



Medicare: Issue of the Day

January 29, 2004

BETTER BENEFITS – MORE CHOICES

Good News about the Medicare Prescription Drug, Improvement and Modernization Act of 2003!

The New Prescription Drug Benefit: Beneficiary Protections:

- ✧ To further protect beneficiaries, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) **adds new safeguards that are specific to prescription drug coverage** and applies many of the current beneficiary protections that exist in Medicare + Choice today to the new prescription drug plans.
- ✧ The new protections include provisions that require Medicare prescription drug (“Part D”) plans to:
 - ⊕ Grievance and Appeals Requirements:
 - Have a grievance and appeals process allowing beneficiaries to receive a higher-co-pay drug for a lower tier co-pay in cases where a physician determines the higher-co-pay drug is necessary and the lower co-pay drug would not be as effective or would result in adverse events.
 - ⊕ Information Requirements:
 - Provide a wide range of information to beneficiaries, including how the formulary works, what the plan benefits are, and how the plan’s medication therapy management program works.
 - Provide, upon request, information on grievance and appeals process and how the plans have performed in this area.
 - Respond to beneficiary questions in a timely manner, including by providing responses through a toll-free telephone number and by placing information on the Internet.
 - Provide beneficiaries with a clear explanation of benefits and periodic status reports about how much prescription drug spending they have had for the year, as well as how close they may be to the catastrophic coverage benefit.
 - ⊕ Access Requirements
 - Assemble broad networks of retail pharmacies to provide convenient access.
 - Include drugs from every therapeutic class on the plan’s formularies, and develop the formulary through a pharmacy and therapeutic committee, which includes practicing pharmacists, physicians and an expert in geriatric care.

⊕ Management Requirements

- Have cost management programs that save beneficiaries money with tools such as generic and therapeutic substitution to more cost-effective therapies.
- Have medication therapy management programs that pay pharmacists to counsel beneficiaries who have chronic conditions and use multiple drugs to ensure beneficiaries are taking safe combinations of drugs and using the drugs properly.
- Encourage pharmacists in the plan's network to inform the beneficiary if he or she could save money by using a generic drug instead of a more expensive drug.
- Maintain privacy and confidentiality of patient records.
- Participate in consumer satisfaction surveys, which allow enrollees to rate their experience with plans. The ratings will be published in Medicare's comparative plan brochures and provide key information for beneficiaries to use when choosing plans.