

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 she currently takes, including the strength and dosage; suggest bringing a print out 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
 - ☐ Evidence of coverage (required no later than January 1, 2016)
 - ☐ 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 2015 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 --
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 2016:**

Premium: 2015: _____ 2016: _____

Deductible: 2015: _____ 2016: _____

Copay/coinsurance: _____

Did the beneficiary reach the doughnut hole in 2015? Yes ☐ No ☐

Is the formulary changing in 2016? 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 2015? ☐ Yes ☐ No
(Note: Can check status in Medicare Plan Finder under personal search or in 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 2016 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, 2015):

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