Approved: March 8, 2006
Date

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairman Dwayne Umbarger at 10:40 A.M. on January 25, 2006, in Room 123-S of the Capitol.

All members were present except:
Senator Jim Barone- excused

Committee staff present:
Jill Wolters, Revisor of Statutes Office
Michael Corrigan, Revisor of Statutes Office
Alan Conroy, Director, Kansas Legislative Research Department
J. G. Scott, Kansas Legislative Research Department
Reagan Cussimanio, Kansas Legislative Research Department
Amy Deckard, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Emaline Correll, Kansas Legislative Research Department
Terry Weber, Kansas Legislative Research Department
Judy Bromich, Chief of Staff
Mary Shaw, Committee Secretary

Conferees appearing before the committee:
Sandy Praeger, Commissioner, State Insurance Department
Kathryn Coleman, Campaign Manager, Medicare Prescription Drug Coverage Campaign, Kansas City Regional Office, Centers for Medicare and Medicaid Services
Kathy Greenlee, Acting Secretary, Kansas Department on Aging

Others attending:
See attached list.

Bill Introductions

Senator Wysong moved, with a second by Senator Steineger, to introduce a bill concerning the admission of students to state educational institutions (5rs1830). Motion carried on a voice vote.

Overview and Discussion of Medicare Part D - Prescription Drug Coverage

Staff of the Kansas Legislative Research Department presented an overview of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) (P.L. 108-173) which was enacted December 8, 2003, that created the new Medicare Part D prescription drug benefit, which was effective January 1, 2006 (Attachment 1). Low-Income Assistance, Availability of Drug Plans, Financing Medicare Part D and the Impact of the Medicaid Clawback were among the topics that were addressed.

Chairman Umbarger welcomed Sandy Praeger, Commissioner of Insurance, Kansas Insurance Department, who gave an overview of the status of the Medicare Prescription Drug Program implementation and their involvement in it. (No written testimony was provided.) Commissioner Praeger provided copies of a letter that she sent to President George Bush, dated January 19, 2006, regarding the Medicare Part D Enrollment Deadline (Attachment 2). She also provided information on the list of insurance plans available in Kansas (Attachment 3).

Commissioner Praeger explained that telephone calls to their office regarding Medicare Part D have tapered off recently, but there are still problems that exist. She noted that she wrote a letter to President George Bush on behalf of the Kansas Insurance Department, along with other organizations addressing Medicare Part D, asking that there be a delay in implementation of Medicare Part D until the end of the year. There is concern that individuals are being rushed to wade through the complex and extensive information about the program and are feeling pressured to select a plan, from the many alternatives available to them which may or may not be the best choice for their needs. She mentioned that Medicare Part D is the largest expansion of the

MINUTES OF THE Senate Ways and Means Committee at 10:40 A.M. on January 25, 2006, in Room 123-S of the Capitol.

Medicare program since its inception and there should be a willingness to be more flexible regarding the considerations and concerns that have surfaced in implementation of the program. Chairman Umbarger thanked Commissioner for her request to President George Bush and being a strong advocate for the state of Kansas.

The Chairman welcomed Kathryn Coleman, Medicare Prescription Drug Education Campaign Manager for the Kansas City Regional Office of the Centers for Medicare and Medicaid Services (Attachment 4). She introduced Nancy Schmidt, Health Insurance Specialist for their Division of Medicare Operations, who was present with her. Ms. Coleman explained that the addition of a prescription drug benefit is the largest, most significant change to the Medicare program since its inception. She noted that there have been more than 2.5 million people sign up in the last 30 days and addressed their progress on implementation of the new prescription drug benefit.

Ms. Coleman provided copies of the Centers for Medicare and Medicaid Services Fact Sheet, State Reimbursement for Medicare Part D Transition, dated January 24, 2006 (Attachment 5). She assured the Committee that their office is committed to fixing every problem as quickly as possible and they will do it as long as it takes, although they expect every day to continue to see improvements. In closing, Ms. Coleman explained that there is a lot more work ahead of them and they look forward to continued dialogue with the State of Kansas in the coming months. Committee questions and discussion followed. Ms. Coleman provided a telephone number dedicated just for pharmacies to verify eligibility as follows: 866-835-7595

Chairman Umbarger welcomed Kathy Greenlee, Acting Secretary, Kansas Department on Aging, who presented an overview of the Kansas Implementation of Medicare Part D (Attachment 6). Acting Secretary Greenlee explained that last month the Governor had asked her to convene a group of advocacy organizations, providers and agency staff to share on-the-ground implementation information during the critical time period of Medicare Part D implementation. She noted that, from this group, they have been able to learn of important emerging issues and concerns and identify additional training and education needs.

Secretary Greenlee shared information Kansas-specific information from the Centers for Medicare and Medicaid Services that reflect prescription drug coverage enrollment as of January 20, 2006. She also addressed emerging issues which are listed in detail in her written testimony.

Chairman Umbarger announced that the overview of the Medicare Part D Prescription Drug Coverage would be continued the following day, January 26, 2006. He thanked all of the conferees for appearing before the Committee.

The meeting adjourned at 12:00 p.m. The next meeting was scheduled for January 26, 2006.

SENATE WAYS AND MEANS
GUEST LIST

Date January 25, 2006

NAME	REPRESENTING
William Deer	Federico Consulting
Barb Conant	KDOA
Cathy Secrest	KDOA
Nancy Schmidt	CMS
Katrina Columna	CMS
Kevin Siek	TILRC
Sharon Joseph	KS ADAPT
Joshua Freeman, MD	KUMC Family Med (Dr. of the Day)
MARK BORANYAK	CAPITOL STRATEGIES
Cathy Bennett	Greater KC Chamber
Josie Torrez	SILCK
Kevin Bacon	KCDC
Shelly May	KCPD
Luke Thompson	DHPF
Scott Brunner	DHPF
Gavin Young	DofA
Kaelyn Seymour	KAAAC
STEVEN O'NEIL	KANSAS INSURANCE DEPT.
Sandy Praeger	Insurance Commissioner
[illegible]	KID
Derek Hein	Hein Law Firm
Beth Jones	Hutfles Govt Relations
Andy Shaw	Kearney + Associates

SENATE WAYS AND MEANS
GUEST LIST

Date January 25, 2006

NAME	REPRESENTING
Tom Bruno	EDS
Sheli Sweeney	ACMHCK

KANSAS LEGISLATIVE RESEARCH DEPARTMENT

545N-Statehouse, 300 SW 10th Ave.
Topeka, Kansas 66612-1504
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January 25, 2006

MEDICARE PART D—THE NEW MEDICARE PRESCRIPTION DRUG BENEFIT

The Medicare Prescription Drug, Improvement, and Modernization Act (MMA) (P.L. 108-173) was enacted December 8, 2003, creating the new Medicare Part D prescription drug benefit, effective January 1, 2006. The new Medicare Part D plan requires that every Medicare beneficiary have access to prescription drug coverage. Passage of Part D was prompted by the rising cost of prescription drugs and the growing concern about seniors without drug coverage.

As of January 1, 2006, the drug benefits offered by Part D are provided by private insurance plans for a monthly premium, estimated at an average cost of $32.20 per month ($386 per year) by the Centers for Medicare and Medicaid Services (CMS). Under the standard benefit, beneficiaries pay:

- The first $250 in drug costs as a deductible;
- 25.0 percent of drug costs between $250 and $2,250;
- 100.0 percent of drug costs between $2,250 and $5,100, often referred to as the "hole in the doughnut"; and
- An annual limit of no more than $3,600 for out-of-pocket expenses.

Expenditures for the $3,600 out-of-pocket limit are outlined below:

$250 deductible		25.0% of drug costs between $250 and $2,250		100.0% of drug costs between $2,250 and $5,100 (the doughnut hole)		Out of Pocket Limit for Medicare Part D
$250	+	$500	+	$2,850	=	$3,600

After reaching the $5,100 limit for annual pharmaceutical expenditures, referred to as the "catastrophic threshold," beneficiaries must pay the greater of either $2 for generic or $5 for brand name drugs, or 5.0 percent coinsurance. Deductibles, benefit limits, and catastrophic thresholds are indexed to rise with the growth in per capita Part D spending. This growth will result in the maximum benefit gap or "doughnut hole" amount, increasing from $2,850 in 2006 to an estimated $4,984 in 2014.

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Senate Ways and Means
1-25-06
Attachment 1

Low-Income Assistance

The Congressional Budget Office (CBO) estimates that 14.1 million beneficiaries will be eligible for assistance based on low-income and limited assets. Those who are also eligible for full Medicaid benefits, approximately 40,000 beneficiaries in Kansas, are considered "dual eligibles." In 2006, these beneficiaries began receiving drug benefits from Medicare, rather than Medicaid. Under Medicare Part D, beneficiaries with incomes below 150.0 percent of the Federal Poverty Level (FPL) – $14,355 for an individual in 2005 – will pay reduced drug costs as outlined below:

Medicare Prescription Drug Coverage					
	150%+ FPL	**Incomes between 150-135% FPL**	**Incomes below 135% FPL**	**Medicaid Eligibles over 100% Poverty (would have a required spend down)**	**Medicaid Eligibles under 100% FPL**
Monthly Premium	Estimated $32.20*/month	Subsidies on a sliding scale	$0	$0	$0
Deductible	$250	$50	$0	$0	$0
Co-pay for costs between $250 and $2,250	25.0%	15.0%	$2-$5 co-pay	$2-$5 co-pay	$1-$3 co-pay
Co-pay for costs between $2,250 and $5,100	100.0%	15.0%	$2-$5 co-pay	$2-$5 co-pay	$1-$3 co-pay
Payment after $5,100 threshold					
Generics	$2	$2 co-pay	$0	$0	$0
Brand Name Drugs	$5	$5 co-pay	$0	$0	$0
Or coinsurance percentage	5.0%	0.0%	0.0%	0.0%	0.0%

* FY 2006 estimated average.

Availability of Drug Plans

Medicare contracts with private insurance companies to provide the Part D prescription drug benefit. Coverage is available through two types of private plans:

- Private prescription drug plans (PDPs) that offer drug-only coverage; or
- Medicare Advantage (MA) (formerly Medicare+Choice) local and regional managed care plans.

The Centers for Medicare and Medicaid Services has established regions for the private prescription drug and Medicare Advantage plans. There are 34 PDP regions and 26 MA regions. At least two plans must be available in each region. If there are fewer than two plans available in

a region, the Centers for Medicare and Medicaid Service are responsible for arranging the offering of one "fallback"plan in the region.

Under Medicare Part D, drug plans are required to cover at least two drugs in each therapeutic class or category. CMS expects Part D prescription drug plans to provide access to a "broad range of medically appropriate drugs," including many of the drugs in the following classes - antidepressants, antipsychotics, anticonvulsants, antriretrovirals, immunosuppressants, and antineoplastics. Plans are allowed to use cost management tools like tiered cost-sharing arrangements and prior authorizations, as long as they do not discourage enrollment by certain Part D eligible persons.

Financing Medicare Part D

The Office of Management and Budget (OMB) estimates that expenditures related to the Medicare Modernization Act will be approximately $724.0 billion over the next ten years. Medicare expenditures related to the new drug law for Federal Fiscal Year (FFY) 2006 are estimated at $37.4 billion and for FFY 2007 at $52.5 billion. Increased expenditures are to be offset by:

- Beneficiary premiums;
- General revenues; and
- State Medicaid "clawback" payments.

The clawback is a monthly state payment to the federal Medicare program, beginning in January 2006. The phased-down State contribution or "clawback," is anticipated to generate $48.0 billion in the first five years of the Medicare Part D program, about 13.0 percent of the estimated $362.0 billion cost of the coverage and low-income subsidy over that time period. The monthly payment is determined by the following formula:

Monthly State Payments	=	1/12	x	Per Capita Expenditures (PCE)	x	Dual Eligibles	x	Phase-Down Percentage (PD%)
				State share of per capita Medicaid expenditures on prescription drugs covered under Part D for dual eligibles during 2003, trended forward.		Number of dual eligibles enrolled in Medicare Part D plan in the month for which payment is made.		Phase-down percentage for the year specified in the statute (e.g. 90% in 2006).

Impact of the Medicaid Clawback

The October 2005 consensus caseload estimate for the regular medical program included adjustments for the implementation of the Medicare Prescription Drug Coverage program beginning January 1, 2006. The adjustments include the cost savings from the shift of pharmaceutical expenditures for dual eligibles—persons eligible for both Medicare and Medicaid—from the state to

the federal government. In addition, adjustments were made for the "clawback" payments to the federal government, anticipated additional enrollment of Medicaid beneficiaries as they are identified during the enrollment process for the prescription drug program, and reduced revenues from drug rebates. The adjustments for FY 2006 and 2007 are shown in the table below:

	FY 2006 Adjustments to the Consensus Caseload Estimate*		**FY 2007 Adjustments to the Consensus Caseload Estimate**	
	SGF	All Funds	SGF	All Funds
Expenditure reduction	($39,774,198)	($101,985,124)	($93,023,964)	($238,522,984)
Clawback Payments	25,040,770	25,040,770	64,814,415	64,814,415
Additional Enrollees	601,818	1,543,122	2,655,561	6,809,131
Rebate Reduction	16,777	43,018	17,942,229	46,005,716
TOTAL	**($14,114,833)**	**($75,358,214)**	**($7,611,759)**	**($120,893,722)**

* The FY 2006 estimate reflects only six months of adjustments because the Medicare Prescription Drug program does not begin until January 1, 2006.

Kansas
Insurance
Department

Sandy Praeger COMMISSIONER OF INSURANCE

January 19, 2006

The Honorable George W. Bush
President of the United States
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

RE: The Medicare Part D Enrollment Deadline

Dear Mr. President:

I commend your leadership in creating the first major expansion of the Medicare program since its inception. The Medicare Prescription Drug Program will provide significant assistance to our over-65 population and ensure that no one has to choose between food and medicine. However, I am concerned that the timetable for implementing the program is overly ambitious, and over the past few months those concerns have only intensified.

On September 22, 2005, several Congressional House members introduced The Medicare Informed Choice Act of 2005 (HR 3861), which provides for extended and additional protection to Medicare beneficiaries who enroll for the Medicare prescription drug benefit program during 2006. The resolution calls for a delay in the enrollment deadline to the end of the year 2006.

The National Association of Insurance Commissioners has also expressed concern to the Centers for Medicare and Medicaid Services (CMS) on several occasions over the past several months regarding the implementation deadlines for the program, specifically the deadline for enrollment. On October 7, 2005, well in advance of the start date for enrollment, the Association sent a letter to CMS requesting a delay in the enrollment deadline to December 31, 2006.

420 SW 9TH STREET
TOPEKA, KANSAS 66612-1678

PHONE 785.296.3071
FAX 785.291.3673

CONSUMER HOTLINE
1.800.432.2484

WEBSITE
www.ksinsurance.org

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Attachment 2

Since January 1, our Consumer Assistance Division has received numerous complaints and calls from Medicare beneficiaries who are experiencing a variety of problems related to their enrollment in the program. These individuals are reporting that they (1) have submitted applications but have not received their identification cards or confirmation of their coverage, (2) are being placed on hold for hours or not receiving return calls when attempting to contact their plan sponsors and CMS at 1-800-MEDICARE, (3) are unable to obtain their prescriptions because the pharmacies are unable to electronically confirm that they have Part D coverage, and (4) are being limited on the number of doses in a refill, i.e., 14 days rather than 30.

It is understandable that there will be start-up problems with a program of this magnitude. Therefore, on behalf of our Kansas citizens, I am asking that you encourage Congress to delay implementation of the part D prescription drug program until the end of 2006. It is clear that the implementation of this new program is creating demands and delays that are preventing Medicare beneficiaries from obtaining assistance with their questions and concerns and making it difficult for them to obtain the medications they need. In addition, because of the May 15 deadline, we are concerned that individuals are being rushed to wade through the complex and extensive information about the program and are feeling pressured to select a plan, from the many alternatives available to them, which may or may not be the best choice for their needs. Finally, there are those individuals who are so confused and overwhelmed by the choices presented to them they are in danger of being financially penalized if they fail to sign up by the May 15 deadline.

I also hope that as this program evolves, CMS will take the lead in creating some uniformity in the numerous plans in order to eliminate some of the confusion. One group of individuals in particular, the "dual eligibles," is currently experiencing some very real problems with access to their medications. These are individuals, over age 65, who are eligible for both Medicare and Medicaid because of their income levels. These individuals, who had previously received pharmacy benefits from the state-run Medicaid program, have automatically and randomly been enrolled in one of the private prescription plans through the Medicare program. In some cases, the plan to which these individuals were assigned does not include the drugs they require and they must now go through the difficult and confusing process of changing plans.

Our Consumer Assistance representatives are also receiving reports that these individuals are being asked to pay unnecessary or inappropriate deductibles and co-payments or are being told that their pharmacists cannot confirm their enrollment and eligibility. Some of these individuals are in our state's skilled nursing facilities and these problems are adding an additional administrative burden on the caregivers in these facilities.

Mr. President, it is my hope that by working together we can find ways to improve upon this program, which does add new and very important benefits to our Medicare program. The National Association of Insurance Commissioners will continue to dialogue with representatives of CMS and your administration regarding these concerns, but we ask that you take immediate action on behalf of our Kansas seniors, and all seniors throughout the country, who are currently trying to decide what they should do. Giving them and their families more time to feel comfortable with their decision isn't too much to ask.

Sincerely,

Sandy Praeger

Sandy Praeger
Commissioner of Insurance

cc: Senator Pat Roberts
Senator Sam Brownback
Congressman Jerry Moran
Congressman Jim Ryun
Congressman Dennis Moore
Congressman Todd Tiahrt
Governor Kathleen Sebelius
Senate President Steve Morris
Speaker Doug Mays
Fred Schuster, Regional Administrator, HHS

Kansas
Insurance
Department

Sandy Praeger COMMISSIONER OF INSURANCE

FOR IMMEDIATE RELEASE
January 19, 2006

For more information, contact:
Charlene Bailey
Public Information Officer
785-296-7807 (office)

Commissioner Sandy Praeger Issues Statement Calling On President For Help With Medicare Drug Plan

TOPEKA, KS. We have serious problems with Medicare Part D. As you know, the Medicare Prescription Drug Program was signed into law by President Bush in 2003; it was the first major expansion of the Medicare program since its inception in the mid-60's. The Plan holds much promise and I salute the President for his leadership on this issue.

However, experience has now shown us that we need to modify Part D. My office and other government offices have been receiving hundreds of phone calls. Virtually all of the problems I am hearing about relate to the January 1, 2006 sign up bottleneck. Here is a list of the most common issues:

- Beneficiary has submitted an application, but has still not received a card or other confirmation of coverage.
- Phone lines have been clogged, with people reporting being on hold for hours. Those who have left voicemails are not getting call-backs. We've heard of this happening with calls to the Part D carriers, as well as calls to 1-800-MEDICARE.
- Beneficiaries who have an ID card, but the pharmacy is unable to confirm the coverage via computer.
- Dual eligibles are being charged deductibles or co-pays. *
- Dual eligibles are not in the pharmacist's computer. *
- People are being limited on the number of doses in a refill (14 days vs. 30).

Today, on behalf of our Kansas consumers, I am urging the President, to promote legislation in the Congress that would delay the implementation of that part of Medicare Part D that would penalize Medicare beneficiaries for not signing up for the program by May 15, 2006.

Under the current federal regulations, anyone who is eligible now that does not sign up by the May 15 deadline will pay 1% more for each month they delay. Given the issues we now face, that would be unfair and would create yet another logjam that could overwhelm the system.

--more --

To ensure that I have the ability to act on behalf of Kansas beneficiaries, today in the Kansas Senate I requested the introduction of legislation that would require plans to register with the Kansas Insurance Department, giving us the ability to advocate for our senior consumers on problems related to Medicare Part D.

It is my hope that by working together we can find ways to improve upon this program, which does add new very important benefits to our Medicare program. To all Kansas seniors, I say please call my office at 1-800-432-2484 and I will help you in anyway I can.

* Dual eligibles are individuals over 65 who are eligible for Medicare and because of their income they are also eligible for Medicaid.

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About the Kansas Insurance Commissioner

Sandy Praeger, Kansas Insurance Commissioner, oversees the activities of the Kansas Insurance Department (KID) which is headquartered in Topeka, Kansas. The overriding objective of Commissioner Praeger and KID is to protect consumers, and help maintain the financial stability of the insurance industry. KID regulates and monitors the activities of 23,000 resident agents, 48,000 non-resident agents and 1684 insurance companies licensed to do business in the state of Kansas. The Department offers financial, actuarial, legal, computer, research, market conduct and economic expertise. Visit www.ksinsurance.org for more information.

Find a Medicare Prescription Drug Plan

State By State Plans

Please specify your search criteria:

State/Territory: Select a State Show Plans

State By State Plans Results

Prescription Drug Plans: (Click here to hide information)

Below is a list of plans in **Kansas**.

Contract ID	Company	Number of Plans	Monthly Premium	Annual Deductible	Customer Service Phone Number	Customer Service Address
S4802	Sterling Prescription Drug Plan	1	$53.83	$100	1-888-858-8572 TTY Users should call: 1-888-858-8567 MON - FRI: 5.00 AM - 5.00 PM Pacific	P.O. Box 1917 Bellingham, WA 98227
					1-800-845-2551 TTY Users	

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S5581	Marquette National Life Insurance Company	**3**	$40.05 - $67.88	$0 - $250	should call: 1-866-222-3904 MON - FRI: 8.00 AM - 8.00 PM Eastern SAT: 9.00 AM - 6.00 PM Eastern SUN: 10.00 AM - 6.00 PM Eastern	PO Box 1232 Pensacola, FL 32591
S5597	Pennsylvania Life Insurance Company	**3**	$30.60 - $51.25	$0 - $250	1-800-765-8900 TTY Users should call: 1-866-222-3904 MON - FRI: 8.00 AM - 8.00 PM Eastern SAT: 9.00 AM - 6.00 PM Eastern SUN: 10.00 AM - 6.00 PM Eastern	PO Box 1232 Pensacola, FL 32591
S5601	SilverScript	**2**	$28.90 - $57.56	$100 - $250	1-866-552-6106 TTY Users should call: 1-866-552-6288 MON - FRI: Available 24 Hours SAT: Available 24 Hours SUN: Available 24 Hours	P.O. Box 688 Mahwah, NJ 07430
S5617	CIGNA HealthCare	**3**	$34.27 - $47.22	$0 - $250	1-800-735-1459 MON - FRI: 8.00 AM - 11.00 PM Eastern	13650 NW 8th St Sunrise, FL 33325

	S5660	Medco Health Solutions, Inc.	**1**	$32.34	$250	1-800-758-3605 TTY Users should call: 1-800-716-3231 MON - FRI: 8.00 AM - 8.00 PM Eastern SAT: 8.00 AM - 6.00 PM Eastern	P. O. BOX 630246 IRVING, TX 75063
	S5670	Coventry AdvantraRx	**3**	$21.20 - $45.29	$0	1-800-882-3822 TTY Users should call: 1-800-508-9548 MON - FRI: 8.00 AM - 6.00 PM Central	P.O. Box 686007 San Antonio, TX 78268
	S5726	Blue MedicareRx	**3**	$21.09 - $35.91	$0 - $250	1-877-471-4121 MON - FRI: 8.00 AM - 6.00 PM Eastern	P.O. Box 34160 Louisville, KY 40232
	S5755	United American Insurance Company	**1**	$36.07	$0	1-866-524-4169 TTY Users should call: 1-866-524-4170 MON - FRI: 7.00 AM - 6.30 PM Central	3700 S. Stonebridge Drive McKinney, TX 75070
	S5803	MEMBERHEALTH	**3**	$30.41 - $42.42	$100 - $250	1-866-684-5353 TTY Users should call: 1-866-684-5351 MON - FRI: 7.00 AM - 10.30 PM Eastern SAT: 7.00	1 CSC WAY Rensselaer, NY 12144

					AM - 10.30 PM Eastern	
S5810	Aetna Medicare	**3**	$34.97 - $60.83	$0 - $250	1-800-445-1796 TTY Users should call: 1-800-628-3323 MON - FRI: 8.00 AM - 5.00 PM Central	980 Jolly Road Blue Bell, PA 19422
S5820	United Healthcare	**2**	$29.16 - $31.56	$0	1-888-867-5564 TTY Users should call: 1-877-730-4192 MON - FRI: 8.00 AM - 8.00 PM Eastern SAT: 8.00 AM - 5.00 PM Eastern	P.O. Box 29300 Hot Springs, AR 71903
S5884	Humana Inc.	**3**	$9.48 - $54.20	$0 - $250	1-800-706-0872 TTY Users should call: 1-877-833-4486 MON - FRI: 8.00 AM - 6.00 PM Central	500 West Main Street Louisville, KY 40202
S5921	PacifiCare Life and Health Insurance Company	**3**	$29.30 - $48.06	$0	1-800-943-0399 MON - FRI: Available 24 Hours SAT: Available 24 Hours SUN: Available 24 Hours	P.O. Box 6085 Cypress, CA 90630
S5960	Unicare	**3**	$21.09 - $37.62	$0 - $250	1-866-892-5335 MON - FRI:	P.O. Box 9092 Oxnard, CA

					8.00 AM - 6.00 PM Central	93031
S5967	WellCare	3	$26.64 - $48.81	$0	1-888-423-5252 MON - FRI: 8.00 AM - 6.00 PM Central	8735 Henderson Blvd. Tampa, FL 33634

Medicare Advantage Prescription Drug Plans: (Click here to hide information)

Below is a list of plans in **Kansas**.

Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
H1716	Humana Insurance Company	1	1-800-833-2364 TTY Users should call: 1-877-833-4486 MON - FRI: 8.00 AM - 6.00 PM Central	500 West Main Street Louisville, KY 40202
H1717	United Healthcare Insurance Company	1	1-316-291-3646 TTY Users should call: 1-888-685-8480 MON - FRI: 8.00 AM - 5.00 PM Central	250 N. Kansas, Attn. Rod Turner Wichita, KS 67214
H1804	Humana Insurance Company	3	1-800-833-2312 TTY Users should call: 1-877-833-4486 MON - FRI: 8.00 AM - 6.00 PM Eastern	500 West Main Street Louisville, KY 40202
H2649	Humana Health Plan, Inc.	2	1-800-833-2364 TTY Users should call: 1-877-833-4486 MON - FRI: 8.00 AM - 6.00 PM Central	500 West Main Street Louisville, KY 40202
H2672	Coventry Health Care of Kansas, Inc.	2	1-866-533-5160 TTY Users should call: 1-866-347-2459 MON - FRI: 8.00 AM	8320 Ward Parkway Kansas City, MO 64114

			- 5.00 PM Central	
H5509	Coventry Health And Life Ins. Company	2	1-866-533-5160 TTY Users should call: 1-866-347-2459 MON - FRI: 8.00 AM - 5.00 PM Central	8320 Ward Parkway Kansas City, MO 64114
R5826	Humana Insurance Company	2	1-800-833-2364 TTY Users should call: 1-877-833-4486 MON - FRI: 8.00 AM - 6.00 PM Central	500 West Main Street Louisville, KY 40202

Medicare Advantage Special Needs Plans: (Click here to hide information)

Below is a list of plans in **Kansas**.

Contract ID	Company	Number of Plans	Customer Service Phone Number	Customer Service Address
H1717	United Healthcare Insurance Company	1	1-316-291-3646 TTY Users should call: 1-888-685-8480 MON - FRI: 8.00 AM - 5.00 PM Central	250 N. Kansas, Attn. Rod Turner Wichita, KS 67214

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CMS Testimony
Kansas Senate Ways & Means Committee
January 25, 2006

Chairman Umbarger, Vice Chairman Emler thank you for the invitation to come before your committee. My name is Kathryn Coleman and I am the Medicare Prescription Drug Education Campaign Manager for the Kansas City Regional Office of the Centers for Medicare & Medicaid Services. I'm accompanied here today by Nancy Schmidt, Health Insurance Specialist for our Division of Medicare Operations. It is a pleasure to be here today to discuss the Medicare program, in particular our progress on implementation of the new prescription drug benefit.

The addition of a prescription drug benefit is, of course, the largest, most significant change to the Medicare program since its inception.

For the majority of people, the program is working and many people, who have never had prescription drug coverage before, are saving money. Pharmacists are filling more than one million prescriptions a day.

We have had more than two and a half million people sign up in the last 30 days.

While most seniors and persons with a disability are getting their prescriptions filled, as you're probably aware, we have had some start-up issues that could be expected at the beginning of a new benefit affecting millions of people at one time. And we are working closely with our partners, including the states, to address and fix those problems.

Since this is a new program, some people may experience a problem the first time they go to get their medicines, but we' re confident after they use it once, things are going to go much more smoothly.

Senate Ways and Means
1-25-06
Attachment 4

The significant majority of individuals who are having payment issues at the pharmacy counter today are people who are dual eligible, who were first auto assigned to one prescription drug plan but chose to reenroll in a different plan and this is especially true for those who may have switched plans the last few weeks of December. In most states, this problem did not affect all dual eligibles, but we are concerned about every one of them.

Our message to the people who are experiencing problems is: don't leave the pharmacy without your drugs. There are several steps that individuals can take to ensure they get the medicines they need and there is no reason for them to go without their medications or to have to pay more than they owe.

We are working with the pharmacies and providing help to assure that can occur.

I want to assure you that CMS and the Kansas City Regional Office are committed to resolving each and every issue involving these individuals. We simply will not be satisfied until the last issue is resolved.

We have taken several immediate actions to improve things and ensure that no beneficiary leaves the pharmacy without their prescriptions.

We have provided a new computer system that pharmacies can use to verify eligibility in less than a second.

We have established a toll-free pharmacy help line that pharmacists can check for beneficiary information. We've increased by 400 percent the number of operators on that line, so there's no or minimal wait time for the pharmacist.

And if the pharmacist can't find information that they need to help a beneficiary who 's on Medicaid and has been switched to Medicare, the

pharmacist can enroll that beneficiary in a default plan right at the point of sale.

Finally, if all else fails, the pharmacist can call the pharmacy line or the beneficiary can call 1-800 Medicare to request the assistance of a case worker to resolve their individual needs. We've already resolved thousands of cases in this way, including many for residents of the State of Kansas.

We have also directed the plans to increase their customer service lines for beneficiaries and pharmacists. We acknowledge that is simply not acceptable for pharmacists or doctors, or people with Medicare to wait for 30 minutes or more on the phone to get information that is vial to getting prescriptions filled. Part of the reason the waits have been so long is because the E-1 transaction system we provided to pharmacists has not always worked as well as it should and because we have had data translation problems. S ome of the problem also is due to less than adequate staffing for the volume of calls the plans have received and we're taking steps to address that both on our own toll-free lines and those at the plans.

Pharmacists across the country and right here in Kansas have worked heroically - - in what is always one of their busiest months - - to handle a new system and the enrollment of millions of new beneficiaries. For some pharmacies, the transition has gone smoothly. Others have encountered system problems and long wait times on help lines.

Clearly, we need to provide additional support and training for our pharmacists who are a vital link for our beneficiaries in this program. And shortly, we will announce some additional training for these important partners and a new outreach campaign just for them.

We have also directed the plans to increase their customer service lines for beneficiaries and pharmacists and to honor the requirement of the

law that beneficiaries get the drugs they need during the transition. We instructed the plans to establish an expedited process for pharmacists to obtain appropriate authorizations to override any edits that would apply in the absence of their transition policies. Some plans are fully automating their systems as well. This should ensure that beneficiaries receive the drugs they are entitled to, that the burden on pharmacists is reduced and that pharmacists can expedite claims processing at the plan.

We also continue to work closely with the States, including Kansas. We know that when data has been transmitted from the states to CMS or CMS to the plans, the "hand-shake" between the different data systems has not always been perfect. As a result of these imperfections, some names of beneficiaries are not showing up. While most of the data is transferring correctly, we must make sure we fix all the problem areas.

We will continue to work directly and closely with the state of Kansas, as we have in the past, to share information and data quickly and efficiently and to make sure that they get beneficiaries connected with the new benefit. We also want to ensure that States are getting reimbursed by the plans for any costs they incur, if the state steps up as the payer of last resort.

Just yesterday, we announced a new, temporary reimbursement plan that will enable States to be fully reimbursed for their efforts to help ensure that their dual eligible beneficiaries have access to their covered drugs as they move to the new Medicare Part D coverage. This plan limits the need for State reimbursement by supporting the use of Medicare payment systems whenever possible while also promoting the effective transition of dual eligibles into their new coverage.

The plan announced yesterday will permit Medicare to make payments to the States for amounts they have paid for a dual eligible's Part D covered drugs to the extent those costs are not otherwise recoverable under Part D. The demonstration will also pay States for the

administrative costs incurred in the coordination of the drug benefit by State Medicaid programs.

And we have established a team of CMS staff that will provide expedited review of States' applications under this demonstration and a template for States to use will be available on our website shortly.

Of course we want States to use payment approaches that support pharmacists efforts to primarily bill the Part D plan and that promote the use of the Medicare point-of-sale enrollment, I described earlier, before relying on State payment. Finally, we expect States to agree to turn off their State reimbursement system and return to the Medicare Part D system by February 15th since we fully expect by then that the issues will be resolved.

Again, Mr. Chairman, we are committed to fixing every problem as quickly as possible and we'll do it as long as it takes, although we expect every day we'll continue to see improvements.

Adding a prescription drug benefit to Medicare is the biggest change in its 40 year history and it's happening all at once. When millions are enrolled at one time, there are bound to be some transition problems. But let me assure you the Kansas City Regional Office is committed to ensuring that the beneficiaries in our region get the medications they need at the correct price.

We've dedicated a significant number of staff to work directly with the beneficiaries, their pharmacies, and their drug plans to resolve any outstanding issues.

At the same time, we must not lose sight of the fact that this is an important new benefit for many people who have never had coverage for their medicines before, and we're confident that it will be a success for millions of Americans who will save money, stay healthy, and gain new

peace of mind. We strongly urge those who have signed up for this new benefit to spread the word.

There are many ways for people to get help in their community and we've been working hard to build a network of community partners with the Kansas SHICK and the AAAs.

It does take some time to enroll and to use the coverage for the first time, but as many seniors will tell you, including my own Mother, it's worth it. We know we have a lot more work ahead of us and we look forward to our continued dialogue with you in the coming months.

Thank you Mr. Chairman, I am happy to answer your questions.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

FACT SHEET
State Reimbursement for Medicare Part D Transition
January 24, 2006

Summary

This state reimbursement plan enables States to be fully reimbursed for their efforts to help ensure that their beneficiaries eligible for Medicare and Medicaid have access to their covered Medicare drugs as they move to their new Medicare Part D drug coverage. The plan also supports limiting the need for State reimbursement by supporting the use of Medicare payment systems whenever possible, and promotes the effective transition of dually eligible Medicare beneficiaries into their new Medicare coverage.

Background

The Centers for Medicare & Medicaid Services (CMS) has taken numerous actions to ensure that full benefit dual eligibles, those eligible for both Medicare and Medicaid, continue to receive needed medications as they make the transition from Medicaid coverage of their drugs to coverage under the new Medicare Part D drug benefit. CMS is committed to working with States to make the transition as seamless as possible for all dually eligible beneficiaries.

To ensure that the Medicare and Medicaid programs can respond expeditiously to the needs of the dual eligible beneficiaries, this state reimbursement plan will allow States that have assisted their dual eligible populations in obtaining and accessing Medicare Part D drug coverage to be reimbursed for their efforts.

In particular, the demonstration plan will permit Medicare payment to be made to States for amounts they have paid for a dual eligible's Part D covered drugs, to the extent that those costs are not otherwise recoverable under Part D. In addition to providing Medicare funds to reimburse amounts paid by States for Part D covered drugs, the demonstration would also provide payments for administrative costs incurred in the coordination of the drug benefit by State Medicaid programs. CMS will establish a staff team to provide expedited review of applications of States applying for this demonstration.

Purpose

To promote smooth transition to Part D for the subset of Medicare-Medicaid beneficiaries who have had difficulty and who are currently receiving assistance from a State, to minimize State costs, and to fully reimburse States for their costs.

This demonstration, to be administered under Section 402 Demonstration Authority, will evaluate whether timely and effective collaboration between a State and CMS can reduce overall Medicare expenditures by 1) promoting faster inclusion of affected dual eligible beneficiaries in their Part D plan, leading to more effective use of prescription drugs; and 2) promoting high-quality care for

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dual eligible beneficiaries, due to more effective coordination between Medicare and Medicaid coverage. These steps are expected to lead to lower total Part D costs and lower Medicare and Medicaid expenditures.

With input from the States through a workgroup that has been established, CMS will provide a template for use by those States which re-instituted some coverage through their Medicaid system for dual eligibles. The template is expected to be available shortly and will be posted on the CMS Website. Based on this process, CMS and affected states will develop a process for reconciling payments involving beneficiaries in State Pharmacy Assistance Programs (SPAPs) who were enrolled in Medicare Part D.

Key Features

- State Reimbursement: States that meet the conditions of the waiver will have their full drug benefit costs reimbursed through (1) CMS assurance of payment reconciliation with the prescription drug plans and (2) Medicare payment of any net drug cost differential after reconciliation. In addition, CMS will provide funding for administrative costs incurred by states.

- Payer of Last Resort: States will use payment approaches that support pharmacist efforts to primarily bill the Medicare Part D plan, and that promote the use of Medicare point-of-sale billing, before relying on State payment. States will provide input to CMS and plans on ways to enhance plan and program performance for the state's dual eligible beneficiaries and pharmacists, to help reduce State billing.

- Timely Data Sharing: States that participate will provide timely summary information on claims incurred, including summary amount and beneficiary identification information, to facilitate reconciliation and beneficiary transition to Part D plans. States will also work with CMS to provide valid data on any set of beneficiaries who may not have been included properly in the State's previous dual eligible files.

- Claims Identification: States will separate claims for the transition period from claims the States would have otherwise paid through a separate state program. In some States, the State has elected to pay all cost sharing, for example, on behalf of some beneficiaries who would otherwise have paid a copayment.

- End Date: This temporary demonstration program would have an anticipated end date of February 15, 2006. Participating States would discontinue payments through their Medicaid systems on or before this date. The Secretary may provide a short-term extension of the demonstration program.

- Retroactive Effective Date: The demonstration would be retroactive to the first date the state paid claims.

KANSAS

DEPARTMENT ON AGING
KATHY GREENLEE, ACTING SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Jan. 25, 2006

TO: Senate Ways and Means

FROM: Kathy Greenlee, Acting Secretary
Kansas Department on Aging

RE: Overview of Kansas Implementation of Medicare Part D

Sen. Umbarger and members of the Senate Ways and Means Committee, thank you for the opportunity to appear before you today.

I would like to focus today on three areas of the program's implementation: an overview of the implementation, the impact on Kansans and the status of enrollment of beneficiaries in Kansas, KDOA's outreach and training efforts and our plans to utilize the additional resources recently allocated by Gov. Sebelius.

Background

Plan Design: KDOA recently provided members of the legislature with a Medicare Prescription Drug program Resource Guide. I brought addition copies of the information should you need them. Attached to my testimony is an At-A-Glance overview of the benefit.

State of Kansas Implementation: An interagency team lead by Scott Brunner, Kansas Medicaid director, has been meeting for the past 18 months on the numerous implementation details for the State of Kansas. The Kansas Insurance Department and KDOA are members of the implementation team.

Outreach and Training: During the past year, 157 people have been certified as Senior Health Insurance Counseling of Kansas (SHICK) counselors by completing the 24-hour Initial Training Course. Another 234 people completed training to maintain their SHICK certification. SHICK representatives also trained a variety of government agencies and community-based organizations to provide individual assistance to seniors. Nearly 400 educational programs have been presented across the state and more than 1 million Kansans have received targeted mailings with information about Medicare Prescription Drug Coverage.

Governor's Medicare Part D Committee: Last month, the Governor asked me to convene a group of advocacy organizations, providers and agency staff to share on-the-ground implementation information during this critical time period. From this group, we have been able to learn of important emerging issues and concerns and identify additional training and education needs.

NEW ENGLAND BUILDING, 503 S. KANSAS AVENUE, TOPEKA, KS 66603-3404
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http://www.agingkansas.org

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Kansas Medicare Population

The Medicare population in Kansas totals approximately 400,000 elderly and persons with disabilities who reside in communities and institutions across the state. Approximately 40,000 of the 400,000 are eligible for both Medicare and Medicaid. These beneficiaries (often called the "dual eligibles") also reside in communities and institutions across the state.

Medicare Part D impacts all 400,000 beneficiaries. Beneficiaries generally fall into one of five main groups, based on an individual's current coverage. The following Kansas-specific information is from Centers for Medicare and Medicaid Services (CMS) and reflect prescription coverage enrollment as of Jan. 20, 2006:

- **Those with Medicare and Medicaid coverage (duel eligibles): 38,297**

This group of approximately 40,000 Kansans began receiving their prescription drug coverage from Medicare Jan. 1, 2006. If they had not joined a plan by Dec. 31, 2005, they were automatically enrolled in a plan, at random. This group may choose to re-enroll in a different plan each month.

- **Those with no prescription drug coverage who have now enrolled: 42,595**

This group has until May 15, 2006 to enroll in drug plan. If they do not enroll by the deadline, they will pay a premium penalty if they decide to enroll later.

- **Those with employer/union coverage: 27,607**

This group will continue to receive coverage through their employers or unions as Medicare will help the employers and unions continue to provide retiree drug coverage that meets Medicare's standards.

- **Those with Medicare Advantage Plan or other Medicare Health Plan: 13,415**

This group will continue to receive prescription drug coverage.

- **Federal government retirees: 35,626**

This group constitutes an additional group of individuals receiving prescription drug coverage.

As such, the number of Kansans with prescription drug coverage totals 158,170 or 39.8%, of the Medicare population. It should be noted, however, the percentage linked to individuals who have chosen a Medicare Part D appears closer to 14%.

Emerging Issues

Enrollment Assistance: $500,000 Governor's Recommendation.

- Expand the capacity of the SHICK toll-free number.
- Include targeted questions for SHICK volunteers to ask of beneficiaries when they call.

- Fully utilize opportunities for on-line enrollment training and assistance from CMS:

- Coordinate CMS-sponsored four-hour trainings, specific to on-line enrollment, to Community organizations, Ombudsman staff and volunteers, SRS EES staff, and Sponsoring Organization Coordinators and volunteers. Provide stipends to community organizations and volunteers who participate in the training in concert with their commitment to assist Medicare beneficiaries with on-line enrollment.

- Promote CMS-sponsored Regional Office tele-training opportunities.

- Refer calls from the SHICK toll-free number for assistance with on-line enrollment and re-enrollment to the appropriate group of staff/volunteers.

- Provide additional funding to SHICK Sponsoring Organizations for increased staffing during the enrollment phase.

- Additional training has been provided to approximately 80 individuals to assist Medicare beneficiaries with on-line enrollment. The number toll-free SHICK phone lines are being expanded and additional temporary staff will be hired. Additional funding also will be provided to Sponsoring Organizations and the Ombudsman office.

Dual Eligibles Not Receiving Medications: When it became clear that pharmacists were having problems filling prescriptions for dual-eligible beneficiaries, Gov. Sebelius assured Kansans that the State of Kansas will cover the cost of the prescription drugs directly. Kansas, then will seek appropriate compensation from CMS or the health plans that failed to properly enroll the individual.

Delaying May 15th Deadline: Gov. Sebelius and Commissioner Sandy Praeger have called for an extension of the May 15th deadline for enrolling in the program.

Co-pays for Duals: Advocates for seniors and persons with disabilities are concerned that some dual eligibles are being charged co-payments. This is an on-going system design issue. These groups may be bringing this issue to your attention as we wait to determine the impact of these co-payments.

To help direct your constituents to help, I have attached to my testimony a list of the SHICK regional sponsoring organizations and contact information for each. Also attached is a copy of the standard prescription drug benefit chart from the Legislator's Resource Guide and a chart giving a state-by-state breakdown on the number of Medicare Part D enrollees.

Thank you for the opportunity to discuss this important issue and to bring you up-to-date with our efforts to help seniors receive the medications they need.

The Standard Medicare Prescription Drug Benefit

KANSAS HEALTH INSTITUTE

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

www.khi.org

KANSAS DEPARTMENT ON AGING
Security, Dignity, and Independence for Kansas Seniors

The Kansas Department on Aging uses public and private resources to improve the security, dignity and independence of Kansas seniors, their families, seniors' caregivers and all Kansans living in adult care homes.

www.agingkansas.org

At-A-Glance

Prescription Drug Spending	Plan Pays	Beneficiary Pays
$0–$250	$0	Up to $250 deductible
$250–$2,250	75% of drug costs – up to $1,500	25% of drug costs – up to $500
$2,250–$5,100 (coverage gap/ "donut hole")	0% of drug costs – $0	100% of drug costs – up to $2,850
Subtotal:	**Up to $1,500**	**Up to $3,600 out-of-pocket**
More than $5,100 (Catastrophic Benefit)	95%	5% or $2 copay per generic drug or $5 copay per brand name drug

Note: Premium costs are not included in this chart. The beneficiary will pay monthly premiums, therefore, in addition to the amounts shown on the chart. These premiums range from $9.48 per month to $67.88 per month for plans available in Kansas.

Adapted from: AARP, *The New Medicare Prescription Drug Coverage: What You Need to Know*, 2005

SHICK Call Center (Statewide) 1-800-860-5260

SHICK Regional Sponsoring Organizations

Kansas City area
Donna Bosilevac
Wyandotte/Leavenworth County AAA
913-573-8532
1-888-661-1444
Counties: Wyandotte, Leavenworth

Anita Riffel
Johnson County Area Agency on Aging
913-477-8131
1-888-214-4404
County: Johnson

Lawrence area
Katie Glendening
Douglas County Senior Services
785-842-0543
County: Douglas

Topeka area
Diane McDermed
Jayhawk Area Agency on Aging
785-235-1367
1-800-798-1366
Counties: Shawnee, Jefferson

Tanya Turner
LULAC Senior Center
785-234-5809
County: Shawnee

Judy Mattox
Healthwise 55
Stormont-Vail Resource Center
785-354-6784
County: Shawnee

Wichita area
Jenell Smith
Sedgwick County Extension Service
316-722-7721
County: Sedgwick

Peggy Maggard
Butler County Extension Service
316-321-9660
County: Butler

Susan Jackson
Harvey County Extension Service
316-284-6930
County: Harvey

Northwest Kansas
Glenna Clingingsmith
Northwest Kansas Area Agency on Aging
785-628-8204
1-800-432-7422
Counties: Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell

Southwest Kansas
Kathy McGee
Southwest Kansas Area Agency on Aging
620-225-8230
1-800-742-9531
Counties: Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Hamilton, Kearny, Finney, Hodgeman, Pawnee, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Commanche, Barber

North Central Kansas
Shirley Wickman
North Central/Flint Hills AAA
785-776-9294
1-800-432-2703
Counties: Jewell, Republic, Mitchell, Cloud, Clay, Riley, Pottawatomie, Lincoln, Ottawa, Dickinson, Geary, Wabaunsee, Ellsworth, Saline, Morris, Marion, Chase, Lyon

South Central Kansas
Kristin Sparks
South Central Kansas Area Agency on Aging
Arkansas City, KS 67005
620-442-0268
1-800-362-0264
Counties: Rice, McPherson, Reno, Kingman, Harper, Sumner, Cowley, Chautauqua, Elk, Greenwood

SHICK Call Center (Statewide) 1-800-860-5260

SHICK Regional Sponsoring Organizations

Northeast Kansas
Cathy Koenig
Northeast Kansas Area Agency on Aging
785-742-7152
1-800-883-2549
Counties: Washington, Marshall, Nemaha, Brown, Doniphan, Jackson, Atchison

East Central Kansas
Leslea Rickabaugh
East Central Kansas Area Agency on Aging
785-242-7200
1-800-633-5621
Counties: Osage, Franklin, Miami, Coffey, Anderson, Linn

Southeast Kansas
Kathy Pavlu
Southeast Kansas Area Agency on Aging
620-431-2980
1-800-794-2440
Counties: Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette, Cherokee

State Enrollment in Medicare Prescription Drug Plans *Nov. 15, 2005 – Jan. 13, 2006*

State	Stand-Alone Prescription Drug Plan	Medicare Advantage with Prescription Drugs*	Medicare-Medicaid (Automatically Enrolled)	Medicare Retiree Drug Subsidy	Estimated Federal Retirees (Tricare, FEHB)	Total With Drug Coverage
Alabama	74,807	76,867	82,098	107,684	72,991	414,447
Alaska	2,737	95	11,255	9,914	17,671	41,672
Arizona	48,595	244,249	49,528	103,576	32,770	478,718
Arkansas	62,788	3,684	60,294	49,668	69,784	246,218
California	155,394	1,222,191	875,243	424,223	310,997	2,988,048
Colorado	30,584	129,563	37,546	72,114	68,510	338,317
Connecticut	46,841	30,722	66,388	105,986	19,587	269,524
Delaware	25,889	424	9,432	30,110	10,916	76,771
District Of Columbia	3,017	4,687	15,115	3,035	23,597	49,451
Florida	226,391	601,193	328,919	427,022	237,921	1,821,446
Georgia	140,541	34,629	135,814	108,828	123,468	543,280
Hawaii	3,082	47,087	22,740	32,824	47,748	153,481
Idaho	17,417	12,867	17,909	18,524	17,077	83,794
Illinois	251,339	66,726	248,315	318,813	66,695	951,888
Indiana	108,309	7,179	94,379	181,559	33,649	425,075
Iowa	42,139	13,406	54,545	39,799	17,913	167,802
Kansas	42,595	13,415	38,927	27,607	35,626	158,170
Kentucky	80,019	26,933	78,240	122,087	43,700	350,979
Louisiana	34,972	68,151	134,174	91,909	43,921	373,127
Maine	29,582	748	44,945	32,114	18,012	125,401
Maryland	80,092	27,923	56,536	119,900	130,157	414,608
Massachusetts	71,082	109,619	183,359	179,047	40,626	583,733
Michigan	160,824	24,844	190,062	446,984	38,489	861,203
Minnesota	46,428	84,814	58,047	73,040	24,571	286,900
Mississippi	45,209	3,933	129,089	28,440	39,923	246,594
Missouri	74,228	114,201	137,409	115,301	58,212	499,351
Montana	10,856	1,434	14,750	12,494	13,496	53,030
Nebraska	24,703	10,630	31,360	21,620	19,630	107,943
Nevada	15,285	84,921	17,126	38,602	31,110	187,044
New Hampshire	18,862	1,434	18,827	31,657	13,333	84,113
New Jersey	182,104	55,811	135,048	259,907	52,390	685,260
New Mexico	15,092	44,542	31,385	39,975	32,979	163,973
New York	110,566	300,585	494,346	498,597	90,736	1,494,830
North Carolina	137,210	90,342	215,945	204,717	130,624	778,838
North Dakota	8,720	751	10,413	4,595	9,748	34,227
Ohio	118,454	197,716	172,056	505,489	73,761	1,067,476
Oklahoma	68,110	40,146	73,297	46,110	61,165	288,828
Oregon	56,312	109,593	32,042	43,044	31,894	272,885
Pennsylvania	133,062	478,537	146,752	287,170	95,593	1,141,114
Rhode Island	7,869	51,367	25,939	12,154	10,940	108,269
South Carolina	64,759	18,074	113,045	106,393	70,649	372,920
South Dakota	12,696	1,066	11,551	5,972	10,303	41,588
Tennessee	84,144	94,309	212,299	108,277	60,085	559,114
Texas	234,159	223,653	295,043	410,590	248,025	1,411,470
Utah	25,339	11,814	19,987	26,883	32,140	116,163
Vermont	14,478	96	15,722	13,428	5,069	48,793
Virginia	120,518	20,824	102,290	107,022	221,530	572,184
Washington	61,233	72,341	94,042	96,132	108,435	432,183
West Virginia	41,208	4,776	40,801	82,919	14,852	184,556
Wisconsin	60,919	44,448	108,676	132,954	26,470	373,467
Wyoming	8,073	335	5,443	6,792	7,767	28,410
Puerto Rico	9,873	163,219	793	10,059	0	183,944
Virgin Islands	865	42	12	3,030	0	3,949
Other	1,461	1,920	711	0	0	4,092
Total	**3,551,831**	**5,094,876**	**5,600,009**	**6,386,690**	**3,117,255**	**23,750,661**

* Medicare Advantage includes 600,000 Medicare-Medicaid beneficiaries.

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