

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

MEMORANDUM

Date: October 30, 2006

Memorandum to: All Part D Sponsors

From: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group

Subject: 2007 Part D Messaging Themes

As we approach the start of the 2007 Annual Enrollment Period, we'd like to share the themes for our 2007 education campaign with Part D sponsors. We strongly encourage you to integrate these themes in your call center scripts, internal training, and education materials. A coordinated, consistent message from both CMS and Part D Sponsors will reduce confusion, call center usage, and complaints.

The 2007 education campaign themes are included in Attachment A of this memo and cover 5 basic operational areas that were the source of many of the significant implementation challenges we faced after the January 1, 2006 launch of the Part D benefit.

1. Open (Annual) Enrollment Period
2. Re-deeming for Extra Help
3. Re-assignment of People with Medicare
4. Low Income Subsidy (LIS) Special Enrollment Period (SEP)
5. Call the Part D Plan First

We're happy to work with you to provide comprehensive prescription drug coverage to people with Medicare, and we remain committed to partnering with you to make sure that people continue to get the coverage they deserve in 2007. If you have any questions regarding this memo, please contact your account or plan manager.

Attachment A: 2007 Messaging Themes

Open Enrollment

- November 15 through December 31 is the one chance each year most people with Medicare have to make a change in their health and prescription drug plans.
- People with Medicare should review their current coverage this fall to see if it will meet their needs in 2007. Now is the time to help people think about the cost, coverage, and the customer service that they need in a plan to get the most out of their Medicare.
- People who are going to make a change to their current coverage should enroll in a new plan by December 8 to help ensure they can get the prescriptions they need on January 1, 2007.

Re-deeming

- People who no longer automatically qualify for extra help should apply to Social Security or their State Medical Assistance (Medicaid) office as soon as possible to see if they are still eligible for extra help. If in the coming months a person's situation changes so that they again automatically qualify, Medicare will send them another notice letting them know that they qualify.
- People who find they no longer qualify for extra help should explore other sources of financial assistance that may help pay their drug expenses, including available state and local programs.

Re-assignment

- People who want to switch plans before Medicare re-assigns them should do so as soon as possible (by December 8) so that their new Medicare drug plan has time to mail a membership card, acknowledgement letter, and welcome package before the new coverage becomes effective on January 1, 2007.

LIS SEP

- People who qualify for extra help will have at least one opportunity to switch plans during 2007.
 - People who have Medicare and get full Medicaid benefits or help from Medicaid paying their Medicare premiums (belong to a Medicare Savings Program), can switch plans **anytime** for coverage effective the first day of the next month.
 - People who get Supplemental Security Income (SSI) benefits but not Medicaid or applied and qualify for extra help can switch plans **at least once** through the end of 2007.

Call Plan First

- Contact the Medicare drug plan directly with a complaint. All specific plan complaints must be referred to the Medicare drug plan. Making initial contact through 1-800-MEDICARE or by direct contact with CMS doesn't expedite the complaint. The fastest way to get an issue resolved is to contact the plan.