

Editorials/Op-Ed

The New York Times

Article 1 of 9 in Opinion

[◀ Previous](#)

[Next ▶](#)

[Skip to article](#)

[NYTimes.com](#)

[Go to a Section](#)

[Welcome, ctzcrank](#) - [Member Center](#) - [Log Out](#)

[▶ TimesSelect FREE 14-DAY TRIAL!](#)

SEARCH

[Editorials/Op-Ed Home](#) [Editorials](#) [Columnists](#) [Contributors](#) [Letters](#) [New York/Region Opinions](#)

Editorial

The Medicare Drug Mess

[E-Mail This](#)

- [Printer-Friendly](#)
- [Save Article](#)

ARTICLE TOOLS
SPONSORED BY



Published: January 22, 2006

After getting off to a promising start last fall, the new Medicare prescription drug program has stumbled badly in recent weeks, leaving tens of thousands of patients unable to obtain essential medicines. We can only hope that Medicare officials fix the glitches quickly before public disenchantment undermines prospects for enrolling enough people to give the new program real prospects for success. When the dust settles, it will be imperative to pinpoint how the problems arose, how much they reflect government ineptitude or malfeasance by private companies, and how further fiascos can be avoided.

The immediate problems have little to do with the most common complaint against the program, namely that many people find it dreadfully confusing to choose a good drug plan from a bewildering array of options offered by private insurers. Instead, most of the snags occurred in the part that should have been the easiest to execute

smoothly - the automatic switchover of more than six million poor people from the Medicaid programs in their home states to the new Medicare drug program.

The Medicaid recipients were randomly assigned to a private drug plan, with the option to switch to another if they were dissatisfied. Along the way, as data bounced from one bureaucracy and set of computers to the next, some people's names dropped out of the system. Others, though listed as enrolled, were not earmarked as they should have been for the lowest level of co-payments. Thus many poor people found that when they showed up at the pharmacy they either were denied coverage or were asked to pay hundreds of dollars in deductibles or co-payments. Pharmacists who tried to call the private drug plans could seldom get through. And some plans improperly refused to approve drugs during the transition as they were required to.

Nobody knows how many people were affected, but officials acknowledge it may be in the tens of thousands. California alone says that some 200,000 of its one million Medicaid patients had trouble getting medications during the switchover, an astonishing error rate. More than 20 states stepped in to guarantee drug coverage until the glitches are resolved. They had little choice, given the potentially catastrophic consequences for people who depend on their medicines to keep mental illness at bay, pain at tolerable levels and diabetes or other ailments under control.

This is a disheartening setback for a critical program and we can only hope that Michael Leavitt, the secretary of health and human services, is right that after everyone has used the new drug card at least once, the system will run more smoothly.



If not, any further snags are apt to throw a cloud over the whole program just when it desperately needs to attract more participants. Officials have been trying to deflect the recent bad news with exaggerated claims of success. Mr. Leavitt announced with great pride that some 24 million of the elderly had drug coverage. But 20 million of those 24 million already had drug coverage, through retiree plans, Medicaid or other programs.

The real measure of success will be how many people sign up who previously had little or no drug coverage - a pool estimated at 12 million to 14 million, or possibly more. Only about 3.6 million signed up voluntarily for Medicare's new stand-alone drug plans in the first 60 days of the enrollment period - a modest figure undoubtedly due at least in part to the complexity of the system. Worse yet, those who would benefit the most from the new drug coverage, namely low-income people entitled to special subsidies, have been disproportionately slow to sign up.

Federal officials and private health plans will have to reach out more vigorously to raise the numbers before the enrollment period ends on May 15. They have a long way to go to prove their argument that their approach was better than that of a classic federal program like the original Medicare. Their efforts will not be helped if further glitches continue to tar the program's image.

[Next Article in Opinion \(1 of 9\) >](#)

Related Articles

- [President Tells Insurers to Aid Ailing Medicare Drug Plan](#) (January 16, 2006)
- [Nursing Homes Confront New Drug Plan's Hurdles](#) (January 15, 2006)
-  [Over a Million on Medicare Sign Up for New Drug Plan](#) (December 23, 2005)
-  [White House Tries to Trim Military Cost](#) (December 6, 2005)

Related Searches

- [Drugs \(Pharmaceuticals\)](#)
- [Medicare](#)

Inside NYTimes.com



[The Ghosts of Seydou Keita](#)



[A Great Ballerina's Next Steps](#)



[Standing Classical Music on Its Ear](#)



[Yuks in Translation](#)



[Dowd: Googling Past the Graveyard](#)

[Copyright 2006The New York Times Company](#) [Home](#) [Privacy Policy](#) [Search](#) [Corrections](#) [XML](#) [Help](#) [Contact Us](#)
[Work for Us](#) [Site Map](#) [Back to Top](#)