Figure 1. Issues Related to Auto-Enrollment  
(Percent of Respondents Reporting How Often Issues Occur)

- Medicaid beneficiaries who become eligible for Medicare are not auto-enrolled in a plan, and therefore have no prescription drug coverage
- Beneficiaries are enrolled in more than one plan
- Auto-enrollment occurs, but the pharmacy has no record of the plan assignment
- Beneficiaries are auto-enrolled to plans that do not contract with pharmacies near their homes

N=641.  
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 2. Incorrect Charges Associated with Auto-Enrollment
(Percent of Respondents Reporting How Often Issues Occur)

- Very often
- Often
- Sometimes
- Rarely or never
- Unsure or don't know

Beneficiaries who receive the LIS are billed for premium payments (although they are not required to pay premiums).

- Very often: 17%
- Often: 16%
- Sometimes: 41%
- Rarely or never: 20%
- Unsure or don't know: 6%

Beneficiaries who receive the LIS are told at the pharmacy that they must pay amounts for drugs that exceed the minimal copayment they should be charged.

- Very often: 19%
- Often: 11%
- Sometimes: 41%
- Rarely or never: 21%
- Unsure or don't know: 8%

N=505.
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 3. Resolving Issues Related to Auto-Enrollment  
(Percent of Respondents Reporting on Average Time Required to Resolve Issues)

- Medicaid beneficiaries who become eligible for Medicare are not auto-enrolled in a plan, and therefore have no prescription drug coverage
  - Less than 2 weeks: 50%
  - 2 weeks to 1 month: 15%
  - 1 month or more: 20%
  - Frequently unresolved: 16%

- Auto-enrollment occurs, but the pharmacy has no record of the plan assignment
  - Less than 2 weeks: 59%
  - 2 weeks to 1 month: 13%
  - 1 month or more: 9%
  - Frequently unresolved: 19%

- Beneficiaries are enrolled in more than one plan
  - Less than 2 weeks: 32%
  - 2 weeks to 1 month: 14%
  - 1 month or more: 27%
  - Frequently unresolved: 27%

N=Number of respondents who report experience attempting to resolve these issues—279, 301, 273—respectively.  
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 4. Difficulties Related to Obtaining Needed Drugs (Percent of Respondents Reporting How Often Issues Occur)

- A needed drug is not on the plan's formulary
  - Very often: 12%
  - Often: 25%
  - Sometimes: 50%
  - Rarely or never: 7%
  - Unsure or don't know: 6%

- Drugs on formulary are subsequently taken off
  - Very often: 13%
  - Often: 28%
  - Sometimes: 41%
  - Rarely or never: 9%
  - Unsure or don't know: 9%

- Beneficiaries with multiple drug needs have difficulty finding plans
  - Very often: 19%
  - Often: 25%
  - Sometimes: 37%
  - Rarely or never: 11%
  - Unsure or don't know: 8%

- Beneficiaries cannot find appropriate plans that contract with pharmacies near home
  - Very often: 2%
  - Often: 20%
  - Sometimes: 60%
  - Rarely or never: 14%

N=562.
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 5. Consequences of Difficulties Related to Procedures to Obtain Drugs

(Percent of Respondents Reporting How Often Consequences Occur)

- **Very often**
- **Often**
- **Sometimes**
- **Rarely or never**
- **Unsure or don't know**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Very often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely or never</th>
<th>Unsure or don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must pay out-of-pocket</td>
<td>8%</td>
<td>8%</td>
<td>48%</td>
<td>27%</td>
<td>10%</td>
</tr>
<tr>
<td>Delays getting needed drugs</td>
<td>8%</td>
<td>8%</td>
<td>44%</td>
<td>28%</td>
<td>11%</td>
</tr>
<tr>
<td>Unable to get needed drugs</td>
<td>9%</td>
<td>15%</td>
<td>48%</td>
<td>21%</td>
<td>8%</td>
</tr>
<tr>
<td>Health or well-being negatively affected</td>
<td>21%</td>
<td>15%</td>
<td>40%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>More ER or other care needed</td>
<td>41%</td>
<td>32%</td>
<td>22%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

N=537.
Figure 6. Average Time Required for Resolving Difficulties Related to Utilization Management Rules
(Percent of Respondents Reporting on Average Time to Resolve Issues)

- 39% in < 2 weeks
- 18% in 2 weeks to 1 month
- 14% in 1 month or more
- 29% Frequently unresolved

N=271 respondents who report experience attempting to resolve this issue.
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 7. Issues Related to Obtaining Prescription Drugs  
(Proportion of Respondents Reporting How Often Events Occur)

- **Always; almost always**: 45%
- **Often**: 26%
- **Sometimes**: 15%
- **Rarely or never**: 10%
- **Don’t know or unsure**: 1%

N=282, 227 respondents who report experience with these issues.  

**Plans handle coverage determinations in a timely fashion (72 hours for a standard and 24 hours for an expedited coverage determination).**

**Beneficiaries are able to obtain drugs in the six protected classes in a timely manner.**

N=282, 227 respondents who report experience with these issues.  
Figure 8. Number of Beneficiaries Eligible for and Receiving the Low-Income Subsidy (in millions)

Deemed eligible for LIS: 6.9 (52%)
Eligible for LIS: 5.6 (42%)
Eligible for LIS but have creditable coverage: .7 (6%)
Eligible but not receiving LIS and not enrolled in a Part D plan: 3.3* (59%)
Receiving subsidy and enrolled in a Part D plan: 2.3 (41%)

* Includes 30,000 anticipated facilitated enrollments.
Figure 9. Reasons Beneficiaries Do Not Apply for the Low-Income Subsidy
(Part D and Vulnerable Medicare Beneficiaries, Nov. 2006)

- Do not know how to apply for the subsidy: 83%
- Not aware that a subsidy is available: 77%
- Think they are ineligible for financial reasons: 68%
- Application process is too complicated: 57%
- Afraid of losing other "needs-based" benefits: 49%
- Reluctant to apply for a "welfare" program: 48%
- Language or literacy difficulties: 40%
- Concerns about estate recovery: 37%

Note: Other respondents indicated that these reasons were not too common or not at all common or said they were unsure or didn’t know.

N=508.

Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 10. Challenges Associated with the Part D Program
(Open-ended responses: “Based on your experience, what are the two biggest challenges in assuring that Part D works well for beneficiaries?”)

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Percent of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to get and understand information</td>
<td>23%</td>
</tr>
<tr>
<td>Program complexity</td>
<td>17%</td>
</tr>
<tr>
<td>Computer system problems</td>
<td>13%</td>
</tr>
<tr>
<td>Coverage restrictions</td>
<td>13%</td>
</tr>
<tr>
<td>Affordability</td>
<td>11%</td>
</tr>
<tr>
<td>Enrollment difficulties</td>
<td>9%</td>
</tr>
<tr>
<td>Other*</td>
<td>14%</td>
</tr>
</tbody>
</table>

Note: Respondents could specify up to two challenges.
* “Other” includes various challenges, each representing 4% or less of responses.
Total responses=717.
Figure 11. Activities to Help Beneficiaries
(Percent of Respondents Reporting How Helpful Activities Are)

- Information posted on the MEDICARE.gov Web site: 9% Unsure or don't know, 15% Somewhat helpful, 40% Helpful, 26% Very helpful.
- Materials produced by CMS to explain the Part D plan: 11% Unsure or don't know, 17% Somewhat helpful, 44% Helpful, 23% Very helpful.
- Availability of counselors at 1-800-MEDICARE: 13% Unsure or don't know, 26% Somewhat helpful, 41% Helpful, 15% Very helpful.
- Materials produced by drug plans to explain procedures: 16% Unsure or don't know, 24% Somewhat helpful, 47% Helpful, 11% Very helpful.

N=490.
Source: Georgetown University Health Policy Institute Survey, Part D and Vulnerable Medicare Beneficiaries, Nov. 2006.
Figure 12. Recommendations for Program Changes
(Percent of Respondents Rating the Change Very Helpful or Helpful for Beneficiaries)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the Point-of-Service system</td>
<td>79%</td>
</tr>
<tr>
<td>Extend enrollment periods</td>
<td>78%</td>
</tr>
<tr>
<td>Use a standard exceptions process for Part D plans</td>
<td>77%</td>
</tr>
<tr>
<td>Eliminate the asset test for the Low-Income Subsidy</td>
<td>73%</td>
</tr>
<tr>
<td>Make more information on plan choice available</td>
<td>68%</td>
</tr>
<tr>
<td>Make more materials available that are easier for beneficiaries with limited English proficiency to understand</td>
<td>67%</td>
</tr>
<tr>
<td>Increase the number of 1-800-MEDICARE counselors</td>
<td>64%</td>
</tr>
</tbody>
</table>

N=490.