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MEDICARE PART D MISSION IMPOSSIBLE WITH CURRENT DESIGN

Contact: Judith Stein, esq.
(860) 456-7790
jstein@medicareadvocacy.org

“The problem with Medicare Part D is with the impossible design of this ‘program’”, says Judith Stein, executive director of the Center for Medicare Advocacy. “That’s why individuals are going without necessary medications and States are scrambling to fill the void for our most vulnerable citizens.”

The Connecticut Department of Social Services is having another emergency meeting today; the Department is regularly meeting with beneficiary advocates in an effort to ensure that beneficiaries actually receive coverage. Connecticut has already nearly spent the \$5 million the legislature passed to “wrap around” Medicare Part D, because claims have not been getting paid by the Part D program. Even when it makes itself available to those who have signed up, impediments remain.

The Medicare Part D “Transition” process is illusive at best: the alleged 30 day medication allowance is suggested by CMS policy, not mandated. Stories abound about people leaving with 2-3 days of prescribed drugs at best, and more often with nothing. How can the *suggested* Transition allowance be enforced?

People are also being stymied by Prior Authorization requirements. How does one challenge a Prior Authorization request or refusal? One Part D Plan requested a physician to fill out its PA form but, once that was done, required more documentation within 3 days; without it the prescription was not filled. When calls were made to the Plan to pursue this problem on Monday, January 16th, the automated message said they were closed all day for Martin Luther King Day and advised the caller to call 911 if this was an emergency.

And ultimately, to appeal any of this one needs to know that there is a process to do so. Even if beneficiaries are aware of the “Exceptions” process, most do not know how to access it, what the standards are to prevail, or what documentation is needed since there is no standardized procedure. “We *experts* are overwhelmed and concerned we can’t properly help,” says Ms. Stein. “How are unrepresented people to manage?”

In far too many instances people who are dually eligible are worse off than they were with the coverage they had in 2005 under Medicaid. Far too few beneficiaries are better off. No beneficiary has what they truly need: an easily accessed, uniform prescription drug coverage program and appeals process that is part of traditional Medicare.