



Gray Panthers California

Medicare Part D Project

Partnering with Pharmacists Planning Services, Inc., www.ppsinc.org

Medicare Part D: Danger!

Advice in a Nutshell!

- ✧ If you have good coverage in a private plan now, **STAY PUT!**
- ✧ Save every piece of paper you get from your current plan, Medicare, Social Security, Medi-Cal etc. Store in a safe place and **make backup copies. Check with HICAP.**

List of the Most Egregious Issues...

- ✧ Enrollment = Chaos + Confusion.
- ✧ Medi-Cal Beneficiaries are Treated Badly.
- ✧ Late Enrollment Penalty
- ✧ Retirees with Current Drug Coverage – Beware!
- ✧ The Donut Hole.
- ✧ More Egregious...
- ✧ No negotiating for best prices!
- ✧ People are supposed to have choices... but they can't be informed consumers
- ✧ The plans get to change prices, formularies and deductibles at any time, but you don't have the same options.

Don't Blame the Pharmacist!

- ✧ Pharmacists are on the frontlines: paying co-pays, other costs.
- ✧ They are working hand-in-hand with the rest of us advocates.

Where you can go for Help

- ✧ Health Insurance Counseling and Advocacy Program (HICAP): Call 1-800-434-0222 to reach your local HICAP or go to www.calmedicare.org
- ✧ Social Security: 1-800-772-1213 or go to www.ssa.gov
- ✧ Center for Medicare and Medicaid Services (CMS): Call 1-800-MEDICARE or go to www.medicare.gov.
- ✧ CARA Part D Toolkit at www.retiredamericans.org

Remember, most other sources of information are trying to sell you something

What's Wrong With Part D?

For Pharmacists:

1. **Pharmacies can't get through on the pharmacy hot-line or customer service representatives.**
2. **Some pharmacists can't use the E1 data system.**

3. **Some pharmacists don't have computers or Internet service.**
4. The official list generated by CMS of Medicare/MediCal eligible beneficiaries (Medi-Medis) sent to pharmacists is out-of-date, with addresses up to five years old. **A new and accurate list needs to be immediately available.**
5. There are serious problems in coordination between Part D insurance carriers and pharmacies, with people being assigned to pharmacies far from their homes. This is especially critical for the Special Needs population. Pharmacists report that up to 20% of walk-ins are reporting to pharmacies not on the plan's network. **Insurance carriers must be required to cross check an address with a pharmacy nearby when signing a person up.**
6. Family members are not allowed to pick up prescriptions for their frail and homebound parents. The result is that Rx must be sent by taxi to the beneficiary. People can't afford this cost, while the Rx is often required immediately. **An immediate exception needs to be made to allow for homebound and critically disabled persons to authorize their family members to pick up.**
7. **The Levels of drugs are cumbersome and impossible to explain to family members.** Often a drug carrier offers different drugs, and different categories of drugs a person uses under differing plan options with varying co-pays and premiums. Family members do not understand these categories and the pharmacists are burdened with explaining. Different levels have different co-pays and the bottom line, or the Step Program, means that a client must go to the doctor for a different Rx. **There must be an exception system to assure that a chronically ill clients (multiple drug users) can get all their drugs under one plan without undue cost.**
8. A combination of holidays, severe weather conditions and the flu/cold epidemic has resulted in an overwhelming of both pharmacies and doctor's offices. Pharmacists report a doubling of the volume of Rx whenever the day is not a holiday and the weather clears. Since pharmacists can't fill prescriptions for clients who have been assigned to another pharmacy, or the client's drug is in the Step 5 category, the person tries to get a doctor's appointment and is unable to do quickly.. The result is something like a Catch 22 situation. See the following item.
9. Department of Health Services sent out the okay for a 100-day supply of drugs the last week of December, too late for people to be able to get a doctors appointment if needed. This is complicated by the fact that some doctors are not on the plan a person was assigned to. The ultimate factor is that this end-of-the-year rush to fill 100-day orders has meant that drug stores are running out of drugs needed. **An extension of implementation time-frame at the very least is necessary to deal with both #8 and #9.**
10. The language/vision impaired barrier is critical, particularly where some pharmacies have specially trained workers and pharmacists who can translate. Some pharmacies are even equipped to print Braille labels. If a medi-medi was assigned to a new pharmacy without the ability to communicate with them appropriately, the client should be referred back to the pharmacy which can assist them properly. When these clients need to select another plan because of this problem, they most frequently lack comprehension/computer skills to solve their situation. **The correct assignment of a person based on language or ADA requirements should be a condition of plan assignment.**
11. A doctor's signature is needed to transfer a Prescription, and, under the federal HIPA rules, pharmacists can lose their licenses if they do so in the absence of the signature. Further, not all plans network with a wide variety of doctors, so a person may need to get a signature from a new doctor. **A waiver of 1 year must be implemented to deal with incorrect geographic assignments, connection with a necessary physician, and the need for a transfer, especially in the case of immediate need of the prescription.**
12. **Seniors signing up for plans are unable to find out the cost of their potential co-pays and even pharmacies can't determine cost.** The pharmacist is not allowed to give the Rx to a client

without the MANDATORY co-pay. This situation is particularly critical for those with multiple prescriptions. **The information system must be IMMEDIATELY available to determine costs, co-pays over the myriad of plans and category levels.**

13. Carriers are offering different formularies to different versions of their plans, most often based on premium level. A person with multiple prescriptions most often finds that not all their Rx's are in one particular plan. Further, some of the levels require higher out of pocket or require the Step program, where a whole series of drugs must be tried before an expensive brand name can be prescribed. Again this requires a doctor's appointment, exam, and even testing. (An example is Zocor, where a liver test is required to determine the drug's effect) Carriers must be required to make exemptions in multiple Rx use patients.
14. **Pharmacists - particularly the independents - are burdened with becoming brokers for clients. The time spent to determine plan, drugs required, levels these drugs are assigned to, and what co-pay is required, means that pharmacists may take a half hour on a client.** Given that some small pharmacies report 275 prescriptions in a day, it is simple to see how impossible such brokering is possible. There must be many more counselors and adequate sources of assistance available and less of these demands placed on the pharmacist.
15. **Nursing Homes require prescriptions be delivered and assigned pharmacies frequently are not those that will do so.** Nursing homes must be allowed to transfer their patients to the appropriate pharmacist, most frequently the one previously used. In the event of an emergency situation, such as seizure, there must be an appropriate waiver available to get their drugs immediately.

For Medicare Beneficiaries:

1. **Prices are higher than VA or Medi-cal, or other providers, because the bill as written specifically prohibits negotiating for prices.**
2. **The Doughnut hole:** Medicare pays 75% of initial drug costs up to \$2,250 after a \$250 deductible for most seniors. But then the program pays nothing until drug expenses reach \$5,100, after which the government pays 95% of all costs.
3. **Signing up is confusing.** There are 48 different plans in California alone, and variations within the providers.
4. **The Website for signing up (www.cms.gov) is confusing and slow.** And 75% of seniors don't have computers or access to the Internet. And it's not useful to people who speak other languages. And no TTY access....
5. **Phone numbers are often busy,** at HICAP (organization to help people one-to-one), 1-800-MEDICARE, and providers. Waits are routinely over an hour.
6. While Medicare people can only switch plans once a year (except for those who are also on Medicaid), the **insurers can change their plans, drop coverage etc.** at any time.
7. The **appeals process when drugs are denied is so complex** that it denies you a day in court.
8. **You have to know the exact names of the drugs you use.**
9. **Deductibles are too high**
10. **Co-pays are too high**
11. **It's hard to figure out which drugs are covered** by each plan. The info you need is on the web in most cases, and it's difficult to reach the plans by phone. You can't compare them side-by-side.
12. **There is no report card** for the plans so you as a consumer can't make an informed choice.
13. If you have perfectly good insurance but sign up anyway, **you will be dropped from your current plan** and have no recourse.
14. There is a Low-Income Subsidy, but getting it is confusing

For Dual-Eligibles (People eligible for both Medicaid and Medicare):

1. **Some people were not enrolled automatically into a Part D plan as required**, or were enrolled but your pharmacist can't check out your information.
2. **The plans are slow to send out cards.** When you get to the pharmacist you have to wait hours to get your drugs.
3. **You are charged large deductibles or are asked to pay co-payments.**
4. People who relied on formulary information on www.medicare.gov when they chose a plan are told at the pharmacy that their plan doesn't cover their medicine.
5. People aren't getting transitional supplies of medicines, or they are being given less than a 30-day supply, most commonly a 2-, 3-, 5- or 15-day supplies.
6. **People are being asked to pay for prescriptions and to submit their bills to their plans.** We're hearing from people who have given up and are going without their meds.
7. Individuals are still not receiving their meds when a plan makes them try other **drugs they've already tried.**
8. People who relied on the *Medicare & You Handbook* when choosing a plan are now finding out that the **plan they chose is not eligible for the Low-Income Subsidy.** They can't afford the premiums and higher cost sharing until they switch plans.
9. **People still cannot get through on the telephone to 1-800-MEDICAR and/or to their plans.** When they finally do, they aren't always getting correct information.
10. When people finally get through to plans or to CMS, they can't get help because **information about them—birthdates, addresses and spelling—doesn't match.** Info has been as much as 15 years out of date.
11. **Some pharmacists, including those at big chains, don't know** about the data system, or the point of sales process, or of the transitions process.
12. Despite the recent memos from CMS and the states, **some pharmacists have reported that they can't spend the time required** to verify every enrollment or prescription amount.
13. **People don't know they have the right to get an exception** if a drug is not on the formulary; they're told they must get a different prescription.
14. **Nursing home residents are being charged co-pays.** Facilities can't figure out the plans either.

We get by with a little help from our friends.....

- ☛ **CARA (Alliance for Retired Americans)** <http://www.californiaalliance.org/default.asp>
- ☛ **OWL (Older Women's League), California**
<http://www.owl-national.org/>
- ☛ **Health Access California** <http://www.health-access.org/>
- ☛ **Congress of California Seniors** <http://www.seniors.org/>
- ☛ **Pharmacists Planning Services, Inc.** <http://www.ppsinc.org/>
- ☛ **California Pharmacists Association**
http://www.cpha.com/AM/Template.cfm?Section=CPhA_Home

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Meetings: Steering Committee, 4th Tuesday of the month, 1-3

www.gpcal.org

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This program and this website operate under a grant from the California Wellness Foundation (<http://www.tcwf.org/>)

Monthly Meetings: 2nd Tuesday of the month, 1-3
Both, Hart Senior Center, 915 27th Street, Sacramento, CA 95816

Medicare Part D Grant and Program:

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