

UPCOMING MEETING COVERAGE

American Psychiatric Association
 Research Society on Alcoholism
 Alzheimer's Association: Annual Dementia Care Conference
 Associated Professional Sleep Societies
 American Headache Society

We Are There For You

Medicare Part D Hassles Continue in Second Year

BY MARY ELLEN SCHNEIDER
 New York Bureau

SAN DIEGO — In the second year of Medicare Part D implementation, physicians continue to struggle with prior authorization requests and other hassles, Dr. Kay M. Mitchell said at the annual meeting of the American College of Physicians.

Although some of the paperwork burden remains, the prescription drug program is generally easier to manage now because patients and physicians are more familiar with the rules, said Dr. Mitchell, a geriatrician and a professor in the department of community internal medicine at the Mayo Clinic in Jacksonville, Fla.

"It's still going to cost us time and money," Dr. Mitchell said. "It doesn't matter how much we've worked at it."

For example, physicians continue to see requests for prior authorization and step therapy, said Neil M. Kirschner, Ph.D., ACP's senior associate of insurer and regulatory affairs. In addition, in 2007, several drugs were approved under both Medicare Part B and Part D, which could create denials, he said. Officials at the Centers for Medicare and Medicaid Services are working on this issue and recommend that physicians write the diagnosis and "Part D" on the prescription, Dr. Kirschner said.

Some physicians are either hiring additional staff or designating staff to deal solely with Part D prior authorizations, denials, and appeals.

Physicians might experience some relief in terms of prior authorization and exceptions if their patients haven't changed drug plans, Dr. Mitchell said.

CMS officials announced that prior authorizations and exceptions approved by a drug plan in 2006 are expected to continue this year if the beneficiary remains in the same plan and the expiration date hasn't occurred by Dec. 31, 2006. However, if the beneficiary changes plans, physicians might have to go through the same process again. And even when patients remain in the same plan, some physicians have still received prior authorization requests, she said.

When you are faced with prior authorization, Dr. Mitchell suggested, save time by having the patient collect the authorization forms and bring them into the office. In her office, this saves office staff 20-35 minutes per prescription, she said.

Some physicians have decided to deal with the extra Part D paperwork by either hiring additional staff or designating staff to deal solely with Part D prior authorizations, denials, and appeals, Dr. Mitchell said. Some physicians use general office staff while others use nursing staff. Dr. Mitchell said she prefers to have one of her nurses work on Part D issues because she is already familiar with the patients and their medications.

Dr. Mitchell also recommended that staff members who are working on Part D issues attend continuing medical education meetings that focus on Part D.

Because insurers may ask for documentation justifying a switch in medications, she recommends keeping a sheet in the front of the chart with information on medication changes and the reasons for the switch. ■

YOUR PATIENTS PUT THEIR TRUST IN YOU. BUT WHO CAN YOU TRUST?

The chances of facing a malpractice suit as a Psychiatrist are greater than ever today.

Let one of America's largest and most trusted providers of mental health professional liability insurance protect you.

With more than 100,000 policyholders, over 30 years of experience and the best claims specialists and legal counsel available, the American Professional Agency, Inc. provides members of the American Academy of Child & Adolescent Psychiatry a reliable, top-quality professional liability insurance program at very reasonable rates. Don't trust your practice or your future to anyone else. For a personal quote, including a special discount for AACAP members, call toll free or visit us online.

**SPECIAL DISCOUNT
 FOR AACAP MEMBERS!**

COVERAGE HIGHLIGHTS

- Separate limits of liability (per claim and annual aggregate) for each named insured on group policies (very important for managed care providers).
- \$5,000 legal fee reimbursement for licensing board/governmental hearings at no additional cost.
- \$250 per diem (up to \$5,000) for income loss due to court/deposition appearances.
- Coverage for electroconvulsive therapy and hypnosis included at no additional cost.
- 10% Claims free discount. (Not available in AK, AZ, FL, NE, PA, CO, WA).
- 5% Risk management discount.
- Quarterly payment option and much more.



Endorsed By:
 AMERICAN ACADEMY OF
 CHILD & ADOLESCENT
 PSYCHIATRY



1 - 8 0 0 - 4 2 1 - 6 6 9 4 w w w . a m e r i c a n p r o f e s s i o n a l . c o m

Ask for the Psychiatry Department