Your Medicare Guide: Tackling Costs and Answering Your Questions

September 9, 2024

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Welcome to today's webinar, Your Medicare Guide: Tackling Costs and Answering Your Questions.

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I am Liza Avruch, Program Director at CLL Society.

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This program was made possible through generous donors like you.

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At this time, I would like to welcome our speaker, Saira Sultan.

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Thank you, Liza.

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I'm very pleased to join you all today, and I have the pleasure of partnering with

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Longstanding colleagues that I'll ask to join me on camera now.

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Kay Scanlan at Consilium Strategies and Giselle Bleeker, a longtime resource for me on Medicare issues.

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And now a certified Medicare counselor.

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To answer help your questions today.

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I'm Saira, President of Connect 4 Strategies.

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And I also serve as Director of Government Affairs and Public Policy for the CLL Society.

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I'll start things off with some background and context for today's discussion.

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Then we'll talk about 2 new programs.

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They'll start for the 1st time this coming January, and a lot of attention has been paid to them.

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Especially for cancer patients and rare cancer patients as potentially the most likely to benefit from these new programs.

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My colleagues will keep an eye on the Q&A, so keep your questions coming.

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If you have questions specific to these 2 programs, we'll try and get to them in the sections where we talk about them.

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Kay will field these for us.

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And then we'll get to your more general questions on Medicare and Medicare Advantage, at which point Giselle will take over.

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We'll certainly do our best to get to all the questions for the day.

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So to level set, Medicare is made up of several parts.

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Medicare Part A speaks to hospital inpatient. That's when you've been admitted to the hospital, say, for 24/48 or more hours.

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Then Medicare Part B is for hospital outpatient. That's emergency room.

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Or when you're there for a much shorter time, and then physician offices. When you go to a doctor's office in the usual way that you.

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Which you do probably often.

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Part D, I'm skipping part C on purpose for just a minute. Part D refers to prescription drugs.

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And then Part C is a combination of these other parts where you have to buy a specific Medicare Advantage plan.

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So that's often referred to as Part C, but also as Medicare Advantage and we will be referring to them.

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In both ways, throughout.

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Both the 2 new programs we'll be discussing today.

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Relate to prescription drugs.

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So that's why it's highlighted in yellow.

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That will be relevant to you whether you buy your Part D prescription, drug plan.

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In a traditional Part D Plan.

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Or you buy your prescription drug coverage through a Medicare Advantage plan.

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Why don't we start with a poll question to get us started?

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Thank you.

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I'll read each one and explain, perhaps.

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So I have Medicare insurance for my prescriptions through.

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One, a traditional Medicare Part D plan.

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To the Medicare Advantage, prescription, plan.

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Or I don't have a medical insurance through Medicare. I want to offer that as an option here, too. Maybe you're attending the webinar for future learnings.

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And number 2.

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If you have a Medicare Advantage Plan, meaning that Part C plan.

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That we that I just highlighted on the previous slide.

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Why did you choose this option?

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Over the more traditional Part D.

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Plan for your Medicare prescription drugs.

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Is it that cost savings was the biggest factor important to you.

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Or you kept getting calls from a local healthcare plan, and other marketers.

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Or was it that I you really liked the benefits that you cannot get in a traditional Medicare plan?

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Some people sign up because they don't realize there's a difference.

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And then finally the last answer. I don't have a Medicare Advantage plan, and that'll.

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Relates back to the 1st question, maybe you have a traditional part D plan, or you're not yet in Medicare.

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In the interest of time. While you're answering, I'm going to keep going because we want to make sure we get through...

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All the content, but also leave lots of time to answer your questions.

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Alright! Let's go on to the next slide, please.

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So this webinar today is not your typical Medicare one.

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And the QA. That's ahead of the annual open enrollment which you might attend with other programs.

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While we will take your Q&A's your questions on Medicare will be answered in a bit. We are specifically coming together today to talk to you about 2 new programs.

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That will start next year.

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Before we get to them. We'll talk a little bit about some context.

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Those programs will come about because of a law. Congress passed in 2023.

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There are many different parts to that law that relate to Medicare, and some that relate to some completely different topics.

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We've been analyzing the provisions of this law and all its implications for CLL patients for over a year. Now.

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And you may have seen different communications from the CLL Society about what we've been doing.

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To work with the centers of Medicare and Medicaid services, or CMS.

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That is the agency that administers and implements the Medicare program.

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And they are in charge of implementing this new law as well.

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So our job this past many months has been to make sure that.

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CMS understands our concerns.

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On behalf of CLL patients.

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Where we have them.

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And make sure that the law is implemented in ways that are most helpful or least onerous for the patients that we represent.

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So we've been talking about 2 new programs. So why are there 3 boxes on this slide?

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We see a lot of confusion out there about this 1st box, mostly in terms of its implications or impact the way it impacts the second 2 that we're really going to focus on.

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So I thought we'd take a moment to clear things up, just in case you might be confused too.

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Or just have questions.

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Let's queue the results of the 1st 2 poll questions here. If we might.

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Okay.

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So it looks like about half of us on the call today almost half have traditional Part D plans.

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A quarter have Medicare Advantage plans.

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And then 33%.

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Don't yet have insurance through Medicare. That's interesting.

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And then the biggest reasons it looks like for why we joined a why people joined a Medicare Advantage plan.

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Looks to be.

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You like the benefits that you may not be able to get in traditional Medicare.

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Okay, and the second one cost savings was the biggest factor.

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That's really helpful and interesting, and we'll keep that in mind as we take questions later on.

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In the webinar.

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Thank you.

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Okay, so onto direct price negotiation.

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So this is the part where I'm gonna just try to provide some clarity into the 2 topics. We'll talk about.

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So the for the 1st time ever the Government has been

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Allowed under the new law, to directly negotiate with Pharma companies.

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The price of the drugs that we take as Medicare patients.

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Until now these prices were negotiated by private insurance companies.

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That. You've been buying your prescription drug coverage from.

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So the Government doing this directly.

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Will start slowly in the 1st year.

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There will be just 10 drugs negotiated. These will be the most costly to the Medicare program.

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Not to you the patient, but to the Medicare program.

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The government negotiated with the pharmaceutical industry. In these cases.

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And on the next slide you'll see.

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The White House. This is actually a tweet. From the White House itself you can see their little logo in the upper right hand side.

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Of the 10 drugs that the Government stepped in to negotiate. One of them directly impacted CLL patients in this very 1st go round of 10 drugs.

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The White House in this Graphic wants you to know that the pharmaceutical company.

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Want charges, a list price of almost $15,000.

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But that they negotiated and got the price down to about $9,300.

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So? Why is this.

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A point of confusion when it comes to our topic of out-of-pocket costs.

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We've had a lot of questions ever since this new price of 93 hundred has been announced.

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About what the implications are for the for our patients.

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And it's really weird to have to say there is no direct impact to the patients.

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The direct impact to your own out of pocket costs.

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Will be something we'll talk about here today.

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And now, in this segment of the program.

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So.

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What is the price of Imbruvica got to do with your out of pocket costs? If you are a patient, that is.

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It seems, as I said, logical.

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That people think that if the price was higher and is now lower, that they will pay less out of their own pockets.

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This is wrong, and here's the confusion.

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In mid-august.

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The 1st set of prices were made public.

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Including this one for CLL patients.

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Yes.

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Other people will pay less, the government will pay less.

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But not patients, necessarily.

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The savings aren't trickling down.

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At least not directly or immediately in the ways we may think.

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They trickle down, perhaps some might say, in this program of out of pocket costs.

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So on the next slide. This is a very complicated slide.

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But believe it or not. If we pick it apart and look at one column at a time, it really is all we need to look at. To understand this new out of pocket cap program.

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This program will make sure that after patients pay their premiums the rest of the year.

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They'll pay a max of $2,000.

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Let's take a look at this graphic in small digestible pieces.

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First thing.

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What is an out of pocket cost.

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Again. This seems like an obvious answer, but it's not a direct reading of what you would think. So an out of pocket cost is partly what it sounds like, what you, as a patient, might pay out of your own pocket.

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But it does not include the purchasing of the program of the Health Plan itself.

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So the 1st thing you do when the 1st time you pull out your wallet, so to speak.

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Is when you buy a Part D or Part C, Medicare Advantage plan.

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That's the premium.

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That's not an out of pocket cost, at least is defined by the Medicare program.

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So whether you're looking back at 23 as this slide as this column in this slide does, or you look ahead to next year. The premium is not included in a definition of out of pocket costs.

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Will they change the premiums? Yes, they will.

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Perhaps directly as it because of this new law that's passed, and Giselle will talk more about that in her segment.

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The things that are out of pocket costs that relate to this new program that will kick off in January.

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Are the things in that you see here in this column, in orange.

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And let's go through those as we.

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Dissect this column.

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So in 2023, before the new law was passed.

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The insurance policy you bought basically had 4 stages.

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That you went through.

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1st you met your deductible.

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Where you typically paid everything that's in orange.

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You often hear about people getting hit pretty hard at this stage, sometimes not able to afford their drug.

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At the pharmacy counter. Some plans don't have deductibles.

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But if they do, in 2023 the maximum deductible Part D Plan could charge was $505.

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Then there's the quote initial coverage stage.

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Where the patient is picking up.

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About 25% of the cost. Again, see the orange part in the next section in the next section up.

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For CLL or other rare cancer patients. We often found our drugs on something called a specialty tier.

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That made us pay a percent.

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And that cost sharing could be anywhere from 25 to 33%.

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Per drug.

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Then in the next stage there was the infamous coverage gap, or donut hole.

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And then finally the catastrophic stage.

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And even in this last stage.

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Patients are left paying 5%.

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I'm putting aside low income subsidies as an anomaly, and we can certainly take questions on that. But for the average patient.

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You. We were still picking up 5%, and since that obligation continues till the end of the year.

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There's really no point in the year when the patient is ever really done paying.

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So even just that 5% can be onerous for many patients, especially in cancer, where drug costs can be quite high.

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Okay? In the next slide.

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Let's do a poll question.

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So that we understand going into the next section here, what what folks are facing in them with themselves and in the interest of time. We'll keep moving while you're answering the question.

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But if we could put the question up.

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Do you? And I'll and I will again read it.

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Do you know what your out-of-pocket costs are? Now that we're defining out of pocket costs for all of us?

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Remember, it's not the premium. It's not what you pull out your wallet to 1st buy the healthcare plan.

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But during these orange stages, if you will.

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What are your do you know what your out of pocket costs are for your prescription?

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In Medicare Part D or Medicare Advantage plan.

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Your choices are. Yes.

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I know what they are, and they are well, over $2,000.

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Yes, I know what they are, and they're below $2,000.

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I don't know what they are, but they do seem very high.

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No, I don't know what they are, but they're manageable.

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And finally, for some of us on the call today, we don't have a Medicare or Medicare Advantage plan.

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That’s what 2023 looks like.

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Now let's go to 2024. The year that we have been that we are in now.

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We actually saw some changes from the new law.

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That you may or may not have already noticed in 2024.

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The donut hole or the coverage gap was eliminated.

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So we have gone from 4 stages.

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Of your insurance policy throughout the year to 3.

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Now you just go from initial coverage, where you pay 25%, or, as I said earlier, 25% to 33%. If your drugs are on a specialty tier.

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And then you move right onto catastrophic.

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And you may have noticed that in catastrophic this year you are no longer responsible for that 5%.

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And so when you begin to pay nothing in that catastrophic stage.

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The reality is that even if we don't yet have this new program, this cap on out-of-pocket program that starts in January.

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You essentially were capped.

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$3,250 this year.

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There are some exceptions to that.

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Like, if a lot of you rely on generic drugs, and we can certainly field questions on that.

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If you have any, please enter them into the Q&A.

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And we can get into those nuances.

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So finally, now that we understand the world before the law.

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The world in which we live today with the law, let's turn to 2025, and what to expect next year.

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Now the out of pocket program will be kicked off officially.

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Starting in January, if it hadn't existed, by the way, our out of pocket costs effectively would have been about $3,400.

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But you can see in the red bar.

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That.

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With the new program patients will be capped at $2,000.

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Now again, just to remind everybody you're still having to pay out of your own wallet. I'll say.

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That the health plan the Part D plan or the Part C or Medicare Advantage plan with your own money.

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That's the premium.

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Not part of the out-of-pocket calculation.

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So again, for out of pocket focus on the 2 orange the 2 remaining orange boxes in this last column.

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So let's queue the results of that last poll question and see how people fare compared to that. This new $2,000 cap.

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So a good quarter of us.

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Are paying out-of-pocket costs well, over $2,000.

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About a 5th of us are paying below $2,000. That's interesting.

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And it looks like just over 10% find that those costs are manageable and just under, find them to be too high, even if they don't know exactly how much they're paying today.

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Okay. So for the 25% of us on the call today, who think that who understand that what they're out of pocket costs are, and think that they are well over $2,000.

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Well, this new cap, this new program that kicks in in January is really good news.

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This is also the year.

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2025 January, where.

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Imbruvica's government negotiated price will kick in.

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Remember that number. It's about $9,300.

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So.

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The 25 to 33% cost sharing should in theory be helpful to patients.

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Some estimates indicate that 20% of Medicare beneficiaries are likely to spend enough out of pocket to hit the new $2,000 cap.

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And those numbers sound like they're pretty close to the numbers. We cited the in the poll question just now that you all answered.

00:27:59.000 --> 00:28:05.000
Rare cancer patients are more likely, and that, too, seems to be true. Since we're.

00:28:05.000 --> 00:28:08.000
Just on this call alone, closer to 25%.

00:28:08.000 --> 00:28:12.000
Of people who will benefit from this program.

00:28:12.000 --> 00:28:13.000
So.

00:28:13.000 --> 00:28:16.000
This is why the new $2,000, cap.

00:28:16.000 --> 00:28:21.000
Rather than the lower price of Imbruvica, even if you're taking.

00:28:21.000 --> 00:28:27.000
Is the reason patients may spend less for their care.

00:28:27.000 --> 00:28:29.000
I really think that's a point worth.

00:28:29.000 --> 00:28:33.000
Resonating on one more time. I want to repeat that.

00:28:33.000 --> 00:28:41.000
And say, you might see that a lot of CLL Society's work this past year and going into next year has focused on the out of pocket cap.

00:28:41.000 --> 00:28:44.000
More than it has on the price of Imbruvica

00:28:44.000 --> 00:28:52.000
And that's because of what I just articulated that it is going to be this program on out of pocket caps.

00:28:52.000 --> 00:28:57.000
That will be meaningfully different, for our out of pocket costs for patients.

00:28:57.000 --> 00:29:01.000
Then the lower price of Imbruvica.

00:29:01.000 --> 00:29:06.000
I wanna pause here and invite Kay to see if there's any questions.

00:29:06.000 --> 00:29:16.000
On this specific topic about out of pocket caps. You can continue sending in your questions if they occur to you later in the program. But I just want to stop here for a second and see.

00:29:16.000 --> 00:29:20.000
Okay, do you have any questions on this topic?

00:29:20.000 --> 00:29:24.000
Well, we have a question, a couple of questions that are fairly general.

00:29:24.000 --> 00:29:30.000
And then we have several that are on this topic, or on your previous topic.

00:29:30.000 --> 00:29:31.000
If we want to.

00:29:31.000 --> 00:29:35.000
Let's focus on the ones related to the out-of-pocket cap. What do you have there.

00:29:35.000 --> 00:29:37.000
Okay.

00:29:37.000 --> 00:29:42.000
Will the deductible? A $590 in 2025 be in addition.

00:29:42.000 --> 00:29:44.000
Is it to the $2,000.

00:29:44.000 --> 00:29:46.000
Max.

00:29:46.000 --> 00:29:48.000
So essentially will you pay.

00:29:48.000 --> 00:29:50.000
$2590?

00:29:50.000 --> 00:29:51.000
And that's up.

00:29:51.000 --> 00:29:57.000
That's a simple no, it's $2,000, including the deductible.

00:29:57.000 --> 00:29:58.000
The next.

00:29:58.000 --> 00:30:07.000
That's right. The only thing it does not include everyone is the what you paid to buy your Part C or Part D plan. But if it's.

00:30:07.000 --> 00:30:10.000
Your deductible. If it's your.

00:30:10.000 --> 00:30:13.000
Initial, your cost sharing, and the initial coverage.

00:30:13.000 --> 00:30:20.000
That does count, as Kay just said, in your $2,000, Cap.

00:30:20.000 --> 00:30:21.000
Another question. Okay, in this subject.

00:30:21.000 --> 00:30:24.000
Yeah. The next one we have.

00:30:24.000 --> 00:30:25.000
Sure do.

00:30:25.000 --> 00:30:26.000
Alright!

00:30:26.000 --> 00:30:34.000
Is, and this one's for you is this program in jeopardy, depending on the outcome of the election.

00:30:34.000 --> 00:30:46.000
I certainly think that there will be some folks that will want to roll back the IRA. The Inflation Reduction Act, which I talked about in an earlier slide.

00:30:46.000 --> 00:30:47.000
But.

00:30:47.000 --> 00:30:54.000
It will also depend, of course, not just on the Presidential election, but the Congressional elections, as well.

00:30:54.000 --> 00:30:58.000
So we will be watching very closely at CLL Society.

00:30:58.000 --> 00:31:02.000
Monitoring both elections and thinking about.

00:31:02.000 --> 00:31:08.000
How that the elections impact CMS, because for now this is already law, and being implemented.

00:31:08.000 --> 00:31:14.000
But I would say, we'll watch this space as we learn more.

00:31:14.000 --> 00:31:15.000
Okay. Next.

00:31:15.000 --> 00:31:16.000
A little bit more fine print, I would say.

00:31:16.000 --> 00:31:19.000
I'm sorry. Kay, was there another one?

00:31:19.000 --> 00:31:22.000
There are more questions. Yes, this is.

00:31:22.000 --> 00:31:25.000
Fantastic to have a lot of questions on this, because it is confusing.

00:31:25.000 --> 00:31:27.000
2025.

00:31:27.000 --> 00:31:30.000
How can the out-of-pockets? And this is for Giselle.

00:31:30.000 --> 00:31:35.000
Spending $3,400 when the out of pocket, spending cap.

00:31:35.000 --> 00:31:39.000
This had to be $2,000.

00:31:39.000 --> 00:31:41.000
But the threshold versus.

00:31:41.000 --> 00:31:43.000
The Out of pocket Cap.

00:31:43.000 --> 00:31:46.000
Yeah, I guess people were listening carefully, and I love that.

00:31:46.000 --> 00:31:49.000
$3,400 is what it would have been.

00:31:49.000 --> 00:31:52.000
Had this new program not kicked in.

00:31:52.000 --> 00:31:56.000
So with the new program kicking.

00:31:56.000 --> 00:32:11.000
We are not going from $3250 to $3400, and change, we are going to $2,000, and that's what that arrow indicates. Between 2024 and 2025. Between the 2 red banner numbers.

00:32:11.000 --> 00:32:16.000
And another question, what does spending threshold to be $8,100 and.

00:32:16.000 --> 00:32:19.000
2025, mean in the footnotes?

00:32:19.000 --> 00:32:23.000
I think you answered that, but.

00:32:23.000 --> 00:32:24.000
As far as.

00:32:24.000 --> 00:32:27.000
It relates to the generic drugs. So if you are taking.

00:32:27.000 --> 00:32:30.000
I'm sorry, Kay, were you about to answer? Go for it.

00:32:30.000 --> 00:32:33.000
No

00:32:33.000 --> 00:32:34.000
And so.

00:32:34.000 --> 00:32:38.000
It's what you're spending. What the spending limit would have been.

00:32:38.000 --> 00:32:41.000
And in 2024, for example.

00:32:41.000 --> 00:32:51.000
The manufacturers are covering part of that. The 5% in the you know, the catastrophic phase has been phased out.

00:32:51.000 --> 00:32:53.000
So some of these.

00:32:53.000 --> 00:33:00.000
Discounts that the party that the manufacturers are required to pay count toward.

00:33:00.000 --> 00:33:02.000
Meeting the threshold.

00:33:02.000 --> 00:33:03.000
And that's why.

00:33:03.000 --> 00:33:09.000
There's a difference between the threshold and the anticipated out of pocket.

00:33:09.000 --> 00:33:10.000
Expenditure for Patients.

00:33:10.000 --> 00:33:15.000
And I, and we have just a couple more.

00:33:15.000 --> 00:33:16.000
We have.

00:33:16.000 --> 00:33:20.000
Let's see.

00:33:20.000 --> 00:33:27.000
Okay, if the party plan in 2025 are covering 60% of the costs above the spending cap.

00:33:27.000 --> 00:33:30.000
Won't that create issues in getting.

00:33:30.000 --> 00:33:34.000
Approved for more expensive medicines.

00:33:34.000 --> 00:33:36.000
Go ahead! Kay!

00:33:36.000 --> 00:33:37.000
Yep.

00:33:37.000 --> 00:33:39.000
You know, it's interesting.

00:33:39.000 --> 00:33:48.000
And that's something we always worry about. And that's something that CLL Society is really pushing. And every time.

00:33:48.000 --> 00:33:50.000
Engaging with CMS.

00:33:50.000 --> 00:33:52.000
To say, look.

00:33:52.000 --> 00:33:57.000
In Part D, you're supposed to have protected classes and cancer.

00:33:57.000 --> 00:34:03.000
It's a protected class, and when I say protected class, what I mean is that they're supposed to pay for and cover.

00:34:03.000 --> 00:34:08.000
All and put on formulary. All of the drugs in those protected classes are also supposed to have.

00:34:08.000 --> 00:34:18.000
Any of their step. Therapy protocols, or other things and games that they play are supposed to be based on evidence.

00:34:18.000 --> 00:34:19.000
So.

00:34:19.000 --> 00:34:21.000
Again. That's something that we.

00:34:21.000 --> 00:34:23.000
Always worry about.

00:34:23.000 --> 00:34:26.000
It's and you can expect that.

00:34:26.000 --> 00:34:35.000
Sometimes, if you've got different classes, and one class is particularly inexpensive, and there's no clinical guidelines saying that the more expensive one is better.

00:34:35.000 --> 00:34:37.000
Then you might have a step therapy.

00:34:37.000 --> 00:34:46.000
But CLL Society, as I said, is really pushing to hold the party plans and CMS's feet to the fire on that one.

00:34:46.000 --> 00:34:57.000
And this place. And here I might pause also and throw in that we at CLL Society please keep watching the website because we are planning on some sort of a platform.

00:34:57.000 --> 00:35:01.000
For our patients to be able to report in starting in January.

00:35:01.000 --> 00:35:10.000
Not problems. You've always maybe faced with Part D or Part C plan that you've had right because some of these insurance.

00:35:10.000 --> 00:35:16.000
Step therapy prior authorization. But to the extent you're seeing something new and different.

00:35:16.000 --> 00:35:33.000
It would really be helpful for CLL Society to be hearing from you all, so that we can in real time be talking to not only talking to CMS like we're already doing as Kay mentioned, but talking to them about what's happening in the real world in real time for our patients.

00:35:33.000 --> 00:35:34.000
So that.

00:35:34.000 --> 00:35:39.000
We are speaking with more and more credibility about not a theoretical problem, but a real one.

00:35:39.000 --> 00:35:47.000
So do please keep an eye out for communications from CLL Society and watch this space for a platform like that.

00:35:47.000 --> 00:35:54.000
And here's 1 or actually a couple of related questions. And because we're highlighting.

00:35:54.000 --> 00:35:55.000
Imbruvica

00:35:55.000 --> 00:35:58.000
We've kind of created a little bit of unintentional confusion.

00:35:58.000 --> 00:36:03.000
On. What does this.

00:36:03.000 --> 00:36:05.000
Out of pocket cap.

00:36:05.000 --> 00:36:06.000
So.

00:36:06.000 --> 00:36:12.000
When we're looking at Imbruvica we're talking about, because that was the selected drug for the last negotiation.

00:36:12.000 --> 00:36:16.000
When we're talking about the out-of-pocket cap, and you know.

00:36:16.000 --> 00:36:23.000
Later talking about smoothing. That's all drugs. So it doesn't matter. It doesn't matter whether or not you're taking Imbruvica.

00:36:23.000 --> 00:36:27.000
Or Imbruvica, and 20 other prescription medications.

00:36:27.000 --> 00:36:30.000
Your cap is going to be your cap.

00:36:30.000 --> 00:36:40.000
And the Rubik example is used because it's the one where the price was negotiated. So later we could show what the what, if any, impact the negotiation.

00:36:40.000 --> 00:36:42.000
Is having on.

00:36:42.000 --> 00:36:46.000
Out of pocket.

00:36:46.000 --> 00:36:58.000
And I think that's it. But I will filter through some more, and we'll go back to them later.

00:36:58.000 --> 00:37:03.000
This topic that I just want to finish up on before we go any further into the next topic.

00:37:03.000 --> 00:37:04.000
This cap.

00:37:04.000 --> 00:37:06.000
If we could go to the next slide. Please.

00:37:06.000 --> 00:37:11.000
This cap does not apply to other parts of Medicare.

00:37:11.000 --> 00:37:13.000
So this $2,000.

00:37:13.000 --> 00:37:21.000
Is relevant to your part C and part D plans, as it relates to your prescription drugs.

00:37:21.000 --> 00:37:22.000
If you are seeing.

00:37:22.000 --> 00:37:29.000
A physician in their office, and you're paying a copay, for example. It does not apply to that.

00:37:29.000 --> 00:37:39.000
We had a question earlier that was submitted before the webinar began, and this might be a good place to answer. It is that this does apply, since it applies to all prescription drugs.

00:37:39.000 --> 00:37:45.000
As Kay mentioned, it doesn't just apply to people taking Imbruvica, it applies to all drugs.

00:37:45.000 --> 00:38:05.000
And a question came in earlier, saying, Is it applied to all drugs in total, meaning it's not $2,000 for Imbruvica and $2000 for XYZ CLL drug. And you know, ABC, CLL drug it. It applies to all drugs, including your statin. If you're taking a statin or taking a drug for anything else.

00:38:05.000 --> 00:38:08.000
Even though it's cheap, and it's just $10.

00:38:08.000 --> 00:38:10.000
It applies to that as well.

00:38:10.000 --> 00:38:14.000
Yeah, this is just I may just jump in that. Of course, this would have to be covered drugs.

00:38:14.000 --> 00:38:21.000
So these have to be drugs that are actually covered by your formulary under the Part D plan. If it's not a covered drug, it doesn't count.

00:38:21.000 --> 00:38:24.000
Towards the $2,000 out of pocket.

00:38:24.000 --> 00:38:27.000
Very important clarification. Thank you.

00:38:27.000 --> 00:38:35.000
This $2,000 will also be indexed to rise at the rate of growth, and per capita Part D costs so.

00:38:35.000 --> 00:38:41.000
This number will change over the next few years.

00:38:41.000 --> 00:38:47.000
Okay, I think we did this one. So I'll go ahead and ask us to go to the next slide.

00:38:47.000 --> 00:38:50.000
And we'll talk about smoothing.

00:38:50.000 --> 00:38:51.000
So.

00:38:51.000 --> 00:39:00.000
By contrast, while out of pocket the program kicks in in January, and you have to do nothing to qualify for the program or to benefit from the program.

00:39:00.000 --> 00:39:02.000
Smoothing is a different matter.

00:39:02.000 --> 00:39:05.000
This one. You must sign up.

00:39:05.000 --> 00:39:08.000
So it's really important to pay close attention.

00:39:08.000 --> 00:39:27.000
To our conversation today, but also to the maybe the regular mailings you get from the Medicare program, and you're used to them. And you've been, you know. You know what to expect. You maybe throw it in the trash before you even read it. This time. You'll want to read it, because this will be where you will sign up for the smoothing program.

00:39:27.000 --> 00:39:31.000
So for that reason, I'm gonna start with 2 poll questions.

00:39:31.000 --> 00:39:37.000
That will get you thinking about your own circumstances as you listen.

00:39:37.000 --> 00:39:43.000

Okay. Once again, I will read them and then keep going, so that we have time to answer all these great questions coming in.

00:39:43.000 --> 00:39:45.000
The 1st one.

00:39:45.000 --> 00:39:49.000
Do you face higher costs for your drugs at the beginning of your plan year.

00:39:49.000 --> 00:39:53.000
Before you have met your annual deductible.

00:39:53.000 --> 00:39:59.000
So yes, and those yes, I do, and those 1st few times at the pharmacy can be painful.

00:39:59.000 --> 00:40:07.000
Meaning that you're paying $2,000 right at the outset, when you 1st walk up for your very 1st drug, and your deductible has not yet been met.

00:40:07.000 --> 00:40:11.000
Which means you're picking up a hundred percent of the cost.

00:40:11.000 --> 00:40:19.000
Yes, but those initial outlays are manageable.

00:40:19.000 --> 00:40:24.000
No, I have a very low deductible in my Medicare plan.

00:40:24.000 --> 00:40:31.000
And finally, no, I'm not a Medicare, I do not have a Medicare plan for my prescriptions.

00:40:31.000 --> 00:40:34.000
And relatedly the second question.

00:40:34.000 --> 00:40:39.000
If you could spread those higher costs for your prescriptions before you've met your deductible.

00:40:39.000 --> 00:40:42.000
Say over the entire year.

00:40:42.000 --> 00:40:45.000
Or even part of a year. Would you take the time.

00:40:45.000 --> 00:40:47.000
Or would you want to take the time.

00:40:47.000 --> 00:40:49.000
To fill out the necessary paperwork.

00:40:49.000 --> 00:40:54.000
Meaning to spread those costs out over the course of a year.

00:40:54.000 --> 00:40:55.000
Simple answers, yes.

00:40:55.000 --> 00:40:59.000
Or no.

00:40:59.000 --> 00:41:03.000
Okay, let us keep going to the next slide.

00:41:03.000 --> 00:41:07.000
So.

00:41:07.000 --> 00:41:08.000
This program.

00:41:08.000 --> 00:41:17.000
Known as the Smoothing Program, or other times called MP3. The Medicare Prescription Payment Plan.

00:41:17.000 --> 00:41:18.000
Is.

00:41:18.000 --> 00:41:23.000
Again, remember your premium to buy a plan for 2025 to ensure.

00:41:23.000 --> 00:41:26.000
For your prescription drugs is already paid.

00:41:26.000 --> 00:41:31.000
Likely you paid it in 2024 as you selected your plan and locked in.

00:41:31.000 --> 00:41:35.000
You're down to 3 stages. Remember a deductible.

00:41:35.000 --> 00:41:38.000
Initial coverage and then catastrophic.

00:41:38.000 --> 00:41:44.000
The $2,000 cap is in place. Right? It's January 2025. Imagine you're there.

00:41:44.000 --> 00:41:49.000
But what if the 1st out of pocket cost is over a thousand dollars.

00:41:49.000 --> 00:41:51.000
And that that's a lot to swallow all at once.

00:41:51.000 --> 00:41:54.000
Right. How many of you see this and feel this.

00:41:54.000 --> 00:41:55.000
About.

00:41:55.000 --> 00:42:01.000
$150. If you, if you're incurring costs of about $150 a month.

00:42:01.000 --> 00:42:04.000
And you eventually hit $2,000 down the road.

00:42:04.000 --> 00:42:07.000
That's maybe less painful.

00:42:07.000 --> 00:42:09.000
But in March.

00:42:09.000 --> 00:42:14.000
If you suddenly have an out of pocket cost. That would have been, say, $5,000.

00:42:14.000 --> 00:42:16.000
For one drug alone, maybe even.

00:42:16.000 --> 00:42:19.000
But now it's $2,000 because of the cap.

00:42:19.000 --> 00:42:22.000
It's still a lot for many people.

00:42:22.000 --> 00:42:25.000
Can you anticipate that.

00:42:25.000 --> 00:42:30.000
And make time to enroll today or soon, when Medicare makes it available.

00:42:30.000 --> 00:42:33.000
To enroll in this new program.

00:42:33.000 --> 00:42:34.000
Then.

00:42:34.000 --> 00:42:39.000
Most people pay for the premiums on a monthly. So let me pause there and say.

00:42:39.000 --> 00:42:42.000
That's what this new program will allow us to do.

00:42:42.000 --> 00:42:45.000
That. Well, this smoothing or MP3 program.

00:42:45.000 --> 00:42:49.000
Will allow patients to spread that $2,000.

00:42:49.000 --> 00:42:53.000
Over the cost of the year.

00:42:53.000 --> 00:42:59.000
As this slide notes, a patients have to proactively sign up. Why is that.

00:42:59.000 --> 00:43:01.000
Unlike the other program.

00:43:01.000 --> 00:43:17.000
Well, the insurance company that you're buying your Part C, or Part D plan from. Don't really love the complications that come with being giving you the option to spread that $2,000 over several months. It's a hard program to administer.

00:43:17.000 --> 00:43:18.000
Perhaps, and so.

00:43:18.000 --> 00:43:20.000
They're not that keen on it.

00:43:20.000 --> 00:43:30.000
And in this case, as my slide says, Congress gave to the insurance companies and made it a little more difficult by making patients proactively sign up.

00:43:30.000 --> 00:43:39.000
This program has been hard to explain, hard to think about how to implement CLL Society has spent a great deal of time with CMS trying to make sure it happens.

00:43:39.000 --> 00:43:47.000
In a good way. Not just that the program be administered in a good way, but it be communicated about with patients in a good way.

00:43:47.000 --> 00:43:50.000
So some people have tried to liken.

00:43:50.000 --> 00:43:53.000
This to a monthly credit card payment.

00:43:53.000 --> 00:43:58.000
Other people talk about it like running up a tab at a bar or a restaurant. If you will.

00:43:58.000 --> 00:44:03.000
There are different places where this is similar and where they're different.

00:44:03.000 --> 00:44:05.000
So.

00:44:05.000 --> 00:44:06.000
Like.

00:44:06.000 --> 00:44:09.000
A tab at a restaurant or bar, perhaps.

00:44:09.000 --> 00:44:10.000
There is no interest.

00:44:10.000 --> 00:44:12.000
For the patient.

00:44:12.000 --> 00:44:17.000
So if you don't pay it all at once, the 2,000 because you signed up for the program.

00:44:17.000 --> 00:44:22.000
And the cost is being spread over time. Do you pay a little extra every month in interest.

00:44:22.000 --> 00:44:24.000
No, you do not.

00:44:24.000 --> 00:44:33.000
High costs hitting midyear and not benefiting it as much. So this is an interesting one. Let's say you're paying for a statin for several months of the year.

00:44:33.000 --> 00:44:35.000
And the copay is pretty low.

00:44:35.000 --> 00:44:41.000
Then you get suddenly hit with a high cost. Let's say that $5,000 drug I spoke about.

00:44:41.000 --> 00:44:45.000
But you are on the hook for only $2,000 because of the cap.

00:44:45.000 --> 00:44:48.000
And that $2,000.

00:44:48.000 --> 00:44:49.000
Hits mid-year.

00:44:49.000 --> 00:44:56.000
Do you get to spread the cost of that out for an entire calendar year or an entire 12 months?

00:44:56.000 --> 00:45:02.000
It's really only spread across the remaining months of your insurance plan year.

00:45:02.000 --> 00:45:07.000
So let's say your insurance plan runs a calendar year.

00:45:07.000 --> 00:45:10.000
If you incur that cost in May.

00:45:10.000 --> 00:45:14.000
Really, you'll only be smoothing those costs out, spreading them out.

00:45:14.000 --> 00:45:18.000
Between June and December.

00:45:18.000 --> 00:45:25.000
So that's a little bit different than a credit card Bill, for example, that continues to spread the costs out.

00:45:25.000 --> 00:45:28.000
In this case like a credit card bill. Perhaps.

00:45:28.000 --> 00:45:32.000
Yeah. The monthly amount will keep changing.

00:45:32.000 --> 00:45:40.000
So if you go to that example of where I mentioned that maybe you only incur cost for a statin and a few other things, and your monthly.

00:45:40.000 --> 00:45:42.000
Payment is about $150.

00:45:42.000 --> 00:45:47.000
And then suddenly in May you get that much more expensive drug.

00:45:47.000 --> 00:45:48.000
Now.

00:45:48.000 --> 00:45:51.000
That will keep being added to your bill.

00:45:51.000 --> 00:45:57.000
For the remainder of the year. Or let's say you start out the opposite. You start out with $1,000.

00:45:57.000 --> 00:46:03.000
Tab, and you're spreading that out over the cost of your 12 months. You got hit with it, let's say, just in January.

00:46:03.000 --> 00:46:07.000
Now you add a statin in February or March.

00:46:07.000 --> 00:46:12.000
The next month. What you owe under this moving program will be a little different.

00:46:12.000 --> 00:46:14.000
Let's say you add another drug.

00:46:14.000 --> 00:46:17.000
It will be a little different. Yet again.

00:46:17.000 --> 00:46:20.000
So you're continuing to add up a tab if you will.

00:46:20.000 --> 00:46:22.000
As you go along.

00:46:22.000 --> 00:46:26.000
And the payments get spread over shorter and shorter periods of time.

00:46:26.000 --> 00:46:33.000
Meaning only till the end of that calendar or insurance year.

00:46:33.000 --> 00:46:35.000
One thing to watch out for.

00:46:35.000 --> 00:46:43.000
If you are already paying your premiums on a monthly basis, which many people do usually from social security payments.

00:46:43.000 --> 00:46:48.000
Those monthly payments are separate and different.

00:46:48.000 --> 00:46:53.000
And it's really important to keep those in mind as a separate.

00:46:53.000 --> 00:46:56.000
Amount, and I'll come back to that yet again.

00:46:56.000 --> 00:47:00.000
The other thing to know you can cancel this payment plan.

00:47:00.000 --> 00:47:04.000
The smoothing plan anytime you like. If you just want to go back.

00:47:04.000 --> 00:47:06.000
To paying it at the pharmacy counter.

00:47:06.000 --> 00:47:10.000
If you will, the full amount due at the moment, like you do now.

00:47:10.000 --> 00:47:22.000
You can cancel it after you enroll and go back to doing it the way you've always done it.

00:47:22.000 --> 00:47:25.000
So.

00:47:25.000 --> 00:47:27.000
So, then, if you are on.

00:47:27.000 --> 00:47:30.000
A drug like Imbruvica

00:47:30.000 --> 00:47:33.000
We expect for our patients.

00:47:33.000 --> 00:47:41.000
That we will likely see everyone incurring an out-of-pocket cost well above $2,000. Right at the start.

00:47:41.000 --> 00:47:45.000
Whether it's Imbruvica or any other drug

00:47:45.000 --> 00:47:48.000
that a CLL patient takes for CLL.

00:47:48.000 --> 00:47:51.000
These are expensive drugs. These are not statins.

00:47:51.000 --> 00:47:57.000
And so CMS has created this quote likely to benefit category.

00:47:57.000 --> 00:48:04.000
What that means is in the communications you get from CMS about this program. You might see language that says.

00:48:04.000 --> 00:48:11.000
You are likely to benefit from the smoothing program, or we have, we think you may be a person likely to benefit.

00:48:11.000 --> 00:48:13.000
From this program.

00:48:13.000 --> 00:48:17.000
We think, from our own assessment of.

00:48:17.000 --> 00:48:20.000
Cancer drugs that and their pricing.

00:48:20.000 --> 00:48:34.000
You're almost inevitably going to benefit from this program, which is why we wanted to take the time to hold this webinar today in large part to remind everyone or to let everyone know it's very important to sign up, and if you look at the next slide.

00:48:34.000 --> 00:48:39.000
You'll see the calculations or the drugs that we have been looking at.

00:48:39.000 --> 00:48:40.000
On

00:48:40.000 --> 00:48:42.000
Everyone's behalf.

00:48:42.000 --> 00:48:47.000
So this drives home the point that Kay made earlier from the question. It's not just.

00:48:47.000 --> 00:48:50.000
Imbruvica or ibrutinib, that is.

00:48:50.000 --> 00:48:54.000
Subject to this out of pocket cap or to the smoothing program.

00:48:54.000 --> 00:48:58.000
And this slide is also meant to drive home the fact that.

00:48:58.000 --> 00:49:07.000
Whether it's a negotiated drug right? Whether the Government directly negotiated the price of this drug with the manufacturer, as in the case of ibrutinib.

00:49:07.000 --> 00:49:14.000
Or whether it's any other of the drugs that CLL patients likely take, whose prices.

00:49:14.000 --> 00:49:21.000
Set for Medicare patients the way it's traditionally been set and not through direct negotiation.

00:49:21.000 --> 00:49:29.000
What matters most to our patients is likely to be the $2,000 out-of-pocket cap.

00:49:29.000 --> 00:49:31.000
Okay.

00:49:31.000 --> 00:49:33.000
So.

00:49:33.000 --> 00:49:42.000
As I've mentioned, society has been analyzing and assessing the impact implications of this law for months and months and months. At this point.

00:49:42.000 --> 00:49:46.000
They have been fighting for details that support our patients.

00:49:46.000 --> 00:49:47.000
Some we have.

00:49:47.000 --> 00:49:52.000
Made progress on some we have not yet made progress on.

00:49:52.000 --> 00:50:00.000
Everyone pushed hard for auto enrollment before the law was even passed, so that you wouldn't have to proactively enroll in the program.

00:50:00.000 --> 00:50:08.000
But auto, and we are now, since Congress did not manage to do that, we are now fighting hard for auto renewal.

00:50:08.000 --> 00:50:14.000
Where I am fighting for longer grace periods in case you weren't able to make a monthly payment.

00:50:14.000 --> 00:50:17.000
We're fighting for communication early and often.

00:50:17.000 --> 00:50:23.000
I won't go through all of these, because I'm seeing we're running low on time, and I want to get to all your questions.

00:50:23.000 --> 00:50:26.000
But these slides will be up.

00:50:26.000 --> 00:50:31.000
On the website afterwards, as Liza mentioned.

00:50:31.000 --> 00:50:34.000
On the next slide. We have also been paying attention to..

00:50:34.000 --> 00:50:37.000
To the issues of questioner asked earlier.

00:50:37.000 --> 00:50:43.000
Will the patients have to step through Imbruvica first because it was one of the negotiated ones?

00:50:43.000 --> 00:50:45.000
Or will patients be encouraged.

00:50:45.000 --> 00:50:47.000
To take anything but in Imbruvica.

00:50:47.000 --> 00:50:55.000
Because they were not negotiated, which means that perhaps the health plan or the middle men made more money on those.

00:50:55.000 --> 00:51:00.000
These are all things we'll be watching carefully.

00:51:00.000 --> 00:51:08.000
Okay? So on the next slide, let's queue up the results to the last 2 poll questions we asked.

00:51:08.000 --> 00:51:12.000
So did you face higher costs for your drugs at the beginning of your plan, year.

00:51:12.000 --> 00:51:16.000
Before you had met your annual deductible.

00:51:16.000 --> 00:51:24.000
Interestingly a quarter just about a quarter. In both instances, and those 1st few times the pharmacy counter were painful.

00:51:24.000 --> 00:51:27.000
Another quarter, said yes, but they were manageable.

00:51:27.000 --> 00:51:32.000
And then, on the second question, if you could spread those costs out.

00:51:32.000 --> 00:51:37.000
Interesting that only 40% said no. A 60% said, Yes.

00:51:37.000 --> 00:51:43.000
So that's really helpful for that 60%. Then please please pay attention to the fact.

00:51:43.000 --> 00:51:47.000
Even if you don't think you might benefit actually at first.

00:51:47.000 --> 00:51:49.000
You may find it useful.

00:51:49.000 --> 00:51:54.000
And you may decide that you want to carry on doing it. If you try it.

00:51:54.000 --> 00:51:59.000
So, whether you think you benefit or not, highly encourage people to.

00:51:59.000 --> 00:52:08.000
One, follow CLL Society and stay updated. As we learn more about how to enroll we'll pass that information to you. But two,

00:52:08.000 --> 00:52:12.000
Look out for yourselves for communications from CMS this year.

00:52:12.000 --> 00:52:15.000
On how to do it.

00:52:15.000 --> 00:52:20.000
Okay.

00:52:20.000 --> 00:52:30.000
And finally, I want to say on the previous slide, remember to stay in touch. We will be posting some information on the platform so that you can keep letting us know.

00:52:30.000 --> 00:52:38.000
Yes, I'm benefiting from this program. I'm so glad I signed up. I tried to sign up, but it was really difficult. And here's why.

00:52:38.000 --> 00:52:51.000
Or I'm not able to get my drug, or some other drug that I want to take without all these new hurdles that I've never faced before. All these things will be things that will be really helpful if you continue to communicate.

00:52:51.000 --> 00:52:55.000
With the CLL Society on these.

00:52:55.000 --> 00:52:56.000
Okay.

00:52:56.000 --> 00:53:05.000
Now, I'd like to queue up Kay 1st for smoothing questions, and maybe in the interest of time, suggest that we go ahead and open.

00:53:05.000 --> 00:53:08.000
For both Giselle and Kay.

00:53:08.000 --> 00:53:10.000
To answer questions now.

00:53:10.000 --> 00:53:17.000
That have been coming in from the audience. So if Giselle and Kay will join me on camera.

00:53:17.000 --> 00:53:19.000
That would be great.

00:53:19.000 --> 00:53:24.000
And let's start with questions. Either one of you has and wants to tee up.

00:53:24.000 --> 00:53:25.000
Yeah.

00:53:25.000 --> 00:53:38.000
Actually, I'm just gonna jump in very quickly. So, as Saira mentioned, I'm a certified Medicare counselor and I work for my local State Health Insurance program. Ship. SHIP.

00:53:38.000 --> 00:53:43.000
And that's a program that runs in every state and most counties.

00:53:43.000 --> 00:53:48.000

That's government funded to help people get information. How the Medicare program works.

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So one thing that I recommend for the audience here is after September 15th because after September 15th

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All the new rates.

00:53:57.000 --> 00:54:05.000
For the prescription drug plans that will go into affected 2025 will be loaded into the Medicare planer.

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And that if you Google Medicare Plan Finder.

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And you go on there, and you look for prescription drugs.

00:54:13.000 --> 00:54:24.000
And I would recommend that you make a little account, and you load all your drugs in, and then it will show you what the costs will be across different plans offered in your Zip code in 2025.

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And I recommend highly that everyone on this call go and do this analysis. After September 15th

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Because we don't really know how all these changes are gonna impact sort of the formulary and cost sharing.

00:54:39.000 --> 00:54:44.000
By drug so by doing this analysis after the 15th of September.

00:54:44.000 --> 00:54:49.000
It will tell you exactly how your costs will change in your plan in 2025.

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So I just wanna make that quick plug.

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And I want to clarify when Giselle means your costs. It's not that the $2,000 cap won't be in place, or the smoothing program will be in place.

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It's.

00:55:01.000 --> 00:55:08.000
Gets to that. What do you pay out of your wallet? For your Part, C, or Part D. Plan right your premiums.

00:55:08.000 --> 00:55:11.000
And then to the earlier questioner's point.

00:55:11.000 --> 00:55:15.000
Will it be harder or easier to get certain drugs.

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Those are the things.

00:55:16.000 --> 00:55:22.000
And it should have on there the prior authorization requirements. It will have sort of the utilization management…

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Techniques that the plans use to control costs. So it will give you a feeling, for some plans are being, you know, very restrictive on the drugs you take or not.

00:55:31.000 --> 00:55:39.000
And if they're even covered, so they should be. But you know who we don't really know we I just think everybody should go and run this analysis, and make.

00:55:39.000 --> 00:55:41.000
Additional decision. That's right for you.

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That's helpful.

00:55:43.000 --> 00:55:47.000
Yeah. And so you can either do it on your own on Medicare Plan finder, if you Google, that.

00:55:47.000 --> 00:56:01.000

Or you could call your County States SHIP, State Health Insurance Program, and they have Medicare certified counselors who could help you run the analysis. If you don't feel comfortable running it on your own.

00:56:01.000 --> 00:56:02.000
Thank you.

00:56:02.000 --> 00:56:03.000
Sure.

00:56:03.000 --> 00:56:05.000
Okay, let's get some. Let's get to the questions.

00:56:05.000 --> 00:56:11.000
Kay, Giselle, anyone see any questions that you can help answer?

00:56:12.000 --> 00:56:17.000
Yes, indeed. One thing I think we need to clear up is when we talk about drug cost.

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We're talking about.

00:56:18.000 --> 00:56:28.000
Part B drug cost. So if you are getting your drugs infused at the doctor's office and an outpatient hospital in an infusion center.

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That's under part B, and the $2,000 cap does not apply to that.

00:56:33.000 --> 00:56:34.000
So.

00:56:35.000 --> 00:56:36.000
Right, We're talking about prescription drugs.

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That you get.

00:56:38.000 --> 00:56:39.000
Covered.

00:56:39.000 --> 00:56:44.000
Under part D, like David or C, like Charlie.

00:56:44.000 --> 00:56:45.000
Right.

00:56:45.000 --> 00:56:47.000
And there are a couple of people, Giselle, who have asked.

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If they don't take any expensive medications right now.

00:56:51.000 --> 00:56:54.000
Or if they're on watch and wait.

00:56:54.000 --> 00:56:59.000
Or may not be going on treatment.

00:56:59.000 --> 00:57:01.000
Did they just kind of proactive.

00:57:01.000 --> 00:57:06.000
Proactively sign up for smoothing in case.

00:57:06.000 --> 00:57:07.000
Yeah.

00:57:07.000 --> 00:57:08.000
And how do they make that decision.

00:57:08.000 --> 00:57:09.000
Yeah.

00:57:09.000 --> 00:57:21.000
So I was just looking up the rules so smoothing. It's a brand new program starting January 2025. And they're kind of rolling out the rules now. So we're kind of all figuring it out as we go along.

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But it turns out that you can opt for smoothing before the beginning of the plan. So be so the plan year is usually like January.

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Is when it usually starts so you could set up before, or it says you could set up any month.

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Of the plan years. So you could make this smoothing sorry, this example of, you know, Midyear, all of a sudden. You have a big cost.

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You can sign up at that point for the smoothing.

00:57:42.000 --> 00:57:50.000
So you don't have to proactively sign up for smoothing before you really need it, you know, if you need it. So you can just sign up once, you know you need it.

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And then the remainder of the months you can smooth.

00:57:53.000 --> 00:58:03.000
And what we're hoping is when you sign up like that. Let's say you're hit with that high cost, and you're at the pharmacy counter trying to pick up this drug. And now it's a very high cost.

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That we're trying to make it in as we have. We have advocated as CLL Society.

00:58:08.000 --> 00:58:12.000
To push for making that happen in as real time as possible.

00:58:12.000 --> 00:58:16.000
But I would not doubt that there'll be hiccups in the 1st year.

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And so.

00:58:18.000 --> 00:58:23.000
You may end up leaving the pharmacy counter without your medicine. At that point.

00:58:23.000 --> 00:58:28.000
So be aware that it might take you 48 to 72 hours.

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Maybe longer, with hiccups.

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In that 1st year. So.

00:58:32.000 --> 00:58:42.000
Just factor that into your decision on whether to do it proactively right at the beginning of the year or not.

00:58:42.000 --> 00:58:43.000
If you look at.

00:58:43.000 --> 00:58:44.000
Other questions, Kay.

00:58:44.000 --> 00:58:52.000
Yeah. So ther's another question about use of manufacturer coupons. I believe it was manufacturer coupons. It's a company coupon. So I believe that's manufacturer coupons.

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Can you use it? And, Giselle, if you.

00:58:55.000 --> 00:58:56.000
Wanted.

00:58:56.000 --> 00:58:58.000
Sure. Yeah, you're not allowed to use them with Part D.

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That's the bottom line.

00:59:01.000 --> 00:59:06.000
So you can't use manufacturer coupons against your Part D plan.

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It hits the anti-kickback statute.

00:59:10.000 --> 00:59:12.000
So, unfortunately, you cannot use them with Medicare.

00:59:12.000 --> 00:59:18.000
Somebody did ask in the chat, where they can go to find Medicare plan.

00:59:18.000 --> 00:59:26.000
In your go in your you know. Search bar on your whatever browser you use for your computer type. Medicare Plan Finder.

00:59:26.000 --> 00:59:33.000
And that will bring you to the website where you can run your own analysis of your drugs.

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The other thing people are wondering is.

00:59:35.000 --> 00:59:37.000
What impact?

00:59:37.000 --> 00:59:44.000
The smoothing the part may benefit. Redesign with the, you know, the low out of pocket cap.

00:59:44.000 --> 00:59:49.000
And everything else. How much of an impact will that have on premiums.

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And my guess is that I don't have a guess. There are some people who are saying they'll go up. Some people are saying they'll go down.

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So some pieces of the puzzle would tend to.

01:00:00.000 --> 01:00:06.000
Push them down other pieces of the puzzle. Push them up. I don't know if anybody has thoughts on this.

01:00:06.000 --> 01:00:13.000
I'm not sure it's worth even speculating, because we're gonna know, like September 15th, right then.

01:00:13.000 --> 01:00:26.000
All the files are going to be loaded that will have the actual cost for 2025. And you just go. And you need to run the analysis using the Medicare plan finder, either you directly or working with a SHIP or with a family member.

01:00:27.000 --> 01:00:36.000
Cause we don't really know, and that will tell you. Premium, you know, deductible, cost sharing, if your drugs are covered, if their prior authorized or not.

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You know, this will tell you everything, so I think it's just worth, you know, waiting, you know, to mid September, and all the answers will be there.

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Thank you.

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Any other questions? Kay.

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I'm looking through.

01:00:51.000 --> 01:00:55.000
I'm looking through them right now. Let's see.

01:00:55.000 --> 01:00:58.000
You know, there's a lot of discussion about smoothing.

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And you know again, this is this is a new program for the insurance, you know for the Part D program, I mean new for everybody.

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So the idea is kind of like, lay away, Saira, you know, like, you know, you can't quite afford that refrigerator now. And so you make, you know, $200, you know, to get your fridge. So the same kind of idea that they just want to smooth out the costs.

01:01:21.000 --> 01:01:22.000
Over time.

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And so the the Part D plan is, gonna be your creditor. They're the ones to you for that smoothing. And you they're gonna be sending you the invoice.

01:01:33.000 --> 01:01:36.000
For what you owe for the smoothing.

01:01:36.000 --> 01:01:43.000
And so it's not. It doesn't go to like, you know, visa or anything you know, the debt is owned by the Part D plan.

01:01:43.000 --> 01:02:10.000

And I don't know if you've been following this like, if they could sell that debt or what happens if someone doesn't pay.

01:02:10.000 --> 01:02:11.000
That's true.

01:02:11.000 --> 01:02:12.000
Yeah, I think they can. So that's 2 important things right there. It's funny, because whether you try to think of the lay away analogy that Giselle just used, or the credit card analogy or the tab at the bar. No analogy seems perfect. So I wanna just clarify in the layaway analogy for the refrigerator. Of course, you can't walk out of the store with a refrigerator until it's paid. Right? So.

01:02:12.000 --> 01:02:19.000
In this analogy. So the one caveat is, you walk out with your drugs, let's say, or whatever pharmacy you go to.

01:02:19.000 --> 01:02:31.000
The other half of the question is, you don't pay anything at CVS very important to clarify when you walk into the pharmacy to pick up your drug. You pay nothing. You walk out with your drug.

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And that's because your health plan.

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You know, United Blue Cross. Whatever has already paid for the drug for you.

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And as Giselle mentioned, the debt, isn't the debt you owe the money you would have paid the at the pharmacy counter.

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Is now one that you will pay to the health plan itself. They will, bill you.

01:02:51.000 --> 01:02:53.000
They will make the calculation.

01:02:53.000 --> 01:02:55.000
Of how much you owe on a monthly basis.

01:02:55.000 --> 01:03:06.000

And as it changes every month with a new drug and a new drug that you pick up at the counter and walk away, having paid nothing at the counter, they'll keep adding to your tab if you will.

01:03:06.000 --> 01:03:08.000
And if and changing that monthly amount.

01:03:08.000 --> 01:03:11.000
And it's to them that you owe it.

01:03:11.000 --> 01:03:13.000
The point about if you don't pay.

01:03:13.000 --> 01:03:16.000
So there will be a grace period.

01:03:16.000 --> 01:03:18.000
And there'll be certain, you know.

01:03:18.000 --> 01:03:25.000
Circumstances that will justify your missing a payment, for example, and you'll get a grace, and you'll be able to pick it back up.

01:03:25.000 --> 01:03:27.000
If you don't pay.

01:03:27.000 --> 01:03:31.000
They can kick you. The health plan can kick the patient off.

01:03:31.000 --> 01:03:33.000
The.

01:03:33.000 --> 01:03:35.000
Smoothing program.

01:03:35.000 --> 01:03:37.000
They cannot kick you off.

01:03:37.000 --> 01:03:41.000
The Medicare Part D plan the one you bought.

01:03:41.000 --> 01:03:55.000

Where you used to pay at the pharmacy counter. And now you're spreading costs out. You can't kick. They cannot kick you out of that underlying Part D program. That's a really important thing to keep in mind.

01:03:55.000 --> 01:03:59.000
So you go back to paying at the pharmacy counter.

01:03:59.000 --> 01:04:03.000
You still owe that debt to the Health Plan.

01:04:03.000 --> 01:04:09.000
But you continue to have the health plan cover those drugs, you just go back to paying them at the counter.

01:04:09.000 --> 01:04:13.000
And you have this outlying debt that you need to take care of.

01:04:13.000 --> 01:04:18.000
So, I hope that answers that question.

01:04:18.000 --> 01:04:19.000
I have more.

01:04:19.000 --> 01:04:23.000
Okay, we have just a few minutes left. So I have to stop here for just a second. And I'd like to just.

01:04:23.000 --> 01:04:26.000
Do a quick, round robin of closing thoughts.

01:04:26.000 --> 01:04:29.000
Giselle, could I ask you to go first, maybe.

01:04:29.000 --> 01:04:43.000
Yeah, well, I don't wanna, you know, beat this to death. But you know, I really recommend that everybody go and complete a Medicare plan finder or call their local SHIP office, just put it in the Google, or whatever you use for.

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Getting on the Internet, and you can find them and run an analysis after September 15th.

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For you to get a feeling for how this could impact your drugs.

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Great. Okay. Closing thought from you.

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Yes, I saw a bunch of questions asking about Medicare advantage and some kind of querying. Okay? So you know, for cancer patients, what's better, you know Medicare or Medicare Advantage.

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Fee for service. I know that you've got another webinar, you know. We've got another webinar coming up to discuss that. I think that one of the things that you know people have said that's good about Medicare Advantage is they have a lot of bells and whistles that.

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Are probably really helpful for people.

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Who are healthier.

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Perhaps.

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They do have sometimes fairly narrow networks.

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And that's one of the things that people struggle with.

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But, I believe that.

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That's a cover.

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Yeah, okay, thank you for that. We are, in fact, talking with CLL Society about

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Doing another webinar specifically on that topic of Part C versus Part D traditional Medicare versus Medicare Advantage. And it's nice to see the questions have come in

about that, because then we'll go back to CLL Society and talk with them about hosting a webinar around that specific topic. So thank you for that.

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And then maybe my closing thought would be also beating a dead horse a little bit, maybe. Is that, please please keep an eye out for signing up for this program. The health insurance companies that you're buying your part C or part D plan from are not motivated to have you enroll in this program. It's really incumbent on you to look out for the communications.

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CLL Society has been working very hard with CMS. To make sure that those are coming early.

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Often in multiple formats, in multiple languages, so that everyone has a chance to sign up for this program. Who would like to.

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Okay, on the last slide. I want to make mention of a more general webinar coming up on Medicare 101, that another patient group that CLL Society works a lot is Triage Cancer.

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So we have. We'll put these slides on the website and you'll be able to scan the QR. Code to register and attend. That's coming up on September 26th at 11:30.

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And then, finally, I'd like to make mention in the last slide. Thank you so much for joining us today.

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Please remember to complete that event survey and provide your feedback to help us, and also CLL Society plan for future events.

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Again. This webinar was recorded and will be available on the website along with the slides.

01:07:22.000 --> 01:07:25.000
If we did not get to your question today.

01:07:25.000 --> 01:07:31.000
Please send your question to this email, address, support@cllsociety.org.

01:07:31.000 --> 01:07:39.000
Again if we did not get to your question today. Please send your question again to support@cllsociety.org.

01:07:39.000 --> 01:07:43.000
And then please remember to join CLL society for their next webinar.

01:07:43.000 --> 01:07:47.000
Beyond Your CLL Diagnosis: Comprehensive Health Management.

01:07:47.000 --> 01:07:49.000
On September 17th

01:07:49.000 --> 01:07:57.000
And please remember, CLL Society is invested in your long life, and you can invest in the long life of CLL Society by supporting their work.

01:07:57.000 --> 01:08:09.000
Thank you so much.