

## The Medicare Part D Program: Ability of Individuals with Mental Illnesses to Access Needed Prescription Medications

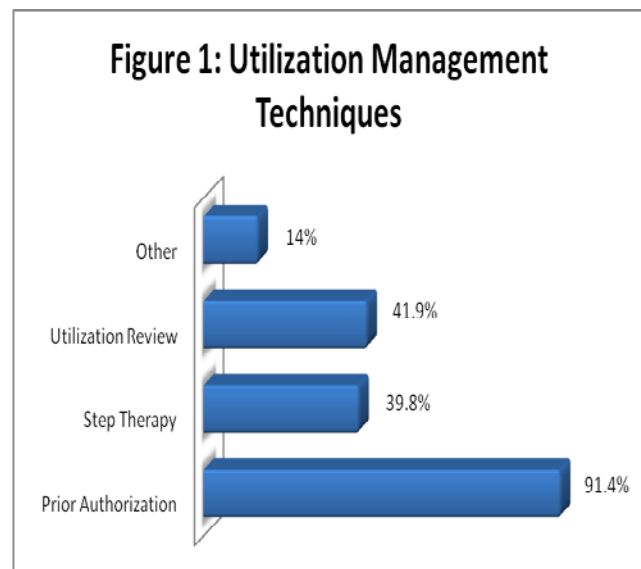
Since 2006, Medicare beneficiaries (including individuals that are dually-eligible for the Medicare and Medicaid programs) have received prescription drug coverage through private plans that are offered through the Medicare Part D or Medicare Advantage programs. Data from the Centers for Medicare and Medicaid indicates that since 2007, Medicare Part D plans have incorporated the usage of utilization management techniques into their practice at a growing rate: from 18% of medications in 2007 to 28% in 2009.<sup>1</sup> While cost-sharing requirements vary across plans, the data indicates that there is an increasing financial burden on Part D beneficiaries to accessing prescription medications.

Although this data reflects the experiences of all Medicare Part D beneficiaries, it is of great concern that especially vulnerable populations – such as the estimated 34% of dual-eligibles and 16% of other Medicare beneficiaries with mental disorders<sup>2</sup> – are subjected to these techniques as prescription medications are often a needed component of an overall treatment plan. The National Council for Community Behavioral Healthcare conducted a survey among its membership - 1700 community mental health and addiction provider agencies around the country –in an effort to understand whether beneficiaries with mental illnesses have seen increased restrictions on their ability to access needed prescription medications. The following summarizes the responses of providers who were asked to reflect upon their clients' experiences with the Medicare Part D program.

- 84.3% of provider respondents indicated that their Part D clients have been subjected to utilization management techniques at an increased rate in 2009, as compared to 2008.

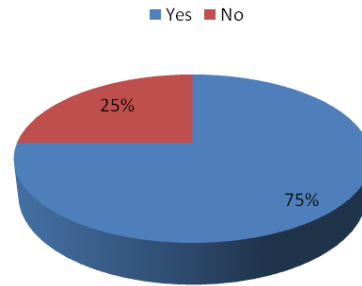
- As compared to other utilization management techniques, **prior authorization was identified by the highest percentage of providers as being used at an increased rate in 2009.** (Fig. 1)

- 'Other' commonly identified techniques include: annual quantity limits, dosage authorization, and requests to use alternative therapies.



- Compared to the previous year, **75% of respondents indicated that their clients have experienced an increased financial burden, primarily in the form of higher co-pays**, when attempted to fill a needed mental health prescription in 2009.
  - As with other Medicare Part D beneficiaries with chronic illnesses, the burden of the Medicare coverage gap, or ‘doughnut hole’, oftentimes leads to the inability of clients with mental illnesses from filling their needed prescription medications.

**Figure 2: Percent of Clients Experiencing Increased Financial Burden in 2009, Compared to 2008**



### Conclusions

Current information on 2010 Medicare prescription drug plans indicate worrisome trends as compared to 2009: it is expected that there will be 1) fewer prescription drug plans and Low-Income Subsidy (or benchmark) plan available, 2) an 11% increase in the weighted average monthly premium, 3) increased use of deductibles by more plans, and 4) limited or no gap coverage in the ‘doughnut hole’.<sup>3</sup> Data from the National Council’s survey indicates that these trends will greatly impact the ability of Part D beneficiaries with mental illnesses’ ability to access needed prescription medications.

<sup>1</sup> Kaiser Family Foundation, “Medicare Prescription Drug Plans in 2009 and Key Changes Since 2006: Summary of Findings”. June 2009. <http://www.kff.org/medicare/upload/7917.pdf>

<sup>2</sup> Kaiser Family Foundation, “Dual Eligibles and Medicare Part D”. May 2006. <http://www.kff.org/medicaid/upload/7454.pdf>

<sup>3</sup> Kaiser Family Foundation, “Medicare Prescription Drug Plans in 2009 and Key Changes Since 2006: Summary of Findings”.