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DEC 10 2008

TO: INTERESTED PARTIES

SUBJECT: MEDICARE PART D PREMIUM PAYMENT PROGRAM

This letter transmits one copy and informs you that the AIDS Drug Assistance Program (ADAP) Medicare Part D Premium Payment Program application and disclosure are now available on the Office of AIDS (OA) Web site. The ADAP Medicare Part D Premium Payment Program pays Part D premiums for ADAP clients who are required to pay a monthly premium because they do not qualify to have their premiums paid by the Full Low Income Subsidy.

Because this process requires the client to complete and submit the application to OA and since it involves premium payments, some clients may seek your assistance in obtaining a copy of or completing the application. Please share this application with them or download a copy from OA's Web site address at: [www.cdph.ca.gov/programs/AIDS](http://www.cdph.ca.gov/programs/AIDS).

The completed application and disclosure must be sent to:

**California Department of Public Health  
MS 7704  
P.O. Box 997426  
Sacramento, CA 95899-7426  
or  
Fax (916) 449-5883**

Also, enclosed are some helpful resources tools that you can share with clients. If you have questions or need assistance, please call us at (916) 449-5900. Thank you for your hard work and continuing dedication to people with HIV.

Cynthia L. Smiley, Chief  
CARE/HIPP Unit  
Office of AIDS

Enclosure



## ADAP MEDICARE PART D PREMIUM PAYMENT PROGRAM APPLICATION

*For CDPH Staff Use Only  
Date Received/Staff Initial*

**Please print clearly and answer all questions. Failure to provide complete information may delay processing of your application and Part D Premium Payment Program assistance. Incomplete applications will be returned to the sender.**

**I. Demographic Information:**

Applicant's Name (First, MI, Last)		Social Security Number		Mother's Maiden Name	
Home Address (Number, Street, Apt #)		City	County	State	Zip Code
Mailing Address (if different from Home Address)		City	County	State	Zip Code
Telephone Number (Home) ( ) ( )	Telephone Number (Alternate) ( ) ( )		Date of Birth (mm/dd/yyyy) / /		

**II. Current Medicare Part D Plan Information (Please attach a copy of your Medicare Rx Member ID Card and Billing Statement):**

Medicare Part D Plan Name (see Member ID card)					
Plan Address (Number, Street or P.O. Box)			City	State	Zip Code
Medicare Part D Member ID Number		Premium Amount (Part D Only) \$ Monthly		CMS Contract Number (see Member ID card) CMS - -	

**III. Previous Medicare Part D Plan Information:**

Were you enrolled in a Medicare Part D Plan last year? YES or NO (circle one)		Medicare Effective Date (mm/dd/yyyy)  / /
If Yes, list the name of the drug plan. _____		
If No, did you have Creditable Drug Coverage last year? YES or NO (circle one)		

I recognize that this is an application for the ADAP Medicare Part D Premium Payment Program. Any other services received under the Medicare Part D benefit must be applied for separately and directly through Medicare or a Medicare drug plan. Benefits received under the Medicare Part D "Extra Help" Low Income Subsidy program must be applied for through the Social Security Administration.

In signing, I declare that I agree to all requirements to participate in the ADAP Medicare Part D Premium Payment Program.

\_\_\_\_\_

Print Applicant's Name (First, MI, Last)                      Applicant's Signature                      Date

**STATE OF CALIFORNIA USE ONLY - AUTHORIZATION TO PAY PREMIUM**

<b>LIS Status (circle one):</b> 25% / 50% / 75% / 100%		RAMSELL Screen <input type="checkbox"/>		<b>Reason Not Approved (circle one):</b> ADAP Expired/ Inc. Application/ 100% LIS	
		MEDS Screen <input type="checkbox"/>			
<b>Approval 12 months (only):</b>					
Effective Months: _____ to _____		Monthly Premium Amount \$ _____ x _____ Months = Total Paid \$ _____			
Processed by: _____		Date: _____		Reviewed By: _____ Date _____	
<b>Additional Payments:</b>					
Effective Months: _____ to _____		Monthly Premium Amount \$ _____ x _____ Months = Total Paid \$ _____			
Processed by: _____		Date: _____		Reviewed By: _____ Date _____	
Effective Months: _____ to _____		Monthly Premium Amount \$ _____ x _____ Months = Total Paid \$ _____			
Processed by: _____		Date: _____		Reviewed By: _____ Date _____	

# ADAP Medicare Part D Premium Payment Program Application Instructions

## Section I. Demographic Information:

Enter your name, Social Security Number as listed on your Medicare card, and your mother's maiden name (this information is required in order to maintain your application in the program's data system). Enter your address and the mailing address where you want the notice of either approval or denial of this application to be sent. Please enter a daytime phone number where you can be reached if we have questions. Enter your date of birth.

All client-level data for Ryan White Program services managed through our office are entered into the ARIES client management system. ARIES is a highly secure, confidential, customized, Web-based, centralized client management system that provides a single point of entry for clients and allows for coordination of client services among providers. ARIES is intended to enhance services to clients by helping providers automate, plan, manage, and report on client services. At provider sites, clients sign an ARIES consent form choosing whether or not to share their information with other agencies they seek services from; this "sharing" allows clients to receive services from additional ARIES providers without having to carry a copy of their doctor's letter, proof of income, and/or living situation to each agency. ARIES is designed to save time for the clients and help ensure quick access to needed services.

If a person is **ONLY** a Medicare Part D client then their personal information in ARIES will **not** be shared with any other Ryan White Program provider. However, should an approved Medicare Part D client visit another Ryan White Program provider using ARIES, the client will sign an ARIES consent form at that agency and choose whether or not to share their ARIES data.

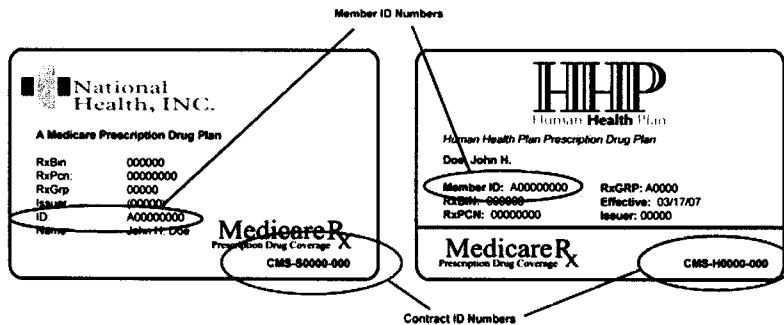
## Section II. Current Medicare Part D Plan Information:

List the full name and address of the Medicare Part D Plan to which you make payments. This information can be located on your Medicare Rx Member identification (ID) card, billing statement, or contact your plan provider.

Enter the member ID number located on the front of your Medicare Rx Member ID Card. If you do not have your Member ID number, please contact your Part D plan customer service.

Premium Amount: Enter the monthly premium payment amount.

CMS Contract ID Number: This information can be located on your Medicare Rx Member ID Card.



## Section III. Previous Medicare Part D Plan Information:

Were you enrolled in a Medicare Part D Plan last year?

- If yes, write the name of the plan.
- If no, did you have Creditable Coverage last year, (i.e., did you have drug coverage that Medicare considered to be equal to or better than Medicare Part D Coverage)? Did you receive written verification from your insurance administrator (Certificate of Creditable Coverage) that you had "Creditable Coverage?"

Medicare Effective Date: Enter the month, date, and year you were enrolled in Medicare.

**This is not an application for ADAP prescription drug coverage. This application is for Medicare Part D Premium Payment Program assistance only.**

**ADAP  
Medicare Part D Premium Payment Program  
Disclosure**

The following statements of eligibility requirements and policy criteria apply to all applicants who apply for the ADAP Medicare Part D Premium Payment Program. Please read each statement and check each box to indicate that you meet the requirements and understand the policies.

If you need assistance completing the application and/or disclosure form, please contact your ADAP Enrollment Worker or call the ADAP Medicare Part D Premium Payment Program at (916) 449-5900.

**Eligibility Requirements** (You must meet the following eligibility requirements in order to participate in the ADAP Medicare Part D Premium Payment Program):

- I am actively enrolled in California's ADAP. I understand that I must continue to meet all of the eligibility requirements of ADAP in order to receive Medicare Part D Premium Payment Program assistance.
- I understand that in order to participate in the ADAP Medicare Part D Premium Payment Program, I am required to enroll in a Medicare Part D Prescription Drug Plan or a Medicare Advantage Prescription Drug (MAPD) Plan.
- I understand that the ADAP Medicare Part D Premium Payment Program is not permitted to pay Medicare Part D late enrollment penalties. I will be responsible for paying any such penalties. Failure to pay my penalty portion of the monthly Part D premium could result in the loss of coverage under my Medicare Part D drug plan.
- I understand that I am not eligible for the ADAP Medicare Part D Premium Payment Program if I am eligible for the Medicare "Extra Help" **Full Low Income Subsidy**. Medicare fully subsidizes premiums for persons who are eligible for the Full Low Income Subsidy.
- I understand that if I receive a premium refund from my Part D plan that was paid by the State of California, I agree to return premium refund(s) to the ADAP Medicare Part D Premium Payment Program immediately. Failure to return premium refunds to the State may result in permanent ineligibility for future payment assistance. Premium refunds must be signed over to the State of California. Please call ADAP Medicare Part D Premium Payment Program at (916) 449-5900 with question regarding refunds.

**General Policies** (You must agree to follow the general policies in order to participate in the ADAP Medicare Part D Premium Payment Program):

- I agree to provide complete and accurate information regarding my California Medicare Part D drug plan.
- I agree to report immediately any changes related to my California Medicare Part D drug plan, ADAP eligibility, address, and telephone number to the ADAP Medicare Part D Premium Payment Program.
- I understand that it is my responsibility to confirm that any premiums paid by the State of California on my behalf were received and credited by my Medicare Part D plan. If premiums were not received or credited by the Part D plan, I could lose my drug coverage under the Medicare Part D plan.
- I understand that the Medicare Part D premiums may be paid in advance for the remainder of the plan year unless otherwise noted. Therefore, to avoid the possibility of overpayments, I will report any changes to my plan or eligibility to the ADAP Medicare Part D Premium Payment Program immediately.
- I understand that if I am enrolled in a California MAPD (e.g., Managed Care) and the ADAP Medicare Part D Premium Payment Program pays my Part D prescription premium, I am responsible for payment of the Part B medical and outpatient portion of the premium.
- I understand that if I default on my Part B premium obligation and am terminated from my MAPD, I will no longer be eligible for ADAP Medicare Part D Premium Payment Program assistance and will be disenrolled from the program.



## **Things to Remember:**

ADAP recognizes that Medicare Part D is overwhelming. The following is a list of basic steps to help guide Medicare beneficiaries you through the process. We advise you to seek assistance immediately through resources listed on the following page, Medicare Part D Resource List.

- 1) **Review your mail carefully:** Your current drug plan and Medicare will be sending you important notices regarding your 2009 Part D benefits. Plans may change in 2009, so watch for changes that might impact you.
- 2) **Medicare Part D Open Enrollment:** Open enrollment is November 15, 2008 through December 31, 2008. Review your 2009 plan options to ensure that you enroll in the Part D plan that will best meet your medication needs. You can enroll in a plan by contacting the plan directly or by contacting: (800) Medicare.
- 3) **“Extra Help” Low Income Subsidy (LIS):** ADAP requires that most Medicare eligible ADAP clients apply for the “Extra Help” LIS. LIS significantly lowers the costs that the Part D plan is permitted to charge clients. LIS eligibility ensures that you have the lowest out-of-pocket costs for medications that may not be on the ADAP formulary.

To apply for LIS, go into your local Social Security Administration office, request an application by phone (800) 772-1213, or apply online at [www.ssa.gov](http://www.ssa.gov). The Social Security Administration will take a few weeks to process your application and will notify you of your eligibility by mail. Once you receive your LIS determination notice, please take a copy of the notice to your ADAP Eligibility Worker and mail or fax a copy to the ADAP Medicare Part D Premium Payment Program.

- 4) **Creditable Coverage:** If you have creditable coverage and do not wish to enroll in a Medicare Part D plan, please take a copy of your 2009 Certificate of Creditable Coverage to your ADAP Enrollment Worker. You do not need to apply for the ADAP Medicare Part D Premium Payment Program. Some individuals indicated that they have had difficulty obtaining these certificates. Here are a few tips to try:
  - Look in the “Evidence of Coverage” book that your insurance coverage provides each year. A “Creditable Coverage” statement is frequently placed in these books under “Medicare” or “other coverage.”
  - If you have not received these materials by mail, most evidence of coverage books are available online.
  - If you have insurance through a group or employer, ask the person in charge of benefits to assist you.

## Medicare Part D Resource List

### **Medicare:**

Web site includes general Part D information including links to important tools that can assist you with the Part D plan selection process.

[www.Medicare.gov](http://www.Medicare.gov)

(800) Medicare

### **Social Security Administration:**

Web site includes "Extra Help" Low Income Subsidy (LIS) information including links to the LIS application. You can also apply for LIS in person at your Social Security Administration office or by telephone.

[www.ssa.gov](http://www.ssa.gov)

(800) 772-1213

### **Health Insurance Counseling and Advocacy Program (HICAP):**

Local agencies provide consumer counseling relating to all Medicare issues, including Medicare Part D. Offices are located in each county. Visit the Web site or contact the number below to locate the office in your county.

(800) 434-0222

### **Cal-Medicare:**

Web site includes California specific Medicare Part D information and a link to all local HICAPs (see above) in each county.

[www.calmedicare.org](http://www.calmedicare.org)

### **California ADAP:**

Web site includes current information regarding ADAP's Medicare Part D policies and application information for the new "ADAP Medicare Part D Premium Payment Program."

[www.cdph.ca.gov/programs/AIDS](http://www.cdph.ca.gov/programs/AIDS)

(916) 449-5900

### **Ramsell Public Health Rx:**

This Pharmacy Benefits Management company contracts with ADAP to conduct the day-to-day administration of California's ADAP. Web site includes links to the ADAP formulary, ADAP enrollment site, and ADAP pharmacy network information.

[www.publichealthrx.com](http://www.publichealthrx.com)

### **National Health Law Program:**

Web site includes a link to an important new resource guide, "Medicare Part D and Dual Eligibles: A Guide for California Advocates."

[www.healthlaw.org](http://www.healthlaw.org)