

***HELPING BENEFICIARIES GET THE MOST OUT
OF MEDICARE'S NEW DRUG COVERAGE***

Medicare is taking major new steps to help beneficiaries get the most out of the improved benefits in Medicare, in particular Part D coverage. Medicare will conduct a nationwide, grassroots education and outreach strategy and will provide information that beneficiaries can use to compare their plan choices. All Part D plans will provide comprehensive information about their Part D benefit packages to current and prospective enrollees to help them make informed decisions by Part D eligible individuals about their coverage options.

CMS Education and Outreach Strategy

CMS will use a multi-tiered education and outreach strategy that will include:

- A broad public education campaign about the new Medicare drug benefit and targeted outreach to disadvantaged and hard-to-reach populations;
- Publications and mailings;
- Comparative information about the benefits offered under available Part D plans, including drug pricing information, information on less costly generic alternatives and other aspects of the Part D benefit;
- Information through our toll-free Medicare call center, 1-800-MEDICARE and our website, www.medicare.gov; and
- The provision of assistance and information available to beneficiaries through State Health Insurance Assistance Programs (SHIPs), CMS Regional Offices, local grassroots partnerships, and other Federal assistance programs.

Part D Plan Information

In conjunction with Medicare's outreach efforts and educational assistance for beneficiaries, Part D plans are required to provide written materials in a clear, accurate, and standardized form that include information on their:

- Service area;
- Premiums, benefits, including premiums and cost-sharing requirements (including tiers or other cost-sharing levels applicable to certain drugs or classes of drugs);
- Formulary, including the list of drugs on the formulary, the way the formulary works (including any tiered cost-sharing, prior authorization, or other rules), the process for obtaining an exception to a plan's formulary or tiered cost-sharing structure, and information about how to obtain additional formulary information;

- The names and addresses of network pharmacies;
- How a beneficiary may obtain formulary drugs at out-of-network pharmacies;
- Grievance, coverage determinations, and appeals procedures; and
- A description of quality assurance policies and procedures, as well as the plan's medication therapy management program.

These materials will also be available on the plan's website and will be used by Medicare to give beneficiaries consistent comparative information on their plan options. In addition, plans are also required to have a toll-free customer call center available for further assistance.

Additional Information by Request

Upon request by the beneficiary, plans must also provide information about their:

- General coverage policies, the procedures used to control utilization of services and expenditures;
- Performance regarding grievances, appeals, and exceptions; and
- Financial performance and condition.

Explanation of Benefits

Plans will also provide a monthly explanation of benefits in written format to enrollees that contain detailed information about the enrollee's year-to-date expenditures, including how close he or she is to reaching the spending limit at which catastrophic benefits are provided.