

enrollees irrespective of their ethnicity. A timely detection of cancer through screening may also help in containing the costs that would otherwise have been incurred if the cancer was detected at a later stage. The total estimated direct and indirect costs associated with breast cancer in the United States are between \$2.35 billion and \$3.13 billion, and about \$ 2 billion of this is for late-stage breast cancer treatment.¹⁴

With more than a 13% probability of a woman developing invasive breast cancer in her lifetime,¹⁵ it is important that pharmacists assume a professional and direct responsibility in the effort to inform women of this risk. Ethnic and language barriers should be overcome in this education effort.

Sumesh Kachroo, MS, Doctoral Student
 University of Texas, School of Public Health
 7530 Brompton Street, #842
 Houston, TX 77025
 sumeshkachroo@yahoo.com

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Medicare Part D on the Front Line

To the Editor:

Here are some of my observations from the first 4 months of Medicare Part D, as a community pharmacist working in a chain pharmacy in the Southwest. I may be in the minority of pharmacists with regard to Medicare D observations. But then again, my chain employer understandably keeps us totally in the dark regarding all aspects of reimbursement, so I have no idea of the financial impact Medicare Part D has on my employer. I think, after a rocky start, the Medicare Part D program implementation has been relatively smooth.

The first week in January 2006 was a nightmare, with patients having no information about their enrollment. The issues with the Social Security Income (SSI) number not relaying information to the Centers for Medicare and Medicaid Services (CMS) for “extra help” eligibility are well known. Most of those patients were covered by Medicaid already, and there was difficulty in determining the proper copayment amounts for these dual eligibles. Even now, we simply bill Medicare D and the system does a split billing to the state Medicaid program for the copay amounts.

The payers were poorly staffed to handle our calls for claim processing assistance. Hold times were ridiculous. Some systems said, “We’re too busy, call back later.” After the first month, my chain pharmacy employer developed a Medicare D eligibility finder that is a Godsend. With just the patient’s Social Security number, we can transmit a claim to CMS, which, of course, rejects it. But the rejection gives you the BIN, PCN, ID and Group numbers. So the ID card is unnecessary. Also, if no eligibility is found, the patient knows the enrollment has not yet been processed.

The payers did a very poor job of informing patients about the “donut hole” portion of the benefit. Everyone was doing a happy dance when they got their first claims processed for just a copay. Then, in typical American fashion, they started filling all kinds of prescriptions. Now, they are hitting the hole in the benefit and it’s “G—d d—n Bush”

CMS did a great job designing the Medicare D Plan Finder

Web site. For those individuals computer savvy enough to navigate through and enter their drug list, it's a tremendous resource. However, the majority of seniors have no Web access and enough computer phobia to last a lifetime. We helped when we could, but it takes a lot of time and most people never asked for help. The individual plan marketing material was worthless and only served to confuse people. Without information about their specific medications, it is impossible to determine which plan is best.

Overall, Part D has been good, especially compared with the "nothing" most people had before. Unfortunately, most people never took enough personal responsibility to fully understand the benefit. Not unlike when I graduated from pharmacy school 30+ years ago, people only want to know: (1) How much will it cost (copay)? and (2) How long will it take? Heaven forbid they try to understand the benefit and manage their total medication cost. One could certainly argue that the program is too complex for people to understand, but . . . you can lead a horse to water but you can't make him drink.

Andrew Collins, RPh
CVS Pharmacy
5975 W. Chandler Blvd.
Chandler, AZ 85226
acollins31@cox.net

Letters to the Editor

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