Outcomes PrescribeWellness

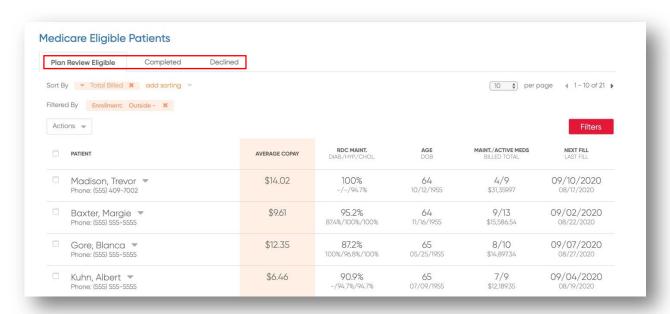
# **Medicare Plan Reviews**

## **Identify Patients**

### **Your Patient List**

To access a list of your Medicare eligible patients, click on Medicare Plan Reviews in the control panel of your Patient Engagement Center.

Within this screen, your patients will fall into one of three categories:

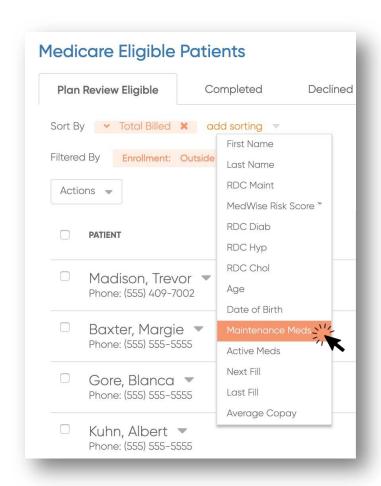


- 1. Plan Review Eligible: This tab consists of patients that have yet to complete or decline a Medicare plan review.
- 2. Completed: This tab consists of patients that have completed a Medicare plan review.
- 3. Declined: This tab consists of patients that have declined a Medicare plan review.

### **SORT**

By default, the patient list is sorted by **Total Billed**. You can sort the patient list by a variety of options.

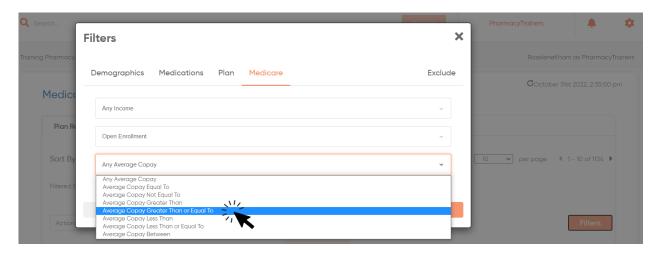
- 1. Click on Add Sorting to select an option.
- 2. The patient list will update to display in descending order. Click on the arrow todisplay the patient list in ascending order.
- 3. To remove the sort, click the X button.



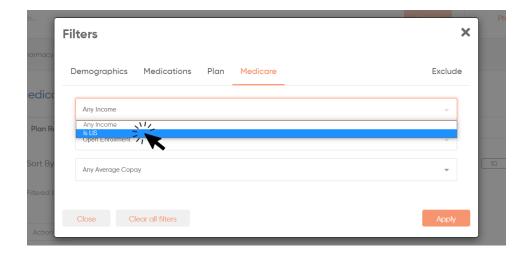
#### **FILTER**

Use filters to identify patients. First, click the **Filters** button. Within the resulting pop-up window, select the **Medicare** tab. You can then filter by any of the following categories by selecting an option from the respective drop-down menu:

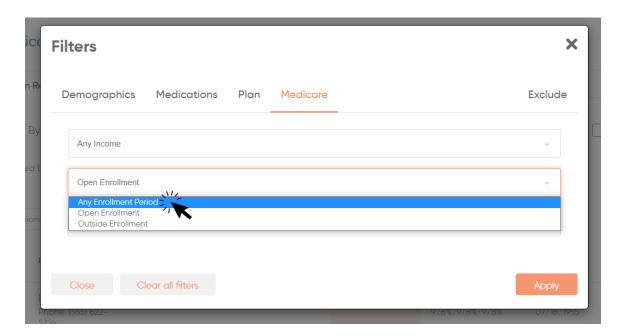
 The values displayed in the Average Copay column are the sum of the copays paid on all the medications that the patient has filled year-to-date, divided by the total number of medications. The patients that are spending the most out-ofpocket for their medications may benefit from a Medicare plan review. Click on Any Average Copay to select any given range of values.



2. If you only want to see low-income subsidy patients, click on Any Income, and select Is LIS (Low Income Subsidy) from the drop-down menu.



3. Click on Any Enrollment Period to choose which eligibility period to view. Open Enrollment lists all Medicare patients that will be eligible to change or renew their plan for the next year. Outside Open Enrollment lists patients turning 65 (and therefore eligible for initial enrollment).



4. Click Apply to view your updated list.

# **Educate Patients**

## **Campaigns**

Through PrescribeWellness, you can record messages to educate patients.

	Who	Why	When
Open Enrollment	Patients 64.5 or older	Educate patients about Open Enrollment and encourage plan review	One-Time Campaign Daily 10 AM – 5 PM
Turning 65	Patients turning 65 in three months	Educate patients about Initial Eligibility for Medicare and encourage plan review	Automated Daily 10 AM – 5 PM
Medicare Eligibility	Patients you prioritize for plan reviews	During Open Enrollment, encourage plan review	OnDemand

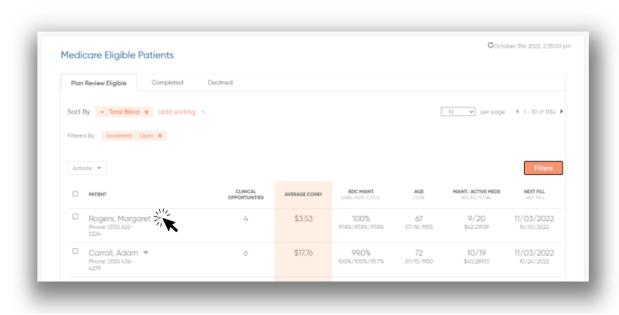
For instructions on recording campaign messages or how to set up text messages, visit the Success Center.

## **Consult with Patients**

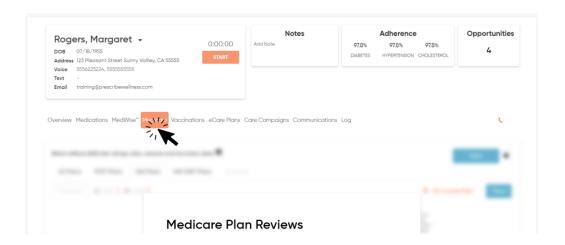
## **Open the Patient Medicare Profile**

Open the Patient Profile from the Medicare Plan Review screen, or the Patient Profile.

To open the profile from the Medicare Plan Review screen, click on the patient's name.

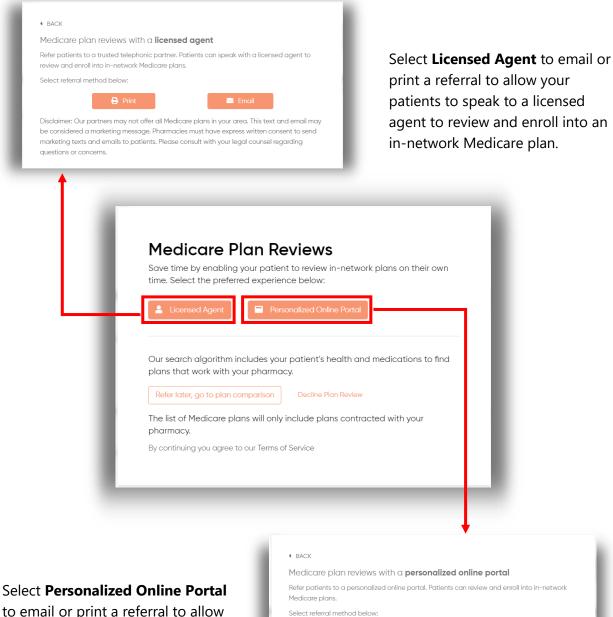


To open from the Patient Profile, click on Medicare.



### **Refer Patients**

Save time by enabling your patient to review in-network plans on their own time.



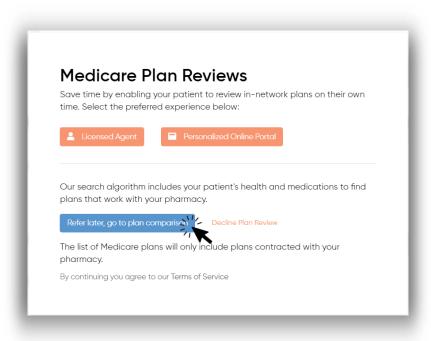
Disclaimer: Our partners may not offer all Medicare plans in your area. This text and email may be considered a marketing message. Pharmacies must have express written consent to send

marketing texts and emails to patients. Please consult with your legal counsel regarding

Select **Personalized Online Portal** to email or print a referral to allow your patients to review and enroll into an in-network Medicare plan using a personalized online portal.

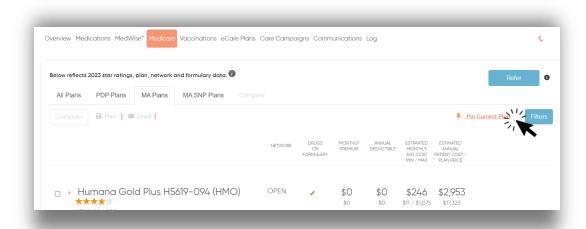
### **Conduct the Plan Review**

To conduct the plan review in the pharmacy, select Refer Later, go to plan comparison



## **Compare to Current Plan**

To pin the patient's current year plan and compare with other plans, select **Pin Current Plan** and select the patient's plan for the current year.

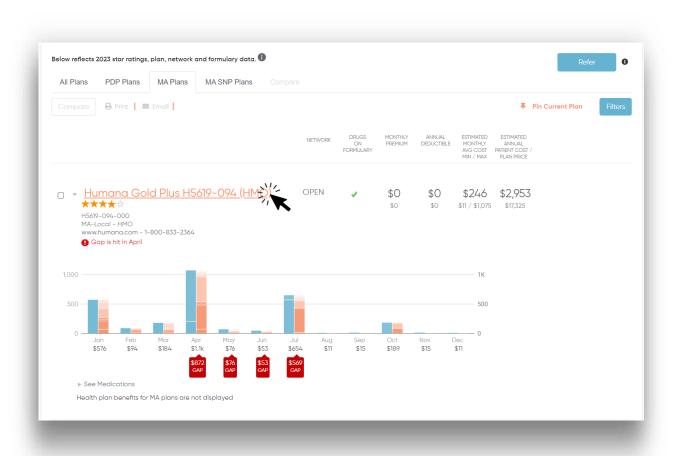


## **Plan Graph**

The plan graph displays a month-by-month cost breakdown for the plan.

The blue bar indicates deductible and premiums costs, and the gold bar indicates the medication costs per month. Any coverage gap (donut hole) cost is indicated in the red tag below the month. Hover over any bar to see detailed cost information.

Click on a plan name to view the plan graph.



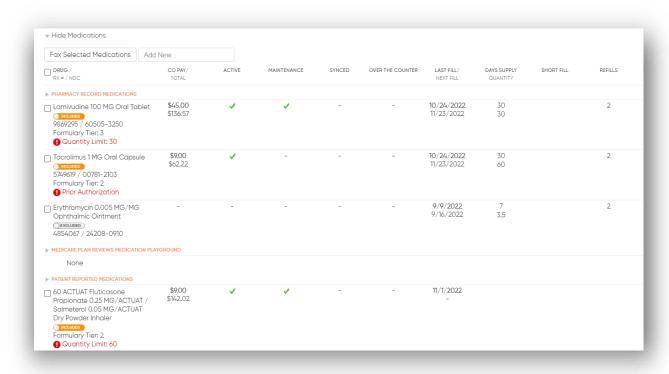
### **Medication List**

The medication list includes all medications from your pharmacy management system and any patient- reported medications. You can exclude any medication or add another in the Medication Playground.

Click on **See Medications** under the plan graph.



The medication list appears.



#### A. Column Headers:

- i. Co Pay: Amount patient pays
- ii. Total: Estimated drug cost
- iii. Active Medication
- iv. Maintenance Medication
- v. Synced Medication
- vi. Over the Counter: OTC Medication
- vii. Last Fill: Last filled date
- viii. Next Fill: Next expected fill date
- ix. Days Supply: Duration of medication
- x. Quantity: Quantity dispensed
- xi. Short Fill: Quantity filled
- xii. Refills: Refills remaining for prescription

#### B. Pharmacy Record Medications

Pharmacy Record Medications includes active and recently inactive medications from your pharmacy management system. You can choose which medications to exclude from the plan cost calculations.

Click on **Included** to change a medication status to **Excluded**.



Click on Excluded to change a medication status to Included.



### C. Medication Playground

The Medication Playground gives you an opportunity to see how different medications affect the plan costs without permanently recording these medications.

1. Click on the **Add New...** field and begin typing the desired medication.



2. As you type, possible medications will appear in the drop-down menu. Select the desired medication based on indicated formulary tier, restrictions and copay.



3. In the pop-up window, enter the desired quantity and days' supply. Then click OK.



4. The medication will appear in the Medication Playground.

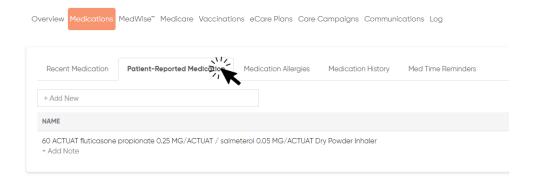


5. To update the plan costs with the medication included, select **Click Here to Update Results.** 



### D. Patient- Reported Medications

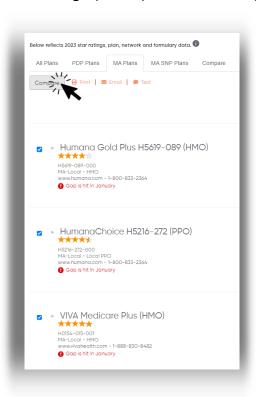
Patient-Reported Medications includes medications reported in the Patient Profile.



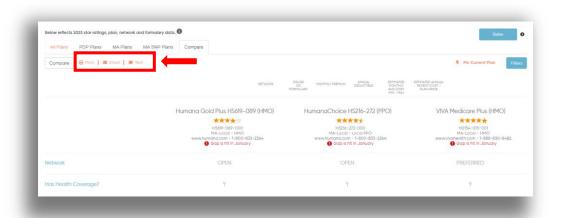
### **Print Plan Comparison**

You can print out plan comparisons if requested by the patient.

1. After selecting up to 3 plans, click Compare to see a side by side comparison.



2. Once you click Compare, you can Print, Email or Text the comparison to the patient.



#### **Best Practices**

- Don't steer.
  - You cannot steer your patients, as it's a violation of CMS regulations, but your advice is extremely valuable.
- The patient must complete the online enrollment process into a Medicare plan
  - The pharmacist/staff may not submit an enrollment application on behalf of a patient without legal authority
- Pharmacists/staff may engage in objective discussions with patients seeking advice about their plan options
  - Do not offer any kind of an inducement (financial or other) to persuade a patient to enroll in a particular plan
- Pharmacists/staff may not accept any compensation from a plan for marketing or enrollment activities
- When discussing plans with patients, the pharmacist/staff should remain neutral
  - Answer questions and discuss plan characteristics, including cost-sharing and benefits information
- When in doubt, refer patients to other sources of information, such as medicare.gov.

#### **PrescribeMedicare Service Terms**

In accepting the PrescribeMedicare Subscription, Customer acknowledges that it is familiar with the limitations set forth in 42 C.F.R. §§ 422 et seq. (Medicare Advantage Program) and 42 C.F.R. §§ 423 et seq. (Voluntary Medicare Prescription Drug Benefit), including the limitations on the marketing to or steering of its customers to particular plans. Customer agrees to keep informed of and abide by all relevant federal and state regulations and all marketing guidelines established by the Centers for Medicare and Medicaid Services ("CMS"). Customer further agrees to indemnify, defend and hold harmless PrescribeWellness (including its directors, officers, employees, agents and affiliates) from and against any and all claims, liabilities, losses or damages (including reasonable attorney fees, expert witness fees, expenses and costs of settlement) arising out of or with respect to its negligent performance of, or its willful misconduct in connection with, any applicable federal or state law, regulation or CMS guideline.

PrescribeWellness has the authority to revoke access and terminate the Medicare Plan Finder tool (PrescribeMedicare) contractual agreement if the pharmacy does not abide by all relevant state and federal regulations pertaining to the guidelines established by the Centers of Medicare and Medicaid Services.