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Part D prescription drug
coverage in patients with
end-stage renal disease

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The Medicare Part D prescription drug benefit went into effect in January, 2006. In December 2011, over 29 million Medicare enrollees (including elderly and disabled people, as well as individuals with end-stage renal disease) were enrolled in a Medicare Part D prescription drug plan and eligible to receive a prescription drug benefit. Prior to January 1, 2006, these patients obtained drug coverage through various insurance plans, state Medicaid programs, or pharmaceutical-assistance programs, received samples from physicians, or paid out-of-pocket. Since 2006, however, many Medicare-enrolled patients have obtained prescription drug coverage through Part D. Sixty-two percent of general Medicare patients, and 70 percent of Medicare-covered ESRD patients, were enrolled in Part D in 2011. In the ESRD population, Part D enrollment reached 75, 65 and 58 percent among Medicare-enrolled hemodialysis, peritoneal dialysis and kidney transplant patients.

Beneficiaries can obtain Part D benefits through a stand-alone prescription drug plan (PDP) or through a Medicare Advantage (MA) plan, which provides medical as well as prescription benefits. ESRD patients are precluded from entering an MA plan if they are not already enrolled in one when they reach ESRD. Most data presented in this chapter encompass both types of plans. Medicare-enrolled ESRD patients obtain outpatient medication benefits through Part B, Part D, retiree drug subsidy plans, or other creditable coverage, including employer group health plans, Veterans Administration benefits, Medicaid wrap-around programs, and state kidney programs. Some also pay out-of-pocket for plan expenses and copayments, over-the-counter medications, and low-cost generic agents at retailers. The proportion of Medicare-covered ESRD patients with no known source of drug coverage is highest in the peritoneal dialysis and transplant populations. Given that many of these patients are employed, it is likely that some have sources of prescription drug coverage not tracked by Medicare.

Prior to the start of the Medicare Part D program in 2006, patients dually-enrolled in Medicare and Medicaid received prescription benefits under state Medicaid programs. The Part D program, however, offers a substantial low-income subsidy (LIS) benefit to enrollees with limited assets and income, including those who are dually-enrolled. The LIS provides full or partial waivers for many out-of-pocket cost-sharing requirements, including premiums, deductibles, and copayments, and provides full or partial coverage during the coverage gap ("donut hole"). In 2011, 37 percent of general Medicare patients enrolled in Part D received the LIS benefit, compared to 75, 62, and 60 percent of enrolled hemodialysis, peritoneal dialysis, and transplant patients. Out-of-pocket costs are thus proportionally lower for Part D enrollees in the ESRD population than for their general Medicare counterparts. By race, white dialysis patients are the least likely and African American, Hispanics, and patients of other races are most likely to have LIS benefits.

Not surprisingly, phosphate binding agents comprise the top Part D medication class in dialysis patients (by percentage of patients with at

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