

Medicare Coverage

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Medicare was enacted in 1965 with the goal to provide medical coverage for elderly individuals. Medicare is a public insurance program mandated per state for adults 65 years or older. Medicare provides several insurance coverage options for older adults. The first option is Medicare Part A which covers hospital care, nursing facilities, home health and hospice; this is largely financed through social security taxes. Medicare Part B includes physician services this is paid through federal taxes and monthly premiums. The Medicare Modernization Act (MMA) of 2003 implemented Medicare Part C which is the Medicare Advantage program. This program allows individuals to enroll in a private health care plan contracted with Medicare. Medicare subsidizes the premium payment for the private insurance plan. Individuals who enroll in the Medicare Advantage program must utilize the physicians and hospitals covered under the chosen plan.

Medicare Part D was implemented in 2006 with the purpose to provide partial coverage for prescription medications. In 2010, 59% of Medicare beneficiaries were enrolled in Medicare Part. While this number suggests that many older adults are taking advantage of this optional Medicare plan, the plan has disadvantages. The disadvantages include gaps in coverage, delegation of drug coverage to private companies and the inability for the government to negotiate medication cost with pharmaceutical companies. The coverage gap also known as the “donut hole” is the most problematic for elderly adults and has resulted in many being unable to afford medications. The “donut hole” occurs after a beneficiary has reached the maximum limit the plan will cover at a given point. Once this occurs the beneficiary has to spend a certain out-of-pocket amount on their medications in order for partial coverage to resume. Since the Affordable Care Act (ACA), efforts have been taken to reduce this coverage gap for many older adults. In 2010, four million people who experienced the “donut hole” received a one-time, tax-free \$250 rebate. In 2013, Medicare beneficiaries in the donut whole received a 52.5% discount on brand name drugs and a 21% discount on generic drugs. According to the Affordable Care Act (ACA), in 2020, the “donut hole” will be closed.

The use of prescription medications to treat illnesses has increased dramatically over the past decade. According to the Eldercare report in 2011, there was a 100% increase on drug spending between 1999-2009, 37% of Americans over the age of 60 take 5 or more prescription medication, 74% of doctor visits result in some form of drug therapy, and 25% of seniors insured through Medicare skip medications due to cost. This data reflects the growing number of aging adults being prescribed medications for at least one or more chronic illness.

Research shows that prescription medication costs significantly influence the lives of adult patients managing chronic illnesses. This cost burden affects the patient’s likelihood of taking the medications as prescribed or declining to do so altogether. Patients have reported taking less medication than prescribed, sharing medication and alternating the days as a result of the cost burden associated with out-of-pocket costs for medications. This is not an intended outcome because the patients have expressed a desire to follow their medication regimens. The associated costs of prescription medication however, often require decision making which results in choosing to purchase medicine or other life sustaining items. Therefore, patient prescription medication compliance rates are significantly influenced by costs; particularly when

patients are either low-income or impoverished. These study findings recommend that barriers to prescription medication adherence such as medication under-use should be explored.

While there are Medicare options available for consumers to offset the cost for prescription medications, the elderly population still suffers. Patient Assistance Programs (PAPs) is a supplemental program created through pharmaceutical and medical supply manufacturers to help those financially in need. PAPs are also known as Financial Assistance Programs, Prescription Assistance Programs and Patient Assistance Foundations. Eligibility for the programs is determined by the pharmaceutical or medical supply manufacturer. The programs are designed to assist those who are insured and uninsured. Some programs require the beneficiary to reapply every 90 days or with each new prescription. The types of benefits provided through PAPs include reimbursements, coupons and direct discounts at the pharmacy or free products. Again; benefits for each program vary and are determined per pharmaceutical company.

Pharmaceutical Care Importance

The increased prevalence of chronic illnesses continues to place a tremendous strain on the health care system, particularly creating an increased demand for ongoing treatment and long-term care provisions requiring prescription medication regimens. Patients diagnosed with chronic illnesses, such as high blood pressure, diabetes and high cholesterol and lack effective prescription medication coverage experience a likelihood of decreased medication regimen adherence. This causes an increase in overall health care costs; and therefore negatively impacting overall health status and quality of life. Adequate access to prescription drugs helps to lessen the need for hospitalizations and medical procedures.

Research on drug treatment regimens shows that non-adherence on the patient’s part may negatively influence a patient’s health status. Improving adherence to long-term medication regimens requires combinations of information. The successful management of the regimen is dependent upon counseling about the importance of adherence and how to organize medication taking, reminders about appointments, rewards and recognition for the patient’s efforts to follow the regimen, and enlisting social support from family and friends are all methods that are best presented by a health educator or health navigator at the community health level. Successful interventions for long-term regimens are all labor-intensive but ultimately can be cost-effective.

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