

Talking Points for April 29th Kaiser Conference Call
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1. Difficulty of choosing a card

- Many cards available in any given zip code
- Best comparative information available on internet but
 - Few (about 3%) older people have used the CMS website; only about 21% have access to the internet
 - Many organizations helping people make the decision may not have computers dedicated to this purpose
 - 1-800-Medicare has no experience working through the kind of detailed decision-making structure that is provided on PDAP; each transaction could be very lengthy
 - State Health Insurance Programs (SHIPS) will be inundated with requests for labor-intensive, one-on-one decision support assistance for which they do not have resources.

2. Determinations of eligibility for transitional assistance

- CMS/Medicare has limited experience with low-income eligibility determination processes: MSP eligibility is determined by states, whose connection to CMS is through Center for Medicaid and State Operations, not Center for Beneficiary Choices.
- The process established for the discount drug card - information moving from card sponsor to CMS to Medicaid/IRS/SSA data and back to the card sponsor - is a new and untried process. While elements of it have great potential for the future, it is sure to have start up kinks.
- There are no time frames for eligibility determinations; the process for asking for and receiving “additional documentation,” if any, is not known and could be complex and time consuming.

3. Appeals of determinations of non-eligibility

- No process is described in the regulations and it is not clear what notice an individual would receive of her/his ineligibility.
- No time frame is provided for hearing appeals; only the applicant is bound by a time period within which to request a redetermination.

4. Limited process for challenging the removal of a drug from the card sponsor’s formulary or for filing grievances against the card sponsor.

5. Issues for Medically Needy individuals

- Effect of \$600 transitional assistance on medically needy send down. The law states the

benefit shall not affect eligibility for or the amount of other public benefits, but CMS has said the \$600 will not count toward fulfilling the send down.

- Effect on time delays in state data sharing with CMS on determining eligibility status of a medically needy applicant for transitional assistance: the individual may be in a send down period when she applies, and thus eligible for transitional assistance, but show up as “on the Medicaid rolls” when CMS verifies Medicaid status.

6. Automatic enrollment for Medicare Savings Programs enrollees

- Although the regulations deem MSP enrollees eligible for transitional assistance, no process exists to translate automatic eligibility into easy enrollment.