

Drug Changes Are Looming, and Providers Seek Answers

By [ROBERT PEAR](#)

WASHINGTON, Dec. 18 - Two weeks before the start of the Medicare prescription drug benefit, pharmacists and nursing homes are desperately trying to find out who will pay for the medicines taken by hundreds of thousands of their residents.

The new law relies on private insurers to deliver drug benefits to older Americans. About two-thirds of the 1.5 million residents of nursing homes are participants in both Medicare and Medicaid. The government has randomly assigned them to private drug plans, regardless of their needs.

In many cases, nursing home officials said, they do not know to which plans their patients have been assigned. As a result, they do not know who will pay the bills or what drugs will be covered. Each plan has its own list of approved drugs, known as a formulary.

Becky A. Kurtz, the state-appointed ombudswoman for nursing home residents in Georgia, said: "We see a lot of confusion and a very steep learning curve for nursing home residents and employees. Many residents are not covered for all their medications under the plan to which they have been assigned."

By contrast, Ms. Kurtz said, "under the state Medicaid program, these residents have had nearly all their drugs covered."

Nursing home residents take an average of eight to nine medications a day.

The Bush administration said it had sent letters to people entitled to both Medicare and Medicaid, announcing that Medicaid coverage of their prescription drugs would end on Jan. 1.

Paul Baldwin, director of the Long Term Care Pharmacy Alliance, which represents providers of prescription drug services, said, "Nursing home operators and pharmacies are desperately trying to figure out where these dual-eligible individuals have been assigned."

To obtain the information, nursing homes can submit online queries to a federal Web site or they can send a list of beneficiaries by fax to the Centers for Medicare and Medicaid Services.

The agency had originally said it would "fax back" the information within three days. But on Wednesday, Medicare officials said that they had changed the procedure and would send the information to nursing homes within 10 business days.

A Medicare pharmacist, Gregory R. Dill, said the agency had received "an overwhelming volume of requests" for such information.

In New York, nursing home residents on Medicare and Medicaid have been randomly assigned to 15 drug plans, according to the State Health Department.

Dr. Robert A. Zorowitz, chief medical officer at the Hebrew Home for the Aged in the Bronx, said he had tried to obtain information on residents from the Medicare Web site.

"It worked at some times for some patients, but not for others," Dr. Zorowitz said. "It's inconsistent."

A federal contractor, NDCHealth, is loading information onto the Web site of the Centers for Medicare and Medicaid Services, known as C.M.S.

A spokesman for the company, Robert P. Borchert, said: "We are waiting for data from C.M.S. We don't have a full set of data. The information is there for some beneficiaries and not yet for others. It's still in a test mode."

A spokesman for the Medicare agency, Gary R. Karr, said all the information would be available to homes before Dec. 31.

Lorraine Tarnove, executive director of the American Medical Directors Association, which represents doctors who care for nursing home residents, said doctors needed the information as soon as possible.

"In the next two weeks," Ms. Tarnove said, "doctors have to review the drug regimens of almost all nursing home residents and rewrite the prescriptions to comply with Medicare drug plan formularies. There could be a dozen plans with a dozen formularies in one nursing home."

Nancy B. O'Connor, regional administrator of the Medicare agency in Philadelphia, said nursing home residents had several important protections.

"They can switch plans at any time," Ms. O'Connor said, "and they will have no premiums, deductibles or co-payments."

In addition, drug plans are supposed to have procedures to ensure a smooth transition, perhaps by covering a patient's current drugs for a few months.

But Thomas R. Clark, policy director at the American Society of Consultant Pharmacists, whose 7,000 members specialize in drug care for the elderly, said, "We have had great difficulty finding out what the transition policies are."