

Asclepios

Your Weekly Medicare Consumer Advocacy Update

Worth Fighting For

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The Medicare bill that passed the Senate yesterday in a dramatic 69 to 30 vote does a lot more than roll back a drastic Medicare pay cut to doctors. Here is our top ten list of reforms included in the Medicare Improvements for Patients and Providers Act. It includes a number of reforms that the Medicare Rights Center has advocated for years (see Medical Record).

- New preventive services of proven benefit will be covered by Medicare.
- Patient coinsurance for mental health services will be lowered from 50 percent to 20 percent, the same rate that now applies to other doctor visits.
- A life insurance policy or “in-kind” help from friends and family (e.g. with groceries, heating bills) will no longer disqualify people from help with their drug costs.
- Bureaucratic obstacles that prevent low-income people from receiving help with their drug and medical costs will be eliminated.
- The Centers for Medicare & Medicaid Services will be required to rein in the exorbitant broker commissions that have fueled aggressive and fraudulent marketing of Medicare private health plans.
- Medicare private health plans will be required to provide care coordination and other services that meet the special needs of the enrollees they are designed to serve.
- All Medicare private health plans will be required to implement programs to improve the quality of care they provide.
- Fewer Medicare private health plans will be exempt from requirements that they have networks that guarantee access to specialists and other local providers.
- The Part D drug benefit will cover benzodiazepines, a class of drugs used to treat seizure disorders and anxiety disorders, which are now excluded from coverage.

- Part D coverage for anticancer drugs will be expanded to encompass more treatments that have been shown in respected medical journals to be effective.

To save money—the bill results in a small net reduction in the budget deficit—some of these reforms will be phased in over a number of years.

These are crucial reforms. In the fight for passage, this legislation was brought to the Senate floor three times for a vote. The dramatic return to the Senate floor of Senator Edward Kennedy, who has been diagnosed with brain cancer, helped tip the scale. The bill passed the Senate, as it had the House, with enough votes to override a threatened presidential veto.

The President should sign the bill immediately. A veto would simply delay implementation until after an override vote. That will complicate implementation of the provisions that are effective immediately. People with Medicare are fed up with politics that prevent them from receiving the care they need.

Medical Record

The “blanket exclusion of benzodiazepines could have serious consequences to the health and mental health of millions of older adults and people with disabilities who have Medicare. . . The exclusion of benzodiazepines under Part D will inappropriately constrain doctors’ ability to develop the best individualized treatment plans for patients with acute debilitating mental conditions.” ([Critical Coverage: The Exclusion of Benzodiazepines under Part D](#), Medicare Rights Center, June 2005)

“Because accurately determining [in-kind support] will require exhaustive efforts, we believe that the inclusion of [in-kind support] will result in fewer applications for [Part D Extra Help] from eligible applicants

Life insurance policies and pre-paid burial accounts should be excluded from determinations of “resources” for [Extra Help] eligibility.” ([Improving the Part D Low Income Subsidy: Comments and Recommendations to Social Security](#), Medicare Rights Center May, 2005)

“All low-income subsidy applicants, no matter where they apply, should be screened for Medicare Savings Program eligibility and given the opportunity to apply for full Medicaid benefits. To that end, the model low-income subsidy application should be designed to screen applicants for the Medicare Savings Programs as well, while also notifying applicants that they could apply for full Medicaid coverage.” ([The Medicare Low Income Drug Subsidy, Strategies to Maximize Participation](#), Medicare Rights Center, January 2005)

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Medicare Part D Appeals Help for Advocates Is Here!

MRC's new *Medicare Part D Appeals: An advocate's manual to navigating the Medicare private drug plan appeals process* offers an easy-to-understand, comprehensive overview of the entire appeals process, including real-life case examples, a glossary of important appeals terms, a sample protocol for advocates, and links to important resources.

[Register for a FREE copy](#) of this great resource.

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Medicare Private Health Plan Monitoring Project

The Medicare Rights Center (MRC) would like to hear about your experience, or that of someone you know, enrolled in a private health plan. With information about what the issues are with Medicare Advantage plans, we will be able to demand that those problems be fixed.

Submit your story at www.medicarerights.org/maplanstories.html.

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The Louder Our Voice, the Stronger Our Message

Asclepios—named for the Greek and Roman god of medicine who, acclaimed for his healing abilities, was at one point the most worshipped god in Greece—is a weekly e-newsletter designed to keep you up-to-date with Medicare program and policy issues, and advance advocacy strategies to address them. Please help build awareness of key Medicare consumer issues by forwarding this action alert to your friends and encouraging them to [subscribe today](#).

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The **Medicare Rights Center (MRC)** is the largest independent source of Medicare information and assistance in the United States. Founded in 1989, MRC helps older adults and people with disabilities get good, affordable health care.