

Advantra Freedom Survey

Medical Service Providers

November 27, 2007

WV Legislative Auditor's Office

Performance Evaluation and Research Division

Medical Doctors Survey Methodology

Information compiled in this report has been acquired through communication with and documentation from the West Virginia Board of Medicine. Using methodology similar to that of the retiree survey, the Legislative Auditor surveyed physicians licensed by the West Virginia Board of Medicine. A random number was assigned to each record, and then sorted by that number in ascending order. These lists were then used in creating all documents necessary to carry out the survey. The only difference in methodology from the retiree survey is that these samples were not stratified. The survey included a random sample of 363 of 6,681 Board of Medicine licensees.

Medical Doctors Survey Results

The Legislative Auditor sent Advantra Freedom Plan Surveys to 363 medical doctors licensed by the West Virginia Board of Medicine. Five surveys were returned “addressee unknown.” Therefore, 358 medical doctors actually received surveys. The Legislative Auditor received 125 responses to the survey. **The number of surveys completed and returned to the Legislative Auditor by medical doctors represents a 35% response rate.**

Some survey respondents answered “No” to the question “Do you accept the Advantra Freedom Plan?” The reasons cited for answering “No” were: some were retired, some were specialists in areas that precluded patients in the age range covered by Medicare, some did not work in a medical setting where they were able to answer survey questions (such as an emergency room of a hospital, or a university hospital setting), some did not choose to answer the survey questions although they returned the survey to the Legislative Auditor, and some did not work within the plan coverage area. These respondents indicated that they were unable to reply to the survey questions.

Individual additional comments to questions 2, 3, and 4 and comments or concerns in response to item 5 begin on page 6.

The Legislative Auditor posed the following questions to the medical doctors:

1. *Do you accept the Advantra Freedom Plan provided by the West Virginia Public Employees Insurance Agency (PEIA) for retired state employees?*

A. *Yes.* The Advantra Freedom Plan is accepted by 65 medical doctors, or 52 % of respondents to the survey.

B. *No.* Twenty-eight (28) medical doctors, or 22% of respondents to the survey marked this response. See above for an explanation of the major reasons that this response was marked “No” by individual medical doctors receiving the Legislative Auditor’s survey.

2. *If you accept the Advantra Freedom Plan, have you experienced any problems?*

A. *Problems with reimbursement times.* This problem with the Advantra Freedom Plan was cited by 7 medical doctors, or 6% of respondents to the survey.

- B. *Problems with reimbursement rates.* This problem with the Advantra Freedom Plan was cited by 13 medical doctors, or 10% of respondents to the survey.
 - C. *Problems with billing codes.* This problem with the Advantra Freedom Plan was cited by 4 medical doctors, or 3% of respondents to the survey.
 - D. *Plan did not cover medical service that was accepted by the previous plan.* This problem with the Advantra Freedom Plan was cited by 7 medical doctors, or 6% of respondents to the survey.
 - E. *Plan did not cover medical prescriptions that were accepted by the previous plan.* This problem with the Advantra Freedom Plan was cited by 8 medical doctors, or 6% of respondents to the survey.
 - F. *No problems of any kind.* Thirty-five (35) medical doctors responded that they experienced no problems of any kind.
 - G. *Other Problems* – Individual responses listed following survey results.
3. *If you do not accept the Advantra Freedom Plan, please indicate why not.*
- A. *Policy not to accept Private Fee For Service plan coverage.* No medical doctors cited this policy.
 - B. *Reimbursement rates are too low.* This problem with the Advantra Freedom Plan was cited by 4 medical doctors, or 3% of respondents to the survey.
 - C. *Unable to negotiate reimbursement rates.* This problem with the Advantra Freedom Plan was cited by 5 medical doctors, or 4% of respondents to the survey.
 - D. *Other* - Individual responses listed following survey results.
4. *In general, what types of insurance plans do you accept for Medicare recipients? (Please circle all that apply.)*
- A. *HMO (Health Maintenance Organization) Plans.* Fifty (50) medical doctors accept this type of insurance.

B. PPO (Preferred Provider Organization) Plans. Sixty (60) medical doctors accept this type of insurance.

C. PFFS (Private Fee for Service) Plans. Fifty-two (52) medical doctors accept this type of insurance.

D. Special Needs Plans (SNP). Seventeen (17) medical doctors accept this type of insurance.

E. Other - Individual responses listed following survey results.

5. *In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.*

Individual responses listed following survey results.

Medical Doctors Comments for Question 2

If you accept the Advantra Freedom Plan, have you experienced any problems?

1. E. But acceptable choices were available.
2. No problems at this time.
3. No problems so far.
4. Patient balance more than Med./PEIA.
5. 1.b. N/A Not currently practicing in West Virginia. My office is in North Carolina. 2.
N/A 3.N/A
6. N/A
7. 1.N/A
8. See back
9. 1. N/A – I only treat children.
10. Yes
11. 1. Until July 1st only.

Medical Doctors Survey Comments for Question 3*

If you do not accept the Advantra Freedom Plan, please indicate why not?

1. I am a pediatrician and see patients only until age 21.
2. ER Doc - somebody else deals with this. I see all patients.
3. I do not practice in West Virginia.
4. I do not treat West Virginia patients since I am located in another state that does not border West Virginia. Consequently, I have no opinion regarding this program.
5. N/A since I am a pediatrician.
6. I am a locum tenens emergency physician. I have not actually worked in WV to date.
- 7 1. Will consider upon further track record and conversation with other physician practices. 2. If as a physician I participate, am I obligated to: CHIPS? WV Medicaid, etc.
- 8 I do not practice in West Virginia currently. I see children only. I am working as a civilian in a DOD hospital. None of this pertains to me as far as I can tell.
- 9 I do not practice currently in WV. To my knowledge we would accept the plan if a WV resident needed care while in Charlotte, NC. [signed]
- 10 I'm no longer practicing in West Virginia so this is N/A.
- 11 Do not see patients in West Virginia.
- 12 N/A
- 13 N/A
- 14 N/A
- 15 I do not practice in WV. [Name]
- 16 Too much to me to obtain medicines.

* Some BOM licensees used the space intended for remarks regarding question #3 for other questions as well. This is indicated by a corresponding number or letter preceding the comment

Medical Doctors Comments for Question 4

In general, what types of insurance plans do you accept for Medicare recipients?

1. Open for all.
2. We accept all types.
3. Accept any Medicare related plans.
4. Any that pay RHC rate
5. None
6. I do not directly deal with insurance we have a separate billing company.
7. I went to the cost meeting and found that they love to bash/citizen doctors- what was their profit? [Name]

Medical Doctors Comments for Question 5

In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.

1. It is fine on our end.
2. Cannot comment since I have no idea about insurance billing. I am a salaried physician employee of Marshall University Medical Center and not knowledgeable of insurance billing. Suggest to send survey to University Physicians and Services. Thanks!
3. I think it's a pretty solid plan overall.
4. Our patients do not like your plan. They have more out of pocket expenses. A payment for the office visit and then to pay the additional 20% - now they don't have a secondary insurance to pick this up.
5. I am not practicing in West Virginia at this time.
6. I am only doing locum tenens work and have not worked in WV for several years. I am not familiar with the Advantra plan. [initials]
7. As an emergency department physician I do not bill and have no idea if a patient has health insurance or not.
8. Out of state - currently in NY.
9. I am no longer in private practice and do not maintain an office. Therefore, I am unable to complete survey. [signed]
10. State employees feel this is not a good plan. Told not covered out of state? Some patients complaining about Rx Drug Plan.
11. I am a pediatrician.
12. I am no longer providing direct patient care.
13. This is not applicable to me because I am a pediatrician.
14. I don't see adults.
15. Retired in 2003. [signed]
16. I do not have any patients on this insurance as I am a pediatrician.
17. I am a neonatologist (baby doctor). My oldest patients are less than 1-2 years of age. [signed]
18. I am employed by WVU in the Student Health Service. This clinic is supported by student fees and is not funded by insurance plans.
19. The biggest complaint/concern that we hear from our patients is that they are paying for 2 insurance policies - Medicare and Supplement but they are still having to pay \$20 co-pay and 20% co-insurance - don't really have a supplement but are paying for it.
20. I am concerned that it is administered by Coventry Health Care. I have had many problems with them in the past.

21. Try having an open forum for doctors/providers to express their concerns of the Medicare system and Part D! Too many plans leading to too much confusion for our Medicare patients. Geriatric/Medicare patients in rural places are being deceived of [by?] their plan. Medication changes are not necessarily to the better interests of our patients. Difficulty getting P.A. (prior approval) for medications. Too many hurdles to get PA. Lesser concern of our patients' health. The goals, I think of the Advantra Freedom Plan are: 1) AF Plan to save money 2) To get patients to pay more out of pocket expenses 3) Create a "donut hole" to let Medicare patients "sink or swim." Why so many plans? Who is there to help our illiterate patients with their problems? It is very interesting to stand aside and watch the manner in which the geriatric population is being treated - unimportant lives let us slowly push them into the ground with 1st financial difficulties, 2nd poor health - removing their medications by cost and/or generics. It's all about money savings to government and lesser concern/interest of the increasing geriatric patients.
22. I only practice occupational medicine and do not accept medical insurance.
23. I have no problems. [initials]
24. No complaints.
25. No encounters yet.
26. Have not noticed any billing/payment issues thus far.
27. Advantra - or PEIA - Did not properly notify providers or enrollees of this change - which created confusion and timely filing issues.
28. [Name]
29. I am a surgical PA. I do not deal with Billing. [Name]
30. The Caremark Pharmacy program for prescriptions is the worst I have ever worked with. Patients are unable to receive medications that they have taken for years either due to cost or non coverage. They are that absolute worst in try to obtain prior authorizations. The staff is rude and is unwilling to assist providers in obtaining medications that I feel would best benefit their care. Please get Express Scripts back as the carrier for prescriptions and allow rational drug handle that formulary. [Name]
31. We are not receiving very many payments at all. The payments we have received are not at the correct rate, with the exception of laboratory services, which have been paid correctly. I am attaching letters previously sent to Advantage Freedom. We have not received a response at this time. [Name] Attn Provider Customer Service: I attended a seminar back in June 2007 where I was informed there was no enrollment process. Looking at the website it still gives the same information. I sent a batch of paper claims in July but they all came back rejected because requested information was not received from provider. I work at a federally qualified health center and was told that all the information was crossed over from Medicare about the rate at which we should be paid. We were told to bill exactly like we do to Medicare on a UB04 except for the fact that everything goes, I don't separate my labs and EKG and send them to Palmetto as I'm doing now to Medicare recipients. Apparently there has been a screw up somewhere

along the way. Remit I never received anything prior to these rejections asking for information. Therefore, I am sending you a copy of our Medicare Interim Reimbursement Rate for year 2007. I hope this is the information you need. If it isn't, please call and let me know what you are missing. The paid date on these rejected claims is 09/04/2007. I appreciate any assistance you can give me in this matter. If you have any questions please call [Phone number] [Name] Attn Provider Customer Service: I attended a seminar back in June 2007 where I informed there was no enrollment process. Looking at the website it still gives the same information. I work at a federally qualified health center and was told all the information was crossed over from Medicare about the rate at which we should be paid. We were told to bill exactly like we do to Medicare on a UB04 except for the fact that everything goes, I don't separate my labs and EKG and send them to Palmetto as I'm doing now to Medicare recipients. This information probably has not crossed because we acquired recently and I need to inform you of the transaction that has taken place so we can bill for those claims. We have acquired a satellite clinic as of 06/04/2007 and are billing for that facility now. We have our Medicare number and have filed for the same Medicare Interim Rate, we are just waiting on verification from that letter that was submitted and received. I have submitted copies of all activity to you. Since there is no enrollment process with you, I will go ahead and submit my claims to you. If you have any questions please call [Phone number] [Name]

32. Why don't you ask our billing staff or office manager? I have no idea. You're wasting your postage.
33. PEIA works as a medi-care supplement and this does not. The patient balances are higher than they were with Medicare/PEIA. The Patients are very upset about this.
34. I am licensed to practice medicine in WV but do not practice in WV. I am on active duty in the Navy currently stationed in Pensacola, FL. [Name]
35. [Name]
36. I have been practicing outside the state of WV since 1998. I do not have sufficient experience with the retirement plan to assist with your survey. [Name, Phone number]
37. I have an inactive license in WV, live in KY + only practice in KY for the last 15 yrs. [Name]
38. Since I'm federal employee and don't have knowledge about insurance, I can't answer. [Name]
39. Patients do not bring in new cards, so we are unaware they have a new plan.
40. The only concern I have is that the insured people will not understand exactly what insurance company is covering them.
41. Question "3", I do not practice in West Virginia.
42. Sorry, but I don't have a practice yet in WV. [Name]
43. I am an Emergency room physician. I have no experience with Insurance and Billing. I see all patients in ER regardless of their insurance + whether they have one or not. Thank You. [Name]

44. We experience a significant delay in receiving reimbursements and have been unable to obtain electronic payments on the Advantra Freedom accounts.
45. I practice Locum Tenens thru agencies. None of the above applies to me. [name 11/18/07]
46. We are a pediatric office and this plan does not apply to our patients. We have no need to accept Medicare.
47. Not involved in billing.
48. Consent given to Billing Dept. at New [?] Health Assoc. to complete survey. [Name] We are an FQHC facility. CMS sets a fixed reimbursement fee or a cost based rate. I attach this letter to every claim form billed on a UB04 for office visits. We are not getting paid this encounter rate. [Name]
49. If we do not accept Advantra we still take care of the Patients covered! [Name]
50. I am not in practice - I am health officer in a county health dept. So I do not believe my answers would be helpful.
51. Semi-retired - I am not responsible for these decisions. I do not provide medical care at the hospital.
52. No comment.
53. I am in practice of emergency medicine in Virginia and an independent contractor. I do not do any billing. I have no experience of billing issues or problems with this company. I have no personal opinion. Thank you, [Name]
54. I am not involved in the billing aspect of our Radiology Practice. [Name]
55. I am not involved in billing. I have no experience with this plan. [Name]
56. I work in the fast track section of the ER. I see patients regardless or ability to pay (I don't even check their insurance information most of the time). I'm sorry I can't provide comment regarding Advantra Freedom Plan. Perhaps the Accounting Department or the company I work for may be able to help you more on that. Thank you anyway for considering me to participate in your survey. [Name]
57. [Name]
58. I am not involved in billing and have no experience with the Advantra Freedom Plan. Thank you. [Name]
59. Thank you for talking to me. I am working in Eastern Panhandle free clinic. No billing. Hence I am not able to fill this for you. [Name]
60. I currently practice outside of West Virginia and therefore have no exposure to this insurance. [Name]
61. Prisoners don't have private insurance- I work in prison!
62. Not currently practicing in WV. [Name]
63. [Name]
64. Patient confusion contributed to reimbursement problem they did not understand that the Advantra card replaced the PEIA/Medicare cards and therefore did not provide our office with the information for billing. This resulted in some delay in our reimbursement.

Website access was established with our staff to Advantra and this has helped solve our problem. However, I would not have known about this website for Advantra had I not attended a small office manager's meeting in Beckley. The website information could be directly sent to providers as a reminder for them to register for access to Advantra patient access. Thank You. [Name]

65. Deceased 8/14/07.

66. I provide teleradiology services and do not bill personally, but through billing company.

67. Of the 15 claims that were checked that were Advantra Freedom 14 of these were denied incorrectly as Workers Compensation. The way in which the retirees were not notified of changes in insurance was not Satisfactory to physicians as patients did not understand the changes and this caused a delay in reimbursement for providers.

68. I am not involved in filing or have experience with the Advantra Freedom Plan. I regret the lateness of this reply however I was away on vacation. Sincerely, [Name]

69. N/A

70. No experience with the Advantra Freedom Plan. I practice in the state of Ohio and have no experience with the Advantra Freedom Plan.

71. Dear Sirs: I practice solely in Alabama at this time. I do not accept or deal with Advantra Freedom. [Name]

72. I have been retired for over 3 years. [Name]

Osteopathic Physicians Methodology

Information compiled in this report has been acquired through communication with and documentation from the respective medical provider licensing board doctors of osteopathic medicine. Using methodology similar to that of the retiree survey, the Legislative Auditor surveyed licensees from the Board of Osteopathy. A random number was assigned to each record, and then sorted by that number in ascending order. These lists were then used in creating all documents necessary to carry out the survey. The only difference in methodology from the retiree survey is that these samples were not stratified. The survey included 270 of 901 Board of Osteopathy licensees.

Osteopathic Physicians Survey Results

The Legislative Auditor sent Advantra Freedom Plan Surveys to 270 osteopathic doctors licensed by the West Virginia Board of Osteopathy. Thirteen surveys were returned “addressee unknown.” Therefore, 257 osteopathic doctors actually received surveys. The Legislative Auditor received 87 responses to the survey. **The number of surveys completed and returned to the Legislative Auditor by osteopathic doctors represents a 34% response rate.**

Some survey respondents answered “No” to the question “Do you accept the Advantra Freedom Plan?” The reasons cited for answering “No” were: some were retired, some were specialists in areas that precluded patients in the age range covered by Medicare, some did not work in a medical setting where they were able to answer survey questions (such as an emergency room of a hospital, or a university hospital setting), some did not choose to answer the survey questions although they returned the survey to the Legislative Auditor, and some did not work within the plan coverage area. These respondents indicated that they were unable to reply to the survey questions.

Additional comments, and answers to questions 2, 3, 4, and 5 by osteopathic doctors begin on page 18. The Legislative Auditor posed the following questions to the osteopathic doctors:

1. *Do you accept the Advantra Freedom Plan provided by the West Virginia Public Employees Insurance Agency (PEIA) for retired state employees?*

A. *Yes.* The Advantra Freedom Plan is accepted by 65 osteopathic doctors, or 75% of respondents to the survey.

B. *No.* Twelve (12) osteopathic doctors, or 14% of respondents to the survey marked this response. See above for an explanation of the major reasons that this response was marked “No” by individual medical doctors receiving the Legislative Auditor’s survey.

2. *If you accept the Advantra Freedom Plan, have you experienced any problems?*

A. *Problems with reimbursement times.* This problem with the Advantra Freedom Plan was cited by 4 osteopathic doctors, or 5 % of respondents to the survey.

B. *Problems with reimbursement rates.* This problem with the Advantra Freedom Plan was cited by 9 osteopathic doctors, or 10% of respondents to the survey.

- C. *Problems with billing codes.* This problem with the Advantra Freedom Plan was cited by 3 osteopathic doctors, or 3% of respondents to the survey.
- D. *Plan did not cover medical service that was accepted by the previous plan.* This problem with the Advantra Freedom Plan was cited by 3 osteopathic doctors, or 3% of respondents to the survey.
- E. *Plan did not cover medical prescriptions that were accepted by the previous plan.* This problem with the Advantra Freedom Plan was cited by 11 osteopathic doctors, or 13 % of respondents to the survey.
- F. *No problems of any kind.* Thirty (30) osteopathic doctors responded that they experienced no problems of any kind.
- G. *Other Problems (Please describe on following page)*

3. *If you do not accept the Advantra Freedom Plan, please indicate why not?*

- A. *Policy not to accept Private Fee For Service plan coverage.* No osteopathic doctors cited this policy.
- B. *Reimbursement rates are too low.* No osteopathic doctors cited this problem.
- C. *Unable to negotiate reimbursement rates.* No osteopathic doctors cited this problem.
- D. *Other (Please explain on following page)*

4. *In general, what types of insurance plans do you accept for Medicare recipients? (Please circle all that apply.)*

- A. *HMO (Health Maintenance Organization) Plans.* Forty-five (45) osteopathic doctors accept this type of insurance.
- B. *PPO (Preferred Provider Organization) Plans.* Fifty-two (52) osteopathic doctors accept this type of insurance.
- C. *PFFS (Private Fee for Service) Plans.* Forty-three (43) osteopathic doctors accept this type of insurance.

D. Special Needs Plans (SNP). Fifteen (15) osteopathic doctors accept this type of insurance.

E. Other (Please list)

5. *In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.*

Comments from Osteopaths Regarding Question #2[†]

If you accept the Advantra Freedom Plan, have you experienced any problems?

1. Not yet
2. Not yet.
3. I've had problems + reimbursement. Example: Flu shots We've received varying amounts for the shot, (it should all be the same) and \$0, \$4, \$8, \$12 etc. For the administration (it should all be the same) It takes excessive staff time to fix each claim individually, and the carrier either can't or won't make an across the board correction. Is their purpose to save a few dollars on every claim; because it costs too much for each ofc to correct each claim individually?
4. Too new to evaluate.
5. Please see last page.
6. Would appreciate higher reimbursement rates.
7. A. delay!
8. B. Reimbursement rates -originally, but fixed now. We are R.H.C.
9. FQHC
10. At this time.
11. F. On billing side. G. See #5.
12. Live and work in Florida.
13. At present time.
14. As of yet.
15. 1. Don't practice in W.Va.
16. At this time.
17. B. Do not pay FQHC (Federally Qualified Health Center) rates.

[†] Some osteopaths used the space intended for remarks regarding question #2 for other questions as well. This is indicated by a corresponding number or letter preceding the comment.

Comments from Osteopaths Regarding Question #3

If you do not accept the Advantra Freedom Plan, please indicate why not?

1. Practice in New Jersey.
2. N/A
3. Do not bill. Do not participate. Thanks, [signed]
4. No experience. I'm an emergency physician employed by a company that pays me [unable to read]. [signed]
5. Date: 11/20/07 To: Whom this may concern From: [Doctor's name] To whom this may concern, our practice doesn't accept Advantra Freedom Plan, and has no experience. Thank you for your time.
6. I do most of my practice in Kansas. I don't see the patients on the AF plan.

Comments from Osteopaths Regarding Question #4[‡]

In general, what types of insurance plans do you accept for Medicare recipients?

1. 1. Medicare 2. All Medicare supplements
2. Generally, no other than traditional Medicare. HMOs and PPOs are difficult to deal with because of our RHC status.
3. Depends if they are in our Pito. [Name]
4. I do not deselect any pay or source - as a solo practitioner I accept all patients in need of care, regardless of ability to pay - complex charity cases are referred to University bases specialty sources.
5. I am a pediatrician. I do not see retired state employees in my clinic. [Name #8]
6. All.
7. I work in ER so, any patient is seen regardless of insurance.
8. RH Medicare
9. WVA Medicare Nat. Gov. Services UMWA/ Medicare Freedom Blue Humana Gold Choice
10. Hospice
11. Hospice
12. We are an FQHC. [Federally Qualified Health Center]

[‡] Some osteopaths used the space intended for remarks regarding question #4 for other questions as well. This is indicated by a corresponding number or letter preceding the comment.

Comments from Osteopaths Regarding Question #5[§]

In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.

1. I have noticed some reimbursement is less than traditional Medicare.
2. Advantra Coventry has a very narrow formulary and with these patients and their health issues more brand drugs need to be second tier - also, less drugs on the Prior Authorization/Failure status. These issues make it harder to get good control of Diabetes and difficult blood pressure patient populations in a safe, time-efficient manner. I only take Advantra due to PEIA and giving back to public employees. I terminated Coventry products over three years ago otherwise. [Signed and dated November 2, 2007]
3. The Advantra Freedom Plan requires a lot of "footwork" for prescription authorizations. We have to call the carrier and give them clinical information. The carrier then faxes us a form that we have to fill out and fax back to them. We have to wait for a decision, and sometimes that takes up to two weeks. If it is a brand name medication, it usually gets denied or we have to change the medication to something different. All of which is very hard on the patient since we are a pain management facility and are prescribing pain medications.
4. Thank you for the opportunity to participate in this survey. Unfortunately, I am a hospital employed pathologist and do not participate in billing or collections. Sincerely [Name]
5. My only suggestion would be that I would like to see the effective dates placed on the card and the patients educated more in regards to the plan's coverage. Patients still insist they have Medicare primary and Advantra secondary. Thank you!
6. Have not had enough time to evaluate EOBs. Ask us again in six months.
7. Have not had enough time to have EOBs to review. Ask us again in 6 months.
8. Too early to evaluate adequately.
9. N/A. I am a hospital employee and do not bill patients. Thank you. [signed. 10/30/07]
10. It would seem that this plan was forced on our patients without their notice or approval. There are multiple medications that are not covered that were previously covered on the other plan and when we call for prior approval the person or persons that we have spoken with are not very courteous in fact some have been rude. We are a small practice and we do not have the man-power to be on HOLD for 30 minutes or more that is required from

[§] Some osteopaths used the space intended for remarks regarding question #5 for other questions as well. This is indicated by a corresponding number or letter preceding the comment.

your company. That is too long to have to wait. The co pays (or drugs) on your plan are too high for the patients that are on fixed incomes.

11. Many of the patients are bewildered by the medication coverage issues.
12. Not currently practicing in West Virginia.
13. I work for the VA and cannot answer the above questions.
14. Patients are required to pay more out-of-pocket expenses with this plan, and they are complaining about this.
15. None.
16. Urologic surgical associate. Patient education seems to be lacking. Surgery codes not paid timely!
17. To date- All of our claims have not been paid. Rate letters + NPI's have been faxed about 5 times - Still claims have been denied. No NPI's or rates on file?? Hopefully getting help from [Name] [Phone number]
18. Multiple patient complaints about co-payments and co-insurance payments. Increased cost to patient.
19. Ted Cheatham previously working for Coventry causes concerns
20. I am practicing in Ohio - I seldom see new patients from WV + have not encountered any patients under this plan to date.
21. I am a pediatrician. I don't see patients age > 22yr.
22. No concerns. [Name]
23. Practice out of state.
24. I do not practice in W.Va. I am in occupational medicine in Columbus, Ohio. Out of loyalty to my home state, I have maintained an active license. [Name]
25. There has been some confusion on the patients' part as to the coverage on the Advantra Plan. We are a rural health clinic.
26. N/A
27. We are a Critical Access Hospital and we bill all charges on a UB-04, including professional charges on outpatient claims. Advantra Freedom is to be billed the way we bill Medicare but they are having problems processing the claims this way. [Name]
28. Not practicing in WV now. [Name]
29. Dr. [Name] currently lives in Florida. All attached would be N/A. [Name]
30. 2.g. We keep getting rejections stating they're requesting other information + when we call to see what other information you tell us you need NPI #, and we know you already have this so it delays payments.
31. One of the bigger problems, I have seen is that the patients had no idea of the change in their plan. Which causes problems with provider getting paid. [Name]
32. Many of our patients are not aware that the "Advantra Freedom" takes place of their Medicare +/- or still confused about it. Patients do not know that they need to give the physician's offices a copy of their "Advantra Freedom" card.
33. At this point, we have only a few patients with Advantra.

34. I would like to have a list of covered codes for EKG's if possible.
35. [Name, State]
36. I do not do billing for our office. [Name, Date]
37. My staff deals with reimbursement. I do know pts are VERY, VERY UPSET.
38. We have found that the retired employees and family do not understand how the program works. There should be some way to explain to the member in PLAIN LANGUAGE how this program works. IE. With this program the "red-white-blue" Medicare card should not be used.
39. No experience with Advantra Freedom.
40. If anybody with the plan comes to me, I will see him or her.
41. [Date] Dear [Name], Please select someone else as I have not been in active practice since July 1, 2007. [Name]

Pharmacists Methodology

Information compiled in this report has been acquired through communication with and documentation from the respective medical provider licensing boards for pharmacists. Using methodology similar to that of the retiree survey, the Legislative Auditor surveyed licensees from the Board of Pharmacy. A random number was assigned to each record, and then sorted by that number in ascending order. These lists were then used in creating all documents necessary to carry out the survey. The only difference in methodology from the retiree survey is that these samples were not stratified. The survey included 343 of 3,170 Pharmacists.

Pharmacists Survey Results

The Legislative Auditor sent Advantra Freedom Plan Surveys to 343 pharmacists licensed by the West Virginia Board of Pharmacy. Three surveys were returned “addressee unknown.” Therefore, 340 pharmacists actually received surveys. The Legislative Auditor received 159 responses to the survey. **The number of surveys completed and returned to the Legislative Auditor by licensed pharmacists represents a 46% response rate.** Since the survey was sent to a sample of all pharmacists licensed by West Virginia, some survey respondents worked in a hospital, not a commercial setting, and some did not work within the state. Respondents in these categories indicated that they were unable to reply to the survey.

Additional comments, and answers to questions 3, 4, 5, and 6 by pharmacy survey respondents are listed in beginning on page 28. The Legislative Auditor posed the following questions to pharmacy providers:

1. *Do you work for a chain pharmacy or an independent pharmacy?*
 - A. *Chain pharmacy.* There were 67 pharmacists, or 42% working for a chain pharmacy.
 - B. *Independent pharmacy.* There were 36 pharmacists, or 23% working for an independent pharmacy.
2. *Does your pharmacy accept the Advantra Freedom Plan provided by the West Virginia Public Employees Insurance Agency (PEIA) for retired state employees?*
 - A. *Yes.* The Advantra Freedom Plan is accepted by 85 pharmacies, or 53 % of respondents to the survey.
 - B. *No. (Skip to Question #5)* Forty-six (46) pharmacists answered “No” due to the setting or location in which they were employed.
3. *If your pharmacy accepts the Advantra Freedom Plan, have you experienced any problems? (Select all that apply)*
 - A. *Problems with reimbursement times.* There were 8 pharmacists reporting this problem, which is 5% of all survey respondents.

B. *Problems with reimbursement rates.* There were 23 pharmacists reporting this problem, which is 14% of all survey respondents.

C. *Plan does not cover medical prescription(s) that were accepted by the customer's previous plan.* There were 62 pharmacists reporting this problem, which is 39% of all survey respondents.

D. *Plan requires a switch to generic medication that may not be best for the customer.* There were 23 pharmacists reporting this problem, which is 14% of all survey respondents.

E. *Customers are required to pay higher co-pays, and express anger at the pharmacy.* There were 61 pharmacists reporting this problem, which is 38% of all survey respondents.

F. *No problems of any kind.* There were 9 pharmacists who chose this response, which is 6 % of all survey respondents.

G. *Other problems* - Individual responses listed following survey results.

4. *What kinds of problems (if any) have you witnessed customers having when using the Advantra Freedom Plan to obtain prescriptions?*

A. *Customer was not aware of the switch to Advantra Freedom.* There were 52 pharmacists reporting this problem, which is 33% of all survey respondents.

B. *Customer had not received new medical card.* There were 36 pharmacists reporting this problem, which is 23% of all survey respondents.

C. *Customer did not understand the changes in the new plan.* There were 64 pharmacists reporting this problem, which is 40% of all survey respondents.

D. *No problems of any kind.* There were no pharmacists who chose this response.

E. *Other problem* - Individual responses listed following survey results.

5. *If your pharmacy does not accept the Advantra Freedom Plan, please indicate why?*

Individual responses listed following survey results.

6. *In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.*

Individual responses listed following survey results.

Comments from Pharmacists Regarding Question #3**

If your pharmacy accepts the Advantra Freedom Plan, have you experienced any problems?

1. Reimbursement rates are below cost at times.
2. 1.C. Hospital.
3. G.
4. 1. Retired.
5. 1. Neither: Hospital
6. 1. Hospital pharmacy. 2. N/A 3. N/A
7. 1.C. Hospital pharmacy. 2.C. No idea whether the hospital does.
8. 1. Not able to answer these questions. Sorry. [Name]
9. 1.C. Long term care. 2.C. Unknown: I have little to do with billing(s)
10. 1. Neither, I work in a hospital pharmacy.
11. 1. Neither- Hospital.
12. 1.C. Nuclear
13. A&B- This information is not readily available to chain pharmacists upper management assesses this.
14. B. 90 day brands cut below our actual cost. C. Vitamins, Triniscon, Folic Acid long Exp. E. When 90 day brands cannot be filled.
15. 1. Neither one; I work at an inpatient hospital pharmacy. 2. N/A 3. N/A
16. 1. Low reimbursement. (Below cost on many) 2. Hard approval process G. Specialty drugs have nothing to do with specialty only cost.
17. B. Problems with reimbursement rates have two checks and the comment "JOKE."
18. Confusion at first to the switch - unaware that it is a Medicare program - they do not like the formulary.
19. 1. Hospital 2. I don't know- don't deal with billing 3. Don't know- don't deal with billing
20. 1. Neither 2. N/A 3. N/A 4. N/A
21. Generics- Non-Preferred \$50.00 Co-pay
22. 1. Hospital 2. N/A 3. N/A
23. 1. Hospital in Tennessee
24. 2. N/A
25. 1.c. Hospital.
26. 1. Hospital

** Some pharmacists used the space intended for remarks regarding question #3 for other questions as well. This is indicated by a corresponding number or letter preceding the comment

27. 1.c. Neither- (work in hospital setting)
28. No Patients
29. Nuclear Pharmacy.
30. 2. Work in Illinois at present time.
31. 1. Hospital pharmacy.
32. 2. I am not familiar with this plan.
33. 1. Hospital chain- as independent consultant, etc.
34. 1. Hospital pharmacy.
35. B. 90 day reimbursement is below DRUG cost.
36. 2. Not sure, I work in NEPA.
37. G.
38. 1.c. Hospital in North Carolina. 2. N/A - Hospital in N.C.
39. 2. Don't remember- would need BIN + PCN #s.
40. 1. I don't work in W.V. I am a hospital pharmacist (clinical) in PA. 2.b. PA hospital pharmacy not retail.
41. C. Won't cover Flu Shot.

Comments from Pharmacists Regarding Question #4

What kinds of problems (if any) have you witnessed customers having when using the Advantra Freedom Plan to obtain prescriptions?

1. Customer was told that non-preferred brand names could be over-ridden 1st fill to previous co-pay. But Caremark could not do this because drugs were not actually rejected. I was actually on a conference call with 2 other Caremark employees that got into an argument.
2. As a retired pharmacist and father of two working pharmacists, I can tell you that Advantra has forced people (myself) to accept generics that are not of equal dosage as the trade name drug they were prescribed. When I attempted to discuss the problem with Advantra they appeared unenlightened and unconcerned.
3. N/A
4. E.
5. N/A
6. Notes BIG problem with customer not understanding changes.
7. Patients are upset about the increase in co-pay and that drugs are not covered.
8. Don't know- don't deal with billing
9. N/A
10. N/A
11. I work in a hospital in Tennessee.
12. Hard to reach "Help Desk". Previously covered drugs now not covered. Wrong information on cards.
13. Only 1-2 patients at the beginning of switch.
14. The card holder was switched to new plan, but not the spouse.

Comments from Pharmacists Regarding Question #5

If your pharmacy does not accept the Advantra Freedom Plan, please indicate why?

1. Out of state.
2. Hospital pharmacy. Inpatient hospital services only.
3. I work at a hospital pharmacy; we do not fill out patient prescriptions.
4. We do not fill out patient prescriptions.
5. N/A
6. See 2
7. N/A
8. N/A
9. N/A
10. N/A
11. N/A
12. I do not work in West Virginia, and work for a small chain pharmacy.
13. Nuclear pharmacies do not accept any third party; we do not sell to the public. We only sell to hospitals and clinics.
14. N/A
15. We do not do billing to any insurance plans since it's an inpatient hospital department.
16. I do not practice in West Virginia - I practice only in Virginia in a hospital.
17. I'm sorry but this does not apply to me. I am an out of state pharmacist.
18. I do not work in a pharmacy. I work for the state of North Carolina - Drug Utilization Review for Medicaid.
19. Not working in West Virginia - Retired.
20. I have relocated to Ohio and live and work in Ohio. I work for an HMO and we only accept our insurance.
21. ?
22. N/A
23. N/A
24. Work in Ohio.
25. Out of state, no beneficiaries reside in our customer area.
26. TN Hospital
27. X
28. I am employed by Cardinal Health which is a nuclear pharmacy and does not directly deal with public insurance.
29. I don't practice in WV.
30. Pharmacy is located in Colorado.
31. I am currently practicing in KY.

32. N/A
33. N/A
34. VA pharmacy and no customers have this plan.
35. Providing that this was truly a random selection. I work in a hospital in Ohio. Sorry- good luck with your survey.
36. I work in a hospital setting in Chesapeake, VA.
37. I work in a nuclear pharmacy and we do not participate in third party billing.
38. Work in State of Illinois at present time.
39. Hospital pharmacy operations.
40. Unknown
41. NA, I rarely work in W.Va.
42. Our pharmacy charges are billed through the billing department as patient charges.
43. N/A
44. N/A
45. Work at hospital in N.C.
46. Not a retail environment.

Comments from Pharmacists Regarding Question #6^{††}

In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.

1. Reimbursement of 90 day supplies below the cost of the drug. [signed by pharmacist]
2. No opinion. I work for a hospital and I don't know if the hospital accepts Advantra Freedom.
3. N/A Work for hospital pharmacy.
4. When patients were switched to the plan they received a lot of paperwork and many thought it was too much to go through so they didn't read it all, then were angry with the pharmacy when we told them about the formulary changes, increased co-pay and the need to switch to generics for better reimbursement. Maybe send literature to the pharmacies as well so they can help to answer the many questions patients have.
5. N/A Hospital pharmacy; survey does not apply.
6. 1. Advantra reimbursement fee for 90 days was 1.00 [less] but also cut the cost of the drug [reimbursement] as much as 15% to 20% to the pharmacy. 2. Customers were deleted out of the system with no coverage. Took weeks to get problem taken care of but were deleted out of the system again in the following months! 3. Some medications were covered by PEIA-Express but the same medication was either not covered, or required Prior Approval.
7. After several months, the plan seems to be going smoothly.
8. The 1st few days of the switch we had problems processing claims online because of some computer glitch on Coventry's end - it took almost a week to get straightened out. Customers were not aware they could no longer get 90 day supplies of meds that previously paid 2 co-pays for 3 months of medication. Some co-pays had changed/increased. We don't know whether or not patients received information about the changes, but most were upset and unaware of changes when they came to pick up prescriptions at the pharmacy.
9. N/A I do not work in retail.
10. Patients confused over switch - not aware of co-pay structure/deductible, etc. If a claim won't process, I have called help desk - no one there seems to know the answer - I could call 3 times and get 3 different explanations. For example, patient gets Fosamax for a 3 month supply. His wife's was processed 2 weeks earlier, his rejected. I call the help desk.

^{††} Some pharmacists used the space intended for remarks regarding question #6 for other questions as well. This is indicated by a corresponding number or letter preceding the comment

They say non-formulary but don't know what is on formulary. Patient calls help desk - they state patient can only get 1 month at local pharmacy but can get 3 months through mail order. Two weeks later we reprocess claim for 3 months and it's paid ... Go figure!

11. N/A I work in a hospital pharmacy.
12. N/A Hospital pharmacy.
13. I like the card because it has the information on it for Part D and Part B. That makes a lot of sense to me.
14. I do not live or work in West Virginia.
15. I apologize for not being of help, but I do not work in a setting that has any experience with this plan. [signed] I work as a consultant for an IT vendor.
16. Although I am a registered pharmacist in the state of WV, I neither live nor practice pharmacy there, so I have no knowledge about this plan. [signed]
17. I work for an independent hospital pharmacy which only fills prescriptions for employees and hospital volunteers on a cash only basis.
18. Customers are complaining to us about the rise in overall cost of coverage.
19. Please include a section for hospital pharmacists next time.
20. The biggest problem at our pharmacy is explaining to patients they are no longer able to receive a 3-month supply of their medication. Our pharmacy did not sign the contract for the 3-month supply because we felt the reimbursement rate was not cost feasible for us.
21. We had a huge problem with patients not understanding why their flu shot wasn't covered.
22. N/A
23. I do not know much about the plan, sorry!
24. N/A
25. Members of the board, I am not working in West Virginia at this time, nor have I worked in a retail setting for close to 15 years. Therefore, I cannot complete the survey. [Name]
26. The plan does not allow for the pharmacy to bill for flu/pneumonia shots which is a covered item on Medicare Part B. Patients do not understand why they can't get their shot paid for at the pharmacy. Patients had to pay cash and send in a claim reimbursement form with a receipt. This is a time consuming step for the patients & it is not necessary. Those claims we accepted because we didn't know they had Advantra (patient gave us the regular Medicare card) we will have to try to recoup and will probably have to right off as a \$25.00 loss per claim.
27. The problem that we have encountered at our pharmacy that has affected our patients is in regard to diabetic supplies. Some patients we feel unknowingly enrolled in the plan that eliminated coverage in Plan B or D (Avantra) for diabetic testing supplies including strips and lancets. The patients then must pay out of pocket for testing supplies and depending on the quality of testing, the patient can spend \$60 to \$100 per month or they chose not to purchase... not to test... not to control their disease state.

28. More difficult to deal with on the phone. Requiring members to take meds as they dictate, not as Dr. prescribes. IE Having to change Altace 5 bid to Altace 10qd + Lorazepam - not allowing Dose directions Dr. prescribed.
29. My concern with the Advantra Freedom Plan is that patients no longer know deductibles & co-pays as they had with PEIA. They don't know if they have the same yearly deductible & if the co-pay tiers have changed with the new program. This lack of info leaves the pharmacy staff trying to resolve conflict with costs of the medicines.
30. I am a faculty member at the School of Pharmacy in WV + don't believe I can/should answer these questions. [Name]
31. N/A - I am currently practicing outside WV.
32. Formulary changes and higher copayments have been very frustrating to the patient, pharmacy & prescriber. This has been a very poor decision on PEIA's part.
33. Work in hospital w/o outpatient prescriptions.
34. I am not qualified to answer this survey. I worked in a hospital setting, and relocated to Indiana. [name]
35. As of July 1st PEIA had increased copayments for all beneficiaries. Many RETIRED employees see the new \$50 co-pays as a result of the New Medicare Part D Program. They 2 changes were parallel confusing many retirees that the increase was due only to Advantra, when actually Rph's understand that it is a needed increase for both PEIA & Advantra beneficiaries to maintain competitive rates for less expensive drugs.
36. Sorry, I live and work outside of West Virginia and can provide no useful feedback.
37. Unable to provide any comment due to non-billing to this service from my job duty.
38. Too low reinstatement on brands. Only qualification for specialty drug is cost. These people need the help of a LOCAL pharmacist.
39. My biggest complaint with the Advantra Freedom Plan is the absolute lousy reimbursement on 90 day maintenance drugs. We opted in to this program for the simple fact that many of the customers are physically unable to make many trips to the pharmacy and they need the 90 days supply. What we have found is that on brand name drugs we lose on average \$2-3 per prescription. Obviously this is not a good business decision for a small independently owned pharmacy and is definitely the lowest reimbursement of any 3rd party plan we participate with. If the state wants their retirees to continue with good pharmaceutical care, I think this is an area that definitely needs addressed.
40. [Reimbursement rates are a] JOKE - Might as well give away the medication.
41. Since I am not in WV - or in a retail setting, I was unable to provide answers.
42. Having to change drug therapy that is working in order to satisfy formulary or charging a higher co-pay is wrong and not advantageous to patient health.
43. I have never worked retail, so I don't even know what you are asking.
44. I have not billed any Rx's on the Avantage Freedom Plan as of yet.
45. N/A

46. Survey does not apply to me. Although I maintain an active license to practice pharmacy, I am not in active practice.
47. I work in in/out-stay and therefore have no experience with this program. [Name]
48. Personal experiences have shown me that while reimbursement has not changed drastically, the formulary has. My patients are mostly confused since they have been on a certain drug for many years, then suddenly their co-pays have more than doubled in some cases, erg. Lipitor. Given retirement incomes can sometimes create a fixed income, these price increases are making people choose whether medicine is as important as food or gas. If you've worked long enough to draw your retirement benefits, they should not be altered so drastically. Another greater concern is altering regimens in which patients have good control of a chronic illness such as hypercholesterolemia. Why risk a switch to a generic drug which could lead to a heart attack? You may say he/she has a choice to stay on Lipitor, but does he if he can no longer pay for it? Studies have proven differences in the statin classes. I hate to gripe on just one class of drug, but I was just trying to express my concern with a good example. My parents are actually affected by this change so I am passionate for their needs as well as my other patients.
49. 1. Some generics are non-formulary costing patient \$50.00/month. 2. Co-pays not consistent with non-retiree plan. Some med is indifferent tiers. Non-retiree pays \$15.00/month. Retiree pays \$50.00/month 3. Reimbursement rates too low on brand drugs causing pharmacy to lose money on most high priced brand products. 4. Compounds not covered, no exceptions allowed.
50. In the case of the patient receiving a 90 day supply of medication for 2 months co-pay, on more that half of the prescriptions filled, we lose money. How can the insurance company pay us less than what our cost is? And if we refuse to fill the prescription, we lose a customer. So of course, we fill it. This makes surviving as an independent difficult.
51. N/A
52. We have not had numerous problems with the prescription side however we do serve colostomy patients and after billing for ostomy supplies for 3 months and never receiving payment or denials we were informed the patients must purchase their supplies at a DME whereas we had always been able to supply their ostomy needs prior to the change to Advantra Freedom. We were never informed about the change nor were the patients informed.
53. Plan should have town meetings where clients can have their questions answered.
54. X [Name]
55. So far so good. [Name]
56. N/A, I have not practiced pharmacy in about 15 years.
57. [Name]
58. PEIA had the employees health concerns in the forefront, Advantra does not. This was a bad switch for the state & its employees.
59. I do not work in the state of WV.

60. The switch to the Advantra Freedom Plan has been difficult for many of our patients. Many patients require non-formulary prescription medications which have a co-pay that has increased from \$30.00 to \$50.00. The new co-pay, which has nearly doubled for non-formulary or non-preferred prescriptions, makes it much more difficult for these fixed-income patients to afford prescription medications. [Thank you, Name, Pharm. D.]
61. 90 day supply reimbursement rates are not acceptable for independent pharmacy. It is not a level playing field for mail order vs. independent. Thank you for your concern and we look forward to the problems being resolved. Thank you for being active to better relations.
62. The vast majority of patients who present to our pharmacy have NO IDEA they have Advantage Freedom plan and are very confused. They expect US to explain their plan and benefits to them and we are not equipped with the information to do so. Not to mention that they don't have a card and we make multiple phone calls to chase down that information - very frustrating for both the patient and pharmacy staff!
63. Our pharmacy does not accept the 90 day maintenance program because of the decreased reimbursement from Advantra Freedom. The patient had to pay for the retail price of the flu vaccine this year and sent in receipt for reimbursement. Patients were very unhappy and confused about this.
64. There was an instance when the patient was sent a letter telling her which medication was preferred. When she got the prescription from the doctor, we processed it + the preferred medication wasn't covered.
65. I feel it is important for the state to save funds and I applaud trying to do this. What I do not understand is putting most of the increase on the backs of the retirees. Especially \$50/month co-pays. I feel physicians should be better educated concerning formularies and co-pays. Many seem to prescribe based on the drug rep "du jour". People seem to be very unhappy with plan. However, all of us must appreciate the increasing costs. Generics should be better utilized. The seniors must not bear this burden alone.
66. Flu shots not covered - caused anger.
67. Dear [Name], Since I have not practiced my profession for over 15 years, I did not think that I could adequately address the issue. I gave the first letter to [Name], RPH, co-owner of the [Name] Pharmacy, and she agreed to fill out the forms. Her Husband and partner, [Name], RPH, has been in and out of the hospital fighting terminal cancer. I did not ignore your first letter, and I am sure you can understand why [Name] did not take time to do it. I am returning your second letter, and hope that you can send it on to some else to obtain the information you are requesting. Sincerely yours, [Name]
68. I am a research pharmacist and practice in Washington D.C. I do not function in a traditional dispensing setting and do not have any dealings with insurance plans or reimbursement. Thus the questions in this survey do not pertain to me. Sincerely, [Name]

69. Patients have \$50.00 co-pays on medicines they were previously taking on PEIA express Scripts. Problem is these medicines were preferred agents on initial plan, now they are non-preferred with higher co-pays. Also when patient's condition (for example high blood pressure, diabetes, etc...) is being treated and maintained on a non-preferred med, there is no way to get co-pay lowered. Cannot lower to a preferred agent co-pay even if they have failed on other agents Advantra prefers.
70. Customers feel as though they are paying more and more and receiving less benefits especially those who have seen an increase in non-preferred brand drugs.
71. This survey is not appropriate to me because of my job classification. [Name]
72. I do not work in WV at this time and could not be of help to you, however I am very pleased to see this being done. I wish you and the committee success on your undertaking. Respectfully, [Name]
73. Things are smoother now, but when the plan first changed in July it was utter chaos. The members weren't aware of changes in their plan. They still thought they had PEIA and traditional Medicare B Coverage (for testing supplies) No one told us, as pharmacists, about the changes and that the Advantra Freedom Plan participants had opted out of traditional Medicare B. In fact, many participants didn't realize it either. But once all the confusion was cleared up, we were better able to explain how the Advantra Freedom Plan worked. People still gripe about co-pays, but at least we have a better understanding and can give them better explanations.
74. Note: I am not involved in billing nor do I have any experience with the Advantra Freedom Plan. [Name]
75. Retired- not working during survey period.
76. I am now retired.
77. Several customers did not know of the change, and some did not receive ID cards. The major complaint however is a change in formulary and higher co-pays. Many have expressed negative opinions towards the new plan. I have had no pharmacy related issues on my side but would like to see the customers happy.
78. Hospital- no out patient services.
79. I'm not sure about this plan. I work for a chain in N.E. Penn.
80. No, I work for a hospital in Maryland. [Name]
81. No longer practices in West Virginia. [Name]
82. I work in an inpatient hospital pharmacy and do not deal with Advantra. [Name]
83. 1. Slow in paying. 2. Many patients travel and can not find a pharmacy that accepts the plan outside of WV.
84. I am a hospital pharmacist; this survey does not apply to hospital pharmacy.
85. Sorry, I cannot answer these Questions. I work at a Veterans Affairs Medical Center in North Carolina. [Name]

86. I have heard they lose all of their part B benefits. That they did not wish to switch, but it was done anyway, and that they can't switch back. Some customers have been very angry about being switched without their consent.
87. Problems I can remember are helping customers with formulary and understanding co-pays.

Hospital Methodology

Information compiled in this report has been acquired through communication with and documentation from the Office of Health Facility Licensure and Certification. The Legislative Auditor surveyed all 63 hospital facilities licensed with the Office of Health Facility Licensure and Certification.

Hospital Survey Results

The Legislative Auditor sent Advantra Freedom Plan Surveys, and also contacted by telephone 63 hospitals licensed in West Virginia. No surveys were returned “addressee unknown.” Therefore, 63 hospitals actually received surveys. The Legislative Auditor received 25 responses to the survey. **The number of surveys completed and returned to the Legislative Auditor by hospitals represents a 40% response rate.**

Survey results indicate that some facilities are experiencing problems with their claims being processed. Also, many note that patients do not understand the switch to a Medicare Advantage plan. Additional comments by survey respondents regarding individual facilities’ experiences and concerns using the Advantra Freedom Plan begin starting on page 44. The Legislative Auditor posed the following questions to the West Virginia hospital billing departments:

1. *Do you accept the Advantra Freedom Plan (Medicare Advantage plan) provided by the West Virginia Public Employees Insurance Agency (PEIA) for retired state employees?*
 - A. *Yes.* The Advantra Freedom Plan is accepted by all 25 West Virginia hospitals responding to the survey.
 - B. *No.*

2. *If you accept the Advantra Freedom Plan, have you experienced any problems? (Please circle all that apply)*
 - A. *Problems with reimbursement times.* There were 7 West Virginia hospitals reporting this problem, which is 28 % of West Virginia hospitals responding to the survey.
 - B. *Problems with reimbursement rates.* There were 5 West Virginia hospitals reporting this problem, which is 20 % of West Virginia hospitals responding to the survey.
 - C. *Problems with billing codes.* There were 4 West Virginia hospitals reporting this problem, which is 16 % of West Virginia hospitals responding to the survey.
 - D. *Plan does not cover medical services that were accepted by the previous plan.* There were 2 West Virginia hospitals reporting this problem, which is 8 % of West Virginia hospitals responding to the survey.

E. *Plan does not cover medicines that were accepted by the previous plan.* No West Virginia hospitals reported this problem.

F. *Plan does not cover diagnostic services that were accepted by the previous plan.* There were 2 West Virginia hospitals reporting this problem, which is 8 % of West Virginia hospitals responding to the survey.

G. *Plan does not cover in-hospital treatments that were accepted by the previous plan.* No West Virginia hospitals reported this problem.

H. *Plan creates delays for approvals of services, procedures or medicines.* No West Virginia hospitals reported this problem.

I. *Other Problems* - Individual responses following survey results

J. *No problems of any kind.* There were 11 West Virginia hospitals, or 44% of West Virginia hospitals responding to the survey reporting no problems of any kind.

3. *If you do not accept the Advantra Freedom Plan, please indicate why not?*

A. *Reimbursement rates are too low.* No West Virginia hospitals reported this reason since all hospitals responding to the survey accept the Advantra Freedom Plan.

B. *Unable to negotiate reimbursement rates.* No West Virginia hospitals reported this reason since all hospitals responding to the survey accept the Advantra Freedom Plan.

C. *Other* - Individual responses following survey results

4. *In general, what types of insurance plans do you accept for Medicare recipients? (Please circle all that apply.)*

A. *HMO (Health Maintenance Organization) Plans.* There were 20 West Virginia hospitals, or 80 % of West Virginia hospitals responding to the survey accepting this type of insurance plan.

B. *PPO (Preferred Provider Organization) Plans.* There were 22 West Virginia hospitals, or 88 % of West Virginia hospitals responding to the survey accepting this type of insurance plan.

C. *PFFS (Private Fee for Service) Plans*. There were 22 West Virginia hospitals, or 88% of West Virginia hospitals responding to the survey accepting this type of insurance plan.

D. *Special Needs Plans (SNP)*. There were 3 West Virginia hospitals, or 12% of West Virginia hospitals responding to the survey accepting this type of insurance plan.

E. *Other* - Individual responses following survey results

5. *In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.*

Individual responses following survey results

Comments from Hospitals Regarding Question #2

If you accept the Advantra Freedom Plan, have you experienced any problems?

1. Occasionally we have a claim that will reject stating "Patient not on carrier file".
2. We are a CAH and Advantra's computer system was unable to process our claims like Medicare processed them. They were unable to accept Pro fees on the UB. This has since been fixed and we have been getting our payments. It also took them over a month to get our Interim Rate letters from Medicare loaded in their system which delayed our payments by about two months.
3. C. modifiers not accepted as should
4. Longer to pay than traditional Medicare

Comments from Hospitals Regarding Question #5

In the space below, please provide any comments or concerns you may have regarding the Advantra Freedom Plan. In addition, feel free to elaborate on any of the survey questions.

1. Medicare pays in 14 days. Advantra takes 45 days to pay. Advantra also doesn't seem to understand how to process Skilled Nursing facility claims.
2. On 11/7/07, I asked for our provider rep - the person at the call center said someone would call me - no one has called to date. I would like to know who our rep is so when we get issues we will have someone to help. Also when our rates change, I would have someone to give them to.
3. On 11/7/07, I requested a provider rep, "who is ours"; they said ONE would call me. To date no one has called.
4. Biggest concern is getting our claims paid and paid at the rates Medicare established. We had to contact several people and fax our rate sheet from CMS several times before claims began to be paid (some still aren't paid). I believe our Home Health Agency is having issues also.
5. Patients DO NOT understand their benefits through Advantra PEIA
6. There has been confusion to many Advantra patients as to why they need to pay for flu shots up front. This is the rule from Advantra but they feel we are singling them out for payment up front. Many refuse and become very upset with us because we request payment and follow your rules. We forward them to Advantra with questions and concerns regarding this.
7. Have issues with this payers understanding of Medicare OPPS reimbursement (APC's). In particular with payment for services (Facility Portion) in our providers-based clinics. All UB clinic charges have been denied as duplicates. These were faxed to Provider Rep – [Name] - November 8, 2007. Pending reply.
8. WV PEIA has forced the retired beneficiaries into a Medicare Advantage plan. Patients/customers are not happy.
9. Had to send CMS Rate Letter 3 times and still have claims that need to be processed that were incorrectly denied due to no rate letter.
10. The only issue we have experienced as a provider is the lack of knowledge of the retirees regarding their health care coverage. Communications, to both the retiree and the providers, could have been better regarding a change of such magnitude.
11. Patients are not aware of their coverage and what they have to pay. We refer the patients to PEIA and Advantra Freedom with any questions they have.
12. No concerns
13. So far I like Advantra Freedom Plan

14. We have had to fix our Medicare Rate Sheet three different times so far for claims to be processed. The rate sheet was faxed August 31, September 28th and October 26th. Claims were held up each time because of this.