Health - HealthDay

Confusion Surrounds Medicare Drug Discount Card Program

56 minutes ago

By Karen Pallarito
HealthDay Reporter

THURSDAY, May 27 (HealthDayNews) -- If you're 65 or older, you may be wondering whether Medicare's new prescription drug discount card program, which takes effect June 1, is right for you.

Bush administration officials are encouraging all Medicare beneficiaries to check it out. Cardholders can get price breaks averaging 11 percent to 18 percent on brand-name medications and up to 60 percent on generics, the administration says.

But senior advocates say many older Americans find the program complicated and confusing. Sifting through the dozens of cards available in some markets can be a challenge, especially if a beneficiary is taking multiple medications or isn't skilled with the Internet -- one way to enroll in the program.

And once seniors enroll, they're locked into the card they chose for a year. Yet drug-card sponsors can change their lists of discounted drugs and the prices they charge on a weekly basis, critics point out.

So the question is, are the potential savings worth wading through the fine print?

If you're a senior of modest means, it's definitely worth the effort, senior advocates agree. People with annual incomes less than $12,372 and couples earning less than $16,608 a year may qualify for a $600 annual subsidy of their drug costs. In addition, enrollment in the program is free. (Other beneficiaries must pay as much as $30 to enroll.)

"That's a pure plus," said Robert Hayes, president of the Medicare Rights Center, a New York-based nonprofit group that helps seniors and people with disabilities get access to affordable health care. "Almost everyone in that sliver of eligibility for that $600 credit should take the card seriously," he said.
But the discount cards may not be the best bet for every beneficiary.

A top official of the U.S. Centers for Medicare and Medicaid Services (CMS), who spoke during a Kaiser Family Foundation Web cast on Tuesday, pointed out the program was designed particularly to serve people who have no financial help with their outpatient drug coverage, especially low-income individuals.

"Those people who are most likely to benefit from the card are those without outpatient drug coverage themselves or those people who are low income...," Michael McMullan, deputy director of CMS's Center for Beneficiary Choices, said during the Web cast.

Congress authorized the discount card program to provide immediate relief to seniors, especially those who now pay full retail prices for their medications. The cards are intended to help fill a gap in coverage while CMS prepares to launch a new voluntary outpatient prescription drug program, called Medicare Part D, in January 2006.

Seniors with retiree drug coverage through an employer or union, however, may be able to land better deals just by shopping around on the Internet, some advocates advise.

"People who would not qualify for the $600, who have any kind of coverage at all, seem to be kind of throwing up their hands and saying, 'I'm glad I don't have to worry about this,' " Patricia Nemore, an attorney for the Center for Medicare Advocacy, said during the Kaiser Web cast.

In recent weeks, some seniors have complained they haven't been able to get straight answers about the program. Frequent changes and updates to Medicare's Web site have made it difficult for people to compare card programs and drug prices. Callers to 1-800-Medicare, at times, experienced long waits before they could speak with a customer-service representative.

"It's a complicated process, Nemore said, and the Medicare Web site still has glitches. "So I think for people who do have other coverage, they will probably find that it's probably not worth their time to try to go through" the complexities of the Web site.

CMS Chief Mark McClellan, who testified before the House Energy and Commerce Health subcommittee on May 20, assured panel members that Medicare is doing all it can to respond to beneficiaries' information needs. Many more customer-service representatives have been added, cutting wait times as of last week to no more than a few minutes, typically, and no more than 15 minutes at peak periods, he said.

At this point, government officials and senior advocates are particularly concerned that low-income people who are eligible for the $600 annual credit and could most benefit from the card won't sign up. CMS says 7.2 million Medicare beneficiaries are eligible for that help, but it expects just 4.7 million to enroll.

To boost enrollment, a newly formed coalition led by the National Council on the Aging is mounting a massive effort to quickly educate low-income Medicare beneficiaries and help them enroll. The Access to Benefits Coalition, which represents 68 national voluntary organizations, has set a goal of ensuring that at least 5.5 million low-income beneficiaries receive the $600 credit for 2004.

On Thursday, the U.S. Department of Health and Human Services (news - websites) (HHS) said it would set aside $4.6 million to organize and fund community organizations that help low-income seniors learn about the program and how to enroll. That's on top of the $21 million HHS said it has already made available to State Health Insurance Assistance Programs that counsel seniors about the program.
HHS also said it would collaborate with the Access to Benefits Coalition in reaching out to low-income seniors.

To enroll for a card, seniors can visit the Medicare Web site. Or they can call 1-800-MEDICARE. They can also contact a drug card sponsor; many local pharmacies can help you do that.

As for beneficiaries who don't meet the income test, senior advocates suggest taking your time to make a decision. "It's not necessarily important to be enrolled by June 1," Nemore noted.

And if you're intent on getting a better price on your drugs, do your homework.

"Shop, dig in, and you might get a break," said Hayes. "But don't stop at the Medicare card."

More information

The Medicare Rights Center has advice on choosing a Medicare drug discount card.