

# Wisconsin Pharmacists: Unsung Heroes, Heroines

An open letter regarding Medicare Part D

from Christopher Decker, PSW Executive Vice President and CEO

**A**s pharmacists are aware, the implementation of the federal Medicare Part D program has been a challenge to both patients and health care professionals.

To highlight the important work pharmacy professionals are doing to make Medicare Part D work, on January 17, PSW sent the following op-ed letter, written by Chris Decker, to media outlets within Wisconsin. A slightly modified version of the letter was sent to national publications like the *New York Times*, *The Washington Post* and *The Wall Street Journal*.

Responses to PSW from Wisconsin pharmacists followed.

The start of the new Medicare prescription drug program in 2006 has rightfully received considerable media attention. The single largest change to the nation's largest health care program warrants attention and examination. Spending billions of dollars annually on the expansion of a public entitlement program obligates public scrutiny.

So, two weeks into the start of this new massive program begs the question, "How has it gone?"

The Wisconsin media has done a good job of reporting many of the problems associated with the program's start. Simply flipping a switch on January 1st did not result in a smooth start to the program. The turbulence has been caused, in part, because there is not one program but rather dozens of Medicare Part D programs across the country, including 47 plans here in Wisconsin. Each of these plans is administered by a different private insurance company and a pharmacy benefit manager (PBM). Each plan has its own unique nuances, including variance in the drugs covered, recipient co-payment requirements, pharmacy providers serving the plan and so on.

Despite the federal government's best effort and the involvement of thousands of volunteers across the country, selecting and enrolling in a Part D plan was a challenge for most people eligible for Medicare. Making the plan work the way it is supposed to work has been Herculean.

Through it all, Wisconsin's pharmacists have been the glue holding the pieces of the puzzle together. Wisconsin's pharmacists have spent hundreds of thousands of hours helping their Medicare patients enroll and attempt to use their new Medicare pharmacy benefit. Since the plans were launched last November and enrollment was allowed, it was not unusual for any given pharmacist to donate several days each week toward assisting their patients to choose a plan. Since January 1 and the start of the program, those same pharmacists have been dedicating most of their work day toward resolving specific patient problems with the new benefit.

Some of the problems have not been able to be resolved by the state's pharmacists even after hours and sometimes days of effort. The challenges are too numerous to list but they mostly deal with the inability of the plans, vested with the responsibility of administering the Medicare benefit, doing the job they are accountable for doing. Throughout the process pharmacists have, by default, become the unpaid benefit managers for Medicare Part D plans. Pharmacists have also shouldered the burden of patient frustration even when there is little, if anything, the pharmacists can do to make the situation better.

With little to no support from the plans, pharmacists have been the key resource to making this program work when it does work. In some cases, pharmacists have been on hold for

*Well said, Chris. Thank you for your strong position.*

— GENE BRAH

*Fantastic!! Great Job Gang!*

— PETE CIARAMITA, RPH

*Well said. Leadership is what our profession needs and this letter fills that need. Thanks.*

— MARK PILKINGTON, RPH, MS

*This is an absolutely awesome letter!! Your description of the entire situation is so accurate and as a pharmacist a bit painful to have to read. I keep wondering where our profession took the wrong turn with regards to reimbursement to get us in this mess. I am proud of the fact that even in the face of all this adversity pharmacists still continue to go the extra mile to care for their patients. I wonder if others would do the same?*

*Thanks for getting this valuable message in print and hopefully in front of the public that really needs to hear it.*

— JOHN JOHNSON, RPH

*This letter is a nice tribute to the nations Pharmacists. I had to feel a little forgotten as a Certified Pharmacy Technician. I'm sorry to say, but very sure that most of those hours on hold were spent by technicians. This letter just proves that technicians still do not get the respect we deserve!*

— KAREN OTWASKA, CPHT

*Great letter. Thanks for saying what needed to be said! I look forward to hearing any reaction you get from within pharmacy and out.*

— SUE SUTTER, RPH

*Good letter. I look at things from a public health stance and consider this a major public health issue. Too bad it wasn't pre-planned as such.*

— TOM BLUMENBERG, RPH, MPH

*Please pass on my "thank you" to Chris and the entire PSW group for supporting pharmacists in their time of need and for saying it like it is. I could not have stated these facts any better myself. Nice job PSW!!!*

— JOHN T. KOLESARI, RPH

*Did this get picked up by any of the media? It captures the full story as only PSW can. Great job!*

— CLAUDIA NIHT, RPH

*Awesome article! I don't know much about the struggles, but it makes me glad I work in a hospital right now . . .*

— RHONDA LESCHISIN, PHARMD

*Thanks to you, Chris and the entire PSW staff for, not only the open letter regarding Medicare D, but for the leadership you provide on all pharmacy issues. We are proud and fortunate to have quality people like yourselves leading our profession through the multitude of landmines that we have to negotiate. Through it all we actually get to discuss patient's medication regimens with them on occasion. Keep the faith and keep up the good work. We are behind you 100%.*

— JERRY GLOCKE, RPH

*I need a hug.*

— WAYNE MACARDY, RPH

*My compliments to Chris and his letter. He hit the nail squarely on the head.*

*I shudder to think how many hundreds of thousands of dollars Thrifty White has on the line while we "wait" for word on how and when we are going to be paid for dual eligible prescriptions that are caught up in this lack of or miscommunication of which we had no part. Classic example for me: we had a call from Medica yesterday saying we are not in their network, but I have a signed, executed contract in my files dating back to June 2005! I wonder who is really administering this program.*

— GARY W. BOEHLER, RPH

*responses continued on next page . . .*

3-4 hours with a plan's "help" desk. Hours! No offense to our physician colleagues intended, but as a matter of reference, can you imagine your doctor being on hold for hours to find out whether or not he can provide a single health care service?

Pharmacists have played a tremendous community service and health care delivery role in the implementation of this new complex program. They have been there when their community and their patients have needed them. They are still there today and we should all be grateful for the services that they provide. But we need to do more than have a Hug Your Pharmacist Day.

At a time when the health care industry and communities across the country should be rallying around the value provided by pharmacists and recognizing their important contributions, pharmacists are under siege.

As everyone involved with health care struggles to address the ever escalating cost of prescription drugs, pharmacists are often caught in the middle. Although prescription drugs are still the best deal in health care today, they cost more today than ever before. Because growing health care costs are of growing concern, and because prescription drug costs have risen faster than other health care sectors, there is a concerted effort to clamp down on the increases. While that is understandable, we must make sure that such actions don't take out the one very valuable health care resource in every community—the pharmacist.

Another public health care program, Medicaid, is contemplating a huge reduction in the amount it pays pharmacists for dispensing prescriptions to its program recipients. Pharmacy providers already receive substantially less than their costs for serving the Medicaid program and a further reduction is not only unfair but likely unsustainable for most pharmacies.

The state of Wisconsin should ensure that Wisconsin's pharmacy providers are treated fairly and equitably. Governor Doyle appointed a special commission to make recommendations specifically on that subject and the commission is expected to make its report to the Governor by the end of this month. I am confident that the commission will bring forth recommendations to reform the Medicaid reimbursement situation for the better; recommendations that must be implemented.

As for Medicare Part D, we must hold those responsible accountable. A million dollar a day penalty for inadequate performance would get the attention of the health plans that are not getting the job done. Medicare recipients deserve better, pharmacists deserve better and the public deserves better.

Let's do more than hope that things get better. Let's require those responsible for administering pharmacy benefits to do it efficiently and seamlessly. Let's guarantee that pharmacy providers are treated fairly and equitably. And, let's demand a system that provides the level of care and service needed by those dependent upon it. ●

— CHRISTOPHER J. DECKER, RPH

## Let's Not Forget the Pharmacy Technicians

Pharmacists have definitely been in the spotlight of the national and state media throughout the month of January 2006. As an independent pharmacy owner whose business is located in the Milwaukee area, I have read the numerous articles in the *Milwaukee Journal/Sentinel* that were dedicated to the trials and tribulations of pharmacists who are processing claims with all the Medicare Part D insurance plans. I certainly agree that no matter how prepared most pharmacies thought they were, Medicare Part D has been and will continue to be a major nightmare. I know that many pharmacists throughout the nation have been helping patients decide on Part D plans and undeniably are the "glue that has been holding this puzzle together." I realize that the term "pharmacist" often is all-inclusive of the entire pharmacy team, but it is important that the public is aware of all the members of this pharmacy team. I want to personally thank the pharmacy technicians at our practice, Miller Pharmacy, Inc. and pharmacy technicians throughout the country for their commitment to helping all of us resolve many current Medicare Part D problems. As we all know, without pharmacy technicians, the pharmacist is not able to spend time with patients helping them to manage their medications properly, which is one of our primary roles.

Since January 1, it is invariably the pharmacy technicians who have spent endless hours on the telephone clarifying coverage problems. Pharmacy technicians are usually the initial contact with patients, who often know nothing about whether their medication is even covered under their new plan. Technicians assist each pharmacist in the proper procedure to get these patients through the red tape necessary to receive their medications. I personally feel that pharmacy technicians are deserving of recognition for their hard work in implementing Medicare Part D, as well as the numerous tasks they perform each day to make the practice of pharmacy what it is today. ●

— PAT VANDEHEY, RPH

*Excellent letter, I am not sure that everyone understands how difficult the Part D program has been for pharmacists. I work in LTC and we don't have upset customers staring at us, but we do have the same frustrations of being on hold with the PDPs and trying to obtain payment for medications that have already been dispensed.*

— KEN WARNING, RPH

*Excellent letter! Thank you for an outstanding effort.*

— NAN HITCHINS, RPH

*This is a wonderful letter. Thank you. I will definitely contact our local paper and try to get this published.*

*Thank you, as always, for looking out for those of us "in the middle," between patients and their insurance companies.*

— VICKI SOBCZAK, RPH

*This is a great letter, well done.*

— KURT HOLM, RPH

*Thank you for the positive and thought provoking press release to some of the country's major news media.*

*In the past I have always believed that we needed a marketing campaign to inform the public about the great value in pharmacist services, but was often told it would be cost prohibitive to use radio or television media. I think that the "open letter" format you used to disseminate what the public and our state and national leaders need to hear is a great inexpensive tool that we should use on a regular basis to emphasize the important and valuable services of retail, hospital and LTC pharmacists.*

*We face a number of challenges including mail order pharmacy and successfully achieving reimbursement for MTM services. I encourage you to produce and send regular messages to the media using the open letter format.*

*Thank-you for all of your hard work in representing our profession.*

— MARK JACOBS, RPH

*Thanks for sending this on. It is excellent.*

— LYNNE DITTMAN, RPH

*Touche!*

— TERRI BERNACCHI, RPH

## Medigap Insurance and Part D

The new Medicare Prescription Drug Plan offers seniors the opportunity to obtain insurance coverage for prescription drugs at a reasonable premium. For many seniors without prescription drug coverage, the Plan is a great benefit. However, there are seniors who already have prescription drug coverage through their employer retirement plan or through supplemental Medigap insurance. Those seniors who are enrolled in a Medigap supplemental plan or employer plan were to receive notification in the last quarter of 2005 from their carrier regarding information about their insurance plan and whether it was "creditable" coverage or not. "Creditable" means that the plan provides comparable or better coverage for prescription drugs than the Part D plans. The senior is given the option to continue with their current insurance coverage or enroll in a Part D plan. The following summary from CMS is offered to the reader as an official explanation of this issue as it pertains to supplemental Medigap insurance policies.

***"I have Medicare parts A & B plus an additional Medigap policy that currently covers my diabetes medication and supplies. Can I stay with my Medigap policy or do I have to switch to a Medicare Part D plan in order to continue to get these items covered?"***

Prior to the Medicare Part D prescription drug plan going into effect on January 1, the only way to get diabetic medications and supplies covered under a Medicare plan was to have an additional Medigap policy. A Medigap policy's purpose was to provide patients with additional medical and drug coverage for medication and supplies that were not covered through parts A & B. Furthermore, prior to 1/1/06, companies offering a Medigap policy were required by Wisconsin law to provide coverage for diabetic drugs and supplies such as syringes. However, with the addition of Medicare Part D, those plans are now covering many of these same items. Specifically for diabetic medications and supplies, Part D plans are covering insulin, syringes, needles, alcohol wipes and gauze. Because these two parts of Medicare now overlap, each individual with a Medigap policy prior to 1/1/06 must make a decision about the policy to which they will subscribe. All Medigap policies sold in Wisconsin after 1/1/06 will no longer include a drug benefit, leaving only Part D to cover these medications and supplies. Individuals with Medigap policies in place before December 31, 2005, can keep their existing policy if they do not enroll in a Part D plan. If the individual decides to enroll in a Part D plan, all drug coverage must be removed from their Medigap policy. Thus, policyholders can choose to continue their current Medigap policy OR sign up for a Part D plan, not both. All policyholders with Medigap policies should have been contacted by November 15, 2005 by the company who issued their policy informing them as to whether their current Medigap policy has creditable coverage (i.e., whether it is as good as Medicare's drug coverage). If the policy has creditable coverage, the policyholder may stay with the Medigap policy and can switch over to a Part D plan at any time (even after May 15, 2006) without incurring a late enrollment penalty. If the policyholder is notified that he or she does not have creditable coverage, he or she is able to stay with the Medigap policy, but if that person decides after May 15, 2006 to switch to a Part D plan, a late enrollment penalty will be assessed. This penalty is in addition to the premium for the Medicare Part D plan of at least one percent per month for every month the individual could have been enrolled but was not. The individual would have to pay this additional premium for the rest of the time he or she is enrolled in a Part D plan. ●