

Planning Ahead: Recommendations for Plan Finder, Inspired by Beneficiaries

Introduction

By 2010, the majority of Medicare beneficiaries, over 27 million, had purchased prescription drug coverage through Medicare Part D.¹ For help navigating their Part D coverage options, many Medicare beneficiaries turn to Plan Finder, an online tool created and maintained by the Centers for Medicare & Medicaid Services (CMS). Intended for use by current and prospective Medicare beneficiaries and their caregivers, counselors, and health care professionals, Plan Finder allows the user to input the beneficiary's current coverage information, necessary prescription drugs, dosages and frequency. The tool then yields a list of recommended plans.

Plan Finder provides critical guidance on comparing plan options for the upcoming year, and as the only tool of its kind, it is essential that it be accurate and user-friendly. In theory, drug coverage options should be presented in such a way that beneficiaries can easily choose a plan that offers comprehensive coverage and allows them to access their medications without excessive restrictions.

However, it can be very difficult to assess which plans will provide the most comprehensive coverage for the lowest cost. There are many factors that beneficiaries consider during the

In October 2010, Mr. F received a letter from his Part D plan informing him that his monthly premium was going to increase. Concerned that he would no longer be able to afford his plan, he called Medicare Rights seeking assistance in finding an affordable plan that would continue to cover his prescriptions. After using Plan Finder, Mr. F's counselor was able to identify several plans that had premiums Mr. F could afford and that would cover all of his needed prescriptions. However, upon receiving and reviewing the plan detail pages following his counseling session, Mr. F found the information difficult to decipher and was unable to determine which plan he should enroll in. He decided he would rather contact his current plan and ask whether they offered a less expensive plan. The representative helped Mr. F enroll in a new plan with a lower premium. However, after enrolling, Mr. F learned that some of his prescriptions were now subject to more restrictions and higher copayments.

¹ "Medicare Prescription Drug Plans in 2010 and Key Changes Over Five Years: Summary of Findings," The Henry J. Kaiser Family Foundation, September 2010. Accessed May 10, 2011 at <http://www.kff.org/medicare/upload/8096.pdf>.

decision-making process, and what constitutes comprehensive, accessible and affordable drug coverage often varies widely depending on a beneficiary's personal health and financial needs. During the 2010 Fall Open Enrollment Period (Fall OEP), every beneficiary was able to choose from over 28 stand-alone prescription drug plans (PDPs).² The task of comparing more than 28 options, not all of which are meaningfully different, can be quite arduous. As data from the Medicare Rights Center's National Consumer Helpline illustrate, there is still a great deal of work to be done to improve the decision-making process for beneficiaries.

Beneficiary Data

During the 2010 Fall OEP, which ran from November 15 to December 31,³ Medicare Rights Center counselors helped a subset of our helpline callers with the plan comparison process by guiding them through the Plan Finder tool from start to finish. This report examines the data from this project.

- During the project's six-week duration, **9 counselors** counseled **91 beneficiaries** over the phone.⁴
 - Only beneficiaries in search of a new PDP were counseled.
 - Following each call, the counselor mailed the beneficiary detailed information on the top three plan results.
- Beneficiaries were also sent a survey that asked them to rate their Plan Finder counseling session.⁵
 - The survey asked whether they decided to enroll in one of the PDPs recommended by Plan Finder during their counseling session.
 - They were also asked whether the counseling session was generally helpful in their decision-making process.

Generally, our survey showed that Plan Finder was of great use in narrowing down plan choices and obtaining a general sense of costs and medication coverage in each plan. However, many beneficiaries were left with questions and concerns about their out-of-pocket expenses, the restrictions they might face in accessing their medications, and the overall reliability of the tool. A close examination of the experiences of these 91 beneficiaries and 9 counselors reveals the ways in which Plan Finder currently helps beneficiaries navigate their drug coverage options, and the areas in which there is room for continued improvement.

The survey findings are reinforced by data from Medicare Rights' Consumer Helpline. Our counselors receive numerous calls prior to and during the Fall OEP from beneficiaries who have questions about changing their drug coverage. Between October 1 and December 31, 2010, over 25 percent (n=773) of our helpline calls involved questions about changes to drug coverage. The sheer number of calls demonstrates the importance of having easy-to-use resources that can assist beneficiaries in comparing and selecting new PDPs.

² "The Medicare Prescription Drug Benefit," The Henry J. Kaiser Family Foundation, October 2010. Accessed May 10, 2011 at <http://www.kff.org/medicare/upload/7044-11.pdf>.

³ Beginning in 2011, the Fall OEP will run from October 15 to December 7 each year.

⁴ The 91 participants comprised 32 men and 59 women. People who were currently receiving Extra Help numbered 19, while 72 were receiving no subsidy at the time of their Plan Finder counseling session. While the number of Plan Finder sessions conducted is small in comparison to the number of sessions conducted by 1-800-MEDICARE and SHIPs each year, the resultant data still provides critical insight into the tool.

⁵ There were 42 surveys returned.

Using Plan Finder

Finding an appropriate drug plan among the multitude of options under Part D can be a daunting task, and our survey aimed to find out how well Plan Finder helps beneficiaries through this process. Of the survey respondents, 69 percent felt that their Plan Finder session assisted them in comparing and selecting PDPs, regardless of whether they enrolled in one of the recommended plans.

However, over 20 percent found the plan details difficult to decipher.

Plan Finder contains a feature called Select Drug Options that allows users to refine their search

results by specifying further criteria that their ideal plan would meet. Mr. M's counselor (see box) refined the search to return only plans that covered all of Ms. M's medications without restrictions. However, when the search was updated, no plans were returned that met all of the specified criteria. Unfortunately, this was not an isolated occurrence; many of the callers were unable to find plans that would cover all of their drugs without restrictions.

"Mr. M explained that his wife takes a large number of medications. He wants to find her a plan that not only covers her prescriptions, but does so with few restrictions. Given the number of medications she takes, it would be too difficult to surmount restrictions on all of them."

—a helpline counselor at Medicare Rights

While there is currently no guarantee that all beneficiaries will be able to find a plan that covers all of their drugs without restrictions, the presence of the Select Drug Options feature leads many to believe that they will be able to find a plan that meets all of their needs. As a result, many of our callers were unclear as to why they were unable to find a plan without restrictions, and what joining a plan with restrictions means in practice.

Many participants expressed frustration over navigating the complex layout of Plan Finder's plan details page. Our counselors reviewed the charts and graphs with beneficiaries prior to ending the session, and highlighted the costs and drug restrictions on the print versions before sending them out. Despite these efforts, over 20 percent of the survey respondents still had trouble deciphering the information they received.

"...A lot of reading....A little hard to understand....I don't understand 'pre-initial coverage' and 'post-initial coverage.'"

*—Mrs. L, 78 years old,
Silver Spring, Maryland*

For example, Mrs. L called our helpline, like many others, with the worry that she would be stuck in a plan that would become unaffordable. Following her Plan Finder session, the counselor sent Mrs. L a hard copy of the plan details for the plans discussed. In the survey that Mrs. L returned, she

explained that while she found her phone counseling session helpful, she could not decipher all of the information she received in print. As a result, she chose to speak to a representative from Humana, a PDP provider, and enroll in one of their plans. She stated that she felt this would be simpler than deciphering the various graphs and terms on the plan details pages.

Callers were particularly unclear about the information presented in a chart that displays beneficiaries' estimated monthly drug costs in each plan. In the chart, each month of the year is assigned a corresponding monthly cost, which can include the annual deductible, the monthly premium and applicable copayments. However, the chart does not itemize the total

“If a beneficiary has multiple medications with various restrictions, it gets hard to reduce or simplify results to convey to the beneficiary.”
—Richard, a helpline counselor

monthly cost, and it is difficult to determine a breakdown of costs. Thus, our counselors were left to manually calculate the cost breakdown as best they could using the information they already had about drug costs and plan premiums. An estimate of annual costs is critical in enabling beneficiaries to make an informed choice and to budget for the upcoming year. If beneficiaries are unable to

anticipate their out-of-pocket spending, they may find themselves in precarious situations in regard to both their finances and their health.

Inconsistent Information

Discrepancies between Plan Finder and “Medicare & You,” the official Medicare handbook, were a recurring issue. Beneficiaries tended to trust “Medicare & You” over Plan Finder, even though the latter is

“I don’t know why my ‘Medicare & You’ doesn’t list some of the plans that my counselor recommended from Plan Finder. I’m nervous about choosing a plan from Plan Finder.”

—Ms. R, 67 years old, East Patchogue, NY

regularly updated. When beneficiaries found that the two resources listed inconsistent information, they became concerned about which plan would best fulfill their needs.

Ms. R contacted Medicare Rights for assistance in the weeks leading up to the Fall OEP. She was interested in finding a new PDP because she was unhappy with her current plan’s customer service. Ms. R did not have access to a computer and chose to refer to her hard copy of “Medicare & You” throughout the Plan Finder session. At the end of the session, as her counselor began to read Ms. R the plan results, Ms. R asked why some of the plans were not listed in “Medicare & You.” The counselor explained that Plan Finder is a dynamic resource that is regularly updated by CMS, the same entity that publishes “Medicare & You.” Because “Medicare & You” is published annually, the information it contains remains static throughout the year and is not subject to revision. Despite this explanation, because Ms. R had come to regard “Medicare & You” as an authoritative resource, she remained wary of Plan Finder.

Conclusion

Plan Finder is a critical resource for beneficiaries seeking to change their drug coverage, and can offer personalized guidance through the plan comparison and selection process. As a tool designed expressly to assist beneficiaries, it is of the utmost importance that beneficiary feedback be incorporated into making the tool as reliable and as user-friendly as possible. Already, CMS has made tremendous improvements to Plan Finder as a result of listening to people with Medicare and their advocates. Counselors and beneficiaries alike repeatedly stress the need for Plan Finder to depict information as clearly and concisely as possible. This is of particular importance for those who do not receive assistance from 800-MEDICARE, their State Health Insurance Assistance Program (SHIP) or organizations like Medicare Rights.

Even given Plan Finder's relative success, there is clear room for improvement. Only 43 percent of our survey respondents chose to enroll in PDPs recommended by Plan Finder, while 57 percent chose not to. Some respondents explained that they chose to stay with their current plans out of convenience, even when their existing plan was more expensive or restrictive. Similarly, beneficiaries in plans that were terminating often chose to remain in the plans to which they were automatically reassigned as a result of their enrollment in Extra Help. Lastly, others chose to call PDPs directly and have a representative enroll them in any plan available. Together, these findings suggest that many of the beneficiaries sought a more streamlined approach to the decision-making process, at times to their detriment.

Given our experience during the Plan Finder project, we recommend several changes to ensure that Plan Finder is a more effective tool for beneficiaries:

- Beneficiaries and their advocates should be able to identify the most comprehensive and affordable plan upon their initial search, without having to unnecessarily, and often fruitlessly, refine their search results.
- Although the plan details pages can be very informative and thorough, beneficiaries often found the data presented difficult to decipher. It may be beneficial to reorganize the data on the details pages, and to create a decision tree to help guide beneficiaries through the process.
- As complementary resources, "Medicare & You" and Plan Finder must provide consistent information. Because "Medicare & You" is published before Plan Finder data for the upcoming year is finalized, it should point to Plan Finder as the most up-to-date resource for drug plan information during the Fall OEP.
- CMS should build on the current initiative to consolidate plans that lack meaningful differences. Beneficiaries should have access to a manageable number of meaningfully distinct plan choices.

As CMS continues to revise and improve Plan Finder, beneficiaries and their advocates will increasingly regard it as a reliable resource. Plan Finder needs to fulfill both its stated purpose and the overarching aim of the Part D benefit: to help people with Medicare enroll in plans that will provide them with comprehensive, accessible and affordable drug coverage.

However, revising Plan Finder alone is not enough. Beneficiaries shopping for drug plans are inundated with information, confronted with too many variables to manage, and presented with a plethora of plan choices that lack meaningful differences. The success of Plan Finder is not an excuse for proliferation of inadequate plan options, and any serious attempt to improve the decision-making process for beneficiaries must substantively reform the Part D marketplace.

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