



Press Release:
For Immediate Release

July 19, 2006

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**Center for Medicare Advocacy Releases
Medicare Part D Progress Report:
SIX MONTHS LATER, HEADACHES PERSIST**

The Center for Medicare Advocacy, the nation's leading Medicare advocacy group, is releasing a progress report with policy solutions to improve the Medicare prescription drug benefit.

Judith Stein, executive director of the Center for Medicare Advocacy, said, "The Centers for Medicare & Medicaid Services (CMS), the agency that administers Medicare, continues to tout Part D as a resounding success, while attributing persistent and systemic issues to small glitches in the system. While CMS claims to have fixed the major problems, and purports to be solving individual beneficiary problems in a timely and satisfactory manner, our experience shows otherwise. Our new report highlights some of the most glaring issues and suggests solutions."

The Center for Medicare Advocacy works directly with Medicare beneficiaries. This report contains actual client stories which illustrate the difficulties of the thousands of other people across the nation who are also experiencing problems in obtaining necessary prescription drugs due to high costs and the lack of a uniform prescription drug benefit in the Medicare program.

According to the report, "The design of Part D promotes enormous variation in the type of plans offered, enrollment experiences, covered drugs, what counts toward the Donut Hole coverage gap, plan costs, and appeals. Many people remain confused and frustrated by Part D's complexity and limitations."

The Center for Medicare Advocacy offers policy recommendations to ease the burden on some of our nation's most vulnerable – elders and people with disabilities – who would benefit most from a uniform prescription drug benefit. The Center for Medicare Advocacy calls for a complete redesign of the prescription drug program that is standardized, available throughout the country, and administered through the traditional Medicare program. Short of a complete overhaul, some of The Center for Medicare Advocacy's recommendations are:

1. The agency that administers Medicare should develop a required formulary (list of covered drugs) and specify limited, standardized restrictions that plans can place on each drug. This would provide a uniform and reliable set of covered drugs.

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2. Congress should eliminate the “Donut Hole” – this is a gap in prescription drug coverage during which beneficiaries are responsible for 100% of their drug costs. If the Donut Hole is retained, the amount beneficiaries actually pay for each drug, *not the retail price*, should count toward reaching the Donut Hole. Further, Congress should allow expenses that beneficiaries incur for drugs both on and off their plans’ formularies to count toward satisfying the Donut Hole cost-sharing requirement.
3. Congress should remove the restriction on Medicare negotiating with drug companies. Instead Medicare should be *required* to negotiate prices on behalf of all 43 million Medicare beneficiaries.
4. Congress should authorize sufficient funding to correct systems problems. Congress should require and fund well-trained customer service representatives at CMS and Part D plans, proper backup systems, and real-time, accurate data transfers among CMS, the Social Security Administration, plans, and states.
5. At a minimum, Congress should allow open enrollment in plans until these issues are resolved, and should consider a permanent open enrollment policy. If beneficiaries remain “locked in” to their plan choices, plans should not be allowed to change formularies, raise prices, or increase cost-sharing once beneficiaries are locked-in.
6. Medicaid should provide coverage for people eligible for both Medicare and Medicaid (dual eligibles) who are not properly enrolled in a Part D plan and should pay beneficiaries when premiums are improperly deducted from their Social Security checks. Co-payments should be eliminated for dual eligibles.
7. CMS should implement an effective system for dual eligibles that is designed to resolve issues at the pharmacy counter. The system should be widely publicized and readily accessible, and pharmacies should be required to use it.
8. CMS should establish one standard, simplified process for coverage appeals that all Part D plans must follow.
9. CMS should monitor plans and sanction plans that do not comply with mandated coverage rules and appeals processes. Instead of issuing only “guidance” and using language that “recommends” or “suggests,” CMS should issue rulings and regulations that are binding on the plans and that can be cited by beneficiaries and their helpers.

“Beneficiaries should be able to enroll easily in Part D, obtain access to the medications they need, and not have sticker shock when they go to the pharmacy,” said Judith Stein.

To set up an interview with Judith Stein, please contact Matt Shepard at 860-456-7790 or Kate Roberts at 914-833-7093.

To view the full report, please go to: <http://www.fairmedicare.org/Resources/PartDReport72006.pdf>, or to view an executive summary, go to: <http://www.fairmedicare.org/Resources/PartDReportExecutiveSummary72006.pdf>

The Center for Medicare Advocacy is a national, non-partisan education and advocacy organization that identifies and promotes policy and advocacy solutions to ensure that older people and people with disabilities have fair access to quality health care.