

## Part D Open Enrollment Period: “To-Do” Checklist for Benefits Counselors

### Prior to meeting your client:

- Ask the beneficiary to bring or have available all cards and letters (e.g., Annual Notice of Change, reassignment, loss of deemed status).
- Ask client to bring a list of drugs currently taken, including the strength and dosage; suggest bringing a printout from the pharmacy.

### During your meeting:

- Review pertinent sections of current plan’s Annual Notice of Change (ANOC).
- When running a comparison by cost, be sure to print out and highlight appropriate information on alternative plans.

### After meeting with your client:

- [Give the client a checklist](#) to note date of receipt from plan of:
  - Membership card
  - Explanation and use of transition fills
- Check with beneficiary about any need for formulary exceptions or whether any of their medications are indication-based on the plan formulary (i.e., covered for one condition and not another)
- Remind beneficiary you are available to respond to questions or problems
- Give beneficiary your contact info

## Open Enrollment Worksheet: Gather Information

**Beneficiary's name:** \_\_\_\_\_

**Name of beneficiary's 2021 Part D plan:**  
\_\_\_\_\_

- Plan Membership Number:

Check one:  PDP  MA-PD  None – in other creditable coverage (see below for more info)

**Beneficiary's membership numbers and effective dates from all other membership cards:**

- Medicare Number -- (new card # format)  
Part A Effective Date -  
Part B Effective Date -

- Social Security Number  
 Same as Medicare number OR SSN --

- Medigap  
Policy Name \_\_\_\_\_ Policy  
Number \_\_\_\_\_

- Other prescription drug coverage?  
Name of Policy:

\_\_\_\_\_  
Policy Number:

- Is the other prescription drug coverage:
  - Employer-sponsored health insurance
  - FEHBP
  - VA or TRICARE
 Name of Policy:

\_\_\_\_\_  
Policy Number:

\*\* Is this "other" coverage creditable drug coverage? Yes  No

**Current Medications List:**

Name of Drug	Generic? (Y/N)	Strength and dose (Ex: 30 mg taken twice a day)
1.		
2.		
3.		
4.		
5.		

- **Review pertinent sections of current plan Annual Notice of Change (ANOC)**
- **Record how costs will change for the beneficiary in 2022:**

Premium: 2021: \_\_\_\_\_ 2022: \_\_\_\_\_  
 Deductible: 2021: \_\_\_\_\_ 2022: \_\_\_\_\_  
 Copay/coinsurance: \_\_\_\_\_

Is the formulary changing in 2022? If yes, for which drugs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

