

Mental Health Choices:

Medicare



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Mental Health Choices: Medicare is a resource to help you keep up-to-date on how the Medicare Modernization Act will affect mental health care.

For more information:

www.medicare.gov 1-800-MEDICARE
www.nami.org 1-800-950-NAMI
www.nmha.org 1-800-969-NMHA



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Many people are concerned about how the Medicare Modernization Act will affect continuity of care, particularly for at-risk populations such as people being treated for mental illness. To help clarify these new guidelines so people can make informed choices in health care coverage, Janssen Pharmaceutica Products, L.P. worked with mental health advocacy groups to develop a newsletter that addresses some of the more significant Medicare changes.

In this first of four issues of **Mental Health Choices: Medicare**, you will find an overview of Medicare today, including information on who's eligible for Medicare, when to enroll, and what changes are expected.

Throughout the coming year, **Mental Health Choices: Medicare** will provide additional information about the Medicare Modernization Act, focusing especially on topics that could affect mental health treatment.

For more information call 1-800-MEDICARE or visit www.medicare.gov.

Medicare at a glance

For people living with mental illness, continuity of care is a crucial issue. Changes or lapses in medication or psychiatric treatment can have far-reaching effects on recovery, so understanding how Medicare works and preparing for upcoming changes is essential to preventing interruption in care.

Medicare is a health insurance program for:

- * People 65 and older
- * People under 65 with certain disabilities
- * People with End-Stage Renal Disease

Today Medicare has Two Parts:

Part A

- * Part A helps you pay for care in hospitals as an inpatient, and at critical access hospitals, skilled nursing facilities, hospice care, and some home health care facilities.

Part B

- * Enrolling in Part B is optional and most people pay monthly for this coverage. You can sign up for Part B anytime during a 7-month period that begins 3 months before you turn 65. After that, there is usually a penalty.
- * Part B helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as physical and occupational therapy, and some home health care.

Who's eligible for Medicare?

You are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment, are 65 years old, and a citizen or permanent resident of the United States.

You might also qualify for coverage if you are a younger person with a disability such as serious mental illness or with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant).

Eligibility guidelines

You can get Part A at age 65 without having to pay premiums if:

- * You are already receiving retirement benefits from Social Security or the Railroad Retirement Board.
- * You are eligible to receive Social Security or Railroad benefits but have not yet filed for them.
- * You or your spouse had Medicare-covered government employment.

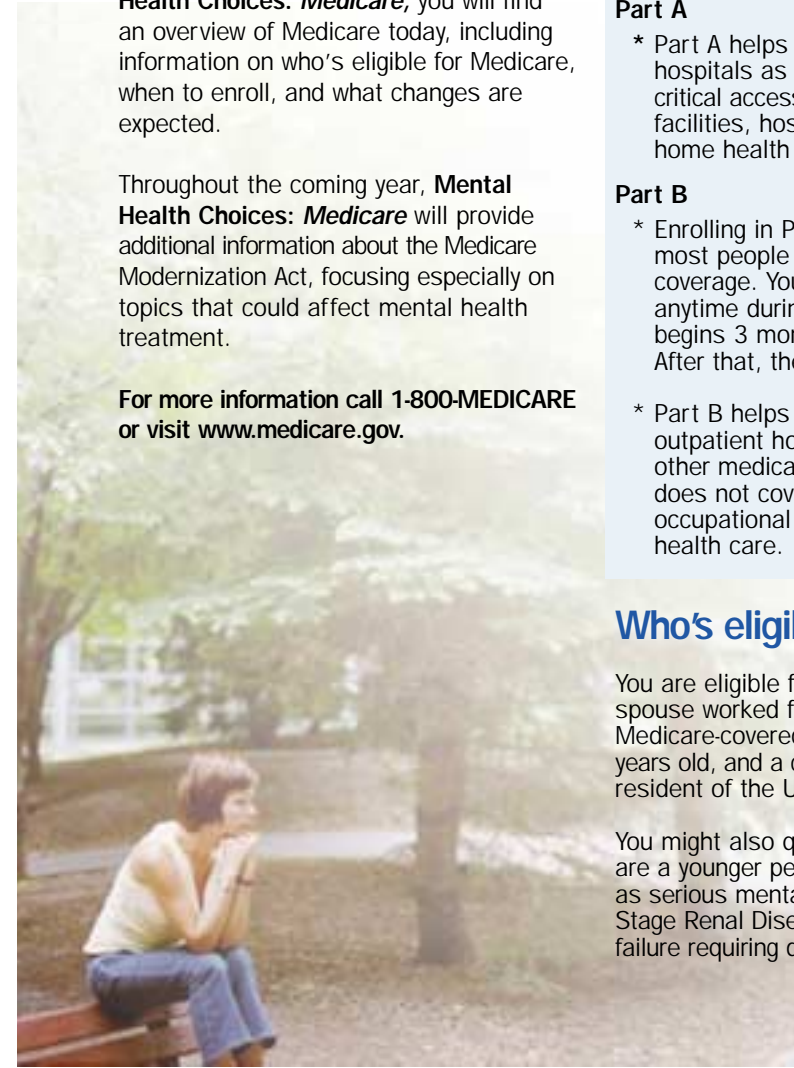
If you are under 65, you can get Part A without having to pay premiums if:

- * You have received Social Security or Railroad Retirement Board disability benefits for 24 months.
- * You are a kidney dialysis or kidney transplant patient.

Dual Eligibility

- * Some people who receive Medicaid benefits may also be entitled to Medicare. This includes many at-risk people who are suffering from serious mental illness.
- * Mental health consumers and their caregivers can receive more information by calling the Social Security Administration at 800-722-1213 or visiting www.medicare.gov and clicking on Medicare Eligibility Tool.

While you do not have to pay a premium for Part A if you meet one of the above conditions, you must pay for Part B if you want it.



Looking ahead: What will Medicare modernization mean to mental health consumers?

In December 2003, President Bush signed a new Medicare law. Before this, Medicare offered insurance for doctors and hospitals, but didn't cover drugs. The new law says Medicare must offer prescription drug coverage to everyone who uses the program.

Medicare will offer drug coverage two ways. Both are optional. Those who choose to be covered will pay premiums and some other costs, but Medicare will offer extra help to people with low incomes:

- * Medicare will cover drugs through a temporary "drug card" program that's already started. This program isn't insurance. Instead, it offers discounts on prescription drugs. The drug card program will end when the permanent benefit begins.

- * Medicare will cover drugs through a permanent insurance benefit that begins in January 2006.

Private plans will provide the coverage for both programs. Those who want to be covered will need to choose a plan. Participants can change their plans only once each year.

- * All who use "fee-for-service" Medicare will choose a new Medicare Prescription Drug Plan. These individuals will continue getting their other Medicare coverage the same way they always have or they can choose a managed care plan.

- * People who use Medicare managed care plans will get all their coverage, including drugs, from their managed care provider.

- * Those who now get their drug coverage from Medicaid - called "dual eligibles" -- will get it through Medicare instead, as soon as the new program starts in 2006.



Keep in mind

- * Medicare changes that could benefit mental health consumers are coming
- * Consumers and caregivers need to stay up-to-date on changes and enrollment deadlines
- * Information and help is available at www.medicare.gov or 1-800-MEDICARE (1-800-633-4227)

What do mental health advocates want?

Advocates for mental health consumers are working hard to make sure the Medicare Prescription Drug Plan meets consumers' needs. While people with some illnesses can switch from one drug to a similar one that costs less, this is often hard for people with mental illnesses to do. Each psychiatric drug is unique and affects each individual differently. Mental health advocates want every consumer to get the drugs that work for him or her, with no gaps in coverage.

Advocates have asked Medicare for drug plans that ensure:

- * If a plan stops covering a psychiatric drug in the middle of the year, people who are already taking that drug can keep their coverage until the end of the year, when they are allowed to switch plans.
- * People with mental illnesses can get the exact drugs they need without special authorization, higher copayments, or having to "fail first" on other drugs.
- * A drug plan can't switch a psychiatric medication unless the consumer's doctor approves.
- * Plans cannot drop people who, due to their mental illness, have trouble working with institutions or following doctors' recommendations. These people are often the ones most affected by lapses in treatment and should not lose their coverage, even temporarily.
- * "Dual eligibles" can keep taking the medications that work for them when their drug coverage moves from Medicaid to Medicare.

Medicare says it understands mental health consumers' concerns and that:

- * Dual eligibles will be better off with Medicare than with Medicaid. Unlike Medicaid, Medicare will cover as many prescriptions or refills as each individual needs, and won't limit consumers to shopping at one pharmacy.
- * Drug plans will want to be chosen by many consumers. That will give each plan a reason to offer a variety of drugs and to keep on offering them, without a lot of changes.
- * Whether it wants to or not, each drug plan will have to cover at least two of every type of drug.
- * Plans will have to tell consumers exactly which drugs they cover, before consumers enroll.
- * Consumers and their doctors will be allowed to challenge plans if the consumer isn't getting a needed drug.

The ABCs of Medicare

- A** Applying for a Medicare-Approved Drug Discount Card can save you money
- B** Part B pays for medical services
- C** Costs involved in participating in a clinical trial are partially covered by Medicare
- D** Deductible - the amount you pay before Medicare payments begin
- E** Eligibility for a \$600 credit through a Medicare-Approved Drug Discount Card is based on income
- F** Flu shots are covered once a year by Medicare
- G** Good health care means getting the medications you need
- H** Home health care may be eligible for coverage
- I** Inpatient mental health care is covered by Medicare Part A for up to 190 days in a lifetime
- J** Join the best plan for you by examining the choices
- K** Knowing which plan is right for you can save money
- L** Learn about Medicare. Call 1-800-MEDICARE
- M** Medicare Prescription Drug Plans begin January 1, 2006
- N** Nursing home long-term custodial care is not covered by Medicare
- O** Outpatient care costs are usually covered by Part B
- P** Penalties can be avoided by enrolling when you are first eligible
- Q** Quality of care standards must be met by all Medicare health plans
- R** Referrals from primary care doctors are sometimes needed before seeing specialists
- S** Screening tests for many serious conditions are covered under Part B
- T** Transplant services that are covered must be done in Medicare-certified facilities
- U** Union health coverage could affect Medicare benefits, so check your coverage
- V** Veterans benefit information is available through the U.S. Department of Veterans Affairs at 1-800-827-1000
- W** www.medicare.gov has important information
- X** X-rays, MRIs, CT scans, EKGs and other medically necessary diagnostic tests are covered
- Y** You have a right to appeal denied services
- Z** Zip-code, social security number and current prescriptions should be on-hand when contacting Medicare