BOARD ON

AGING & LONG TERM CARE

Fall Medicare Trainings
Medicare Part D Updates

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Grant Acknowledgement

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Training Overview

- **Medicare Part D Reminders & Refreshers**
  - Part D Plan Structure, Discount Cards, Prescription Coupons, and more!
- **Medicare Part D Cost Changes**
- **Medicare Negotiated Drug Prices**
- **Medicare Part D Landscape in Wisconsin**
  - Navigating Formulary Changes with Beneficiaries
  - Medicare Part D Special Enrollment Period Refreshers
- **Prescription Coverage Related Updates**
  - Wisconsin SeniorCare, Vaccines, and more!

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Training Logistics

- We will pause for questions regularly throughout the presentation. **Please use the Q&A function in zoom to ask your questions.**
  - I will do my best to address any questions but please avoid including any personal or client specific information.
  - If I am unable to address your question, please don't hesitate to contact BOALTCMedigap@wisconsin.gov for assistance.
- One 5-minute break following the Negotiated Drug Price section.
- **Please use the comment function to respond to the check your knowledge questions.**
- Slides and a recording will be made available following the presentation; a link is included on the Fall Training Agenda.

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Acronyms

- CMS: Centers for Medicare and Medicaid Services
- SHIP: State Health Insurance Assistance Program
- PDP: Prescription Drug Plan
- MAPD: Medicare Advantage Plan with Prescription Drug Coverage
- WI: Wisconsin
- VA: Veterans Administration
- SEP: Special Enrollment Period

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Medicare Part D – Reminders & Refreshers

Medicare Advantage Part D Coverage Reminders

- Medicare Part D coverage can be attained by enrolling in either a Medicare Part D Plan or Medicare Advantage Plan with Prescription Coverage.
- The Part D plan structure is the same whether a beneficiary is enrolled in an Advantage Plan or a Part D Plan.
  - Note: Prescription drug deductible, copays, coinsurance, and maximums are separate from health benefits in Medicare Advantage plans that include prescription coverage.

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Medicare Part D Coverage Reminders

Medicare Part D coverage either though MAPD or PDP may change each year. Changes may include:

- Plan name changes
- Pharmacy network changes
- Formulary changes (changes in the list of covered drugs)
- Copay or coinsurance costs for specific drugs
- Plan Termination
- Crosswalk into another plan

Beneficiaries should review their Annual Notice of Change sent out each September for a summary of plan changes.

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Medicare Part D Plan Structure in 2025

Deductible Phase

- Standard (maximum) deductible of $590
- Enrollee pays 100% of prescription costs

Initial Coverage Phase

- Enrollee pays up to 25% coinsurance
- Out of Pocket Limit of $2,000 ends this phase

Catastrophic Phase

- Enrollee pays 0% coinsurance
- Enrollee will not have any costs for covered drugs

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Medicare Prescription Payment Plan

The **Medicare Prescription Payment Plan** is a payment option that works with Medicare Part D coverage to help spread your costs across the calendar year.

- All plans offer this payment option, participation is voluntary, and there's no cost to participate.

What Part D enrollees can benefit from this payment plan?

- They have high early year prescription costs.
- They have a fixed income and need to spread out their costs.

What's the Medicare Prescription Payment Plan? - CMS

Medicare Prescription Payment Plan – How to Enroll

How can a Part D enrollee sign up for the Medicare Prescription Payment Plan?

- Contact their Medicare Part D plan and request to enroll in the Medicare Prescription Payment Plan.
- Payment Plan Enrollment Processing Timeline:
  - When the request is received before the plan year begins, 10 days.
  - When the request is received during the plan year, within 24 hours of receipt.

Fact Sheet: Medicare Prescription Payment Plan Final Part One Guidance

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Discount Cards & Coupons – Medicare Prescription Coverage Reminders

Discount card and prescription coupons may be used by Medicare beneficiaries. Examples include:

- Good Rx, SingleCare, BuzzRx

Do	Don't

• Help temporarily lower co-pays or coinsurance.
• Coupons may change from month to month.
	• Count towards your Part D plans:
	  • Deductible
	  • Out of Pocket Limit

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Enrolling in Medicare Part D during AEP

A beneficiary can enroll in a Medicare Part D plan by:

- Contacting 1-800-MEDICARE (1-800-633-4227)
- Contacting the Plan Sponsor directly
  - *For example, calling UnitedHealthCare to enroll in one of their Part D Plans.*
- Using www.Medicare.gov

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Check Your Knowledge (1)

True or False

Please comment your response.

In 2025, Medicare Prescription Drug Plans include a period where out-of-pocket costs may increase, called the coverage gap.

Check Your Knowledge (1)

False

In 2025, Medicare Prescription Drug Plans no longer have the coverage gap or doughnut hole. The three phases are:

- Deductible
- Initial Coverage
- Catastrophic Coverage

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Medicare Part D Cost Changes

Summary: Medicare Part D Structure in 2026

Deductible Phase

- Standard (maximum) deductible of $615
- Enrollee pays 100% of prescription costs

Initial Coverage Phase

- Enrollee pays up to 25% coinsurance
- Out of Pocket Limit of $2,100 ends this phase

Catastrophic Phase

- Enrollee pays 0% coinsurance
- Enrollee will not have any costs for covered drugs

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Medicare Part D Deductible

The standard (maximum) deductible for all Medicare Drug Plans in 2026 is $615.

- Beneficiaries typically pay 100% of the cost of their covered prescription drugs until they hit their Part D plan deductible.
- CMS refers to the amount enrollees pay towards their deductible as the enrollees' gross covered prescription drug costs (GCPDC).

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Medicare Part D Initial Coverage

Initial Coverage within Medicare Drug Plans in 2026 occurs after the plan deductible is reached.

- During Initial Coverage, payment for prescription drugs is:
  - Enrollee pays up to 25% coinsurance.
    - *Enrollees may have costs below 25% coinsurance depending on individual plan formularies.*
  - Plan Sponsors pay 65-75% of the cost of covered Part D prescriptions.
  - The manufacturer, through the Manufacturer Discount Program, pays 10% of the cost of applicable drugs.
  - CMS may pay a 10% subsidy for selected drugs.

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Medicare Part D Out-of-Pocket Limit

The out-of-pocket limit will increase $100 dollars to $2,100 in 2026.

- This maximum out-of-pocket limit is reached when the enrollee has reached $2,100 of applicable spending within the deductible and initial coverage phases.

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Medicare Part D Catastrophic Coverage

The Part D enrollee pays **no cost share** for covered Part D drugs in the catastrophic coverage phase.

- Sponsors typically pay 60% of the costs of all covered Part D drugs.
- The manufacturer pays a discount, typically equal to 20%, for applicable drugs.
- CMS pays a reinsurance subsidy equal to 20% of the costs of applicable drugs and 40% of the costs of all other covered Part D drugs.

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Summary: Enrollee Medicare Drug Plan Cost Changes

	2025	2026
Deductible	$590	$615
Initial Coverage	Up to 25% Coinsurance	Up to 25% Coinsurance
Out-of-Pocket Limit	$2,000	$2,100
Catastrophic Coverage	0% Coinsurance	0% Coinsurance

Final CY 2026 Part D Redesign Program Instructions | CMS

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Check Your Knowledge (2)

True or False

Comment your response.

The Part D enrollee cost share during the initial coverage phase has increased in 2026 compared to 2025.

Check Your Knowledge (2) Answer

False

In both 2025 and 2026, Part D enrollees pay up to a 25% coinsurance or copayment for covered prescription drugs during the initial coverage phase.

Outside of some cost changes, the Part D program's structure remains the same as 2025.

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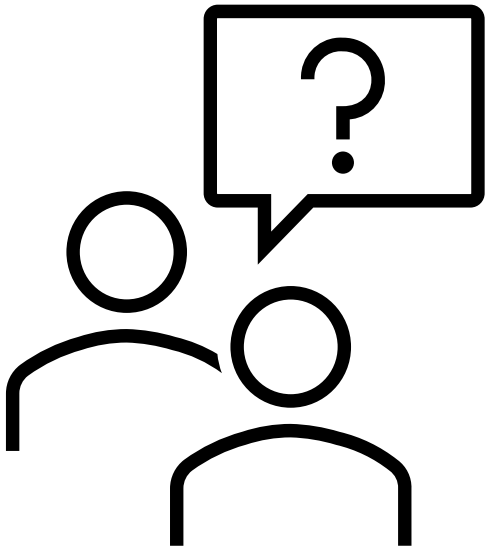
Questions?



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LOW INCOME SUBSIDY EXTRA HELP PROGRAM CHANGES

Low Income Subsidy Extra Help Program Co-Pay Cost Changes

	2025	2026
Generic Drugs	$4.90	$5.10
Brand Name Drugs	$12.15	$12.65

Note: costs above reflect maximum co-pays, costs may be lower depending on Low Income Subsidy Extra Help level.

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CHANGES TO CREDITABLE DRUG COVERAGE

Definition: Creditable Coverage & Late Enrollment Penalty

Creditable Coverage:

Coverage that is determined by CMS to be as good or better than Medicare Part D coverage.

- Medicare beneficiaries enrolled in group coverage that is creditable receive a notice of creditable coverage each September.

Medicare Part D Late Enrollment Penalty:

1% of the average monthly premium for every month (after 63-days) a beneficiary goes without Part D or creditable coverage. Penalty is added to their monthly Part D premium.

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How was Creditable Coverage Determined Previously?

CMS has previously allowed organizations offering group health plans that are not applying for the retiree drug subsidy (RDS) to make the creditable coverage determination through:

- **Actuarial equivalence testing or**
  - Testing to determine if a group's coverage is comparable in value to Part D.
- **A simplified determination methodology provided by CMS.**
  - Generally, a group's plan is creditable if it:
    - Provides coverage for brand and generic prescriptions
    - Provides reasonable access to retail providers
    - Pays at least 60% of a participant's prescription drug expenses.

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Changes to Creditable Coverage in 2026

Updated simplified determination methodology for creditable coverage requires a group plan to:

- Provide coverage for brand and generic prescriptions
- Provide reasonable access to retail providers
- Pay at least 72% of a participant's prescription drug expenses.

How may this affect beneficiaries?

- If enrolled in Medicare, they may need to confirm their prescription drug coverage through their Employer or Union is creditable.
  - Their employer will send them a **Notice of Creditable Coverage** each September, if their plan remains creditable.

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Medicare Negotiated Drug Prices

2026 Medicare Negotiated Drug Prices Process

IRA Passed (2022)

- President Biden signs the Inflation Reduction Act of 2022.
- This law authorized CMS to directly negotiate the prices of certain high-cost drugs.

CMS Selects Drugs for Negotiation (2024)

- On February 1, 2024 CMS sent an initial offer for each selected drug, with a concise justification for the initial offer, to each respective participating drug company.

CMS and Drug Manufacturer Negotiate (2024)

- August 1, 2024, the negotiation period ended with agreement reached for negotiated prices between CMS and participating drug companies for 10 selected drugs.

Negotiated Prices Implemented (2026)

- The negotiated prescription drug prices are implemented beginning 1/1/2026.
- Prices are effective for as long as the drugs remain in the program.

Final CY 2026 Part D Redesign Program Instructions | CMS

Medicare Negotiated Drug Prices 2026

Drug Name	Commonly Treated Condition(s)	30-Day Supply Price in 2026	30-Day Supply Price in 2023	Percent Savings	2023 Part D Enrollees who use the Drug
Januvia	Diabetes	$113.00	$527.00	79%	843,000
Fiasp & NovoLog	Diabetes	$119.00	$495.00	76%	785,000
Farxiga	Diabetes, Heart Failure	$178.50	$556.00	68%	994,000
Enbrel	Arthritis	$2,355.00	$7,106.00	67%	48,000
Jardiance	Diabetes	$197.00	$573.00	66%	1,883,000

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Medicare Negotiated Drug Prices 2026

Drug Name	Commonly Treated Condition(s)	30-Day Supply Price in 2026	30-Day Supply Price in 2023	Percent Savings	2023 Part D Enrollees who use the Drug
Stelara	Arthritis	$4,685.00	$13,836.00	66%	23,000
Xarelto	Blood Clots	$197.00	$517.00	62%	1,324,000
Eliquis	Blood Clots	$231.00	$521.00	56%	3,928,000
Entresto	Heart Failure	$295.00	$628.00	53%	664,000
Imbruvica	Blood Cancers	$9,319.00	$14,934.00	38%	17,000

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2027 Medicare Negotiated Drug Prices Process

CMS Selects Drugs for Negotiation (2025)

- On January 17, 2025, CMS published the list of 15 drugs covered under Part D that have been selected for the second cycle of negotiations.

Manufacturer Negotiate (2025)

- November 1, 2025, the negotiation period ends.
- An agreement may be reached for negotiated prices between CMS and participating drug companies for up to 15 selected drugs.

Negotiated Prices Implemented (2027)

- The negotiated prescription drug prices are implemented beginning 1/1/2027.
- Prices are effective for as long as the drugs remain in the program.

[Fact Sheet: Medicare Drug Price Negotiation Program June 2023]

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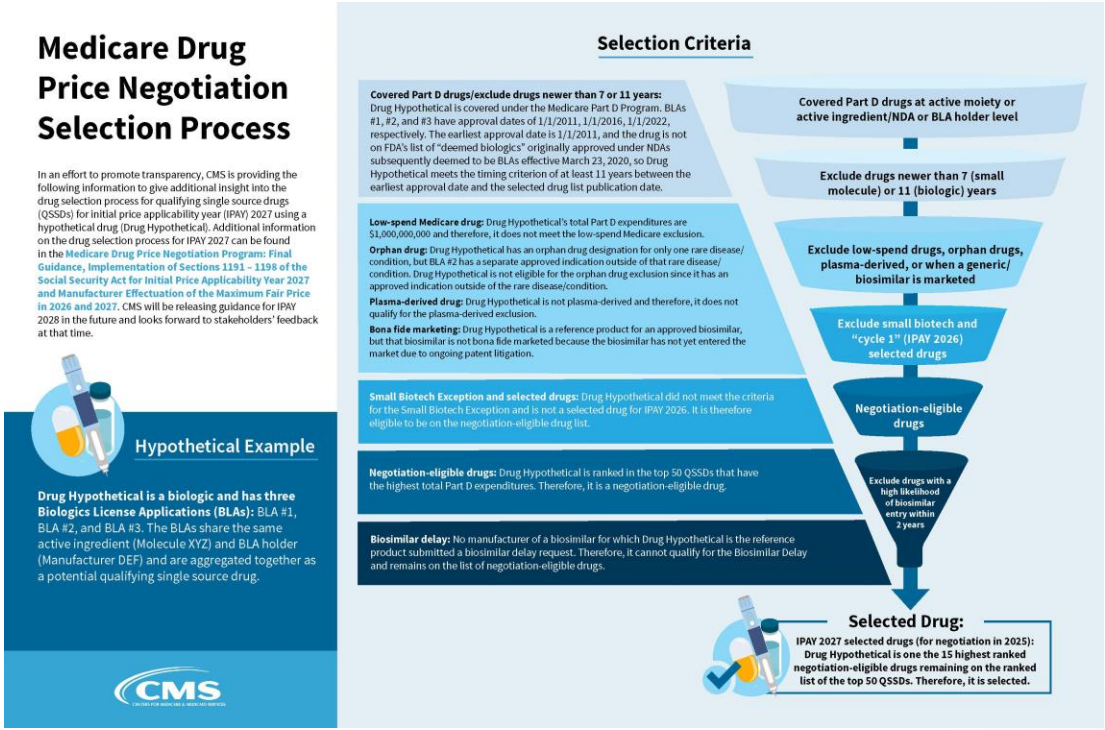
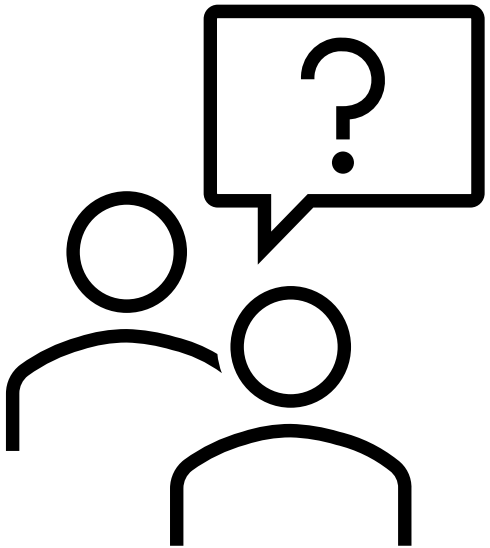
CMS Graphic



Medicare Drug Price Negotiation Selection Process

Questions?



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5-MINUTE BREAK

Medicare Part D Landscape in Wisconsin

2026

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2026 Medicare Part D Landscape

Organization Name	Plan Name	Total Part D Premium	Contract ID	Plan ID	LIS Auto Enrollment	Annual Drug Deductible	Offers Drug Tier with No Part D Deductible	Drug Benefit Type
Wellcare	Wellcare Classic (PDP)	$0.00	S4802	97	Yes	$615	Not Applicable	Standard
Wellcare	Wellcare Value Script (PDP)	$0.00	S4802	132	Not Applicable	$615	Yes	Enhanced
Aetna Medicare	SilverScript Choice (PDP)	$26.70	S5601	32	Not Applicable	$615	Not Applicable	Standard
Cigna HealthCare	HealthSpring Assurance Rx (PDP)	$0.00	S5617	223	Yes	$615	Not Applicable	Standard
Cigna HealthCare	HealthSpring Extra Rx (PDP)	$56.30	S5617	366	Not Applicable	$615	Yes	Enhanced
Humana	Humana Basic Rx Plan (PDP)	$0.00	S5884	139	Yes	$615	Not Applicable	Standard
Humana	Humana Premier Rx Plan (PDP)	$110.60	S5884	162	Not Applicable	$0	Not Applicable	Enhanced
Humana	Humana Value Rx Plan (PDP)	$0.00	S5884	195	Not Applicable	$601	Yes	Enhanced
UnitedHealthcare	AARP Medicare Rx Saver from UHC (PDP)	$0.00	S5921	361	Yes	$615	Not Applicable	Standard
UnitedHealthcare	AARP Medicare Rx Preferred from UHC (PDP)	$113.90	S5921	397	Not Applicable	$130	Yes	Enhanced

CY2026 Landscape | CMS

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Definitions: Enhanced & Standard Drug Benefits

Standard Prescription Benefit

- The plans benefits (prescription coverage) meet the minimum required by CMS.
- Follows the Part D plan structure typically with the maximum allowable deductible, $615 in 2026.

Enhanced Prescription Benefit

- Must offer prescription coverage that has a “higher actuarial” value, a higher percentage of drug costs covered.
- May have:
  - Lower deductible.
  - Lower copays or coinsurance.
  - Larger formulary.
  - Generics that do not count towards the plan deductible.

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Medicare Part D Plan Landscape Trends

	2025	2026
Total Plans	14*	10
Average Premium	$48.37	$30.75
Median Premium	$27.65 ($23 & $32.30)	$0.00
Plans with $0 Premium	1	6

**Total of 14 available as of 9/28/25.*

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Definition: Crosswalk

Crosswalk: the movement of enrollees from one plan to another plan under a contract between the plan sponsor and CMS. *(Source:* eCFR :: 42 CFR 423.530 -- Plan crosswalks.*)*

- Moving an enrollee from one plan from the same sponsor to another.
- Prevents lapses in coverage.

What can a Part D enrollee do?

- Keep the plan that they are crosswalked into.
- Change plans during the Annual Enrollment Period.

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Definition: Plan Termination

Plan Termination can result from:

- The PDP Sponsor choosing to not renew one of their plans or contracts with CMS.
- CMS terminating their contract with a PDP sponsor.

What can a Part D enrollee do?

- Change plans during the Annual Enrollment Period.
- Change plans during a corresponding Special Enrollment Period.

Medicare Plan Crosswalks and Terminations

2025 Part D Plan	2026 Part D Plan
Aetna SilverScript Choice	Aetna SilverScript Choice
Anthem MediBlue Rx Plus*	Terminated
Anthem MediBlue Rx Standard*	Terminated
Cigna Healthcare Assurance Rx*	HealthSpring Assurance Rx
Cigna Healthcare Extra Rx*	Terminated
Cigna Healthcare Saver Rx*	HealthSpring Extra Rx
Humana Basic Rx Plan	Humana Basic Rx Plan

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Medicare Plan Crosswalks and Terminations

2025 Part D Plan	2026 Part D Plan
Humana Premier Rx Plan	Humana Premier Rx Plan
Humana Value Rx Plan	Humana Value Rx Plan
AARP Medicare Rx Preferred UHC	AARP Medicare Rx Preferred UHC
AARP Medicare Rx Saver UHC	AARP Medicare Rx Saver UHC
Wellcare Classic	Wellcare Classic
Wellcare Medicare Rx Value Plus*	Wellcare Value Script
Wellcare Value Script	Wellcare Value Script

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2026 Medicare Part D Plan Changes - Sources

- CMS Plan Crosswalk Files - MAPD and PDP
  - Not yet updated for 2026, as of 10/6/25
- Wellcare Plan Crosswalk
- Cinga / HealthSpring Rebrand and Crosswalks/Terminations
  - 2026 market, plan, and benefit information subject to CMS approval.
- CMS Landscape Files

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Check Your Knowledge (3)

What are a Part D enrollee's options when their Medicare Part D plan terminates or is non-renewed at the end of a plan year? What choices and enrollment periods do they have?

Comment your response.

Check Your Knowledge (3) - Answer

- **Part D Enrollee Options:**
  - Elect a new Medicare Part D Plan.
  - Elect a Medicare Advantage Plan during the annual enrollment period.
  - Utilize other creditable prescription coverage - WI Seniorcare, VA coverage, etc.
  - Go without Part D Coverage (May incur late enrollment penalty)
- **Potential Enrollment Periods:**
  - Annual Enrollment Period (Oct 15th – Dec 7th)
  - Special Enrollment Period (December 8th – End of February)
    - (30.6.10 - SEPs for individuals whose plan or contract is terminated or non-renewed, including service area reductions)

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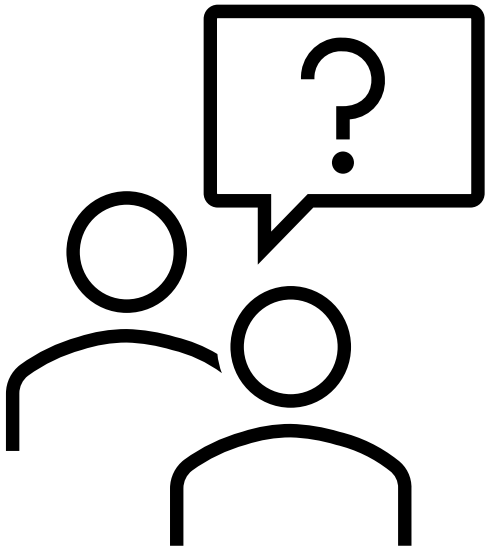
Questions?



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NAVIGATING FORMULARY CHANGES WITH BENEFICIARIES

Navigating Formulary Changes

Annual Notice of Change Received

- Review this document for changes to their plan's covered drugs and network pharmacies.
- This document includes a summary of all of their PDP or MAPD plan changes.

Annual Open Enrollment Period

- From October 15 to December 7 use the Medicare.Gov Plan Finder tool to review if other coverage options would be more suitable.
- Change Part D or Advantage Plans effective January 1st.

Transition Fills and Coverage Exceptions

- Request a transition fill as necessary if their current or new plan's coverage of drug changes.
- The enrollee may want to request some kind of coverage exception if their plan's coverage has changed.

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Transition Fills

A **transition fill** is typically a one-time 30-day supply of a prescription for a Part D enrollee. Transition fills allow enrollees to get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

Typically, when can a Part D enrollee get a transition fill?

- Their current PDP is taking their prescription off of their formulary or adding a coverage restriction for the next calendar year.
- Their new PDP does not cover a Medicare-covered prescription they have been previously been taking.

Transition Fills - Medicare Rights Center

Coverage Exceptions

- An exception request is a type of coverage determination. The two types are:
  - Formulary Exception
  - Tiering Exception
- A Part D enrollee, an enrollee's prescriber, or an enrollee's representative may request a coverage exception through their plan.
- Exceptions requests are granted when a plan sponsor determines that a requested drug is medically necessary for an enrollee.
- An enrollee's prescriber must submit a supporting statement to the plan sponsor supporting the request.

CMS Coverage Exceptions

Formulary Exceptions

A **formulary exception** can be requested to obtain a Part D drug that is not included on a plan sponsor's formulary, or to request to have a utilization management requirement waived (e.g., step therapy, prior authorization, quantity limit) for a formulary drug.

- The prescriber's supporting statement must indicate that the non-formulary drug is necessary for treating an enrollee's condition because all covered Part D drugs on any tier would not be as effective or would have adverse effects.
- Timeline:
  - 24 hours for expedited requests
  - 72 hours for standard requests

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Tiering Exceptions

A **tiering exception** can be requested to obtain a non-preferred drug at the lower cost-sharing like the drugs in a preferred tier.

- The prescriber's supporting statement must indicate that the preferred drug(s) would not be as effective as the requested drug for treating the enrollee's condition, the preferred drug(s) would have adverse effects for the enrollee, or both.
- Timeline:
  - 24 hours for expedited requests
  - 72 hours for standard requests

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Medicare Advantage and Part D Enrollment Guidance - CMS

MEDICARE PART D SPECIAL ENROLLMENT PERIOD REMINDERS

State Pharmaceutical Assistance Program SEP

30.6.9 – SEP for individuals who belong to a qualified SPAP or who lose SPAP eligibility

An individual who belongs to a qualified "State Pharmaceutical Assistance Program" (SPAP) or the state acting as their authorized representative can request to enroll in a PDP or MAPD plan once per calendar year.

Wisconsin SeniorCare is considered a qualifying SPAP at all levels.

Wisconsin SeniorCare Medicare Special Enrollment Periods 1.25.pdf

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Creditable Coverage SEP

30.9.19 - SEP for individuals who disenroll from Part D to enroll in or maintain other creditable coverage

This SEP allows an individual who is enrolled in a Part D plan to disenroll from that Part D plan to enroll in or maintain other creditable drug coverage (e.g., TRICARE, VA, or SPAP coverage).

An individual using this SEP to disenroll from an MAPD may also use the SEP to elect Original Medicare or enroll in an MA-only plan.

SEP for Low Income Subsidy Extra Help Individuals

30.6.7 - SEP for dual or other LIS-eligible individuals

The SEP allows for LIS-eligible individuals to enroll once per month into any standalone prescription drug plan (PDP), but does not permit enrollment into MAPD plans or changes between MAPD plans.

The enrollment effective date is the first of the month following the enrollment application.

Check Your Knowledge (4)

If a beneficiary (not enrolled in the Low Income Subsidy Extra Help Program) enrolled in a standalone Part D Plan realizes one of their prescription drugs is not covered in January of 2026, what are their options?

Comment your response

Check Your Knowledge (4) – Answer

The enrollee's options may include:

- Request a transition fill to cover their prescriptions temporarily.
- Request a coverage exception. Most likely a formulary exception in this case.
- Utilize a Special Enrollment Period to change plans. This may include the SPAP SEP.
- Utilize another coverage like Wisconsin SeniorCare or VA coverage to assist with prescription costs.

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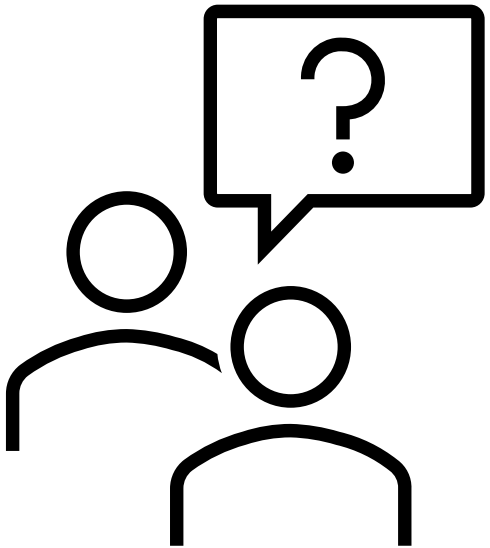
Questions?



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Prescription Coverage Related Updates

Wisconsin SeniorCare Renewal Process Updates

Effective 11/1/25, to comply with Federal rules requiring states to maintain coverage while completing regularly scheduled renewals as long as the renewal is received before the end of the month the renewal is due.

How will this affect the Wisconsin SeniorCare Renewal Process?

- Members will now maintain coverage in Wisconsin SeniorCare as long as their application is received by the end of their renewal month until their renewal is processed.

Operations Memo 25-17

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Wisconsin SeniorCare Renewal Process Updates

Before 11/1/2025	After 11/1/2025
• If SeniorCare applications are not processed by the renewal deadline, the member may lose coverage.	• If SeniorCare applications are received by the renewal deadline the member remains enrolled until the renewal is processed.

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Vaccine Coverage Updates

Governor Evers Executive Order #275

How does this executive order affect vaccine access in Wisconsin?

- Standing Medical Order
  - A statewide standing medical order was issued by the Wisconsin Department of Health Services (DHS), allowing most residents to get the COVID-19 vaccine at pharmacies without a prescription.
- Insurance Coverage
  - The order directs the Wisconsin Office of the Commissioner of Insurance to work with health insurance companies to provide coverage for the COVID-19 vaccine without cost-sharing.

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Tariffs on Pharmaceuaticals

- On 9/25/25 President Trump announced up to 100% tariffs on some imported prescription drugs. (Link)
- The White House has now paused its plan to implement these tariffs. (Link)

Potential Impact of the President's Proposed Tariffs on Pharmaceuticals, if implemented.

- Increased import costs for drug manufacturers of applicable drugs from applicable countries.
  - Drug manufacturers may pass these increased costs on to consumers.

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Presenter

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Board on Aging and Long Term Care

THANK YOU!