



CMA Weekly Alert – September 14, 2006

## **MOST DOCTORS AND PHARMACISTS REPORT DIFFICULTIES WITH PART D**

More than ninety percent of pharmacists and doctors believe that the Medicare Part D benefit, which provides prescription drug coverage through private plans, is too complicated. According to the latest survey released by the Kaiser Family Foundation ([September Survey](#)), an overwhelming majority of pharmacists (81%) also report that their patients have had problems getting prescriptions filled under Part D, with nearly one-fifth reporting that *most* of their patients have had problems.

These new data confirm the experiences of clients of the Center for Medicare Advocacy, Inc. and other advocates around the country. As the September Survey shows, the program is confusing, does not assure access to drugs, and causes problems primarily for the sickest and poorest beneficiaries.

### **Confusion about Part D: Pharmacists, Doctors, and Patients**

Sixty percent of pharmacists report that their customers have asked them about Part D. While 86% of pharmacists say they understand the benefit somewhat well or very well, 86% also say they do not believe their patients understand the benefit well.

Pharmacists' concerns about beneficiary education are confirmed by a separate survey released by the Kaiser Family Foundation in July ([July Survey](#)) reporting on seniors' experiences with Part D (the survey did not include disabled individuals eligible for Medicare). When seniors were asked if there is a program through Social Security that gives low-income seniors extra help with prescription drugs (the Low Income Subsidy (LIS) program included in Medicare Part D), 21% said "no," and another 41% said they didn't know. Even more troubling is that those who are more likely to qualify for the subsidy are less aware of it than those with higher incomes: of those with incomes below \$20,000, 24% said there is no such subsidy, and 44% didn't know.

Beneficiaries are not the only ones who are confused. While pharmacists have been involuntarily thrown to the front lines of Part D, responding with extraordinary dedication, doctors have been less involved and also report that they do not understand the benefit as well as pharmacists. According to the September Survey, sixty-four percent of doctors say they understand Part D "not too well" or "not well at all." Many attribute their lack of understanding to a dearth of information, with 78% reporting that they have "just some of the info" or "not enough info" to help their Medicare patients understand how the new drug benefit will affect them.

### **Are beneficiaries saving money AND getting the drugs they need?**

Despite the roadblocks reported by pharmacists and doctors, the September Survey found that many believe that Part D is doing very well or somewhat well in lowering beneficiaries' out-of-pocket costs and providing access to prescription drugs. About 80% of pharmacists and about 50% of doctors agree that Part D is helpful or somewhat helpful.

*It is important to note, however, that many beneficiaries are just now reaching the donut hole, or gap in coverage, in which they will pay the full cost for the drugs. Given the gap in coverage and the ability of plans to change drug pricing, it is not possible to know if a beneficiary has saved money until the very end of the year.*

There are many factors to consider besides cost when choosing a drug plan. These include access to drugs, and freedom from administrative burden for beneficiaries and providers alike. As reported in the September Survey, Part D does not fare as well on these important access issues. Despite ranking access high, when asked whether formulary coverage was sufficient, the majority of pharmacists (51%) and doctors (53%) said no. In addition, 63% of pharmacists and 59% of doctors report that some or most of their Medicare patients have had problems filling their prescriptions. In particular, the September Survey noted:

- 67% of pharmacists say a Medicare beneficiary has left without their prescription because the drug wasn't on his or her plan's formulary.
- 66% of pharmacists have had patients who experienced problems getting enrollment cards or letters of enrollment after signing up for a plan.
- 58% of pharmacists have had patients pay out-of-pocket for their prescription because they couldn't verify enrollment at the pharmacy.
- 49% of pharmacists have had patients leave without their prescription because they couldn't afford the co-payment or co-insurance.

Pharmacists and doctors have also experienced difficulties getting drugs for their patients because of utilization management tools such as prior authorization, quantity limits, and step therapy (which requires patients to try less expensive drugs before a more expensive one will be covered). Utilization management was ranked by pharmacists as the problem they encountered most often, followed by problems getting through the hotlines run by the plans and hotlines run by Medicare, and problems confirming which drugs are on a formulary.

#### **According to the September Survey:**

- 74% of physicians with Medicare patients have been asked by a pharmacy or by a Medicare patient to change a prescription to a drug that would be covered by the patient's plan.
- 59% of physicians have been asked to document reasons why a patient should get the drug prescribed.
- 10% of physicians have had patients experience serious medical consequences because of problems filling prescription drugs.
- 57% of pharmacists report problems dealing with utilization management controls, such as prior authorization or quantity limits.

## **Problems are worse for the poorest and the sickest**

Dual eligibles, those eligible for both Medicare and Medicaid, are often sicker and poorer than other Medicare beneficiaries. It is therefore troubling that in the September Survey 45% of pharmacists say dual eligible beneficiaries have experienced more problems on Medicare than they did when they received their prescription drugs through Medicaid. Seniors report similar problems. In the July Survey of Medicare beneficiaries, seniors were more likely to report major problems filling a prescription if they:

- Consider themselves to be in fair or poor health,
- Take 6 or more prescriptions a day, or
- Have incomes below \$20,000.

To access the full surveys discussed in this *Alert*, see: *National Survey of Pharmacists and National Survey of Physicians: Findings on Medicare Part D*. Kaiser Family Foundation. September 2006. See <http://www.kff.org/kaiserpolls/pomr090706pkg.cfm>, and *Seniors' Early Experience with Their New Medicare Drug Plans – June 2006*. Kaiser Family Foundation. June 2006. See <http://www.kff.org/kaiserpolls/pomr072706pkg.cfm>.

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