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**MEMORANDUM**

**TO:** Centers for Medicare & Medicaid Services (CMS)  
Cynthia Tudor, Deputy Director, Center for Medicare  
Amy Larrick, Director, Medicare Drug Benefit and C and D Data Group  
Michael Crochunis, Acting Director, Medicare Enrollment and Appeals Group

**FROM:** Medicare Rights Center  
Stacy Sanders, Federal Policy Director  
Casey Schwarz, Senior Counsel for Education and Federal Policy  
Sarah Murdoch, Client Services Associate

**SUBJECT:** Plan Finder Observations (2013 – 2015)

The Medicare Rights Center (Medicare Rights) works with callers on our national helpline during the Medicare open enrollment period on an annual basis. Our counselors help beneficiaries and caregivers utilize the Plan Finder tool on Medicare.gov and make plan selections for the following year.

In 2015, the most common reasons reported by callers for seeking a new prescription drug plan concerned cost and access to needed prescription drugs. Among our clients, 35 percent were searching for a lower premium plan, 22 percent were seeking to change plans in direct response to increased costs, and 18 percent were looking for new coverage because of formulary changes. Furthermore, we determined that most callers were ineligible for the Part D Low-Income Subsidy (LIS) (72 percent).

Drawing on these years of experience and prior recommendations, the attached chart summarizes Medicare Rights suggestions on how to improve Plan Finder (the “Year” column indicates experiences/recommendations from 2015 or from multiple years). In 2015, as in past years, our counselors and clients expressed a desire for more flexibility in Plan Finder—particularly the ability to

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reflect the weight of beneficiaries' preferences in the sorting and screening functions. Currently, a person can only sort plans by one category, which limits one's ability to compare plans based on multiple variables.

Additionally, it would be helpful to provide individually-tailored information on the summary/comparison results page. For example, the summary results show the range of cost sharing the plan employs, but, until one clicks through to see the plan details, there is no information about what the cost sharing will be for the beneficiary's prescription drug list. Particularly where coinsurances (rather than copayments) are used, seeing usable, accurate information in dollar amounts about the range of expected costs on the plan comparison page would be useful.

Moreover, on the detailed plan comparison page, a person has to click on yet another pop-up to learn about which utilization management tools apply to their prescriptions. This is particularly important because most of the Part D plans that were among the top three most preferable options for our clients (determined based on cost, all medications on formulary, star ratings, and their stated preferences) had at least one restriction. Quantity limits were the most common utilization control observed among our clients, with 68 percent of plans imposing this tool. Repeatedly needing to open additional windows to see information on utilization controls diminishes a person's ability to easily compare plans and makes the process more onerous, both for beneficiaries and their counselors.

Many individuals use Plan Finder to evaluate Medicare Advantage (MA) plans. Currently, the tool provides information about pharmacy networks, but only limited information about provider networks. Accessible information on plan networks is essential to making plan selections. Plan Finder directs users to the plan's website for additional network information; however, many plan websites send users to the parent company's main website rather than to a site specific to the plan an individual already identified through Plan Finder. The plan websites frequently require starting a search from scratch and navigating through several additional websites before allowing an individual to access the provider directory.

This process is cumbersome for many beneficiaries and would be significantly streamlined by including specific MA network information on the Plan Finder website. This process would be further improved by incorporating a searchable provider directory for each MA plan displayed on Plan Finder. We find it is extremely difficult to assist an individual in selecting an MA plan due to the inaccessibility of provider network information. In the absence of accessible content on Plan Finder, our only case work option is to refer beneficiaries directly to multiple health plans and their own providers to inquire whether or not they are participating in the MA plan network.

We appreciate the improvements that CMS has made to Plan Finder over time, including increased accuracy, more frequent updating to address problems during fall open enrollment, and better stability so that the tool does not freeze and crash as frequently. We look forward to working with CMS to continue to improve the functionality of the tool and improve the ease and accuracy with which older adults, people with disabilities, families, and professionals can make informed choices about their Medicare coverage.