March 7, 2014

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
200 Independence Ave., SW
Washington, DC 20201

Submitted Via Electronic Submission

RE: Comments on the Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs (File code CMS-4159-P)

Dear Administrator Tavenner:

On behalf of CARIE, thank you for the opportunity to provide comments regarding the proposed rule change to the Medicare Advantage and Medicare prescription drug benefit programs for 2015. Founded in 1977, CARIE, the Center for Advocacy for the Rights and Interests of the Elderly, is a non-profit advocacy organization working to improve the well-being, rights and autonomy of older adults. Among our services, CARIE routinely provides older adults with options counseling, advocacy and education to help them with enrollment, plan selection, and problem resolution related to Medicare. In addition, CARIE also manages the Pennsylvania Senior Medicare Patrol program and serves as the local ombudsman for certain areas of Philadelphia. Through our work, we are well aware of the issues and challenges consumers encounter with Medicare.

CARIE is supportive of some of the proposed regulatory changes and opposes others. We strongly support the regulatory changes in the NPRM that ensures meaningful differences between Part D plans that requires insurers to offer one basic and one enhanced plan in a particular region; provides enhancements to plan oversight; increases standardize reporting by drug plans on negotiated prices; expands access to preferred pharmacies; makes improvements to beneficiary notices, the Annual Notice of Change (ANOC); and strengthens managed care plan requirements for Part D denials. We urge CMS to adopt these important proposals that will improve choice and protections to beneficiaries. Consumers overwhelmed with the choice of plans, beneficiaries who want to use their local pharmacies, and nursing home residents who are overmedicated all stand to benefit from these changes.

We ask that CMS not adopt the proposal to scale back the protected classes of drugs in the Part D program so that antidepressants, immunosuppressants, and antipsychotics would no longer meet the requirement for enhanced protections. The proposal seems to depend on the problematic Medicare appeals system to ensure access to needed drugs. Medicare beneficiaries find the appeals process confusing, becoming easily discouraged with the process and, in fact, many are not even aware of their appeal rights. If adopted, this change would create a barrier to needed medication particularly for those with mental health diagnoses.
The cost of transplants is high so why risk complications by creating difficulties in accessing needed medications. Denying needed medications could create medical complications for consumers and increase Medicare’s costs. At the very least, the Medicare appeals process needs to be greatly improved before making any changes in terms of drug coverage.

Thank you again for the opportunity to share our comments. If you have any questions, please feel free to contact me directly at menio@carie.org or 267-546-3434.

Sincerely,

Diane A. Menio
Executive Director