



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

December 8, 2005

To: GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP) CLIENTS

If you have both Medicare and Medi-Cal coverage, this letter is to notify you that there will be a change in your outpatient prescription drug coverage. If you do not have both Medicare and Medi-Cal coverage please disregard this letter.

On January 1, 2006, Medicare will begin coverage for outpatient prescription drugs under a new Part D of that program. As stated in a notice sent to you by the Medi-Cal Program (a copy is provided as reference), you will automatically be placed in a Part D drug plan.

You may have already received from Center for Medicare & Medicaid Services (CMS) a letter informing you what plan they have placed you. Placement in one of these drug plans is mandatory. Beginning first week of November 2005, you should have received a notice from CMS informing you of your assigned drug plan for 2006.

Effective January 1, 2006, GHPP clients who have Medicare and Medi-Cal will have prescription drug coverage via Medicare and not from GHPP.

The only drugs that GHPP will continue to provide you are those drugs that are "specifically excluded" from coverage by the drug plans.

- They include:
 - o Drugs for:
 - Anorexia, weight loss or weight gain
 - Symptomatic relief of coughs and colds
 - Some non-prescription drugs (such as insulin and syringes)
 - o Barbiturates
 - o Benzodiazepines
 - o Prescription vitamins and minerals

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You should be aware that as a Part D-eligible recipient you will have to make co-payments for each prescription you get. Co-payments can range from \$1 to \$5 for each prescription fill, depending on the drug and the plan. Providers may choose to waive co-pays or may deny service if you cannot pay the co-pay.

It is recommended that you explore whether you wish to remain in your assigned plan or enroll in another plan. You may change plans by calling the plan that you want to be in. They will help you to sign up into their plan and disenroll from your assigned plan. Medicare Part D plans will not cover blood factor products because those products are covered by Medicare Part B.

For help in picking a Medicare prescription drug plan:

- Ask your pharmacy which plans they will be accepting;
- Talk to your doctor about which plans will work best with the prescriptions you take;
- Call HICAP (Health Insurance Counseling and Advocacy Program) for help in choosing a Medicare drug plan at 1-800-434-0222;
- Visit www.medicare.gov on the web; or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have questions on the GHPP, please call 1-916-327-0470.

Sincerely,

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

cc: Judith Baker
Regional Coordinator
Federal Hemophilia Treatment Center Program/IX
4650 Sunset Blvd., Mail Stop #54
Los Angeles, CA 90027-6016

Enclosure

HELP AND INFORMATION ARE AVAILABLE:

Call 1-800-MEDICARE * TTY users, call 1-877-486-2048
You can also contact a HICAP counselor at 1-800-434-0222.

Beginning January 1, 2006, your drug coverage will change.
You must belong to a Medicare prescription drug plan to get coverage for your prescriptions.

□MEDI-CAL WILL NO LONGER COVER YOUR PRESCRIPTION DRUGS□

If you are on no-cost Medi-Cal and Medicare, you will get extra help automatically through Medicare to help pay your premiums and deductibles for all of 2006. You will pay a copayment from \$1 to \$5 for each prescription you get. If you are in long-term care facility, you will pay nothing.

In October, prescription drug plans will start advertising. Medicare will automatically place you in a plan and will send you an information letter telling you about your new drug plan. If you receive help with your Medicare costs only, then you will have to enroll in a plan to receive prescription drugs on January 1, 2006. Beginning November 15, 2005, you may change or enroll in drug plans by calling the plan that you want to be in and they will help you. Keep all of your information in one place.

For help in picking a Medicare prescription drug plan:

- Ask your pharmacy which plans they accept.
- Talk to your doctor about which plans work best with the prescriptions you take.
- Call a Medicare HICAP counselor at 1-800-434-0222. The counselor can help you choose a Medicare drug plan.

If you belong to a Medicare Advantage Plan (HMO), you will get your drugs from that drug plan or one with similar coverage. Medicare will send you a letter about your new drug plan.

If you get your drug coverage from an employer-sponsored or pension fund-sponsored health plan, contact your employer or pension fund benefits manager for more information on how this change may affect you.

Extra help will be available (also called a Limited Income Subsidy)

If you have Medi-Cal with a share-of-cost and you meet that share-of-cost in any month between 3/1/05 and 12/31/05, then you will automatically get the extra help for all of 2006. You will also be automatically placed into a Medicare prescription drug plan.

If you have Medi-Cal with a share-of-cost and you have not met the share-of-cost, then you will need to call the Medicare drug plan of your choice. You can apply for the extra help over the phone by calling Social Security at 1-800-772-1213, or apply over the Internet at: www.socialsecurity.gov.

