenia)

- Eligibility Requirements (New Enrollment)
 - Diagnosed with Schizophrenia
 - 295.10; 295.20; 295.30; 295.60; and 295.90
 - Any age
 - Must be residing in Pennsylvania
 - Income - Current year
 - Individual - \$35,000
 - Families – add \$2,893 for each additional member
 - Physician must attest to diagnosis

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SPBP continued

- Eligibility Requirements
 - Must submit proof of:
 - Residence
 - Social Security card
 - Date of Birth
 - Income for household
 - Insurance Cards
 - Prescription for diagnosis including ICD-9-CM code
 - Non-Medicare patients receiving drug coverage under Medical Assistance do not qualify
 - Can have other drug coverage and apply

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SPBP 2 Benefits

- Covers Atypical Antipsychotic Medications
 - \$0 copay

Abilify	Clozaril	Clozapine
Geodon	Invega	Risperdal
Risperidone	Seroquel	Zyprexa

Clozaril Support Services through:

- Physicians
- Outpatient Psychiatric Clinics
- Psychiatric Partial Hospitalization Clinics

Fax application to: 717-787-5394

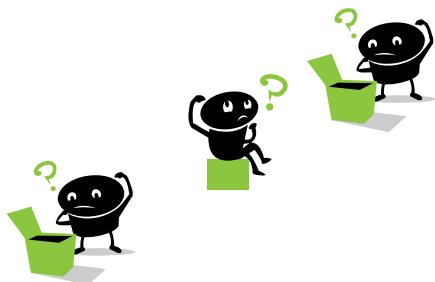
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PA Patient Assistance Program Clearinghouse (PAP)

- Low or no cost medications provided by pharmaceutical manufacturers
- Managed by the PACE program in PA
- Eligibility:
 - 18 years or older
 - Uninsured or underinsured
 - Contact: 1-800-955-0989

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Questions?



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