



## Caduceus

College of Pharmacy  
University of Rhode Island  
Kingston, RI 02881

Medicare part D Comprehensive Update for All Health Care Providers  
February 8, 2006  
Crown Plaza Hotel, Warwick

The Rhode Island Pharmacists Association held a meeting focusing on updates pertaining to Medicare Part D. Kimberly McDonough, PharmD, BCBPS, President, CEO of Advanced Pharmacy Concepts detailed the Medicare Modernization Act and explains components this act includes besides prescription benefits. A Progress Report on Medicare Part D was presented by Adele Pietrantonio, RPh, Pharmacist, Boston Regional Office Centers for Medicare and Medicaid Services. John Young, CPM, the Associate Director of Health Care Quality, Financing and Purchasing from the RI Department of Human Services spoke about the impact of Part D on the state Medicaid program. Listed are a summary of major points from the meeting.

- HR-1 bill includes not only Medicare but also fraud and abuse provisions, and cost containment initiatives.
- There are 34 prescription drug plan regions- RI is region 2 (MA, CT, VT).
- State Pharmaceutical assistance programs (including RIPAE) are acknowledged by MMA and will contribute to TrOOP.
- Employers may supplement PDP by paying for premiums not co-pays.
- Medicare part B reimbursement was changed from U&C to ASP + 6% to save costs.
- PDPs must be able to support e-prescribing by April 1, 2007.
- Medication Therapy Management will increase adherence, understanding in patients taking multiple medications, who have multiple chronic diseases and who spend more than \$4,000 in drug spend per year.
- MTM can be conducted by a pharmacist or other health care provider.
- CMS requires quality monitoring in cardiovascular and another disease area, to be determined, for 2006.
- HIPAA also serves to standardize electronic healthcare transaction identification codes.
- Transitional coverage period is extended from 30 days to 90 days.
- CMS pharmacist help-line 1-866-835-7595 available 24/7.
- Things are getting better. There is less wait time for phone calls, up-to-date on dual eligible, improved data translation.
- Working with states and established a reimbursement plan and if needed may provide a temporary extension to states.
- Hope to assure states that a backup system is no longer needed.

- Proposals for budget- preferred drug list, fee for service will go to co-pay (except for patients on waiver programs), use WAC + dispensing fee for drug price ceiling.
- Ritecare will not carve out pharmacy benefit.
- Talking about moving ADAP processing to EDS.
- On Jan. 11<sup>th</sup> governor issued order to provide supplemental assistance to dually eligible and will seek reimbursement from Medicare and PDPs
- This supplemental assistance will continue until March 2, 2006. Medicare reimbursement to the state ends February 15, 2006.



