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## RESEARCH

## Impact of an open enrollment service on costs for Medicare Part D beneficiaries

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## ABSTRACT

**Objective:** The primary objective was to determine total estimated cost savings based on a patient's current medication regimen after comparing available Medicare Part D plans for the upcoming year by using a plan comparison platform. The secondary objective was to determine patient-centered concerns when considering a change in Part D plans.

**Design:** Review of an open enrollment service that included a patient survey and a Part D plan comparison.

**Setting:** This study took place at a single independent community pharmacy in northwest Alabama.

**Participants:** Fifty-four patients eligible for Medicare Part D were included in this study.

**Main outcome measures:** The study was a review of an open enrollment service that aids Medicare beneficiaries in selecting a Part D plan that best fits their needs. It included a patient survey and plan comparison using a plan comparison platform, during the 2015 Medicare open enrollment period (October 15 to December 7). The survey assessed patient demographics, pharmacy preferences, and cost concerns. Survey data were used to aid in plan selection and analysis to determine the most common patient-centered concerns when considering a change in plans.

**Results:** During the open enrollment period, 54 patients compared Medicare Part D plans. The majority of participants were female (57%) and ranged in age from 65–69 years (37%) to 70–74 years (25.9%). The majority of patients reported a preference for independent pharmacies (92.6%). Deductible (40.7%) was the biggest concern for patients when comparing the main cost variables for medication insurance. The average total cost difference per patient per year showed that each patient saved an average of \$1166.46.

**Conclusion:** The analysis of an independent pharmacy's open enrollment service determined that a plan comparison platform is a valuable tool in helping patients to compare and select cost-effective Medicare Part D prescription plans and in helping patients save money.

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Medicare is a federal health insurance program for patients age 65 years and older, patients younger than 65 years with certain disabilities, and all patients with end-stage renal disease.<sup>1</sup> The Medicare Modernization Act of 2003 established a voluntary prescription drug benefit plan for patients on Medicare, known as Part D. Medicare Part D took effect in 2006, and all patients on Medicare have the option to enroll in a private plan that has been approved by the federal government.

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Patients enrolled in a Medicare Part D plan are more likely to be adherent to their long-term medications than Medicare beneficiaries without drug coverage; this is thought to be due to lower costs for prescription medications.<sup>2</sup> In 2016, more than 41 million Medicare beneficiaries were enrolled in a Part D plan, and there were 24 plans available to Medicare beneficiaries in Alabama.<sup>3</sup> Open enrollment for patients to choose a Part D plan or change their current plan occurs each year from October 15 to December 7, and patients who are turning 65 are eligible for enrollment 3 months before their 65th birthday, the entire month of their birthday, and the following 3 months.<sup>4</sup>

Each Medicare Part D plan has a different formulary, monthly premium, copayment, and annual deductible.<sup>5</sup> The Centers for Medicare and Medicaid Services currently has a Medicare Plan Finder feature on the website that allows patients to enter their information and medication list and compare plan options.

**Key Points****Background:**

- Medicare Part D is an optional prescription drug program for those eligible for Medicare.
- Each Part D plan has a different formulary, monthly premium, annual deductible, etc.
- Studies have demonstrated that patients with a Medicare Part D plan are more adherent—likely due to lower costs of medications.
- Determining which plan to choose can be a confusing and difficult process for patients and caregivers.
- There are several proprietary software platforms that simplify the Part D plan comparison process.

**Findings:**

- The majority of patients who participated in the open enrollment service indicated that the annual deductible was the most concerning factor.
- Average cost savings for 54 patients who participated in the Open Enrollment service was \$1166.46 for 2016.
- Plan comparison platforms are useful tools for helping patients determine which Part D plan to choose.
- Patient-centered concerns should be considered when helping a patient select a Part D plan.

Community pharmacies may not be in-network or preferred for all available plans. Several proprietary companies have developed interfaces to the Medicare Plan Finder to facilitate patient understanding. This project used one of these platforms offered in an independent community pharmacy to help patients compare Medicare Part D plans.

iMedicare launched in 2012 in a single community pharmacy, and it has expanded to more than 4000 pharmacies in the United States.<sup>6</sup> The software is similar to the plan finder on the Centers for Medicare and Medicaid Services website; however, the proprietary system syncs directly with the pharmacy dispensing software to allow the patient to see his or her current medication regimen based on the pharmacy dispensing record for each plan. This allows the pharmacist conducting the plan comparison to be more efficient and spend less time entering medications into the plan finder. The pharmacist also has the ability to deselect a medication if it has been discontinued or was a 1-time-only fill, such as an antibiotic. Some of the data available to the patient and pharmacist includes projected monthly and yearly costs, preferred pharmacy network (independent, community, mail order), and therapeutic alternatives on the selected formulary. iMedicare claims that patients who used their platform to compare insurance plans saved an average of \$1150 per year.<sup>7</sup>

There are limited published data replicating the stated benefits of plan comparison programs. There is no peer-reviewed evidence supporting the use of iMedicare. Moreover, in the existing literature, no study examined whether a community

pharmacist using a comparison tool could replicate the stated benefits. The most recent publication is from the RAND Corporation; it suggests a need for a more user-friendly version of the Medicare Plan Finder.<sup>8</sup> Therefore, the purpose of this study was to evaluate an open enrollment service consisting of a survey and plan comparison to substantiate the reported benefits and effectiveness of a plan comparison platform (iMedicare) on costs for Medicare Part D beneficiaries.

**Objectives**

The primary objective was to determine total estimated cost savings based on a patient's current medication regimen after comparing available Medicare Part D plans for the upcoming year by using the plan comparison platform. The secondary objective was to determine patient-centered concerns when considering a change in Part D plans.

**Methods***Setting*

The practice site is an independent community pharmacy in northwest Alabama. The pharmacy fills approximately 350 prescriptions per day and offers clinical services such as Medication Therapy Management; diabetes education classes accredited by the American Association of Diabetes Educators; routine and travel immunizations; and biometric health screenings, which include cholesterol, blood glucose, blood pressure, and body mass index assessment.

*Study design*

This review of an open enrollment service included a patient survey and Medicare Part D plan comparison using iMedicare during the 2015 Medicare open enrollment period (October 15 to December 7). The open enrollment service was offered to patients at an independent pharmacy in Florence, Alabama. Medicare beneficiaries who filled prescriptions at the pharmacy were identified through data reports generated by iMedicare and the pharmacy's dispensing system. Patients identified from these reports were contacted by telephone, bag stuffers, and face-to-face queries about this free service. Interested patients made an appointment with a pharmacist to conduct a plan comparison using iMedicare. As part of the service, the pharmacist documented the projected costs if a patient remained on their current plan and their estimated costs if they elected to change to a different plan. Patients were also given a survey before the plan comparison that assessed patient demographics, pharmacy preferences, and cost concerns. The survey was developed by pharmacists and patients, and it underwent pilot testing by patients older than 65 years. Survey data were used to aid pharmacists and patients in plan selection, and they were later analyzed to determine the most common patient-centered concerns when considering a change in plans. For example, if a patient indicated that they wished to have a lower deductible, the pharmacist helped them look for plans with a low or no deductible. The pharmacist also took formulary restrictions (e.g., prior authorizations, step therapy, nonformulary medications) into consideration and discussed any potential restrictions with the

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