

October 8, 2019

Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington DC 20201

Dear Administrator Verma:

The American Geriatrics Society (“AGS”) appreciates the opportunity to provide input on the recently released CMS Medicare Plan Finder. **We strongly urge CMS to continue to support and make available the Legacy Plan Finder tool and to delay the release of any additional updates of the new Plan Finder until the significant limitations described below are addressed.**

Founded in 1942, the AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our nearly 6,000 members include geriatricians, geriatric nurses, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. The Society provides leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in clinical care, research, professional and public education, and public policy that can support us all as we age.

We appreciate CMS’ responsiveness to the concerns of stakeholders, including directors of State Health Insurance Assistance Programs (SHIPs) regarding the difficulties in navigating the Plan Finder and limitations in using it to make enrollment decisions, including those highlighted in the July 2019 GAO report: *Medicare Plan Finder: Usability Problems and Incomplete Information Create Challenges for Beneficiaries Comparing Coverage Options*. However, we believe that the new Medicare Plan Finder is not the solution to those problems. As many Medicare beneficiaries, their caregivers, SHIP volunteers and staff, insurance brokers and others embark on navigating 2020 Medicare health and prescription coverage choices, we believe this new Plan Finder will do more harm than good. In general, we are concerned about the health insurance literacy challenges growing with Medicare coverage options and believe this new Plan Finder exacerbates this problem as the choices become more complex and less transparent. We also believe the creation of user names and passwords to personalize Plan Finder searches creates major privacy challenges that can lead to significant fraud and abuse.

Below we present our four major concerns.

- 1) **The Medicare Open Enrollment Period begins in less than two weeks. The Plan Finder that was released on October 1 with 2020 plan information is not what was promised on CMS calls and there is not enough time to train counselors given the continued major limitations of the on-line platform.** Consumers and those helping them already have a tremendous challenge

keeping up with all of the annual benefit design changes, including how the Part D benefit changes annually and all of the new benefits allowed with the Medicare Advantage plans. Even many computer-literate Medicare beneficiaries request help reviewing their options. Adding in a new web tool that has not been properly field tested will create major barriers to helping beneficiaries understand coverage options. In addition, major edits are hopefully still happening – including calculating total costs to the beneficiary of different plan options and printing functions just to name a few. Many of our patients rely on SHIP volunteers and brokers to help them navigate Medicare enrollment decisions and those key personnel will not be trained and ready in time for the Open Enrollment Period. Ideally, SHIP volunteers – not just the state directors – would be among the many who provide useful feedback to CMS about the tool, as well as older adults and adults with disabilities who rely on Medicare for their health and drug benefits. Two weeks is simply not sufficient time to train on any new technology platform, particularly one as complex as the Plan Finder.

2) **The new Plan Finder does not address two major concerns identified in the GAO report.**

- **A lack of useful information about Medigap policies** (Medicare supplements). State Departments of Insurance (DOI) regulate Medigap plans, so every state is different, and the rates even within a single state can be wildly different based on many factors. In fact, depending on whether a person is in a Guarantee Issue Right (GIR) period during which they have rights to policies at published rates without underwriting – the same plan for members of the same family can have dramatically different monthly premiums. A federal website displaying a range of prices – not specific to the individual – is not practically useful. So, as was done in the legacy system, linking folks using the Plan Finder to their State’s DOI is most useful.
- **The Medicare.gov website not accurately reflecting what providers, institutions, rehabilitation facilities, etc. are “in network” with Medicare Advantage plans.** Network participation is a critical factor in choosing a Medicare Advantage plan and problems with accurately determining network status have not been addressed by the new Plan Finder. As before, there are links to the insurance company “look up” functions. We understand that many of the insurance company websites are not accurate and up-to-date. Many navigators at the 1-800-Medicare helpline have little to no information about network acceptance and even engaged consumers have trouble at times obtaining accurate information from their providers about contracts with insurance plans. CMS should ensure that the plan websites are complete and accurate as a first step before any data is shared on the Plan Finder. State and local coverage choices and networks are best understood at the state and local level and the SHIP program can and should be the hands and feet of CMS in our communities. More work needs to be done to improve this situation but the new Plan Finder does not do this.

Federal technology solutions may not be the best way to address these concerns. More hands-on education and support for local resources will likely be the best solution to help beneficiaries evaluate enrollment options.

- 3) **The third major finding from the GAO report included the need to make the Plan Finder easier to use by consumers. Unfortunately, while an incredibly valid objective, the functionality of the new Plan Finder is very limited and much less user-friendly than the IT platform it replaced.** The main reason Medicare beneficiaries seek help to understand their Medicare options is to ensure they are saving money. The new plan finder allows individuals to sort or

filter plans based on five variables: star-rating, company sponsoring the plan, price at the pharmacy, premium, or deductible. What drives an individual's decision-making most often is OVERALL cost and then they can tailor their decision based upon the other five variables. Focusing on any of the five variables to begin with would likely steer beneficiaries to plans that cost them more money – not less. CMS has promised that the overall price functionality will be corrected and it was very disappointing that that has not yet happened. There are numerous other problems including limited useful “views” to compare plans side-by-side, limited input of drug use frequency, lack of information about quantity limits, etc. Many of these functions work fine with the legacy Plan Finder.

- 4) **As healthcare providers, we value patient privacy and have significant concerns about making Medicare beneficiaries set up user names and passcodes to “personalize” the Plan Finder to see current coverage, import prescription claims, and to verify “Extra Help” or LIS (low-income subsidy) status.** Since not all Medicare beneficiaries are tech-savvy and will need to continue relying on others for assistance, we believe that this may ultimately lead to nefarious use of this data as the same user name and passcode is used for mymedicare.gov. Given that CMS just expended significant resources to change Medicare IDs from SSNs over the last year, protecting those ID's should be a top priority.

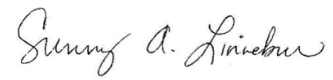
Given all of these concerns, many of which have also been raised by beneficiary advocacy organizations,¹ the AGS is requesting that CMS continue supporting the Legacy Plan Finder tool. The legacy tool is not perfect but much more useful than the new tool at this critical time. **We also ask that you delay any new Plan Finder release until these major concerns are addressed and thoroughly tested in the Medicare counseling field.** Ideally, any new tool would be released early in a calendar year to give everyone sufficient time to train on the new platform in a less hectic environment. As described above, the lack of functionality of the new Plan Finder is accompanied by major privacy protection concerns and the potential for fraud and abuse if this Plan Finder were to move forward.

Moreover, given the growing complexity of Medicare coverage options, we ask that CMS focus on sharing information about coverage of medical and prescription benefits that is practically useful, unbiased, and accurate. Given that many price-points are local – such as the availability and cost of Medigap policies and which providers contract with which Medicare Advantage plans – we suggest that more support needs to be given to local navigation assistance, in addition to useful IT tools.

Thank you for the opportunity to submit this feedback. Our members stand ready and willing to help CMS improve Medicare insurance literacy and transparency as *it is not an easy task*. Please let us know how we can support this valuable effort. Please contact Alanna Goldstein, Director of Public Affairs and Advocacy at agoldstein@americangeriatrics.org with any questions.

¹ Center for Medicare Advocacy, Justice in Aging, Medicare Rights Center, and National Council on Aging. Joint Letter Concerning Medicare Plan Finder and Marketing Materials. August 18, 2019, available at <file:///C:/Users/asc6694/Downloads/medicareadvocacy.org-Joint%20Letter%20Concerning%20Medicare%20Plan%20Finder%20and%20Marketing%20Materials.pdf>.

Sincerely,

Handwritten signature of Sunny A. Linnebur in cursive.

Sunny Linnebur, PharmD, BCGP, BCPS, FCCP, FASC
President

Handwritten signature of Nancy E. Lundebjerg in cursive.

Nancy E. Lundebjerg, MPA
Chief Executive Officer