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The Cruel Mystery
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MEDICARE PART D AND LUPUS: 2022 OPEN ENROLLMENT PERIOD

This year's Open Enrollment Period for Medicare prescription drug coverage (Part D) is **October 15 - December 7, 2021**. This is the only time that you will be able to make changes to your Part D coverage for 2022, and any changes that you make will take effect on January 1, 2022.

Even if you were satisfied with your plan in 2021, you should use the Open Enrollment Period to see what changes your plan has made for 2022 and ensure that it is still the best option for you.

The average person living with lupus takes eight prescription drugs each day, making insurance coverage that provides affordable access to needed medications critically important.

The Lupus Foundation of America and the MAPRx Coalition have developed this guide and the lupus-specific addendum on pages 2 & 3 to assist Medicare-eligible people living with lupus in evaluating their current Part D plan and reviewing other available plans to find the best option for 2022.

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2022 MEDICARE OPEN ENROLLMENT: LUPUS ADDENDUM

CHOOSING THE PART D PLAN THAT IS RIGHT FOR YOU

As you review this guide and begin to evaluate your options, we strongly encourage you to take into account a number of factors, such as monthly premiums, coverage policies for the drugs you take, access to local pharmacies and total annual out-of-pocket costs. Consider your experience with your plan in 2021, as well as:

CHANGES TO YOUR EXISTING PLAN

Your current plan may have made changes in coverage and costs for 2022. It's important that you learn what changes have been made and ensure the plan still covers all of your medications, includes convenient in-network pharmacy options and does not impose restrictions that may make it more difficult for you to access the medications you need. Your drugs costs may have changed for 2022 based on changes to the Part D benefit as a whole – but your plan could also make changes that could increase or lower your costs or make it more difficult to access prescribed medications. See questions #1-3 on page 4 of this guide for information about how your plan may have changed.

REVIEW YOUR OPTIONS FOR 2021

Even if you were satisfied with your plan in 2020 and no major changes have been made to it, it is worth reviewing other available options to make sure you select the one that will best fit your needs for 2021. You may end up continuing with your current plan (see question 7 on page 5), but we recommend you review your options - it never hurts to know what else is available! If you do find that you want to switch plans, see question 8 on page 5.

USING THE MEDICARE PLAN FINDER

When choosing a Part D plan for 2022, the Medicare Plan Finder is an important tool that will allow you to find the plans in your area that work for you and compare them. Before you begin, you will want to have on hand the following information:

- Your Medicare card or Medicare number;
- Name of the Part D plan you were enrolled in during 2021;
- List of all the medications you are taking, including dose and frequency (how often you take it);
- List of pharmacies in your area that you have used in the past or could conveniently use in the future.

Once you have gathered this information, you are ready to begin reviewing your Part D plan options for 2022. Visit medicare.gov to begin using the Plan Finder.

ADD YOUR MEDICATIONS TO THE MEDICARE PLAN FINDER

After you fill in some basic information about yourself, like your zip code, your current Medicare coverage, and whether you receive Extra Help (see question 12 on page 5), the Plan Finder will give you the option to *Add Drugs*. The best way to compare Part D plans is by adding every drug that you currently take, for lupus and any other condition, to the Plan Finder so that it can give you personalized information related to formulary coverage and cost estimates for each plan. Take special care to ensure you enter the correct drugs, doses, and quantities so that the Plan Finder gives you accurate estimates.

SELECT YOUR PHARMACIES

Add the pharmacy you usually use to the Plan Finder, and also add other convenient pharmacies in your area so that you can compare costs when reviewing plans - but only add a pharmacy if you will be able to reliably get to it as often as necessary. Depending on the plan, you may be able to save money by using their preferred pharmacy network.

REFINE YOUR PLAN RESULTS

Before reviewing plans, you will have an opportunity to filter and sort the plan results. You will be able to filter based on a plan's star rating, the insurance carrier offering the plan, and whether it is accepted across the United States. Once you have applied your filters, we recommend sorting the results by *lowest drug + premium cost*, which will give you a more complete picture of your costs for the year than just sorting by monthly premium (see the next section).

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2022 MEDICARE OPEN ENROLLMENT: LUPUS ADDENDUM

REVIEWING YOUR PLAN RESULTS

When reviewing the plans that are available in your area, here are some things to keep in mind to find the best plan for you.

LOOK DEEPER THAN THE MONTHLY PREMIUM

The plan's premium is the most predictable of all your drug costs – it is the amount of money you will pay to the plan every month, regardless of what drugs you are prescribed. However, do not just choose the plan with the lowest premium – instead, look at each plan's *estimated total drug + premium cost* so you have a clearer understanding of your total out-of-pocket costs. In some cases, your total annual costs may be lower if you select a plan that has a higher monthly premium. For example, consider the following hypothetical scenario:

	MONTHLY PREMIUM	ESTIMATED ANNUAL DRUG COSTS	TOTAL ANNUAL SPEND
PLAN 1	$15	$2,000	$2,180
PLAN 2	$30	$1,700	**$2,060**

Even though your monthly premium with Plan 2 will be twice as much as it would be with Plan 1, Plan 2 will save you $120 for the year because the estimated annual drug costs are much lower. The Plan Finder will show you what you will pay for each drug in each phase of the Part D benefit and breakdown what you will spend each month for your medications.

CHECK EACH PLAN'S PREFERRED RETAIL PHARMACY

When reviewing each plan, scroll down to *Estimated drug costs during coverage phases*. You will see the pharmacies you entered earlier, and the estimated costs for each of your drugs at those pharmacies. Underneath the pharmacy's name, look for *Preferred in-network pharmacy* - you will likely save money by using this pharmacy. If none of the pharmacies you entered are preferred, call the plan and find out if they have a preferred pharmacy and if it would work for you.

BE WARY OF UTILIZATION MANAGEMENT TOOLS

When reviewing your plan results, scroll to the section titled *Other drug information* and note which utilization management tools each plan uses for each of your drugs. If you are interested in a plan that uses one or more utilization management tool, talk to your physician to see if they think any of them would cause delays in you getting your medications. Some utilization management tools your plan may use are:

- **Prior authorization** - there may be specific criteria you must meet before the plan will cover a medication. Many prior authorization requirements can be handled by your pharmacist, but in some cases, your doctor may need to provide additional information.
- **Quantity limits** - your plan may place limits on how much or how often they will cover a drug.
- **Step therapy** - before your plan will cover certain drugs, they may require you to first try one or more other drugs before the medication that is prescribed by your physician.

MEDICATIONS COMMONLY USED BY PEOPLE WITH LUPUS

Most, if not all, medications commonly prescribed for people with lupus are covered under Medicare Part D. Note that medications that are administered in a physician's office are covered under Medicare Part B, while medications you pick up at the pharmacy counter or through mail-order pharmacies are covered under Medicare Part D. If you are denied coverage for a needed drug or experience other challenges accessing your medications, please contact the Lupus Foundation of America's Advocacy & Government Relations department at 202-349-1155 or advocacy@lupus.org.

Additionally, we have Health Educators on staff that can assist you with resources and information about health insurance options and resources for financial assistance. You can contact the Lupus Foundation of America Health Educators at 1-800-558-0121 or by visiting lupus.org/care-support/ask-a-health-educator.

1 Will my Medicare Part D plan be the same in 2022 as it was in 2021?

No. All Medicare Part D plans will change in 2022. Use this Annual Open Enrollment Period to compare plans and find the plan that best meets your prescription drug needs at a cost you can afford.

2 In what ways could my plan change?

Your current plan may have changed:

- the monthly premium
- the annual deductible
- your share of the costs (co-payment or coinsurance)
- the list of the drugs it covers (formulary)
- use of policies that may restrict access to certain drugs, such as:
    - requiring your doctor to justify why you need a certain drug before the plan will pay for it (called prior authorization)
    - requiring your doctor to prescribe a different drug in the same class of drugs first (called step therapy)
    - only letting you buy a certain amount of a drug at a time (called quantity limits).

Your plan may also decide not to participate in 2022. If you are one of the few people whose plan is not participating in 2022, your plan sent you a letter in October explaining that you will need to select a new plan.

3 How do I know what changes my plan is making in 2022?

You should have received a letter from your current plan called an "Annual Notice of Change/Evidence of Coverage" by the start of the Annual Election Period. This letter explains some of the important changes to your plan, including changes to the name of the plan, to the premium, the drugs covered (formulary), the cost of the drugs, and any restrictions used that limit the access to drugs. It is very important to read this letter as these changes can have a large impact on the cost of your drugs. If you did not receive the Annual Notice of Change/Evidence of Coverage letter, call your plan immediately.

While very important, this letter probably does not have all the details you need to determine if your current plan is the best plan for you in 2022. You also need to know how these changes apply to the drugs you use. You can find this information by looking on the plan's website or in the Medicare Prescription Drug Plan Finder at www.Medicare.gov or by calling the plan or 1-800-MEDICARE; (1-800-633-4227/TTY: 1-877-486-2048).

You may have received a summary of the formulary with the Annual Notice of Change/Evidence of Coverage letter. If you did not receive a copy of the formulary, call the plan and they will send you a copy or tell you if your drugs are covered. The phone number for the plan's customer service department is included in the letter you received. You may also get information about the formulary from the plan's website, by using the Medicare Prescription Drug Plan Finder at www.Medicare.gov, or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

4 Should I compare my plan with other plans available in my area?

Yes, this is very important to do. Other plans may provide you with better or less costly coverage for the drugs you need. Often the single most important factor in choosing a plan is comparing the drugs you take to the plan's formulary. The lack of coverage for one drug for a chronic condition can be the most important factor in terms of what your drug costs will be. The best way to compare your current plan with other plans is to use the Medicare Plan Finder at www.Medicare.gov.

The Plan Finder Tool will allow you to complete either a personalized or general search for drug coverage and estimated costs for plans in your area in 2022. In addition, the Plan Finder tool will allow you to compare coverage and costs with other plans in your area. Estimates are based on drug prices on the date you compare plans; your actual out-of-pocket costs may vary.

An important feature on the Plan Finder is an estimate of your total monthly costs over a 12-month period for each of the plans that you are considering. If you have entered the drugs you take, this information appears in a chart near the bottom of each plan's Drug Coverage tab in a section titled Estimated Total Monthly Drug Cost.

5 What happens if a drug I take is not on a plan's formulary?

You must pay the **full** cost for any drug not on the formulary. **The money you pay for these drugs does not count toward the total amount that you must spend to qualify for catastrophic coverage.** That is why it is important to make sure that your drugs, especially the most expensive ones, are on the formulary of the plan you select. You, your authorized representative or your doctor can ask for a "coverage determination" (exception) to get your plan to cover a drug when it is not on the plan's formulary.

6 How has the Part D coverage gap changed?

Starting in 2019, there were significant changes to the Part D coverage gap, called the "donut hole." In previous years, it was a period during which you would have to pay a larger portion of costs for your drugs and continue to pay your monthly premium to keep your coverage. If you received Extra Help (Low-Income Subsidy) paying your drug costs, you did not face a coverage gap. However, due to federal legislation, the Part D coverage gap was effectively closed for branded drugs for 2019 and beyond. In 2022, the threshold will increase from $6,550 to $7,050, which could result in a longer wait until you only have a 5% cost-sharing rate for the rest of the plan year.

In 2020, the coverage gap for generic medications effectively closed moving forward.

7 What do I have to do if I decide that I want to stay in my current plan for 2022?

Nothing. You will stay enrolled in your current plan unless you sign up for a new plan.

8 If I decide to change plans, how and when should I do it?

You can enroll in a new plan by contacting the plan you want to enroll in or by calling 1-800-MEDICARE (TTY: 1-877-486-2048) or by visiting www.Medicare.gov.

You can change your plan for 2022 by enrolling in a new plan between October 15 and December 7, 2021. **However, it is best to make the change as early as possible to ensure that you can get the prescriptions you need without delay on January 1, 2022.** There is no fee for changing to a new plan. After enrolling in the new plan for 2022, you will be automatically unenrolled from your 2021 plan. You should not notify your 2021 plan of the change.

9 If I'm in a Medicare Advantage Plan, but am not happy with the health coverage, can I drop my Medicare Advantage Plan and return to Original Medicare by itself and add a drug plan?

Yes, you can switch plans during the Part D Annual Open Enrollment Period from October 15 through December 7, 2021. You can also switch plans during the Medicare Advantage Open Enrollment Period from January 1 through March 31, 2022. During this period, you can switch from your Medicare Advantage plan with or without drug coverage to Original Medicare (or another Medicare Advantage plan with or without drug coverage) but you must also join a separate stand-alone drug plan if you want prescription drug coverage. The booklet Medicare & You 2022 has important information about Medigap protections for people switching from Medicare Advantage plans to Original Medicare.

10 What if I change prescription drug plans, but find that I don't like my new plan?

In general, you can only switch to another standalone prescription drug plan from October 15 to December 7 each year. If you are enrolled in a Medicare Advantage plan, you may use the Open Enrollment Period from January 1 to March 31 to switch to another Medicare Advantage plan with drug coverage or switch to Original Medicare and enroll into a prescription drug plan. Additionally, there are a few special exceptions that allow you to change to a new plan during 2022, such as if you move out of the service area, lose your employer drug coverage, enter or leave a nursing facility, or if you qualify for Extra Help. That is why it is so important to review your options before enrolling. There is also a special enrollment period for plans that receive the highest possible quality rating from CMS.

11 What is the special enrollment period for "5-star" plans?

CMS rates plans for quality using a stars system. The best possible score is 5 stars. In October 2021, CMS will release a list of 5-star prescription drug plans and Medicare Advantage plans for 2022. The Medicare Plan Finder includes the "Overall Plan Rating" in the listing for each plan. You can sort the plans in your area based on "Overall Plan Rating" to easily find those with a 5-star rating.

Under the special enrollment period for 5-star Medicare Advantage and stand-alone prescription drug plans, you can switch into a 5-star plan at any time during the plan year. This enrollment period will start on December 8, 2021, after the Open Enrollment Period ends. You can make this change only once during the plan year.

Very few plans receive the 5-star rating and there may not be a 5-star plan in your area. The 5-star plans in your area may not be the best options for you in terms of cost, network providers and coverage. You should compare the 5-star plans to your current plan to make sure that you have the same coverage and access to your doctors and other health providers before making the switch to a new plan.

12 If I previously qualified for Extra Help (Low-Income Subsidy), do I qualify in 2022?

The 2021 Federal Poverty Level (FPL) guidelines determine the income level requirements for people applying for Extra Help. If you are below 150% of FPL ($19,320) and have resources below $14,790 as an individual or if you are married and your household income is below 150% FPL ($26,130) and have resources below $29,520, you might qualify for Extra Help. If you applied and qualified for Extra Help at any time and are receiving Extra Help now, Social Security may have contacted you to review your eligibility status for 2022. In late August 2021, Social Security mailed letters to people who were selected for review and included a form to complete called *"Social Security Administration Review of Your Eligibility for Extra Help"* (Form SSA-1026). You had 30 days to complete and return this form. Any changes in the amount of Extra Help you will receive will be effective in January 2022.

If you qualified for Extra Help in 2021, but were not selected for a review, you will not receive a form from Social Security and there should be no change in the amount of Extra Help you receive. If you are unsure of your Extra Help status, call 1-800-MEDICARE (TTY: 1-877-486-2048).

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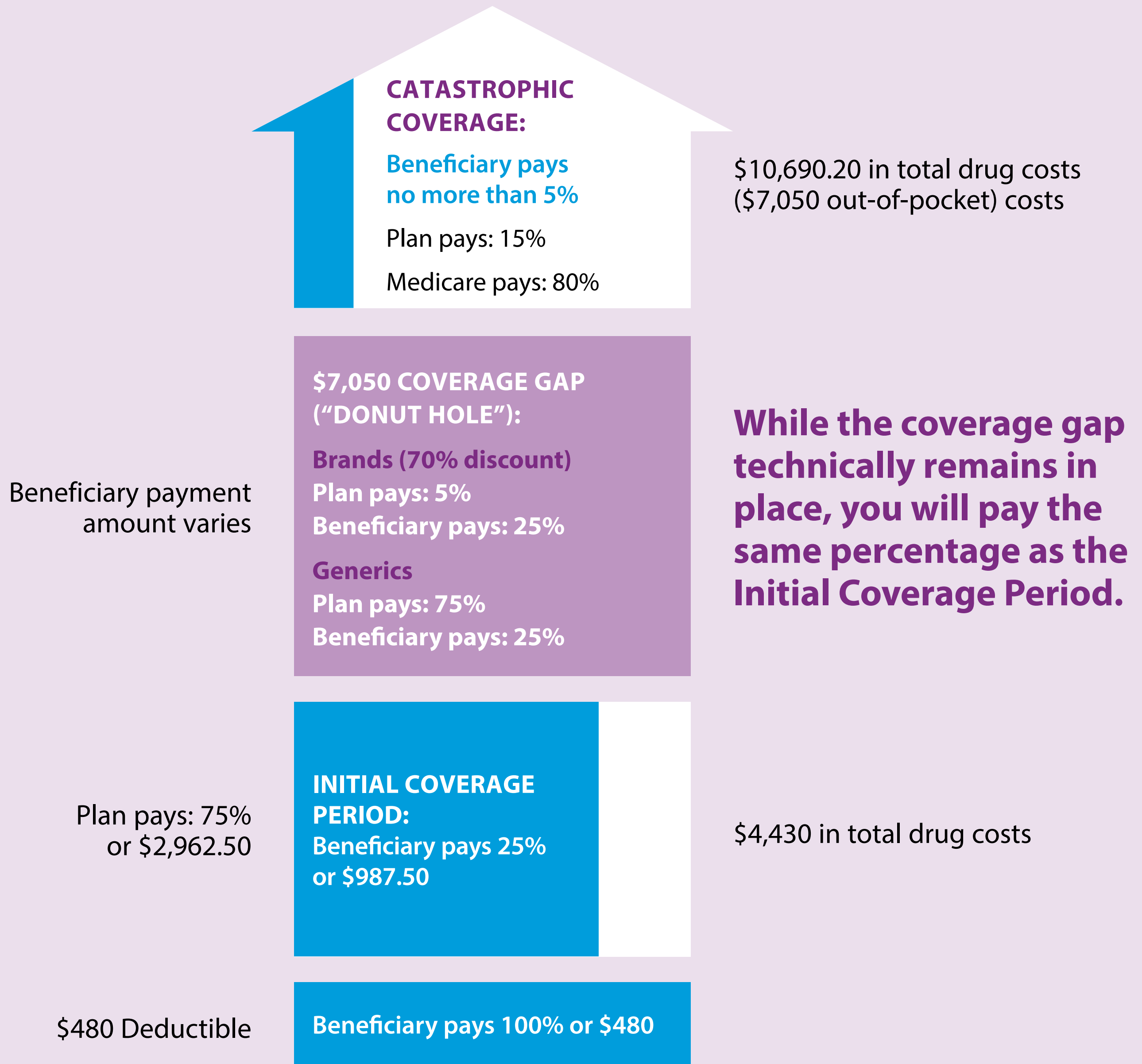
2022

STANDARD MEDICARE PRESCRIPTION DRUG BENEFIT

The amounts below do not include monthly premiums.



BASED ON: Announcement of Calendar Year (CY) 2022 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

If you have been notified by Social Security that you are no longer eligible for Extra Help in 2022, you will still be enrolled in your plan. After January 1, 2022, you will have to pay monthly premiums and your share of the drug costs. However, during a one-time Special Open Enrollment period, you can change Part D plans between January 1 and March 31, 2022. This will be an important opportunity for you to change to a new plan if you find that your existing plan is not your best option.

13 If I automatically qualified for Extra Help in 2021, will I qualify in 2022?

If you automatically qualified for Extra Help in 2021, you will automatically qualify in 2022 if you:

- Receive both Medicare and Medicaid
- Have your Medicare Part B premiums paid by your state because you belong to a Medicare Savings Program
- Receive both Medicare and Supplemental Security Income (SSI)

Medicare beneficiaries who automatically qualified in 2021, but who will not automatically qualify in 2022, should have received a notice on grey paper from Medicare [CMS Publication No. 11198] in September 2021.

The notice explains why you no longer automatically qualify and will encourage you to complete an enclosed Social Security application for Extra Help as soon as possible. The application for Extra Help should be returned to Social Security in the postage paid envelope provided.

14 Have the rules for Extra Help changed?

Yes. Starting in 2010, Social Security no longer counted life insurance you have as a resource when deciding if you qualify for Extra Help. They also no longer count help you receive from others with your household expenses to decide if you get Extra Help.

You should know though that some states may still count life insurance and the help you receive from others to decide if you are eligible for your state's Medicare Savings Program (MSP). These programs can help pay for your Medicare Part B premiums and other Medicare costs. Call 1-800-772-1213 or visit www.SocialSecurity.gov or www.BenefitsCheckup.org.

If you apply for Extra Help, Social Security will send the information to your state's Medicaid agency to start the process for getting you into your state's MSP. If you do not want your information to go to the state, there is a box you can check on the application for Extra Help.

15 If I received Extra Help in 2021 and qualify again in 2022, will my drug costs change?

Maybe. Your co-payment levels will increase or decrease if you have a change in your income or assets, or if you enter or leave a nursing facility or other institution.

If you continue to automatically qualify for Extra Help and your co-payment levels are changing in 2022, you should have received a letter on orange paper from Medicare [CMS Publication No. 11199] in October telling you your new co-payment amounts.

16 What if I did not join a Medicare Part D plan when I was first eligible, but I would like to join one now?

You can enroll in a plan during the Annual Open Enrollment. You may have to pay a premium penalty if you did not have coverage that is at least as good as Medicare's coverage ("creditable coverage") during the first/initial period that you were eligible to enroll. The penalty amount is calculated based on the number of months you were eligible but did not enroll. If you have to pay a premium penalty, most people will have to pay it for the rest of their life. The penalty will be added to your monthly Medicare private Part D plan premium.

If you qualify for Extra Help with your Medicare prescription drug coverage you can enroll anytime and pay no late enrollment penalty.

17 Can I get free help to make decisions about Medicare Part D plans?

Yes. Every state has a State Health Insurance Assistance Program (SHIP) that offers free one-on-one counseling and assistance to people with Medicare and their families. SHIP offices are located throughout each state. To find contact information for the SHIP office closest to your community visit www.ShipHelp.org or call 1-800-MEDICARE (TTY: 1-877-486-2048).

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2022

ENROLLMENT PERIOD OVERVIEW AND OPTIONS

	OCTOBER 15 - DECEMBER 7, 2021		JANUARY 1 - MARCH 31, 2022
	Part D*	Medicare Advantage*	Medicare Advantage*
If you have Medicare Part A **OR** Part B, **but not both**	Add prescription drug coverage	Not available	Not available
If you have Medicare Part A **AND** Part B (i.e., Original Medicare) and prescription drug coverage	Maintain Original Medicare and maintain or change your prescription drug plan	Join a Medicare Advantage plan with or without prescription drug coverage	Not available
If you have Original Medicare and no prescription drug coverage	Maintain Original Medicare and add prescription drug coverage	Join a Medicare Advantage plan with or without prescription drug coverage	Not available
If you have a Medicare Advantage plan with or without Medicare prescription drug coverage	Switch to Original Medicare, with the option of joining a prescription drug plan	Switch to another Medicare Advantage plan with or without prescription drug coverage	Switch to another Medicare Advantage plan (with or without drug coverage) or switch to Original Medicare (with or without prescription drug coverage)

***Important Note:** It is not advised to drop prescription drug coverage unless you can get other prescription drug coverage that is at least as good as Medicare's coverage (creditable coverage).*

ENROLLMENT PERIOD OVERVIEW AND OPTIONS FOR PEOPLE WITH EXTRA HELP

	OCTOBER 15 - DECEMBER 7, 2021	JANUARY 1 - MARCH 31, 2022
People who no longer qualify for Extra Help in 2022	Add, switch or drop a prescription drug plan or a Medicare Advantage plan or return to Original Medicare.	Add, switch or drop a prescription drug plan or join a Medicare Advantage plan during this special enrollment period for this group or return to Original Medicare.
People who qualify for Extra Help in 2022	Switch to another Medicare drug plan or a Medicare Advantage plan at any time as long as they continue to get Extra Help. Coverage will begin the first day of the month after you ask to join a plan.	

**Important Note:* *It is not advised to drop prescription drug coverage unless you can get other prescription drug coverage that is at least as good as Medicare's coverage (creditable coverage).*

QUESTIONS YOU MAY HAVE AFTER ENROLLMENT

1 I enrolled in a Part D plan, but I haven't heard anything. Is this normal?

No. You should have received a welcome letter and a prescription card from the plan. Contact the plan right away to confirm that you are enrolled.

2 I enrolled in a drug plan in December and got a letter welcoming me into the plan, but nothing else. I have nothing to show the pharmacist. How can I get prescriptions filled without a card?

Contact your plan immediately. If you need to get your prescription filled before your card arrives, bring the letter you received from the plan that confirms you have enrolled with you to the pharmacy. If you don't have a letter, ask your pharmacist to call 1-800-MEDICARE (TTY: 1-877-486-2048). The customer service representative should be able to tell the pharmacist in which plan you are enrolled. If you continue to have problems, you should contact your local SHIP office. You can locate your local SHIP office by visiting www.ShipHelp.org or by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

3 Will my plan cover a drug that I need to take even if it is not on their formulary?

The plan must decide within 72 hours (or 24 hours for an expedited review) if they will cover the drug. If they decide not to cover the drug, they must send you a written notice. You also have a right to appeal their decision.

Note: If your drug is not on the formulary, but you are able to get it covered by the plan under the plan's exceptions process, the money you spend on the drug is counted toward qualifying for catastrophic coverage.

4 I am having problems with my old Part D plan. I have enrolled in a new Part D plan, but my old plan still deducts a premium. What should I do?

Report billing errors to 1-800-MEDICARE (TTY: 1-877-486-2048) as well as to the plan. Since your plan has not stopped billing you after you notified it of the error, you may wish to file a complaint (grievance). Ask the plan's customer service representative to send you a complaint form or tell you how to find one on the plan's website. You can also file a complaint (grievance) with Medicare by calling 1-800-MEDICARE (TTY: 1-877-486-2048).

5 How have Part D plans adapted Part D drug access during the COVID-19 pandemic?

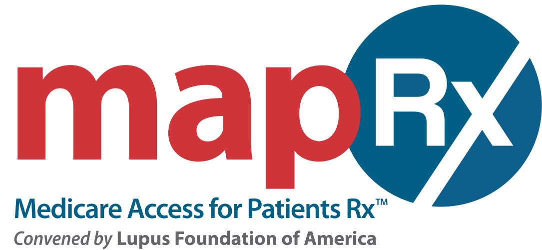
CMS has afforded Part D plans the ability to take certain actions to ensure access during the pandemic.

- Reimburse enrollees for prescriptions from out-of-network pharmacies (based on certain circumstances)
- Ease any plan-imposed policies that may discourage certain methods of delivery, such as mail or home delivery
- Waive prior authorization requirements at any time for covered drugs in order to facilitate access and reduce the burden on beneficiaries and providers

Part D sponsors must permit enrolled beneficiaries to access up to a 90-day supply in one fill if requested by the beneficiary, utilization management requirements have been met, and there are no safety edits that would limit the quantity or days supply.

6 Will I be able to access a COVID-19 vaccine through my Part D plan?

No, approved vaccines are covered under Medicare Part B.



The Lupus Foundation of America founded the Medicare Access for Patients Rx (MAPRx) Coalition in 2005 shortly after Congress created Medicare's prescription drug benefit, Part D, to ensure the patient voice was heard throughout the design and implementation of the program.

More than a decade later, the Coalition continues to bring together more than 60 beneficiary, family caregiver, and health professional organizations committed to improving access to prescription medications and safeguarding the well-being of the more than 45 million Medicare Part D beneficiaries.

Visit MAPRx.info to learn more about the Coalition and its members.