

Medicare Part D – How is it going?

By Carole Larkin and Elaine Wiant

May 15 is the end of the initial enrollment period for Medicare Part D. So we asked some older adults to tell us about their experience with Medicare Prescription Drug Plans -- signing up and beyond. Every person we asked had a different experience. Some were positive about the program, others had misgivings. None of the people we talked to had trouble getting their drugs in those chaotic first weeks. If you are still waiting, call 1-800-Medicare and find out if you should enroll.

Hugh enrolled both himself and his mother (who is in a memory care assisted living facility) in PacifiCare. He enrolled by phone. He had to make several calls to get the enrollments completed. A friend looked up his mother's drugs on Medicare's web site and PacifiCare was the only plan that covered all of his mother's drugs. To keep things simple, he chose the same plan for himself. He doesn't remember how much the premium is, as it is deducted from their Social Security checks. He gets the prescriptions filled at Kroger. He has had no problem having the prescriptions filled even before the Pacificare ID cards came to him and his mother. He took the enrollment confirmation letters from Pacificare to the pharmacy, and the drugs were sold to him. He thinks he has saved money, but doesn't know how much.

What does Hugh think? The program is just "ok". He is frustrated because the public had little say in the design of the program. "The insurance companies and the drug companies practically wrote the program themselves. It's too complicated. Nobody can understand it all." It's just another "government program".

Susan's brother enrolled her along with he and his wife using Medicare's web site. Susan had a choice between RxAmerica and AARP's plan, but went with RxAmerica because her brother and his wife chose that plan. The plan's premium is what she expected it to be and it is deducted from her Social Security check. She was enrolled at the end of January and got her ID card in mid to late February. She bought prescriptions before the ID card came and took her enrollment letter to the Pharmacy. All of her drugs are covered except a vitamin she takes, and one prescription that contains a narcotic. She says she was told that no plan would cover those two items. She accepts that explanation. She has had no difficulties filling the prescriptions except for one time she was charged a higher price for one of her drugs. She called RxAmerica who looked up the price and confirmed that she was overcharged. They told her to have the pharmacist submit it again, which they did, and the correct price for the drug was charged. The pharmacy issued her a credit, and she was satisfied. By mid-March she had paid her \$250 deductible, and was into her 75% savings. She was very happy about that. She is dreading the "coverage gap" however. She doesn't know whether she will make it through the gap before the year is over.

What does Susan think? The program is pretty good, but may not like it so much in the future if she doesn't make it to "catastrophic" coverage before the year is over.

Betty says she was confused and overwhelmed when facing the task of choosing a plan for her mother, who is in a memory care unit. Her mother only takes one drug, but that fact didn't make it any easier for Betty. She did nothing until she ran into an Aetna Representative in a CVS store. He talked to her, and she said made it simple. He then gave her information to take home and look over. The next week she went back to CVS and had him sign her mother up. He did the paperwork for her, so she had no problems enrolling her mom. She signed her mom up in mid-January and received the ID card at the end of February. Aetna called her and told her the necessary information to give to the pharmacist until she received the ID card. She received the medicine with no problem. There is no deductible on the plan she chose, so the savings (over 50% she recalls) started right away. She has no problems with a higher premium, because she was told that her mother would be continuously covered (no coverage gap). [Note from the authors: Depending on the drug that Betty's mother takes, this may or may not be true. Aetna offers a plan with no coverage gap for generic drugs and selected brand name drugs.]

Betty is very happy with her experience so far.

Doug's wife is in a nursing home and she gets her drugs through the nursing home. Doug has had a supplemental health insurance plan with Sierra Rx, so he chose that one. He didn't even look at any of the others. He enrolled by mail and said it was easy. He said the prescription drug card didn't come for a long time, but that he had no problem picking her medications up at the pharmacy because he brought the enrollment confirmation letter from Sierra Rx with him to the pharmacy. He doesn't know how much the premium is because it is deducted from his wife's Social Security check. Doug says that the plan doesn't cover one of his wife's drugs (an anti-depressant), which surprises him. He pays full retail price for that. Doug says the drugs cost \$900.00 a month before the plan. He paid \$300.00 for January and February, and \$400.00 for March.

Doug is satisfied with the savings, and with the program in general.

Don looked at several plans, but chose Blue Cross/Blue Shield because he has a supplemental policy with them. He says he doesn't know anything about computers, so he called the company to have them send an enrollment form. He enrolled through the mail. He enrolled before January 1st and received his ID card in late February. He took his enrollment confirmation letter to the pharmacy and had no problem receiving his drugs there. All of his drugs are covered by the plan. The company says that one of his drugs is subject to step-therapy conditions, but every time he has been to the pharmacy, he receives it with no problem. Also he has not yet heard from the plan regarding the step-therapy issue. His premium is what he expected, but has not yet been billed. He is confused, but feels that eventually, he will be billed.

Don is happy with his savings and feels that he has saved at least 50% on the price of his drugs, if not more. His overall experience has been a good one and he is happy with the program so far.

Elaine is responsible for getting her mom signed up on a plan. Elaine said that she was very confused and called several plans to get explanations and information. She was not at all satisfied with their response. Some couldn't answer her questions when she called them, and several promised to send her information and didn't. She got disgusted with the whole thing and gave up. One day in March she came upon a Humana representative in a Sam's store. He answered her questions and told her that all of her mother's drugs are covered on the basic Humana Plan. As it is the cheapest premium in the state, she enrolled her mother in that plan. When we spoke in mid-March, she had not yet received the ID card. Her mom's eligibility would begin April 1st and she felt that her mother would fulfill the \$250.00 deductible in April.

Elaine was not happy with the marketing and enrollment experience except for Humana, and can't yet judge if she is happy or unhappy with the experience in buying drugs under the plan.

Do you have experiences you would like to share regarding your enrollment or use of a Medicare D Plan? Call us at 214-649-1392 or 214-741-4397 and tell us. We may write another article on people's experiences and include yours.

Contact ThirdAge Services for more information on these and other issues relating to older adults at 214-741-4397 or 214-649-1392 or ewiant@thirdageservices.com.

Carole Larkin is a Geriatric Care Manager with an M.A. degree in Applied Gerontology from University of North Texas. Elaine Wiant is a Certified Fraud Examiner and Fellow of the Society of Actuaries. They are owners of ThirdAge Services LLC, a provider of care services and financial services to older adults and their families and friends.