Medicare Plan Finder Preliminary Review

The feedback below is based on the Medicare Rights Center's internal review of the new Medicare Plan Finder tool, as launched on August 27. Our comments are limited to improvements to the tool's accuracy, clarity, and/or usability that are needed prior to the start of the upcoming Fall Open Enrollment period. We focus on three main areas: the tool's (I) **General and Pre-Search Functionality**, as well as issues encountered during (II) **Prescription Drug Plan Searches** and (III) **Medicare Advantage Plan Searches**.

I. General and Pre-Search Functionality

General Usability

- We appreciate the updates that make Plan Finder easier to utilize. For example, the new layout has more blank space, which makes the presented information easier to understand, and including the sort and filter tools on the results page also improves navigation. We also appreciate that it is possible to edit the drug list from the results page, without having to start over or back out to the previous pages.
- While the large font is good for readability, it can cause the text to take up a lot of room on the screen, which means users must scroll quite a bit to find needed information. In addition, some users may find a larger or smaller font easier to view. Giving users the ability to change the font size would be a helpful addition.

Comparing Original Medicare and Medicare Advantage

- The description of what Medicare Advantage (MA) includes is inaccurate (*See Figure 1*). For example, there is a checkmark next to "coverage includes vision, hearing, dental, and more" which implies this coverage is available through all MA plans. That is not the case. We appreciate that this is clarified in the box on the right where it says "many" plans, but are concerned that inaccuracies are presented at all. We recommend changing this description.
- The cost comparison between MA and Original Medicare with a Medigap does not capture out-of-pocket costs, only premiums. This gives the false sense that Medigap is significantly more expensive overall than an MA plan.


Figure 1: Inaccuracies in MA Description
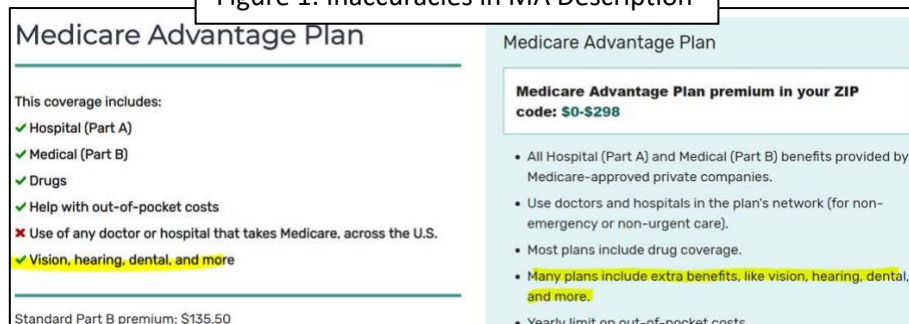
Medicare Savings Programs

- For the question "Do you get help with your costs?" we recommend allowing users to check more than one option. We recognize the goal of this question is to determine if someone has Extra Help, but if someone knows they have SSI *and* an MSP—or any other combination of multiple benefits—they might be confused about why they can't choose more than one benefit.
- The description of the MSP program is inaccurate since not every MSP pays for cost-sharing, which the description implies.
- It would be helpful to include the acronyms for the different MSPs, as someone may know they have QMB, but not know that it is a Medicare Savings Program.

II. Prescription Drug Plan Searches

Drug and Pharmacy Selection

- On the "add drug" screen there is a "Done" button and a "Next" button. It is unclear which button users should press to continue or conclude their search. We recommend adding clarifying language to these options, such as "To continue to the next screen" or "To exit the search." (*See Figure 2*).


Figure 2: "Done" and "Next" Buttons
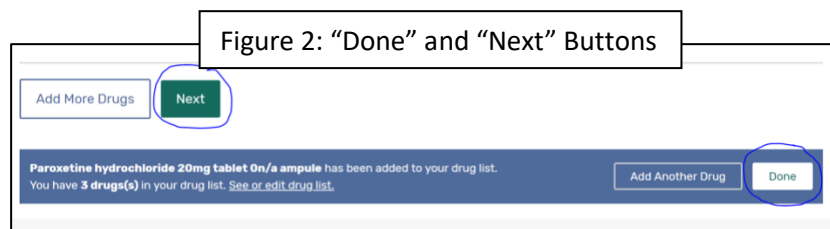
- When selecting drugs, there is no longer an option for selecting that a person gets the drug once per year. However, this is a common scenario for people with Medicare, especially when they are prescribed medications that are to be used on an as needed basis, like creams and ointments. We recommend adding restoring that option to the Plan Finder.
- To improve the usability of the pharmacy selection page, we recommend adding a zoom function to the default map view. The existing map provides an overly wide view, and the user has no way to control this display. For example, entering a NYC zip code yields a map of NJ, NY, and CT.
- This page could be further strengthened by giving users the option to view pharmacies within an X mile radius of their location. Currently, this search is restricted to zip codes, which can be problematic. For example, when one user entered her zip code, the map did not display her preferred pharmacy because it was located in the neighboring zip code. While this information can be obtained, adding the option to search by mile-radius would make for a simpler user experience.
- At the beginning of the drug search, users can select both retail and mail order pharmacies. However, on the subsequent "choose pharmacy" screen for retail pharmacies, users can de-select "mail order pharmacy." Doing so then limits the search to retail pharmacies only, and there is no way to add mail order pharmacies back in. We recommend adding this functionality. (*See Figures 3 and 4, note grayed-out pharmacy boxes in Figure 4*).


Figure 3: Retail and Mail Order Pharmacies Selected

Figure 4: Mail Order Pharmacies De-selected
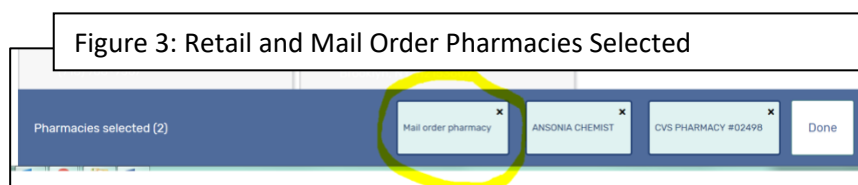
Drug Cost and Coverage

- **Unlike the legacy Plan Finder, the new version does not include a notification that "all drugs are covered" or any indication of whether any entered drugs are off formulary.** We strongly urge CMS to include this information in the summary view, and the ability to sort or filter by eliminating or de-emphasizing plans that do not contain all drugs on the formulary, as is possible in the legacy Plan Finder.
- Further, when a user views a drug plan's details, information about covered and non-covered drugs—the most important decision point, for many—is buried at the bottom of the page. This may create confusion and hinder enrollee decision-making. For example, this placement means users are informed of their estimated costs at the pharmacy *before* they learn whether or not the plan even covers their prescriptions. This requires users to understand that a high price probably means their medication is off-formulary, and that another plan may be a better fit. Rather than assume this level of user sophistication, we recommend moving the drug coverage information to the top of the page, alongside the in-network pharmacy notation.
- In addition, how many drugs are covered or whether all drugs are on the formulary should also be on the summary page where it says "2 of 2 pharmacies in network." (*See Figure 5*).

Figure 5: Presentation of Drug Cost and Coverage Information
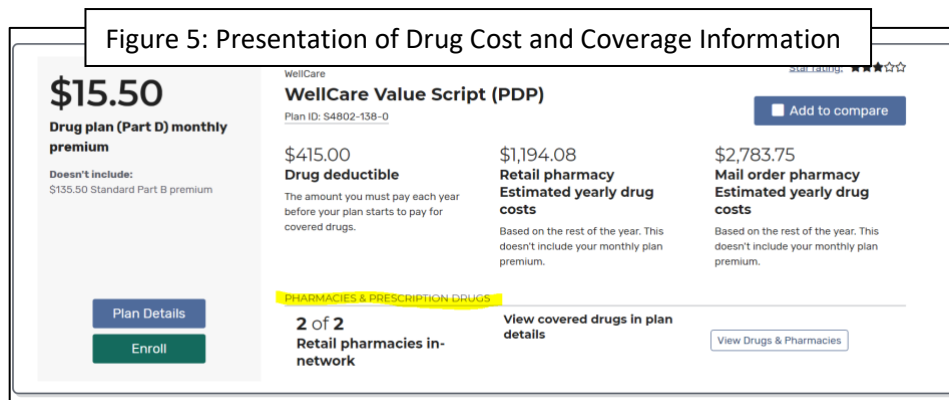
- To compare the cost of a brand-name drug with its generic, users must remove the brand-name drug from the list and then add the generic. We recommend simplifying this process, either by automatically generating these comparisons in a hover text or by allowing users to do so in one step instead of two.
- **There is no mechanism for sorting by or identifying "total drug cost" for the plan year, adding together premium and yearly drug cost. This functionality is in the legacy Plan Finder, and is extremely valuable and useful in plan selection.** We urge you to embed this feature into the updated tool.
- The drug plan summary lists the costs for mail order pharmacies, but there is no ability to compare the mail order and retail cost of a drug, which is possible in the legacy Plan Finder. We recommend adding that feature to the new version.
- Language explaining the utilization management tools—including information about the actual quantity limits, similar to the legacy Plan Finder's expandable information about tiers—is needed. We urge CMS to restore this important functionality that was included in the legacy Plan Finder

- **We experienced the following recurring accuracy issues that may require further systems coordination:**
  - In testing the plan comparison feature, Plan Finder indicated that 3 of 3 drugs were covered, but the plan details revealed that only 2 of the 3 drugs were covered.
  - Some medications that listed in the legacy Plan Finder are not included in the new version (e.g. Vyndaqel)
  - Some pharmacies that have switched ownership are still listed as their previous brand-name. For example, in one search, a space previously occupied by CVS that is now occupied by a Rite-Aid was still listed as a CVS.
  - On several occasions, changing our selection to identify MA Plans rather than PDPs still brought us to the PDP page.
- **In addition, we recommend the following changes to the Drug Cost information section for clarity and accuracy:**
  - The phrase "Cost before Deductible" is confusing. "Cost during Deductible" or "Full Negotiated Price" would be clearer.
  - The legacy Plan Finder's monthly cost chart, which includes premiums and out-of-pocket expenses is helpful. We recommend including it here.
  - The "full month" summary is inaccurate, as it fails to account for drugs that are filled every other or every three months, or when someone changes phases within a month. We recommend reframing or reworking the chart to allow for these variances.

Figure 6: Inaccuracies in Tier Explanations

  - As illustrated in Figure 6 below, the information presented under "Learn about tiers" is inaccurate. Not only are both Tiers 3 and 4 listed as specialty tiers, but Tier 2 is noted as being reserved for brand-name drugs, even though the plan in question has generic Lipitor (Atorvastatin) on Tier 2. The "Learn about tiers" information should reflect the actual tier structure of the plan being discussed.
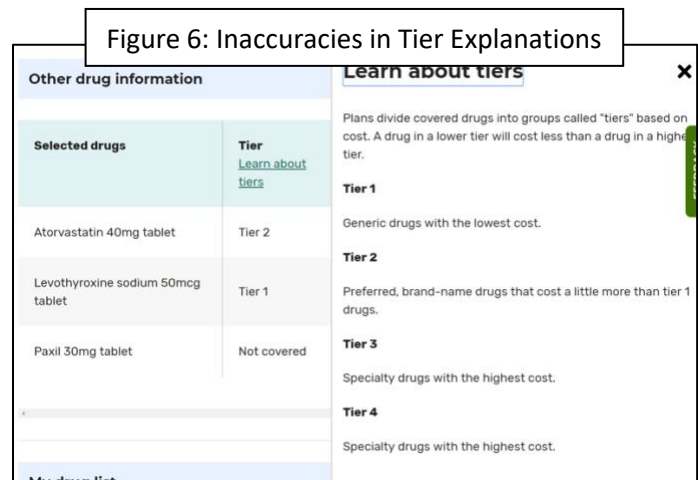
Star Ratings
- Some of the star rating explanations are confusing. For example, if a plan has a five-star rating for "Drug plan fails to make timely decisions about appeals (more stars are better because it means fewer delays)" it is not immediately clear what potential enrollees should understand this to mean, in part because the ratings themselves are not intuitive. That is, five stars may seem "good" but the category for which the plan is receiving five stars may actually be negative. Providing easy-to-understand explanations of the ratings would be helpful.

Figure 7: Star Rating Contact Information
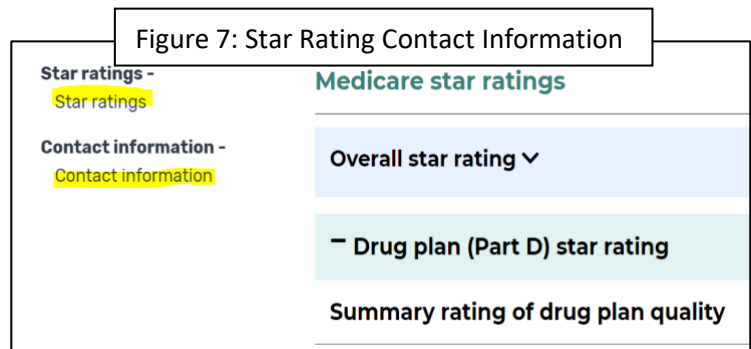
- Clicking on "contact information" for star ratings opens a sub-menu that says contact information. Clicking there then results in a redirection to that part of the page, which is a strange user experience (*See Figure 7*). We recommend streamlining this function.

III. Medicare Advantage Plan Searches

<u>Accuracy and Clarity Needed</u>
- FIDA and other D-SNP plans came up in a general MA Plan search, where the check mark was not selected to show specialty plans.
- It is unclear what "provide" means in Figure 8 below. We recommend rewording this phrase or including explanatory language.

Figure 8: "Provide" is Unclear
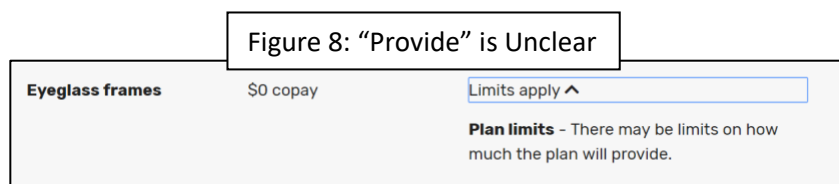
- **The description and placement of "additional benefits" is misleading.** Having "additional benefits" under the "extra benefits" heading is confusing, in part, because "additional" and "extra" have the same connotation. These descriptions also imply that the listed benefits, such as SNF care, are unique to the selected MA Plan. The sequence in which this information is presented is also problematic. The sections immediately preceding this one are largely devoted to supplemental benefit coverage. It is confusing to then switch over to additional benefits—which are actually standard Medicare benefits. We recommend moving and renaming this section. It should instead follow the presentation on Part A or Part B covered services, and these benefits should not be described as "extra" or "additional" (*See Figure 9*).

Figure 9: "Extra" and "Additional" Benefits
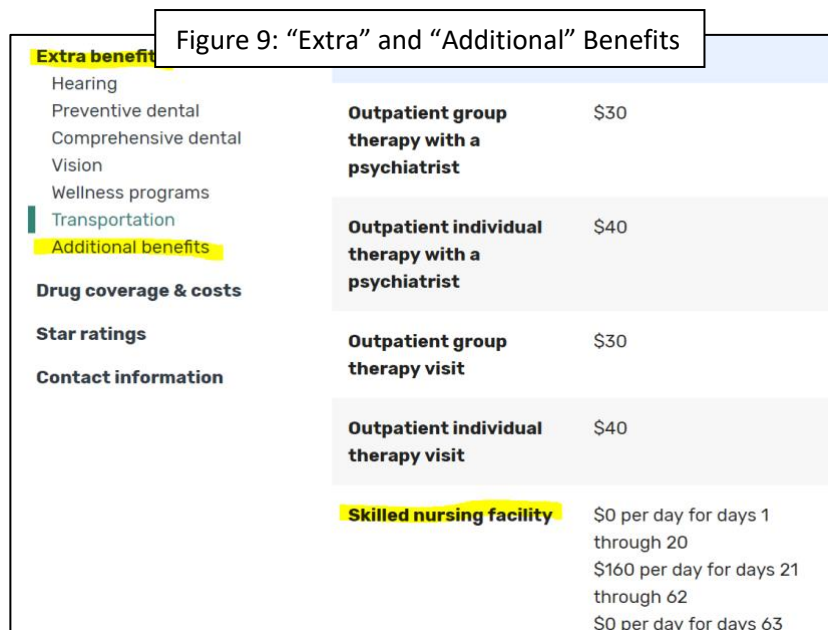
- We appreciate that the MA Plan view shows mail order pharmacy summaries in the plan details. As noted above, this information should include detailed, drug-by-drug pricing information.

- When there is a long list of prices it gets hard to read. Bullets, a space between paragraphs, or a dividing line would help (*See Figure 10*).

Figure 10: Price Lists Difficult to Read

Hospital services

Inpatient hospital coverage	In-network: $360 per day for days 1 through 4 $0 per day for days 5 through 90 $0 per day for days 91 and beyond Out-of-network: $500 per day for days 1 through 20 $0 per day for days 21 and beyond