



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

February 15, 2006

SHORT-TERM CCD RECOMMENDATIONS FOR NEW MEDICARE PRESCRIPTION DRUG PROGRAM

The Consortium for Citizens with Disabilities, a coalition of 105 national disability organizations, calls on the Bush Administration to take immediate corrective measures to ameliorate the flawed implementation of the new Medicare prescription drug program, specifically as it relates to Americans with disabilities. The CCD recommends the following actions:

1 REIMBURSE IMPROPER CHARGES TO INDIVIDUALS IMMEDIATELY

Plans must reimburse dually-eligible individuals who were erroneously charged the full cost of their prescriptions or erroneously high co-payments in a timely manner and CMS must facilitate this reimbursement process. It is unfair to put the burden on beneficiaries to go through complicated administrative processes in order to receive reimbursement for these costs.

2 GUARANTEE REIMBURSEMENT TO PHARMACIES

To ensure that all dually-eligible individuals leave their pharmacies with all medically necessary prescriptions filled for an appropriate period of time without being required to pay either erroneously high co-payments or full price for their prescriptions, CMS must guarantee pharmacists that they will be fully reimbursed for medications dispensed to dual eligibles regardless of whether or not they have the correct billing code or can verify enrollment in a Part D plan or the Extra Help subsidy.

3 CODIFY CMS POLICY ON COVERED DRUGS

The CMS policy to require that Part D plans cover "all or substantially all" medications in six key drug classes including anti-depressants, anti-psychotics, anti-convulsants, anti-retrovirals, antineoplastics, and immunosuppressants must be strengthened in law or at least made a more formal requirement in regulation. In addition, the CMS policy that plans may not apply utilization management restrictions like prior authorization or step therapy to medications in these classes if the individual was already taking these medications before being enrolled in Part D must also be strengthened in law and regulation.

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4 MAKE OUTREACH ACCESSIBLE AND PROVIDE TRAINED STAFF

CMS and plans must be required to consider the needs of people with a variety of disabilities in its outreach, education, appeals, and complaint processes. This requires establishing standardized forms and processes that all plans should use for exceptions and appeals and requires that these forms as well as any outreach materials be produced in accessible formats for people with sensory and cognitive disabilities. Access to www.Medicare.gov and 1-800-Medicare must also be accessible to people with sensory and cognitive disabilities and the State Health Insurance Assistance Partnerships must include staff trained to address the needs of people with sensory or cognitive disabilities.

5 POLICE AND PUNISH NEGLIGENT DRUG PLANS

CMS must exercise its enforcement authority and impose appropriate sanctions against any Part D drug plan that:

- Fails to maintain sufficient staffing to respond in a timely manner to inquiries by beneficiaries.
- Fails to provide a transition supply of medicine
- Provides incorrect formulary information to CMS, pharmacies, beneficiaries, and others; or changes its formulary before March 1.
- Fails to provide information about the exceptions and appeals process
- Fails to maintain a system to respond immediately to requests for prior authorization, exceptions, or appeals.
- Fails to reimburse individuals in a timely manner.
- Fails to reimburse dually-eligible individuals who were erroneously charged the full cost of their prescriptions or erroneously high co-payments in a timely manner.

These recommendations are explicitly endorsed by the following CCD organizations:

American Association of People with Disabilities
American Association on Mental Retardation
American Congress of Community Supports and Employment Services
Association of University Centers on Disabilities
Bazelon Center for Mental Health Law
Epilepsy Foundation
National Association of Councils on Developmental Disabilities
National Association of Social Workers
National Disability Rights Network
National Mental Health Association
Paralyzed Veterans of America
Title II Community AIDS National Network
The Arc of the United States
United Cerebral Palsy