

## Administrator

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**From:** TPA Communications [communications@tnpharm.org]

**Sent:** Thursday, January 05, 2012 9:35 AM

**To:** broadcast@tnpharm.org

**Subject:** URGENT: Pharmacist Action Requested

To: 2011-2012 Independent Members

*TPA urges community pharmacists to respond to the following request from NCPA for examples of beneficiary confusion over selection of Preferred Part D Network Plans.*

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*From the National Community Pharmacists Association (NCPA):*

### **Problems with Preferred Part D Network Plans?**

#### **Examples needed of beneficiary confusion over selection of preferred plans.**

Now that the new plan year is in effect, we are hearing from pharmacists about beneficiaries who are shocked to learn from their community pharmacist about higher co-pays when attempting to fill medications at non-preferred pharmacies - this information was not made clear to them at the time of enrollment. Do you have examples of this happening to your patients? We need to hear from you! NCPA is compiling these examples as part of follow up discussions in the near future with CMS.

NCPA has been very vocal in [expressing our concerns](#) [[http://www.ncpanet.org/pdf/leg/jan12/concerns\\_medicare\\_part\\_d.pdf](http://www.ncpanet.org/pdf/leg/jan12/concerns_medicare_part_d.pdf)] to CMS regarding the growth of highly restrictive Part D preferred network plans, specifically plans' ability to create beneficiary confusion through aggressive marketing tactics. Many patients neither fully understand all of the plan choices nor the significance of signing up for a preferred versus an open network plan as many have found that the preferred network co-pays are not clearly or accurately designated on the Plan Finder website. Now we need real-life examples of beneficiaries who have been misled when selecting a preferred plan.

>>**CLICK HERE TO SUBMIT AN EXAMPLE:**  
<http://www.ncpanet.org/complaintform.php>

While NCPA collects these examples and pursues discussions with CMS, we are also encouraging pharmacies to pass along CMS' 1-800-MEDICARE number to any patient who is unhappy with their sign up process, and especially those beneficiaries who were confused or deceived by planfinder.gov or restricted pharmacy plan marketing materials. We've developed a [bag stuffer](#) [[http://www.ncpanet.org/pdf/leg/dec11/bagstuffer\\_preferred\\_networks.pdf](http://www.ncpanet.org/pdf/leg/dec11/bagstuffer_preferred_networks.pdf)] for you to print off and give to your patients along with the message to call the 800 number and let CMS know how they feel about their Part D plan and the selection process.

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