On Friday, August 16th the CMS National Training Program hosted a webinar about Medicare Plan Finder updates for Open Enrollment 2019. Medicare Plans are already complex and often difficult for consumers to understand and the new process will compound this. As you are aware, we are less than 6 weeks out from the Annual Enrollment Period (AEP) and consumers (and most agents/brokers) are completely unaware that this change is coming.

Additionally, the new process will also make it increasingly difficult to assist my clients in reviewing their prescription plans and predicting costs when someone is new to Medicare and/or during the annual enrollment period. While consumers can choose plans on their own, they are not always aware of how to interpret plan information and compare costs. My involvement in the process helps the consumer to choose a plan that best meets their needs and also predict their costs for the year.

The new Plan Finder process encourages a consumer to register for a Medicare.gov account to compare Medicare Plans. While there is an option to compare plans anonymously, it does not save the drug list or plan finder results as it had in recent years. I am a proponent of process improvement and the objective of driving Medicare Beneficiaries to their MyMedicare.gov accounts; however I also have several concerns:

- The new process requires a Medicare ID in order for the account to be set up (or does not save the results) and does not provide all relevant data for consumers to compare and understand their options and costs.
- The new Medicare Plan Finder process also produces different results than the old Plan Finder (see attachments). The data is both incorrect and does not provide total annual cost information, which was available in the old Plan Finder.
- While many new Medicare Beneficiaries are able to set up their MyMedicare.gov accounts, many of my clients are elderly and/or not computer literate and will not be able to set up their accounts. My grandmother is a perfect example; she is 82 years old, does not own a computer and would not be able to complete this task without assistance.
- During the Webinar, it was communicated that the Medicare Beneficiary will have to share their username and password in order for me to access to their prescription drug list if I am assisting them over the phone; or, if we are in a face-to-face meeting, I can have the client type in their username and password. It seems that the old process is more compliant with protecting consumer PHI and the new process could make an already vulnerable population more susceptible to fraud and/or abuse.
- The timing of this rollout is also concerning with the AEP less than 6 weeks out. Having lived through the technical glitches of Healthcare.gov, I am concerned that technical issues will not be worked out in time and/or consumers may simply stay in their current plan because they do not know of the new process or understand what they need to do to compare plans for AEP. Comparing plans and choosing the best plan based on out of pocket costs and pharmacy networks has a huge impact on many consumers’ finances.
I have made CMS aware of my concerns and there are several professional associations that have also voiced concerns. Medicare drug plans are a retiree’s greatest cost variable and the most complex product they will buy. Putting barriers in the way of me being a resource to my clients and the community is very disappointing. My “ask” to CMS is this:

Please consider:

- Rolling out changes in the late spring or early summer when CMS will not have the potential of 60 million people making changes all at one time.
- Add a function to total annual out of pocket costs (including drug plan premium and out of pocket costs). Consumers should also be able to sort plans based on total out of pocket costs (YTD and annual). The new Medicare Plan Finder sorts plans in order of monthly premium, which is only one part of the cost for beneficiaries.
- Creating a solution or a fix to import all of the current drug list ID numbers and prescription lists into the new system in order to help make for a smooth transition.
- Continuing with the current process or develop a way for agents/brokers to assist clients that would not and could not put the Medicare Beneficiary at risk.

I appreciate your help bringing attention to this issue and supporting my efforts. Please share this information and the concerns with your circle of influence. If you have relationships within the Senate or Congress (or with their aides), it would be great to get their support as well.

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