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U.S. extends deadline to exit some drug plans; United Healthcare failed to notify seniors on time

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Thousands of seniors in Medicare drug plans who didn't get enough time to review changes in their 2007 coverage now have six more weeks to decide whether to switch plans.

Medicare officials have extended the enrollment period through Feb. 14 for about 200,000 members in United Healthcare drug plans in Ohio and around the country. About 6,000 Wellpoint members in Kansas will also get additional time, a company spokesman said. The deadline for most people to sign up was Dec. 31.

Many of the changes in the United Healthcare plans are important, including new copayments and monthly premiums, and some drugs that were moved to different price categories or dropped from coverage.

Without knowing about these changes, seniors may have mistakenly assumed their coverage would remain the same and therefore stayed in the plan. A survey conducted in November found that more than a third of seniors said they are keeping their drug plans because switching is too much trouble. About 14 percent said they didn't know they were allowed to switch.

There are nearly 100 different plans offering drugs only or drugs with medical coverage available in Ohio. Each can cover different drugs at different prices from different pharmacies.

Under Medicare rules, drug plan members were supposed to get information about changes in their coverage no later than Oct. 31. That would give them eight weeks to comparison-shop and pick a different plan if they wished.

Instead, Medicare spokesman Jeff Nelligan said Tuesday that all beneficiaries finally received information about their plan changes by Dec. 27 - just two business days before the Dec. 31 enrollment cutoff.

Dominick Washington, a United Healthcare spokesman, blamed the delay on "the sheer volume" of people it needed to notify, a fire in a printing plant and having to correct some mistakes in the letters. The company has 4.5 million Medicare drug plan members, more than any other in the country.

Nelligan said that Medicare has ordered United Healthcare and other companies to identify which members got their "annual notice of change" letters late and tell them by Jan. 5 that they may transfer to other plans through Feb. 14.

He was confident the companies that missed one deadline could nonetheless be relied on to meet the Jan. 5 deadline.

Nelligan would not name the other plans that received the order because the agency is still identifying the companies and the affected beneficiaries. That information could be available as soon as today, he said.

Ohio's Senior Health Insurance Information Program counselors haven't received any information about the extended enrollment period, said spokesman Robert Denhard. People who call its free information hot line for details have been told to call back in a few days. The program, run by the Ohio Department of Insurance, helps seniors understand the drug benefit.

Representatives from some other popular plans - including Humana, MemberHealth and Wellcare - contacted by The Plain Dealer said they told members of 2007 plan changes on time and would not be extending the enrollment deadline.

Although Nelligan also would not discuss what penalties the companies could face, Vicki Gottlich, a senior attorney at the **Center for Medicare Advocacy** in Washington, D.C., said Medicare could terminate contracts with companies that violate federal requirements, suspend new enrollment, or impose fines up to \$100,000, among other things.

Gottlich said all Medicare beneficiaries should be entitled to extra time because government officials have been saying that people satisfied with their current coverage didn't have to do anything and they would be automatically re-enrolled.

"People just didn't understand that they needed to review their benefits, because each year they can be different."

Check out The Plain Dealer's Medicare drug plan guide at www.cleveland.com/medicare

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