

## Part D Open Enrollment Period: “To-Do” Checklist for Benefits Counselors

### Prior to meeting your client:

- Ask the beneficiary to bring or have available all cards and letters (e.g., Annual Notice of Change, reassignment, loss of deemed status).
- Ask client to bring a list of drugs currently taken, including the strength and dosage; suggest bringing a printout from the pharmacy.

### During your meeting:

- Review pertinent sections of current plan’s Annual Notice of Change (ANOC).
- When running a comparison by cost, be sure to print out and highlight appropriate information on alternative plans.

### After meeting with your client:

- Give the client a checklist to note date of receipt from plan of:
  - Membership card
  - Explanation and use of transition fills
- Check with beneficiary about any need for formulary exceptions
- Remind beneficiary you are available to respond to questions or problems
- Give beneficiary your contact info

## Open Enrollment Worksheet: Gather Information

Beneficiary's name: \_\_\_\_\_

Name of beneficiary's 2018 Part D plan: \_\_\_\_\_

- Plan Membership Number: \_\_\_\_\_  
Check one:  PDP  MA-PD  None – in other creditable coverage (see below for more info)

### Beneficiary's membership numbers and effective dates from all other membership cards:

- Medicare Number -- (new card # format; check to see if [your clients should expect to receive their new Medicare card](#) by the AEP)  
Part A Effective Date -  
Part B Effective Date -
  - Social Security Number  
 Same as Medicare number OR SSN --
  - Medigap  
Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_
  - Other prescription drug coverage?  
Name of Policy: \_\_\_\_\_  
Policy Number: \_\_\_\_\_
    - Is the other prescription drug coverage:
      - Employer-sponsored health insurance
      - FEHBP
      - VA or TRICARE  
Name of Policy: \_\_\_\_\_  
Policy Number: \_\_\_\_\_
- \*\* Is this "other" coverage creditable drug coverage? Yes  No

### Current Medications List:

Name of Drug	Generic? (Y/N)	Strength and dose (Ex: 30 mg taken twice a day)
1.		
2.		
3.		
4.		
5.		

- **Review pertinent sections of current plan Annual Notice of Change (ANOC)**
- **Record how costs will change for the beneficiary in 2019:**

Premium: 2018: \_\_\_\_\_ 2019: \_\_\_\_\_

Deductible: 2018: \_\_\_\_\_ 2019: \_\_\_\_\_

Copay/coinsurance: \_\_\_\_\_

Did the beneficiary reach the doughnut hole in 2018? Yes  No

Is the formulary changing in 2019? If yes, for which drugs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Screen and Assess Options, 4-Step Process

### Step 1: Screen for LIS & MSP – run thru [BenefitsCheckUp](#)®

- Is the beneficiary enrolled in LIS/Extra Help in 2018?  Yes  No  
(Note: Can check status in Medicare Plan Finder under personal search or in [www.MyMedicare.gov](http://www.MyMedicare.gov) if registered)
- If not enrolled, is the beneficiary willing to screen for eligibility? Yes  No 
  - If yes, record the following information:  
Monthly Income: \$ \_\_\_\_\_  
Resources: \_\_\_\_\_  
Marital status: Single  Married   
Living arrangement: Alone or with spouse  In another's household   
Living in congregate setting  Nursing home

### Step 2: Use the [Medicare Plan Finder](#) tool

- Baseline: Current plan (refer to Current Medications List on page one)
  - a. Coverage in 2019 for current drugs in current plan
  - b. Pharmacy: \_\_\_\_\_ In network? Yes  No

### Step 3: Discuss MA-PD vs. PDP

### Step 4: Run comparison by cost, drug coverage, and utilization management

### How Beneficiary is Enrolled (no later than December 7, 2018):

Date of enrollment: \_\_\_\_\_

- Plan Finder
- Paper application mailed to plan
- Enrollment confirmation number

**Note:** Can print out and give a copy to beneficiary, retaining a copy in your file

- Call plan

**Note:** Not recommended as no way to retain proof of enrollment action