

**Testimony of Joy Paeth, CEO
Area Agency on Aging of Southwestern Illinois
Before the United States Senate Committee on Finance**

Thank you for the opportunity to speak about our experiences with the Medicare Prescription Drug Benefit. I am from an Area Agency on Aging in Southwestern Illinois. We are located just east of St. Louis, Missouri, and serve 115,000 older persons in a seven-county region in Illinois. Our primary purpose as an Area Agency on Aging is to build systems, coordinate services and provide answers on aging.

It was a very natural transition for us to go full speed ahead to assist with the Medicare Prescription Drug Coverage. We began by assisting older adults with the prescription drug cards in 2004, and are now working on Part D enrollment. Through the Transitional Assistance drug cards, we became familiar with the national Access to Benefits Coalition (ABC) and the tools they had to offer, such as BenefitsCheckUpRx (BCURx). We are the catalyst agency for the St. Louis Metropolitan Access to Benefits Coalition. We believe the resources, training, tools and new collaborators are what helped us to successfully assist older adults, caregivers and persons with disabilities with Medicare Prescription Drug Coverage.

Strong Coalitions

Building our coalition entailed bringing all willing and able to the table to better assist individuals. The coalition began with our traditional aging network providers and then extended to the advocate community for persons with disabilities. We began to recognize the importance of the Senior Health Insurance Program (SHIP) and the knowledge they brought to the table. SHIP then became a member, as did the Social Security Administration, the faith-based community, and we were so delighted when we had the large pharmacies join us around the table. This was our start. As an Area Agency on Aging we were always strong collaborators, but now we were communicating with organizations that were never a part of the traditional aging network.

Recognizing that the media played such a large role in this process, and that we shared the same media market with two Missouri Area Agencies on Aging (AAA), it was critical that we all provide the same message to our communities. With all three AAA's in the Coalition, we were set. Our coalition had the ability to reach out to approximately 365,000 older adults with the assistance of financial resources from the national ABC for the region. These resources helped to do things that may seem simple to many but were critical to the aging network being able to accomplish this task. The coalition's members added high speed internet access, additional phone lines, temporary workers, laptops and wireless internet connections. More importantly, we were able to develop a marketing strategy to both educate and inform older adults and persons with disabilities about the new benefits and where to go to find answers to their many questions.

Clear Communications

Our strategy is to “Simplify the message.” Although we have 42 members in our coalition, we offered only one phone number in all of our messages. Without having to dial another number we were able to transfer the caller to their local community for assistance. Whenever possible, a live person answered the call.

The real challenge was to assure that the person on the line could correctly answer the caller’s questions. CMS was instrumental in providing training for the coalition. Members were able to attend trainings, use online modules and access materials that were helpful in sharing the message with individuals. Every conference, meeting or event focused on Medicare prescription drug coverage. CMS’s embrace of the existing aging network made this daunting task doable. We also expanded our SHIP network of providers. We were fortunate to be able to use resources that flowed into our state from CMS to accomplish this task.

The tremendous amount of available information and training was helpful as the public began to gain more knowledge about the plans. We placed a great emphasis on training the small local pharmacies as well as the larger ones. Along with training, each pharmacy was given materials they could include, with customers prescriptions noting appropriate AAA’s phone number to call should they have questions about Medicare prescription drug coverage.

Outreach

Outreach and education became more and more challenging as we approached the fall. A typical event that would bring in approximately 30-40 people prior to Medicare Prescription Drug Coverage would now bring in 200. The request for educational events was increasing every day. Since October, the Coalition hosted 360 educational sessions for 19,560 people.

There was a definite point in time when we knew the education and outreach was done and it was time to help people to enroll. This however happened prior to the plans being available. Everywhere we went, plan finder “worksheets” were distributed and mailed to the appropriate AAA. When the plan finder was accessible, we were one step ahead. We completed our own training on how to use the plan finder and in turn trained the coalition members. We continued to work closely with staff from the SSA. The AAA staff would answer initial questions and the SSA staff would be available to assist with the Low Income Subsidy Application (LIS). This proved to be an effective strategy to when assisting people with the LIS

At this point, we were able to access resources from the National Association of Area Agencies on Aging through the Administration on Aging and CMS to focus on the areas that had a high population of persons with low incomes. We continued to work closely with staff from the SSA. The AAA staff would answer initial questions and the SSA staff would be available to assist with the Low Income Subsidy Application (LIS). This proved to be an effective strategy to when assisting people with the LIS application.

At the same time a team from NCOA's My Medicare Matters campaign was deployed to assist with the entire ABC region. Due to our earlier work, we were able to help those who had made inquiries early in the process prior to being able to enroll, thus eliminating the backlog and permitting us to keep up with the incoming calls. Calls were not always related to enrolling, but rather reassuring the older adult that they were in the appropriate plan or already had credible coverage. To date we have assisted 26,321 people.

State Wrap-Around Programs

Illinois has wrap-around coverage, Illinois Cares Rx. Our challenge in Illinois has been that over 300,000 older adults and persons with disabilities that were using the state's plan were required to apply for Medicare prescription drug coverage. This required three steps: 1.) applying for the Low Income Subsidy; 2.) making sure the plan they were automatically enrolled in was appropriate; and 3.) once again, continue to apply for the Illinois coverage.

"Why is it changing?" was the most common question and most difficult to answer. When the person finally got to the pharmacy after January 1st, we ran into the most challenges. Many times, software wasn't working from the PDP, or the person had not yet been assigned a plan. Illinois has two PDP's that coordinate with Illinois Cares Rx. Switching from one plan to another could not be done by the network but rather only through the state. The majority of the network's work in January has been assisting with the "switch" or finding out in which plan they have been enrolled. There were also regions in the state that had no coordinating PPO or HMO, which posed a challenge for those individuals. Currently, Illinois has eight coordinating HMOs and PPO's. This has increased by two since January.

Challenges

We have seen the CMS website improve since December with the addition of more comprehensive information on the formularies. The number of questions we are getting has decreased, however the ones we get now are more complicated. It is truly amazing to see the technology work as well as it has. Some general challenges we have had are:

- Customer service lines for the plans have long waits and many times the caller is disconnected. Simple questions could be answered electronically.
- There has been a delay entering a person's data in the system so we can assist them in finding which plan they are assigned.
- Medicaid problems have revolved around the individual not being automatically enrolled or knowing if they are LIS eligible. The communication to the network is limited; therefore, we are unable to assist with enrollment once we have the information. The State of Illinois Department of Public Aid has not had the training to assist with the process. These are the most frustrating challenges because there is nothing that we can do to help a person and we are the entity with whom they have built trust.
- There have been challenges with insurance brokers enrolling people in plans that are not appropriate for them and using the person's one chance

- to switch plans. If a person could switch more often during this initial period, they could solve this challenge.
- Pharmacies have not been getting the appropriate information from the E1 Queries.

Results

Having financial resources in the aging network dedicated to supporting Medicare prescription drug outreach and enrollment activities has been the only way we have stayed educated and able to assist. The challenges have been minimal due to the systems we have been able to develop. As May 15, 2006 approaches, however, our resources go away, but the need to help seniors, particularly those with low incomes, with concerns regarding Medicare prescription drug coverage will remain. We hope we will be able to continue to provide the comprehensive training and assistance to both the network and older adults and persons with disabilities.

It is my hope that we will continue to hear stories such as a person with no drug coverage who was paying \$2,830/month for lung cancer medication (Tarceva), this person is now paying \$1,458 for the entire year, including premium. Another individual who is HIV positive was paying \$1250.09/month for medication (Lexiva, Norvir, Epzicom). This person is on SSI and does not have drug coverage now will pay \$180/year for medication and will have no premium. This is why we do the work we do. As a result of the prescription drug plans, the Area Agency on Aging has new collaborations and a stronger network with stronger systems than ever before.

Thank you again for the opportunity to share the experiences of the network. I am happy to answer any questions you might have.