

M3P (Medicare Prescription Payment Plan) OEP

Altruis Agents, January 7, 2025 Connie Elkins

The Inflation **Reduction Act (IRA)** (and what it means to you)

The Inflation Reduction Act (IRA) of 2022 made meaningful changes to the Medicare Part D benefit. Many Medicare members will benefit from lower prescription drug costs, including a \$2,000 out-of-pocket maximum.

However, some changes may impact the amount you pay for certain drugs under your Part D plan, especially early in the year.



M3P Benefits to Members

- Ability to pay monthly payments for high cost covered drugs with high cost-sharing amounts.
- There is no cost to the member for opting into the program.
 There are no monthly fees, no interest, and no late payment fees on the amount owed.
- Members who have not yet opted into M3P who go to a pharmacy to fill their first 2025 Rx may be offered an opportunity by the pharmacist to opt in, based on two factors:
 - Data the pharmacy has already received from Priority Health via ExpressScripts (ESI), our M3P manager.
 - The cost of the drug at that point-of-sale (e.g., A new to PH member for whom there is no data).
- Note: The pharmacist will direct them to call PH Customer Service, and/or give them ESI's M3P number.

- Once members opt into the program, they pay \$0 at the pharmacy for a
 covered Part D drug. They'll receive monthly invoices from ESI and can
 easily view and manage payments including setting up auto-pay through
 the M3P portal on www.express-scripts.com/mppp.
- Members will be given a 60-day grace period to pay their balance. If they don't pay, they will be involuntarily opted out of M3P. Member will continue to be billed any outstanding M3P balance and will have to pay for their prescriptions at the point-of-sale moving forward.
- M3P is voluntary. Any Medicare member with out-of-pocket drug costs can choose to opt-in during AEP and anytime throughout the year. They can also opt-out anytime. Direct them to call PH Customer Service 888-389-6648 and mention M3P. Customer Service will take it from there



Members who are likely to benefit from M3P:



• Those who have high out of pocket spend between January 2024 – September 2024, \$2,000 or more annually.



• Those who fill a \$600+ prescription at a pharmacy in 2025.

- Current members who are likely to benefit will receive a 'Likely to benefit' communication from ExpressScripts before December 2024.
- Likely to benefit members will be monitored throughout the plan year.



Members who are not likely to benefit from M3P:

- Members with yearly Part D drug costs that are low or have no cost-share, or whose Part D drug costs are the same each month.
- Members who wait to consider signing up for the payment option until the last quarter of the calendar year.
- Those who do not want to change how they pay for their drugs.
- Members who receive or are eligible to receive Extra Help from Medicare OR the Medicare Savings Program.
- Members who receive assistance from another organization, like a State Pharmaceutical Assistance Program (SPAP), or a charity that pays a portion of their medications.
- Members who are eligible for Low-Income Subsidy (LIS).

Low-Income Subsidy (LIS) or Extra Help

Beneficiaries automatically qualify for Extra Help if they fall into one of the following categories:

- ✓ Full Medicaid coverage
- ✓ Receive Supplemental Security Income (SSI)
- ✓ Help from your state paying your Part B premiums (Medicare Savings Program)

Beneficiaries that qualify will pay:

- ✓ No deductibles
- ✓ No premiums for Part D drug plans
- ✓ No more than \$12.15 in 2025 for each brand-name drug the plan covers (\$4.90 for generic medications)
- √ No Part D late enrollment penalty, if applicable
- √ \$2,000 maximum out of pocket



In 2025, the income limits for Medicare's Extra Help program are:

•Individuals: Monthly income of \$1,903 or less

•Couples: Monthly income of \$2,575 or less

•Assets: \$17,600 or less for individuals, \$35,130 or less for couples You may still qualify for Extra Help if your income or assets are higher than the limits if certain types of income and assets are not counted. For example, the Social Security Administration (SSA) automatically subtracts a \$20 income disregard from your monthly unearned income. Other types of income that are not counted include: Supplemental Nutrition Assistance Program (food stamps), Housing assistance, and Home energy assistance.

You are automatically enrolled in Extra Help if you:

- •Are enrolled in Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP)
- •Receive a notice from the Centers for Medicare & Medicaid Services (CMS) informing you that you do not need to apply



You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

What Is This Application?

This is an application for Extra Help and **does not enroll you in a Medicare prescription drug plan**. You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE (TTY 1-877-486-2048)** or visit www.medicare.gov.

Related Links

Information About This Application:

- · What You Will Need
- · Other Ways To Apply





Coinsurances (and how they work)

All **Tier 3 drugs** under your plan* have a **25% coinsurance**.

What this means...

You pay 25% of the cost of these drugs each time you fill a prescription and Priority Health pays the remaining amount.

Priority Healt

Finding the cost of a prescription drug

There are **3 ways to find the cost** of a prescription drug:

- 1. Your explanation of benefits (EOB).
- 2. Your member account and Express Scripts®.
- 3. Priority Heath's Customer Service.



Lowering your costs



Lowering your costs

Talk to your provider

Talk to your provider about any of your Tier 3 medications. They may be able **to find a similar drug** on our Approved Drug List.

Some **common Tier 3 drugs** with lower cost alternatives include:

- 1. Symbicort, Dulera, and Breo Ellipta
- 2. Ventolin HFA inhaler
- 3. Estradiol vaginal tablets and Premarin vaginal cream
- 4. Lumigan eye drops



OEP REMINDERS



MA Open Enrollment Period

What is it?

A one-time election to switch or drop a member's MA plan.

When is it?

- January 1 March 31 each year
- Plan changes to take place the 1st of the following month. If application is received in February, member will receive a 3/1/25 effective date
- March is the last month to place an application with the OEP election, and would require a 4/1 effective date

What are the qualifications?

- Member must be enrolled in any Medicare Advantage plan as of Jan. 1
- Must have Parts A & B
- OR be a New to Medicare beneficiary who enrolled in a MA plan during their ICEP



What you CAN do during OEP

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and go back to Original Medicare
- Enroll in a Medicare prescription drug plan, if you go back to Original Medicare
- Host marketing events focusing on plans other than MA or Part D
 - Appeal to age-ins,
 - Market based on SEPs
 - Reach out to dual-eligible and Low Income Subsidy beneficiaries
- Send marketing materials to a beneficiary who makes an outreach
- Hold one-on-one meetings with beneficiaries who request them
- Give out MA OEP information if a beneficiary asks for it



What you CANNOT do during OEP

- Don't engage in any activities intended to target the OEP
 - Examples: "Don't like your Medicare plan? Reach out to me about your disenrollment options." OR "Did you know you can switch your MA plan from now until March 31? Let's talk."
- Cannot change a client's plan more than once
- Cannot enroll a client with Original Medicare in a Medicare Advantage plan
- Cannot disenroll clients with Original Medicare from any accompanying prescription drug plans



Plan changes

Medical deductibles rollover with plan changes during OEP within the same Carrier

All claims towards \$2,000 TrOOP also roll over with a plan change, regardless if Carrier change



DSNP/LIS in 2025

- Starting 1/1/25 DSNP members will only have OEP to make one change and will not get additional opportunities. Exception would be losing full Medicaid and having ability to sign up for a different MAPD plan
- January might be the best time to contact your DSNP members to remind them not to sign up with a phone call they may receive, they won't be able to change back to the plan that is best for them.
- LIS will no longer have the ability to make quarterly changes to their MAPD plan.



Disaster/Emergency SEP

- Beginning on April 1, 2025, individuals wishing to use the Disaster/Emergency SEP must call 1-800-MEDICARE to make an election.
- Medicare Advantage Organizations and Part D sponsors will no longer accept elections directly from beneficiaries using the Disaster/Emergency SEP.
- Plans will receive Disaster/Emergency SEP elections only via download from the Health Plan Management System (HPMS) Online Enrollment Center Management module.
- To avoid applicant confusion, plans must remove the Disaster/Emergency SEP from enrollment forms and other mechanisms prior to this date.



