

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES STANDING COMMITTEE**

February 2, 2006

3:04 p.m.

**MEMBERS PRESENT**

Representative Peggy Wilson, Chair  
Representative Paul Seaton, Vice Chair  
Representative Vic Kohring  
Representative Sharon Cissna  
Representative Berta Gardner

**MEMBERS ABSENT**

Representative Tom Anderson  
Representative Carl Gatto

**COMMITTEE CALENDAR**

OVERVIEW(S): DEPARTMENT OF HEALTH AND SOCIAL SERVICES ON  
MEDICARE PART D

- HEARD

**PREVIOUS COMMITTEE ACTION**

No action to record

**WITNESS REGISTER**

ESSIEN UKOIDEMABIA, Director  
State Health Insurance Assistance Program (SHIP)  
Division of Senior and Disabilities Services  
Department of Health and Social Services (DHSS)  
Anchorage, Alaska

POSITION STATEMENT: Presented the overview on Medicare Part D.

JON SHERWOOD, Medical Assistant Administrator for Medicaid  
Office of Program Review  
Office of the Commissioner  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

POSITION STATEMENT: Answered questions regarding Medicare Part D.

BILL ALTLAND, Owner

Whale Tail Pharmacy;  
Member, Pharmacy Board  
Craig, Alaska

POSITION STATEMENT: Testified as a pharmacist regarding  
Medicare Part D.

DIRK WHITE, Owner  
Harry Race Pharmacy & Photo  
Sitka, Alaska

POSITION STATEMENT: Testified as a pharmacist regarding  
Medicare Part D.

DON ROBERTS  
Kodiak, Alaska

POSITION STATEMENT: Testified as a disability recipient  
eligible for Medicare Part D.

BARRY CHRISTENSEN, Pharmacist  
Ketchikan, Alaska

POSITION STATEMENT: Testified as a pharmacist regarding  
Medicare Part D.

JENNIFER ADAMS, Representative  
Anchorage Community Mental Health Services (ACMHS);  
Program Coordinator, Medicare Plan D  
Anchorage, Alaska

POSITION STATEMENT: Testified regarding administration of  
Medicare Part D.

#### **ACTION NARRATIVE**

**CHAIR PEGGY WILSON** called the House Health, Education and Social  
Services Standing Committee meeting to order at [3:04:17 PM](#).  
Representatives Kohring, Seaton, Cissna, Gardner, and Wilson  
were present at the call to order.

#### OVERVIEW(S)

DEPARTMENT OF HEALTH AND SOCIAL SERVICES ON MEDICARE PART D

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CHAIR WILSON announced that the only order of business would be  
a presentation by the Department of Health and Social Services  
(DHSS) on the implementation of Medicare Part D.

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ESSIEN UKOIDEMABIA, Director, State Health Insurance Assistance Program (SHIP), Division of Senior and Disabilities Services, Department of Health and Social Services (DHSS), stated that the federal government funds a SHIP director in every state through the Centers for Medicare Services (CMS) and Medicaid in conjunction with the U.S. Administration on Aging and the Senior Medicare Patrol. The SHIP office distributes information on Medicare and other federal, state, and private health care plans that interface with Medicare programs. She explained the elevated demand for information and assistance that began in 2005 due to the implementation of the Medicare prescription drug plan, Medicare Part D. This revised program provides drug assistance benefits for those individuals covered by both Medicaid and Medicare through pharmacy benefit plan companies. She described the volunteer program that SHIP established in Alaska to handle the workload. The focus, she said, has been to train volunteers who then train more volunteers to provide one on one assistance for the elderly and disabled statewide. Responding to Chair Wilson, she said that of the initial 100 volunteers, 51 provide the elderly and disabled with assistance to enroll in Medicare Part D, and stressed that all of the information and enrollment criteria is easily accessed via the internet at [www.seniorcarealaska.gov](http://www.seniorcarealaska.gov). Further, she clarified that her position with the state is funded through two federal grants.

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MS. UKOIDEMABIA described the three concurrent programs which SHIP administers: information dissemination and enrollment for new Medicare Part D enrollees, or re-enrollment for existing clients; Social Security Extra Help program for low income individuals who need assistance to cover the Medicare "doughnut hole;" and the Alaskan SeniorCare (ASC) prescription drug plan that serves as a wrap around for the Medicare program. She fully described the parameters for enrollment in each of these programs and delineated the various eligibility requirements based on age, income, and assets.

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REPRESENTATIVE CISSNA described the possibility that some eligible individuals may require one on one assistance to help them with this change, and asked how SHIP is instituting this outreach aspect.

MS. UKOIDEMABIA stated that the department is aware of such situations, thus SHIP volunteers make in-home welfare checks to assist residents. She assured the committee that SHIP's outreach program is extensive, and described the contact procedures being implemented, particularly in the villages.

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MS. UKOIDEMABIA explained that CMS finances the three SHIP programs which are in turn supported by 11 participating pharmacy benefit plan companies which provide 28 plan options for Alaskans. She described issues that have arisen during this time of change, particularly with participating pharmacists who have reported experiencing an inefficiency in accessing client/program details, with resultant delays to the consumer.

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CHAIR WILSON asked whether every Medicare client was defaulted to an option with a new benefit plan company assigned to cover their pharmaceutical needs, when Medicare Part D was enacted, and furthermore, if each client must now access this default information to ascertain whether they are appropriately enrolled and make any necessary changes.

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MS. UKOIDEMABIA clarified that it was only the dual eligible Medicaid and Medicare enrollees, who were randomly defaulted to a new plan in January 2006, and who now have one year to select from the various plans and re-enroll in the one appropriate for them. In response to Chair Wilson, she explained how SHIP volunteers help the enrollees to compare and choose a cost effective prescription drug plan. She stressed that this help is provided to the enrollees for any of the three described programs, utilizing translators when necessary.

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REPRESENTATIVE SEATON asked how benefit plan assignments are being rectified for the dual eligible clients who reside in an assisted living facility which doesn't recognize the default plan, effectively leaving the resident without prescription drug coverage. Further, he asked whether there is a 30 day delay in benefit start-up from when the client enrolls in the appropriate plan.

JON SHERWOOD, Medical Assistant Administrator for Medicaid, Office of Program Review, Office of the Commissioner, Department of Health and Social Services (DHSS), explained that nursing care and assisted living care facilities operate under different rules; however, clients in both facilities have been effected by being randomly assigned to a new benefit plan company. He explained that a client may be assigned to a plan that hasn't contracted with their facilities participating pharmacy. In a nursing home, a plan is obligated to provide drugs, via authorizing an "out of network exception" purchase, through the long-term facilities regular pharmacy. In assisted living facilities, the requirements provide residents the option to continue to receive prescription drugs via their previous provider while they establish enrollment with a new benefit plan. Once a client's appropriate enrollment is established or changed, coverage takes affect at the beginning of the following month, which can create a transitional lapse requiring coverage through the "out of network" proviso. In further response, he clarified that if a client is enrolled in "plan A" and is changing to "plan B", "plan A" is expected to provide prescription drugs until such time as "plan B" assumes the responsibility, thus creating a seamless change-over.

CHAIR WILSON described a situation in which a pharmacist was denied a contract with a particular benefit plan company making it impossible to dispense prescription drugs to the clients who were assigned or had chosen that particular benefit plan company. She asked how this type of situation is being addressed.

MR. SHERWOOD explained that the state has been providing prescription drugs for the dual eligible clients, but as of January 1, 2006, this became the obligation of the private benefit plan companies through Medicare Part D. He described the four major steps taken by the department to implement this change. During the last week of December 2005, 30 day refills were authorized for all non-controlled drugs for Medicaid recipients, to provide clients a supply buffer for the first transitional month. Additionally, procedures were sent out to the dual recipient clients to present to their pharmacists which ensured that reimbursement would be forthcoming for the pharmaceutical services rendered. Included in the information was a hot line number for prescription authorization via Medicaid's fiscal agent First Health. In response to Chair Wilson, he explained that authorization is accomplished by entering a pre-authorization code into the system, which is then

used by the pharmacist for billing purposes to provide immediate claim processing and weekly reimbursement.

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CHAIR WILSON reported that pharmacists are reporting difficulty in getting through on the toll free telephone number, to the detriment of the customers and the business. She asked where the toll free telephone numbers originate, and whether this heretofore-cumbersome situation has been improved.

MR. SHERWOOD stated that the toll free lines are sometimes answered in Alaska but primarily route to Virginia, and that to his knowledge the system is improving. He explained where the bottleneck occurs, and said that CMS has issued instructions to all of the benefit plan companies to provide additional telephone lines, including "specialized" lines. In further response, he stated that he is not sure how many total lines are available in Alaska or nation wide.

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REPRESENTATIVE CISSNA asked whether it is First Health who covers these lines, and whether First Health is not also responsible for fielding a myriad of other authorization calls.

MR. SHERWOOD confirmed that First Health does field calls for other agencies, but pointed out that the pharmacies were dedicated a line for Medicaid authorization purposes.

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REPRESENTATIVE GARDNER suggested that it would be illuminating to have someone at this hearing call one of the help lines to check the accessibility and response time.

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REPRESENTATIVE SEATON noted a significant difference in the program costs, and asked whether there is reimbursable subsidy limit for the dual eligible clients.

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MR. SHERWOOD explained that there is a limit to the amount of the premium that the federal government subsidizes based on a formula called the "Alaska Benchmark," currently rated at

\$34.66. Any dual eligible client who was automatically assigned to a plan was assigned to one of the seven Alaskan plans priced at or below this benchmark amount. He pointed out that enrollees may elect to sign up for a plan that requires a higher premium and pay the difference out of pocket. Asked to explain the advantages of the higher premium plans, he responded that the primary difference is the price reduction on drugs not otherwise covered; commonly referred to as "the doughnut hole." Furthermore, he assured that the seven available Alaskan plans all cover 75 to 95 percent of the 100 drugs most commonly prescribed to Medicare clients. Additionally, each plan is required to allow beneficiaries the opportunity to apply for preferential treatment if they have a medical necessity to use a drug not otherwise covered. He stated that this formulary exception provision also allows for an appeals process.

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CHAIR WILSON asked how easy it is to apply for the formulary exception/appeal, whether it can be managed over the phone, and who helps the elderly and disabled clients through the process.

MR. SHERWOOD responded that usually the client's doctor or prescribing physician, and sometimes the pharmacist provides assistance. He explained that CMS is targeting the doctors and pharmacists to receive instructions on how to obtain a formulary exception, as it usually requires some medical justification or explanation.

CHAIR WILSON pointed out that this could be a significant burden for the doctors or pharmacists. She asked Mr. Sherwood if he could report on how the pharmacists are handling this imposed obligation, whether the department has been contacted by any pharmacists, and how DHSS has responded to their needs.

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MR. SHERWOOD stated, "They have certainly let us know they're having problems, and they are having to work long and hard to work through the problems with plans, and the backup plan, and CMS." He described the difficulties, confusion, and delays being experienced by the pharmacists as they attempt to fill Medicare prescriptions through the newly defaulted/assigned plans, ascertaining which plan applies, establishing whether it's the appropriate plan for the client, and dealing with the miscommunications from Medicare regarding a client's co-pay applicability. The department has implemented contingency

procedures to enable clients to receive their prescription drugs via a pre-authorization code. Theoretically, the pharmacist accesses the code through the First Health help desk telephone number, and the state provides follow-up to bill the benefit plan for the claim. Additionally, he said that DHSS has recently become aware of situations in small communities where the pharmacists don't have a contract with the clients benefit plan provider, or the plan is not recognized in the system, creating a problem that is still being addressed. He stressed that monitoring and modifying the contingency plan is on-going, and that individual attention is being provided by the DHSS staff on a case-by-case basis for correct claim submission.

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CHAIR WILSON stressed that this has not been an easy transition, and asked how DHSS is responding to the pharmacists who have supplied clients with prescription drugs and are now experiencing significant delays in receiving reimbursement from Medicare, effectively incapacitating the business.

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MR. SHERWOOD offered that there could be various reasons why Medicare has not paid claims, but he offered that through the DHSS contingency plan pharmacists can submit/resubmit to the state for payment.

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REPRESENTATIVE SEATON recalled that the Alaska SeniorCare prescription drug program authorization passed through the legislature as an interim measure, and he asked when it is scheduled to terminate.

MS. UKOIDEMABIA responded that the SeniorCare authorization, the SeniorCare cash assistance, and the "wrap-around" to Medicare programs each have a sunset date of June 30, 2007.

MR. SHERWOOD explained that last year's legislature passed a bill to extend the SeniorCare program and extended the drug benefit to a wrap-around for Medicare, with an 18 month limit. He explained that the wrap-around pays for the premium or the deductible that an eligible client would be required to meet under a Medicare Part D plan or a comparable prescription drug plan. In response to Representative Seaton, he reported that the SeniorCare prescription drug plan is not being widely

utilized with less than 100 people thus far enrolled, but the SeniorCare cash plan has an enrollment of approximately 7,000. With the exception of the dual eligible clients who were defaulted into the system, enrollment in Medicare Part D plans in Alaska is low. He recalled that the statistics in the CMS report, published in January 13, 2006, show that four fifths of the enrollees are the dual eligible clients. Feedback from the SeniorCare office indicates that participants are "waiting to see ... how these first months play-out before they enroll." The open enrollment period runs through May 15, 2006, without penalty, and he said some people are possibly trying to avoid the "start-up headaches" by waiting.

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CHAIR WILSON stressed that every effort should be made to get people signed up to prevent them from incurring the permanent penalty rate, and she asked if there is an additional, intensive outreach program planned should the enrollment figures not increase by March 30, 2006.

MS. UKOIDEMABIA explained that information/counseling sites are available throughout the state to assist people in choosing a plan and enrolling. She stated that SHIP plans to increase the number of volunteers in expectation of a run on these sites in March and April, following a stepped-up advertising campaign.

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REPRESENTATIVE CISSNA asked whether there is adequate funding to provide enough dedicated staff for facilitating the enrollment of the known eligible clients. She reported a lack of outreach information being disseminated in her district, and expressed concern about the ability of the volunteers to provide enough statewide services to the "very people who need it the most." She inquired if additional funding is needed and available to Ms. Ukoidemabia's office to accomplish this task.

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MS. UKOIDEMABIA described the make-up of the SeniorCare/Senior Information office, which has three employees including her; however, SeniorCare has recently authorized a much-needed additional administrative position. She pointed out that on the SeniorCare website a full list of the volunteers is available, and she stated that primarily the volunteers are provided through professional agencies. She stressed that in the

villages the volunteers visit the recipient's homes, with wireless laptop computers to accomplish the enrollment process. State money would be helpful to fund more outreach, train additional volunteers, and augment the federal grants, she said.

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CHAIR WILSON inquired if DHSS submitted a state budget request to make funds available in anticipation of these needs for fiscal year 2005 or 2006, whether the funding was granted, and if Ms. Ukoidemabia considers the situation to have peaked and that activity will now begin to "simmer down."

MS. UKOIDEMABIA declined to answer the budget question, but opined that enrollment will not simmer down "anytime soon." She explained the continued need for additional office staff, as volunteers fall away following the initial enrollment rush. To further questions, she described the \$40,000 outreach campaign that is now underway, and she provided assurance that a computer is not necessary in order to obtain information about Medicare Part D.

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CHAIR WILSON inquired whether there is a statewide list of known eligible clients which could be accessed and utilized to assure that every known recipient has been assisted.

MS. UKOIDEMABIA responded that SHIP relies on the national Medicare database as its resource.

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REPRESENTATIVE CISSNA emphasized the need for physical outreach to access residents in their homes.

MS. UKOIDEMABIA agreed that person to person contact is the best way to provide assistance, and additional state-funded staff positions would be very helpful towards that end, and could provide support to the volunteers.

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CHAIR WILSON asked what issues are addressed in the contingency plan circulated by DHSS on February 2, 2006.

MR. SHERWOOD explained that it directs pharmacists who are not able to get a claim paid through a client's benefit plan, to call the First Health pharmacy line and receive an authorization for the claim to be paid by Medicaid.

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CHAIR WILSON, opening public testimony, addressed the on-line witnesses and asked them to limit their testimony to recent, relevant experiences of the past 7-10 days.

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BILL ALTLAND, Owner, Whale Tail Pharmacy; Member, Pharmacy Board, explained that he and his wife are the co-owners and attending pharmacists of the only pharmacy on Prince of Wales Island. He related an incident that he said is typical of what has been occurring since December 2005:

We had a dual eligible come into our drug store this morning, he was [randomly] enrolled in a plan that we do not have a contract with. The reason [why] we do not have a contract with this plan [is] because they didn't offer us one, or we didn't ever hear [back] from them. The contingency or transition plan, [was to be] Wellpoint/Anthem, ... [but] we don't have a contract with [them either] .... ... This ... Native elder ... had maintenance medicines [which] he needed. [The claim] wouldn't go through on the [Medicare assigned] plan, [which] said our pharmacy was not a participating member [the] Wellpoint/Anthem, ... 14-step mechanism ... didn't work ... [nor could we] get through to Wellpoint/Anthem's help desk. ... I went ahead and transmitted these claims to Medicaid. Medicaid rejected, [and] said that this [man is] dual eligible ... on Medicare .... ... We called the help desk [at] Medicare. The pharmacy help desk was mentioned [earlier in testimony], that's about a six step process to get a real person, and it takes a long time in itself just to get to somebody on the Medicaid First Health help desk, .... So, all these steps take a long time. I ended up spending over an hour to get to the point where I [spoke with] an actual person from First Health, ... and they said they'd get back to me. ... I'd gone through all the steps to get down to the step where Medicaid is the last payer, .... ... By this time the patient had been in our pharmacy for

over an hour, so we went ahead and dispensed the medications. [The drugs] ... weren't paid [for], [but] ... we did get a call back from ... the Alaska Medicaid pharmacist. He was concerned and helpful, but still we did not have any payment [authorization]. ... First Health did call back this afternoon, and my wife was on the phone ... trying to get ... [reimbursement] set-up to go through on Medicaid and that in itself took 45 minutes; tied up both of our pharmacy business lines .... ... Hopefully this will be getting better but it's just an indication of how much time it takes to transmit claims in rural area[s]. ... One last thing I want to mention is that this [man] really had no idea what this meant, ... [his] prescription drug plan going from Medicaid to Medicare. ... There's been no trainer to Prince of Wales Island, there has been no training of seniors that I know of .... ... I don't know if it's that way in the other rural areas of the state, but ... I had to train two pharmacy technicians to work with our seniors and ... folks really don't have a clue.

[4:05:16 PM](#)<sup>7</sup>

CHAIR WILSON asked how Mr. Altland's technicians have managed to determine the appropriate plans for their clients, without the benefit of training.

MR. ALTLAND answered that the amount of instructional materials arriving from the various agencies, via mail and FAX, has been overwhelming and difficult to keep up with. However, he explained that the information has allowed them to become self-educated on the topic. He also reported that he hired an additional employee in December to help with this transition and to create a list of their eligible clients, which has been used for outreach purposes. In short, he said, "It's taken a ... lot of time."

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CHAIR WILSON asked how many of the new benefit plans he has contacted and requested a contract from, with or without success.

MR. ALTLAND answered that he has contacted and received responses from the seven Alaska plans, but only four would contract with his pharmacy. He pointed out that he does have a

percentage of customers who were assigned to the three plan providers unavailable to his pharmacy. Currently, he is working with these clients to choose an alternative plan provider. Also, the local Native clinic has been sending their seniors to his pharmacy for assistance, even though they are not his regular customers. He said that the Native clinic was at a loss, not having received training and without the benefit of computer access. Finally, he stated, ... "It's very, very confusing, 11 plans, 28 options. ... I've been a pharmacist for 25 years, ... it's really confusing to me, I don't see how most seniors would have a clue."

CHAIR WILSON explored whether it would be helpful if each Native clinic would try to do some training.

MR. ALTLAND said that he is not familiar with how reimbursement works for third parties under the Native health system, but he can report that many of the local Native elders don't utilize the system, perhaps because they have private insurance or are on Medicare. Neither, he conceded, could he say for certain how much training may have taken place. But, he added, the Native Health system does have a limited formulary, and he often fills prescriptions for the clinic's patients. He expressed concern for the Natives who have been assigned one of the three unavailable plans and are not receiving help to re-enroll.

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DIRK WHITE, Owner, Harry Race Pharmacy & Photo, echoed Mr. Altland's testimony, that it is a time-consuming process to obtain a response via the telephone, estimating his labor costs to date to be approximately \$24,000 "in time that we've paid ... to have people sit on hold." He described the impact to his business, when his eight phone lines are tied up in Medicare related calls, his staff cannot tend to regular business, and customers are frustrated. Further, he reported that because his policy is to provide a client medications, he estimates that he is currently holding outstanding claims amounting to approximately \$40,000, "and we have no idea when we're going to get paid." The Wellpoint/Anthem has not been helpful, nor is it an option as a contract is required to be compliant with the Health Insurance Portability and Accountability Act (HIPPA). Also, he described the recent discovery that dual eligible clients are arbitrarily being "switched over" to Medicare Part D, without notification. He begged the need for a streamlined process to be enacted to provide the pharmacists with an easy means to serve the Medicare clients, and suggested an "override

code." He said, "I hope we can find somebody to ... give us some help and some relief so we can go back to helping our patients ... instead of being insurance agents."

[4:16:38 PM](#)

REPRESENTATIVE CISSNA thanked the pharmacists for their efforts, and stressed the importance of their work the community.

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DON ROBERTS introduced himself as a recipient of social security disability and a nonparticipating eligible for Medicare Part D benefits stating, "Quite frankly, any governmental ... program seems to be like a nightmare just to ... get registered." He opined that the information issued from Medicaid/Medicare to help people make this change has been "difficult, convoluted, and devious." He stressed that anyone would have difficulty in understanding how to choose an appropriate plan from the options given and the instructions provided. "You should be outraged at what people are going through," he said, and made several predictions of widespread angst and crime that may occur when people are not able to obtain their necessary medication(s).

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BARRY CHRISTENSEN, Pharmacist, stated that the major problems have been adequately outlined by the previous callers. Still an issue, however, is the communication link between the pharmacies and the state. He reported that the last time information and instructions were issued from DHSS it took about five days to reach Ketchikan, and he cited the non-arrival of the information that Mr. Sherwood reported as being disseminated to pharmacists earlier today. Further, he stressed that the Wellpoint/Anthem is not a workable backup and should be dispensed with, reiterating the "no contract" problem. He reported that the co-payment reimbursement that the state has established does work, albeit slowly.

CHAIR WILSON asked whether it is possible for DHSS to distribute information directly to the pharmacists via e-mail.

[4:22:34 PM](#)

MR. SHERWOOD explained that after it was made apparent to the department that the pharmacists were experiencing delays in receiving departmental communication, DHSS began transmitting

communications directly to the Alaska Pharmaceutical Association (AkPhA) for distribution.

MS. UKOIDEMABIA confirmed that Nancy Davis, Director, AkPhA, has a master pharmaceutical e-mail list that is available and being used.

[4:23:25 PM](#)

JENNIFER ADAMS, Representative, Anchorage Community Mental Health Services (ACMHS); Program Coordinator, Medicare Plan D, reported that ACMHS has 600 consumers who are affected by Medicare Plan D. She stated that since August this change-over has become her full-time job. The goal of ACMHS has been to provide enrollment support for their clients in an effort to keep them as stable as possible. Unaware of the various training possibilities, she said that she has primarily educated herself on how to administer the program. She pointed out that a recent article in the local newspaper was grossly erroneous in reporting that Medicare Plan D has been successful in Alaska. Everyday a number of her clients have trouble in accessing their medications. Currently, she knows of two patients who are off their medications entirely because they can neither afford the co-pays nor handle the angst of trying to access their medications, which includes calling multiple locations, having to hold for over an hour at a time, and the other difficulties involved with the new system. "The results of going off psychotherapeutic medications can be devastating," she said, stressing that the ACMHS community is suffering because of Medicare Plan D. The pharmacies that she works with have had difficulty and denied her patients their medications, when the Wellpoint/Anthem option fell through and the assigned benefit plans could not be accessed. Because it takes so long on the phone, she said she is only able to assist eight individuals per day. While the various agencies are blaming each other, none are responding to her pleas, and she has some clients who are on their seventh day without critical medications. Contacting Senator Lisa Murkowski's office proved to be somewhat helpful, and she attributed a ray of success due to that contact. However, she stressed that this is more than frustrating and people are suffering the effects of a failed government system.

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CHAIR WILSON asked for an example of what the co-pay costs are for her clients.

MS. ADAMS responded that the co-pay costs range from \$15.00 into the hundreds of dollars, explaining that even a co-pay of \$5.00 is exorbitant for someone who has 24 medications to purchase. She pointed out that it is unaffordable for the people who live on a low or fixed income. She described the roster system that she has used to reach her eligible clients and enroll them in the appropriate plan, and stressed that these are individuals who are unable to self advocate or maintain enough focus of their energy to enroll. In attempting to help these persons who are mentally disabled, she reported that she and the clinicians at ACMHS are entirely overburdened with the administration of Medicare Part D. In response to a question, she said that she has thus far managed to enroll about 400 of the 600 people on her client list. Continuing, Ms. Adams explained how enrollment was done in-mass beginning in November to ensure that when the roll-over happened in January, every client would have received a new card, understand the new plan, and not experience gaps in coverage. Despite these efforts, enrollment did not happen, no cards or multiple cards were received, and she said, "Come January 3rd ... all of my efforts went down the tubes, basically."

CHAIR WILSON conjectured that perhaps the pharmacies in the villages have been more accommodating than the pharmacies in the larger cities.

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MS. UKOIDEMABIA asked Ms. Adams whether she has been accessing the Alaska SeniorCare (ASC) hotline to receive support and assistance. She provided Ms. Adams with appropriate telephone numbers for statewide and local dialing, and explained that although a message will need to be left, a same-day response will be received.

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REPRESENTATIVE CISSNA emphasized that there are only three people trying to field an obvious statewide problem that is reaching crisis levels. She asked what action could be taken to correct this oversight.

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CHAIR WILSON pointed out that this is a nation-wide situation, and the federal government was not prepared for the "glitches"

that have surrounded this change-over. She agreed that more assistance is needed, particularly to help the pharmacists.

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MS. UKOIDEMABIA explained that in her conversations with AkPhA it was determined how training for the pharmacists could be incorporated into her "seniors" training classes. However, due to the lack of flexibility with the federal funding and not being provided state funding to accomplish this task, it has not been possible to create a joint program.

CHAIR WILSON indicated it appears that the pharmacists now have an understanding of the program options and how to enroll the eligible people, but that the communication lines are basically jammed, prohibiting access.

[4:36:33 PM](#)

MR. SHERWOOD highlighted that most dual eligible clients are working with their pharmacists, but for anyone who is experiencing problems he provided the recipient help line telephone numbers, which should provide a same-day response. He also stated that the state contingency plan is being revised as needs arise, but he explained that this change over was configured by the federal government to expressly make state government assistance a last resort option, effectively minimizing what the department is legally able to provide through Medicaid.

[4:39:03 PM](#)

CHAIR WILSON stated that regardless of whose responsibility it falls under, when people are unable to receive their medications it causes problems, and she stressed that measures need to be taken.

#### **ADJOURNMENT**

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at [4:39:43 PM](#).