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**AGING** &  
LONG TERM CARE

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# Fall Medicare Training for Wisconsin Professionals

## Part D Updates

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# Grant Acknowledgement



**SHIP**  
State Health Insurance  
Assistance Program

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# Training Logistics

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- Please use the **Q&A function** in zoom to ask your questions!
  - We will pause for questions throughout the presentation
  - Answers will be provided through the Q&A function and/or answered Live
  - You can mute Chat/Q&A if it is distracting to you
  - 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](mailto:BOALTCMedigap@wisconsin.gov) for assistance**
- One 10-minute break following Medicare GLP-1 Bridge Section
- Please use the **chat function to respond to check your knowledge questions**
- Slides and a recording will be made available following the presentation

# Training Overview

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- **Medicare Part D Reminders & Refreshers**
  - Part D Plan Structure, Discount Cards, Prescription Coupons, and more!
- **Medicare Part D Cost Changes**
  - Low Income Subsidy (LIS)/Extra Help Updates
- **Medicare Negotiated Drug Prices**
- **Medicare GLP-1 Bridge**
- **Medicare Part D Landscape in Wisconsin**
  - Navigating Formulary Changes with Beneficiaries
  - Special Enrollment Period (SEP) Refreshers
- **Prescription Coverage Related Updates**

# Medicare Part D

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## Reminders & Refreshers



# Part D Coverage Reminders

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- Medicare Part D coverage can be attained by enrolling in either:
  - Medicare Part D Plan (PDP) **or**
  - Medicare Advantage Plan with Prescription Coverage (MAPD)
    - Note: Prescription drug deductible, copays, coinsurance, and maximums are separate from health benefits
- The Part D plan structure is the same with either option

[What's Medicare drug coverage \(Part D\)? | Medicare](#)

[Drug coverage basics | Medicare](#)

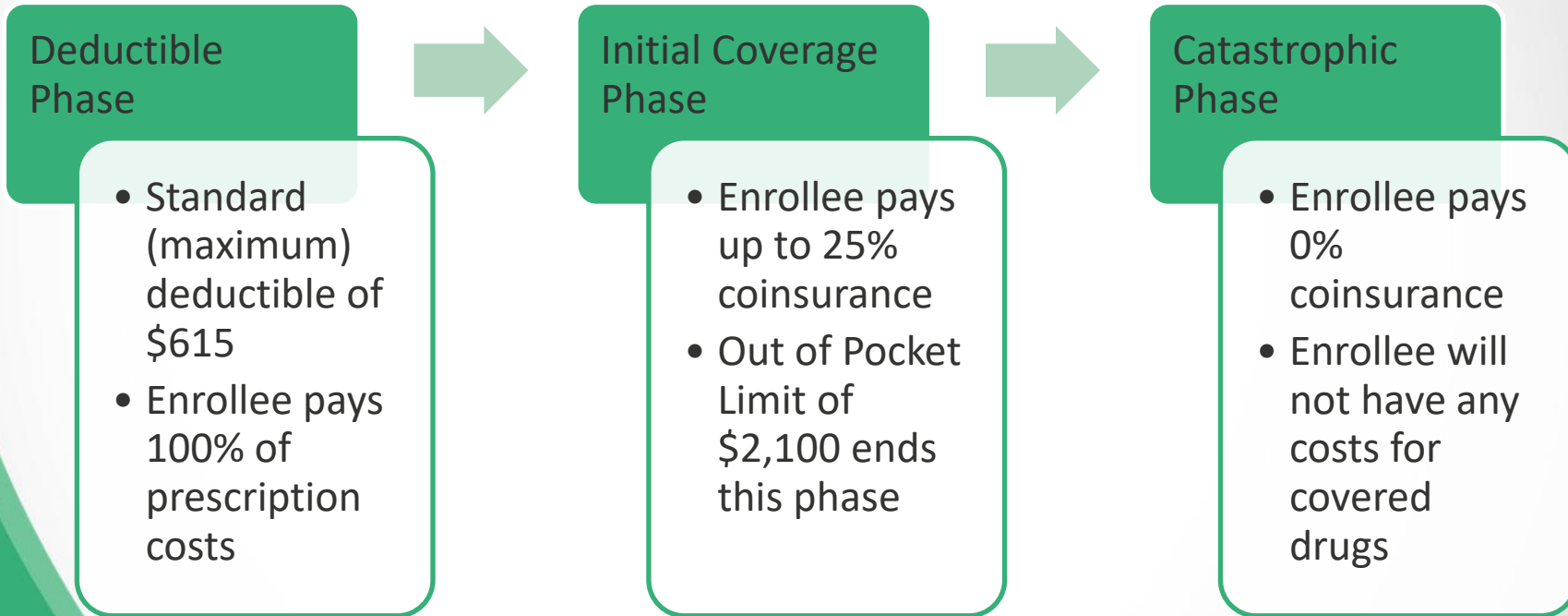
# Medicare Part D Coverage Reminders

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- **Medicare Part D coverage changes each year and 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 for the New Year!**

# Summary: Medicare Part D Structure in 2026



# 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
- 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

# Medicare Prescription Payment Plan – How to Enroll

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## **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](#)

# Discount Cards & Coupons – Medicare Prescription Coverage Reminders

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

- Good Rx, SingleCare, BuzzRx, TrumpRx

| Do                                                                                                                                                 | Don't                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Help temporarily lower co-pays or coinsurance.</li><li>• Coupons may change from month to month.</li></ul> | <ul style="list-style-type: none"><li>• Count towards your Part D plans:<ul style="list-style-type: none"><li>• Deductible</li><li>• Out of Pocket Limit</li></ul></li><li>• Are not considered creditable coverage</li></ul> |

# Enrolling in Medicare Part D during AEP

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

- Contacting 1-800-MEDICARE (1-800-633-4227)
- Contacting the Plan Sponsor directly
- Using [www.Medicare.gov](https://www.Medicare.gov) to enroll

# Medicare Part D

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## 2027 Cost Changes



# Medicare Part D – Plan Structure in 2027

## Deductible Phase

- Standard (maximum) deductible of \$700
- Enrollee pays 100% of prescription costs

## Initial Coverage Phase

- Enrollee pays up to 25% coinsurance
- Out of Pocket Limit of \$2,400 ends this phase

## Catastrophic Phase

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

# Medicare Part D – **Deductible**

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The standard (maximum) deductible for all Medicare Drug Plans in 2027 is \$700.

- 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).

# Medicare Part D – Initial Coverage

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Initial Coverage within Medicare Drug Plans in 2027 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.

# Medicare Part D – **Out-of-Pocket Limit**

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The out-of-pocket limit will increase \$300 dollars to \$2,400 in 2027.

- This maximum out-of-pocket limit is reached when the enrollee has reached \$2,400 of applicable spending within the deductible and initial coverage phases.

# Medicare Part D - Catastrophic Coverage

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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.

# Summary:

## 2027 Medicare Drug Plan Cost Changes

|                       | 2026                  | 2027                  |
|-----------------------|-----------------------|-----------------------|
| Deductible            | \$615                 | \$700                 |
| Initial Coverage      | Up to 25% Coinsurance | Up to 25% Coinsurance |
| Out-of-Pocket Limit   | \$2,100               | \$2,400               |
| Catastrophic Coverage | 0% Coinsurance        | 0% Coinsurance        |

Costs | Medicare

# Medicare Part D: Base Beneficiary Premium

- Inflation Reduction Act (IRA) 2022 – added “premium stabilization” from 2024-2029
  - Holds the annual increase in the Part D national base beneficiary premium to no more than 6%
- Used to calculate Part D Late-enrollment penalty

|                          | 2025    | 2026    | 2027    |
|--------------------------|---------|---------|---------|
| Base Beneficiary Premium | \$36.78 | \$38.99 | \$41.33 |

[How much does Medicare drug coverage cost? | Medicare](#)

# Low Income Subsidy Extra Help Program

## Co-Pay Cost Changes

Note: Costs reflect maximum co-pays, costs may be lower depending on Low Income Subsidy Extra Help level and/or cost of drug.

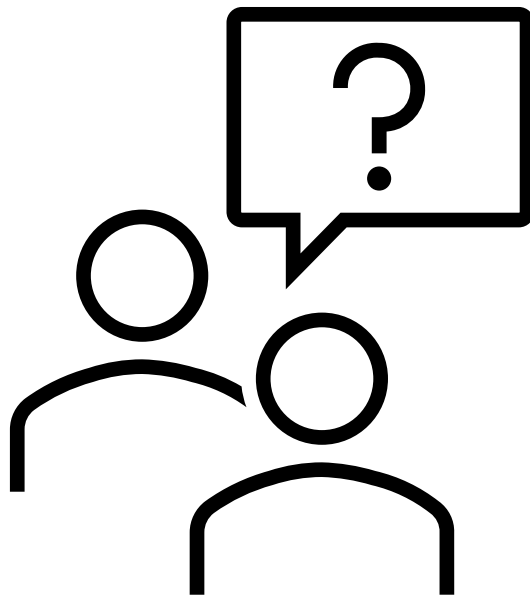
|                     | 2026    | 2027    |
|---------------------|---------|---------|
| Generic Drugs       | \$5.10  | \$5.80  |
| Brand Name<br>Drugs | \$12.65 | \$14.40 |

In 2027, If you also get full Medicaid coverage under 100% Federal Poverty Level (FPL) and/or are in the Qualified Medicare Beneficiary (QMB) program, you'll pay no more than \$4.90 for each covered drug.

[Help with drug costs | Medicare](#)

## Type Questions into Q&A

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# Medicare Part D

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## Negotiated Drug Prices



# Medicare Drug Price Negotiation Program

- Inflation Reduction Act Passed (2022)
  - This law authorized CMS to directly negotiate the prices of certain high-cost drugs
- Centers for Medicare & Medicaid Services (CMS) selected **15 drugs** for the second cycle of negotiations for lower drug prices to go into affect in 2027
  - Some of Medicare's most costly and used medications
  - Used for a variety of conditions (such as cancer, diabetes, and asthma)
- Estimated out of pocket savings in 2027 for people with Medicare prescription drug plans: **\$685 Million**

[New Lower Drug Prices Under the Medicare Drug Price Negotiation Program](#)

[Selected Drugs and Negotiated Prices | CMS](#)

# 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.

Medicare Drug Price Negotiation Program: Selected Drugs for Initial Price Applicability Year 2027  
New Lower Drug Prices Under the Medicare Drug Price Negotiation Program

# Medicare Negotiated Drug Prices 2027

| Drug Name                                | Commonly Treated Condition(s)                                                                                | Percent Savings | 11/2023-10/2024 Part D Enrollees who use the Drug |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| <b>Ozempic;<br/>Rybelsus;<br/>Wegovy</b> | Type 2 diabetes;<br>Type 2 diabetes & cardiovascular disease;<br>Obesity/overweight & cardiovascular disease | 71%             | 2,287,000                                         |
| <b>Trelegy<br/>Ellipta</b>               | Asthma; Chronic obstructive pulmonary disease                                                                | 73%             | 1,252,000                                         |
| <b>Xtandi</b>                            | Prostate cancer                                                                                              | 48%             | 35,000                                            |
| <b>Pomalyst</b>                          | Kaposi sarcoma; Multiple myeloma                                                                             | 60%             | 14,000                                            |
| <b>Ibrance</b>                           | Breast cancer                                                                                                | 50%             | 16,000                                            |
| <b>Ofev</b>                              | Idiopathic pulmonary fibrosis                                                                                | 50%             | 24,000                                            |
| <b>Linzess</b>                           | Chronic idiopathic constipation; Irritable bowel syndrome with constipation                                  | 75%             | 627,000                                           |

# 2027 Medicare Negotiated Drug Prices Continued

| Drug Name                      | Commonly Treated Condition(s)                                                 | Percent Savings | 11/2023-10/2024 Part D Enrollees who use the Drug |
|--------------------------------|-------------------------------------------------------------------------------|-----------------|---------------------------------------------------|
| <b>Calquence</b>               | Chronic lymphocytic leukemia/small lymphocytic lymphoma; Mantle cell lymphoma | 40%             | 15,000                                            |
| <b>Austedo;<br/>Austedo XR</b> | Chorea in Huntington's disease; Tardive dyskinesia                            | 38%             | 26,000                                            |
| <b>Breo Ellipta</b>            | Asthma; Chronic obstructive pulmonary disease                                 | 83%             | 634,000                                           |
| <b>Tradjenta</b>               | Type 2 diabetes                                                               | 84%             | 278,000                                           |
| <b>Xifaxan</b>                 | Hepatic encephalopathy; Irritable bowel syndrome with diarrhea                | 63%             | 104,000                                           |
| <b>Vraylar</b>                 | Bipolar I disorder; Major depressive disorder; Schizophrenia                  | 44%             | 116,000                                           |
| <b>Janumet;<br/>Janumet XR</b> | Type 2 diabetes                                                               | 85%             | 243,000                                           |
| <b>Otezla</b>                  | Oral ulcers in Behçet's Disease; Plaque psoriasis; Psoriatic arthritis        | 65%             | 31,000                                            |

# Medicare Drug Price Negotiated Program - Resources

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- [Medicare Drug Price Negotiation Program | CMS](#)
- [Selected Drugs and Negotiated Prices | CMS](#)
- [Medicare Drug Price Negotiation Selection Process](#)
- Negotiated Prices for Initial Price Applicability Year 2027
  - [Fact Sheet: Medicare Drug Price Negotiation Program June 2023](#)
  - [New Lower Drug Prices Under the Medicare Drug Price Negotiation Program](#)
- Selected Drugs for Initial Price Applicability Year 2028
  - [Fact Sheet: Medicare Drug Price Negotiation Program June 2023](#)

# Medicare GLP-1 Bridge

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# Medicare GLP-1 Bridge

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- Short-term demonstration run by Centers for Medicare & Medicaid Services (CMS)
- Provides eligible Medicare Part D beneficiaries with access to certain GLP-1 drugs for weight management
- Began July 1, 2026, and has been extended through December 31, 2027
  - BALANCE Model Postponed:
    - CMS to collect additional data on GLP-1 utilization to share with Part D plan sponsors ahead of potential implementation of BALANCE in Part D
- Operates outside of Medicare Part D plan coverage
- Uses Central CMS Processor for eligibility checks, prior authorization, and pharmacy payment

# Medicare GLP-1 Bridge – Coverage and Cost

- Medicare GLP-1 Bridge covers these GLP-1 drugs for weight management:
  - **Foundayo (tablet)**
  - **Wegovy (injection or tablet)**
  - **Zepbound (KwikPen only - The single-dose Zepbound pen and Zepbound vials are NOT covered)**
- Cost for these drugs under this program is **\$50 per month** (no matter your income level)
  - This \$50 payment **doesn't count** toward your Medicare drug plan **deductible or yearly out-of-pocket limit**
  - These drugs aren't eligible for the Medicare Prescription Payment Plan

# Medicare GLP-1 Bridge - Eligibility

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You must meet **all four** of these requirements:

- 1) You have Medicare Part D drug coverage, under either a standalone Medicare Drug Plan or a Medicare health plan that includes drug coverage.
- 2) You're not eligible to receive a GLP-1 drug through your Medicare drug plan (or currently receiving through your Part D Plan).
- 3) You don't have type 2 diabetes, moderate-to-severe sleep apnea, or fatty liver disease.
- 4) You're at least 18 years of age AND at least one of these is true:
  - You have a Body Mass Index (BMI) of 35 or higher
  - Your BMI is 30 or higher, and you have certain types of heart failure OR high blood pressure that's hard to control OR chronic kidney disease (stage 3a or above)
  - Your BMI is 27 or higher, and you have prediabetes OR you've had a heart attack, stroke or blocked arteries in your legs or arms

# Medicare GLP-1 Bridge - Access

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How to get GLP-1 drugs through Medicare GLP-1 Bridge:

- 1) Consult your healthcare provider to confirm Bridge eligibility and determine whether a GLP-1 is appropriate.
- 2) Provider sends prescription to your pharmacy.
- 3) Pharmacy processes claim through Bridge Program using your Medicare ID.
- 4) Once pharmacy receives confirmation of eligibility, a prior authorization is triggered automatically for your providers to complete form to get approval from Medicare to cover.
- 5) Medicare issues an approval or denial letting you know if your Medicine is covered

**Refills:** You don't need a new approval from Medicare as long as you stay on the same drug, even if your dose changes.

# Medicare GLP-1 Bridge - Resources

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**Publication for Beneficiaries:** [Medicare GLP-1 Bridge: GLP-1 Drugs for \\$50 a Month](#)[Medicare GLP-1 Bridge Resources](#)**CMS Website:** [Medicare GLP-1 Bridge | CMS](#)

## **Part D Plan Resources:**

- [Information for Part D Plans | CMS](#)
- [Medicare GLP-1 Bridge Expectations and FAQs](#)

## **Pharmacy Resources:**

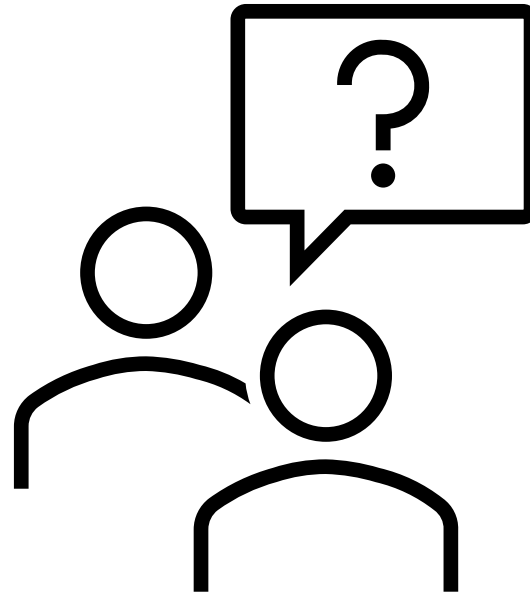
- [Information for Pharmacies | CMS](#)
- [Medicare GLP-1 Bridge: Information for Pharmacies](#)

## **Provider Resources:**

- [Information for Providers | CMS](#)
- [MEDICARE GLP-1 BRIDGE: INFORMATION FOR PRESCRIBERS](#)

# Questions into Q & A

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# 10-MINUTE BREAK



# Medicare Part D Landscape in Wisconsin

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2027



# Medicare Part D – Wisconsin Plan Landscape Trends

|                           | 2026    | 2027                           |
|---------------------------|---------|--------------------------------|
| Total Plans               | 10      | 8                              |
| Average Premium           | \$30.75 | \$47.74                        |
| Median Premium            | \$0.00  | \$10.85<br>(\$10.30 & \$11.40) |
| Plans with \$0<br>Premium | 6       | 0                              |

# 2027 Wisconsin Medicare Part D Plan Overview

| Organization               | 2027 Part D Plan Name               | 2027 Part D Plan Premiums | 2027 Annual Drug Deductible |
|----------------------------|-------------------------------------|---------------------------|-----------------------------|
| Blue Cross and Blue Shield | HealthSpring Assurance Rx           | \$11.40                   | \$700                       |
| Humana                     | Humana Basic Rx Plan                | \$6.30                    | \$700                       |
|                            | Humana Premier Rx Plan              | \$129.90                  | \$350                       |
|                            | Humana Value Rx Plan                | \$22.30                   | \$687                       |
| UnitedHealthcare           | AARP Medicare Rx Preferred from UHC | \$189.10                  | \$300                       |
|                            | AARP Medicare Rx Saver from UHC     | \$10.30                   | \$700                       |
| Wellcare                   | Wellcare Classic                    | \$7.30                    | \$700                       |
|                            | Wellcare Value Script               | \$5.30                    | \$700                       |

# Definitions: Enhanced & Standard Drug Benefits

## Standard Prescription Benefit

- The plan's benefits (prescription coverage) meet the minimum required by CMS.
- Follows the Part D plan structure typically with the maximum allowable deductible, \$700 in 2027.

## 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

# Definition: Crosswalk

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**Crosswalk:** the movement of enrollees from one plan to another plan under a contract between the plan sponsor and CMS

- 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 cross walked into
- Change plans during the Annual Enrollment Period

*Source:* [eCFR :: 42 CFR 423.530 -- Plan crosswalks.](#)

# Definition: Plan Termination

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**Plan Termination** can result from:

- The Part D Plan Sponsor choosing to not renew one of their plans or contracts with CMS
- CMS terminating their contract with a Part D Plan sponsor

**What can a Part D enrollee do?**

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

[Medigap Helpline – Plan Termination Letter](#)

# 2027 Aetna, Cigna Healthcare, & Blue Cross and Blue Shield Part D Plan Changes

| 2026 Part D Plan                                                                                                  | 2027 Part D Plan                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(Aetna) SilverScript Choice</b><br>Plan ID: S5601-032                                                          | <b>Terminated</b>                                                                                                                               |
| <b>HealthSpring Assurance Rx</b><br>(Cigna Healthcare)<br>Plan ID: S5617-223<br>Premium: \$0<br>Deductible: \$615 | <b>HealthSpring Assurance Rx</b><br>(Blue Cross and Blue Shield)<br>Plan ID: S5715-037<br>Premium: 11.40 (\$5.10 with LIS)<br>Deductible: \$700 |
| <b>(Cigna) HealthSpring Extra Rx</b><br>Plan ID: S5617-366                                                        | <b>Terminated</b>                                                                                                                               |

**\*Plan Crosswalk & NOT a low-cost benchmark plan in 2027**

# 2027 Humana Part D Plan Changes

| 2026 Part D Plan                                                                        | 2027 Part D Plan                                                                          |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Humana Basic Rx Plan</b><br>Plan ID: S5884-139<br>Premium/Deductible: \$0/\$615      | <b>Humana Basic Rx Plan</b><br>Plan ID: S5884-139<br>Premium/Deductible: \$6.30/\$700     |
| <b>Humana Premier Rx Plan</b><br>Plan ID: S5884-162<br>Premium/Deductible: \$110.60/\$0 | <b>Humana Premier Rx Plan</b><br>Plan ID: S5884-162<br>Premium/Deductible: \$129.90/\$350 |
| <b>Humana Value Rx Plan</b><br>Plan ID: S5884-195<br>Premium/Deductible: \$0/\$601      | <b>Humana Value Rx Plan</b><br>Plan ID: S5884-195<br>Premium/Deductible: \$22.30/687      |

# 2027 UnitedHealthcare Part D Plan Changes

| 2026 Part D Plan                                                                                      | 2027 Part D Plan                                                                                                   |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>AARP Medicare Rx Preferred UHC</b><br>Plan ID: S5921-397<br>Premium: \$113.90<br>Deductible: \$130 | <b>AARP Medicare Rx Preferred UHC</b><br>Plan ID: S5921-397<br>Premium: \$189.10<br>Deductible: \$300              |
| <b>AARP Medicare Rx Saver UHC</b><br>Plan ID: S5921-361<br>Premium: \$0<br>Deductible: \$615          | <b>AARP Medicare Rx Saver UHC</b><br>Plan ID: S5921-361<br>Premium: \$10.30 (\$4.00 with LIS)<br>Deductible: \$700 |

\*No longer low-cost benchmark plans in 2027

# 2027 Wellcare Part D Plan Changes

| 2026 Part D Plan                                                                        | 2027 Part D Plan                                                                                        |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Wellcare Classic</b><br>Plan ID: S4802-097<br>Premium: \$0<br>Deductible: \$615      | <b>Wellcare Classic</b><br>Plan ID: S4802-097<br>Premium: \$7.30 (\$1.00 with LIS)<br>Deductible: \$700 |
| <b>Wellcare Value Script</b><br>Plan ID: S4802-132<br>Premium: \$0<br>Deductible: \$615 | <b>Wellcare Value Script</b><br>Plan ID: S4802-132<br>Premium: \$5.30<br>Deductible: \$700              |

\*No longer low-cost benchmark plans in 2027

# 2027 Medicare Part D Landscape – LIS Summary

| Plan Name                                 | Part D Premium | Annual Drug Deductible | Contract/ Plan ID | LIS Auto Enrollment | Premium with LIS |
|-------------------------------------------|----------------|------------------------|-------------------|---------------------|------------------|
| Wellcare Classic (PDP)                    | \$7.30         | \$700                  | S4802-97          | N/A                 | \$1.00           |
| Wellcare Value Script (PDP)               | \$5.30         | \$700                  | S4802-132         | N/A                 | \$5.30           |
| HealthSpring Assurance Rx (PDP)           | \$11.40        | \$700                  | S5715-37          | N/A                 | \$5.10           |
| Humana Basic Rx Plan (PDP)                | \$6.30         | \$700                  | S5884-139         | Yes                 | \$0              |
| Humana Premier Rx Plan (PDP)              | \$129.90       | \$350                  | S5884-162         | N/A                 | \$123.60         |
| Humana Value Rx Plan (PDP)                | \$22.30        | \$687                  | S5884-195         | N/A                 | \$17.40          |
| AARP Medicare Rx Saver from UHC (PDP)     | \$10.30        | \$700                  | S5921-361         | N/A                 | \$4.00           |
| AARP Medicare Rx Preferred from UHC (PDP) | \$189.10       | \$300                  | S5921-397         | N/A                 | \$182.80         |

# Important Mail Notices – Extra Help (LIS)

## **BLUE “Reassignment” Notices (No. 11208, 11209, & 11443)**

- Already get Extra Help and Medicare moved you into a new drug plan for next year for one of these reasons:
  - The premium for your old plan next year will increase above the regional low-income premium subsidy amount.
  - Your old plan is leaving the Medicare program

## **TAN “LIS Choosers” Notice: [LIS Choosers Notice | Medicare](#)**

- Informs those with LIS who “choose” a plan (Not auto enrolled) their premium will be changing if they do not select a new plan
- May want to join a new \$0 plan

[Guide to consumer mailings from CMS, Social Security, and plans in 2025/2026](#)

# 2027 Medicare Part D Plan - Resources

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- [Medicare.gov](https://www.medicare.gov)
- CMS Landscape Files: [Prescription Drug Coverage - General Information | CMS](#)
- 2027 Plan Crosswalks: [Plan Crosswalks | CMS](#)
- Wisconsin Landscape of Plans
  - [Wisconsin Landscape of Medicare Plans](#)
  - [2027 Wisconsin Medicare Part D Plans \(BOALTC\)](#)
- Mailing Resources
  - [What kind of mailing are you looking for? | Medicare](#)
  - [Guide to consumer mailings from CMS, Social Security, and plans in 2025/2026](#)
  - [Who do I contact - Social Security or Medicare?](#)

## Check Your Knowledge

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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 - Answer

- **Part D Enrollee Options:**

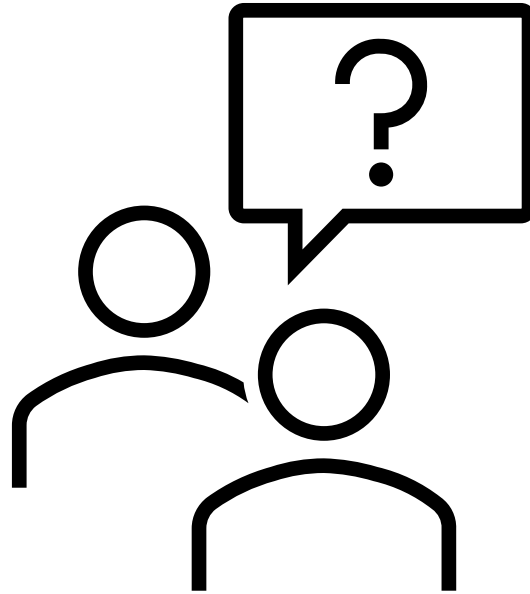
- Elect a new Medicare Part D Plan
- Elect a Medicare Advantage Plan during the annual enrollment period
- Utilize other creditable prescription coverage - WI Seniorcare, VA coverage, etc
- Go without Part D Coverage (May incur late enrollment penalty)

- **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

## Type Questions into Q & A

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Medicare Part D Landscape in Wisconsin

# **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.

# 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 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 drug refills - Medicare Interactive](#)

# 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.

# 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

# 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, have ***adverse effects*** for the enrollee, **OR both.**
- Timeline:
  - 24 hours for expedited requests
  - 72 hours for standard requests

# SPECIAL ENROLLMENT PERIOD (SEP) REMINDERS

Medicare Advantage and Part D Enrollment and Disenrollment Guidance



# Enrollment Periods Overview

- **Initial Coverage Election Period**
  - Typically, when an individual first enrolls in Medicare
- **Annual Medicare Open Enrollment Period** - [Your Yearly Medicare Review](#)
  - October 15<sup>th</sup> - December 7<sup>th</sup>
  - Coverage Effective January 1<sup>st</sup> of the Following Year
- **Medicare Advantage Open Enrollment Period**
  - January - March Each Year (Only for those enrolled in Advantage Plan)
  - Coverage Effective the First of the Following Month
- **Special Enrollment Periods**
  - Common Special Enrollment Periods in relation to Part D will be covered on the next several slides

[Understanding Medicare Advantage & Medicare Drug Plan Enrollment Periods](#)

# Special Enrollment Period – For dual or other Low Income Subsidy (LIS) individuals

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## **30.6.7 - SEP for dual or other LIS-eligible individuals**

### **Eligibility:**

- Low Income Subsidy eligible individuals

### **Changes Permitted:**

- Enroll once per month into any stand-alone prescription drug plan (PDP)
- Does Not permit enrollment into Medicare Advantage with Part D (MAPD) plans or changes between MAPD plans

# Special Enrollment Period – State Pharmaceutical Assistance Program (SPAP)

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

### **Eligibility:**

- An individual who belongs to a qualified “State Pharmaceutical Assistance Program” (SPAP) or has lost eligibility for the program

### **Changes Permitted:**

- Enroll into a Part D Plan or Medicare Advantage Plan with Part D coverage once per calendar year

[Wisconsin SeniorCare Medicare Special Enrollment Periods 4.26.pdf](#)

# Special Enrollment Period – Plan or Contract is Terminated or Non-Renewed

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## **30.6.10 - SEP for individuals whose plan or contract is terminated or non-renewed, including service area reductions**

### **Eligibility for “non-renewals” January 1:**

- Part D plan enrollee whose plan or contract is non-renewed (i.e. termination or service area reduction)

### **Changes Permitted:**

- Enrollment into a Medicare Advantage Plan or Part D Plan
- SEP runs from December 8<sup>th</sup> – Last day in February
- Enrollment 12/8-12/31, plan effective January 1
- Enrollment request in January or February will be effective next month on the first

# Special Enrollment Period – Maintain other Creditable Coverage

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

### **Eligibility:**

- An individual who is enrolled in a Part D plan

### **Changes Permitted:**

- Disenrollment from that Part D plan to enroll in or maintain other creditable drug coverage (e.g., TRICARE, VA, or SPAP coverage)

## Check Your Knowledge

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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 – Answer

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## **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 State Pharmaceutical Assistance Program (SPAP) SEP.
- Utilize another coverage like Wisconsin SeniorCare or VA coverage to assist with prescription costs.

# Related Prescription Coverage Updates



# Wisconsin SeniorCare Application Update

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## SeniorCare has updated their application!

- Use the [SeniorCare Application and Instructions, F-10076](#) to apply for or renew your SeniorCare benefits.
- Return the completed application form and fee to:
  - SeniorCare  
PO Box 6710  
Madison, WI 53716-0710
- Website: [SeniorCare: Prescription Drug Assistance Program | Wisconsin Department of Health Services](#)
- Publications: [SeniorCare: Publications and Information for Applicants and Participants | Wisconsin Department of Health Services](#)

# Thank you!

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## Type Questions in Q&A

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