



## LOCAL HELP FOR PEOPLE WITH MEDICARE

# Ask SHIP

Mary Phillips

**Q:** If I need to file a complaint about my Medicare Prescription Drug Plan, should I contact Medicare?

**A:** The first step in filing a complaint is to contact your Medicare Prescription Drug Plan (PDP). The plan will log your complaint into their tracking system.

The timeframe for resolving complaints is dependant on whether it is an urgent case, or a non-urgent case. An urgent case is defined as a situation where the lack of medication is life threatening, an immediate need. The turnaround time for an urgent case is 48-72 hours.

An example of a non-urgent case would be you haven't received your plan card, or there is an issue with the co-pay, but you are still able to get your medication. The plan is allowed a timeframe of 30 days from the date of request for non-urgent cases. When you contact

the plan to file a complaint, the plan should be able to give you an idea of when you should receive a response.

Any follow-up needs to be conducted with your drug plan. If the complaint has not been resolved in a timely manner, you can then contact 1-800 Medicare. The customer service representative will log the complaint and the complaint will be transferred to Centers for Medicare and Medicaid Services' (CMS) tracking system. CMS will contact the plan and provide a guideline (including a timeframe) for resolving the complaint.

**Q:** I've been seeing advertisement about Medicare Managed Care Plans with drug coverage; I thought the enrollment period ended December 31, 2006. What are they selling?

**A:** The Medicare Managed Care Plans, also known as Medicare Advantage Plans (MA), are another way of getting your Medicare benefits. These are health plans offered by private companies under contract with Medicare.

There are three types of MA Plans available in Indiana: Preferred

Providers Organizations (PPO); Private Fee for Service (PFFS); and Cost HMO (Health Maintenance Organization). PPO and Cost HMO plans use a network of providers. Receiving coverage outside of the network will depend on the rules set up by the plan. PFFS plans let you go to any provider that agrees to accept the plans terms.

There is a deadline for enrolling in a MA Plan. The initial enrollment period is determined by when your Medicare coverage begins. There is a 7-month period for initial enrollment. This period includes the 3 months before an individual becomes eligible, the month the person becomes eligible, and the 3 months after the month of eligibility.

There is an annual Open Enrollment Period for Medicare beneficiaries. This open enrollment is between January 1<sup>st</sup> and March 31<sup>st</sup> each year. You may join or switch plans at this time; however, your choice of plans will be limited based on your prescription drug coverage. Between January 1<sup>st</sup> and March 31<sup>st</sup>, you will not be able to add or drop drug coverage.

- If you have a MA Plan with drug coverage, you will only be able to switch to a MA Plan with drug coverage (MAPDP) or Original Medicare and a Medicare Prescription Drug Plan (PDP).
- If you are in a MA without drug coverage, you can only join a different MA without drug coverage, or return to Original Medicare without a PDP.
- If you are in Original Medicare with a PDP, you can only join a MAPDP.
- If you have Original Medicare only, you can only join a MA plan without drug coverage.

Address your questions to:

Ask SHIP  
714 West 53<sup>rd</sup> Street  
Anderson, IN 46013  
Or [www.Medicare.in.gov](http://www.Medicare.in.gov)  
1-800-452-4800

**SHIP is a free, unbiased counseling program provided by the Indiana State Department of Insurance. For assistance, call your local SHIP site to make an appointment or call the state office at 1-800-452-4800 to obtain a list of local SHIP sites.**