



# MODERNIZING MEDICARE PLAN FINDER

EVALUATING AND IMPROVING  
MEDICARE'S ONLINE  
COMPARISON SHOPPING EXPERIENCE

CLEAR CHOICES CAMPAIGN AND NATIONAL COUNCIL ON AGING  
APRIL 2018



**CLEAR CHOICES**  
A MOVEMENT FOR INFORMED HEALTH CARE



National Council on Aging

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## EVALUATING AND IMPROVING MEDICARE'S ONLINE COMPARISON SHOPPING EXPERIENCE

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# ABOUT THE AUTHORS

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The Clear Choices Campaign is a multi-stakeholder advocacy campaign of the Council for Affordable Health Coverage, representing patients, providers, insurers, employers, and life science companies, that is dedicated to improving health care transparency. We advance solutions that empower consumers to make better health care choices, leading to a more robust, more competitive, and less costly health care system.

## WE BELIEVE THERE SHOULD BE:

- Tools for consumers and employers to make informed decisions;
- Data to power consumer tools; and
- Markets for consumers to use these tools.



The National Council on Aging (NCOA) is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. Our mission is to improve the lives of millions of older adults, especially those who are struggling. Through innovative community programs and services, online help, and advocacy, NCOA is partnering with nonprofit organizations, government, and business to improve the health and economic security of 10 million older adults by 2020. Learn more at [ncoa.org](http://ncoa.org) and [@NCOAging](https://twitter.com/NCOAging).

In 2014, NCOA formed an Improving Medicare Markets Initiative (IMMI) Advisory Group. The diverse organizations and individuals who serve on the Advisory Group (see Appendix VI) have built trust, agreed on problems and activities to improve the Medicare marketplace, and are taking important steps to make a difference. IMMI Advisory Group members share concerns about Medicare beneficiaries' lack of knowledge about and access to tools and unbiased assistance for comparing and choosing among available plan options. In general, we believe that:

- 1 Informed, enabled consumers are essential to well-functioning health insurance markets;
- 2 The public and private sectors have important roles to play to ensure health insurance markets are meeting the needs of consumers;
- 3 Insurance options should be well understood and it should be easier to compare plans and choose the one that best meets an individual's needs;
- 4 Medicare beneficiaries should be able to evaluate their options, understand how to get good value, and make informed decisions that are best for them; and
- 5 Medicare beneficiaries are entitled to robust support tools, clear information, and unbiased counseling.

NCOA solicited and incorporated comments on this report from IMMI Advisory Group members, but this does not imply members' endorsement of all the findings and recommendations.

# FOREWORD

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Both the Clear Choices Campaign and NCOA are dedicated to the proposition that empowered consumers can stimulate system-wide improvements in the quality and cost of health care. For competitive markets to work well, consumers need to be well-informed and able to make decisions that best meet their particular needs and preferences. We believe improving the information available to consumers and the tools they use to make Medicare coverage decisions can greatly improve health outcomes and access to care. It will also help beneficiaries better match their needs to plan offerings, coverage options, and cost-sharing arrangements. Clear, complete, and usable information on choices is a prerequisite for optimal decision making.

These principles are important, but the need becomes more pressing because by the year 2030, more than 80 million individuals will be enrolled in the Medicare program, up from 59 million today.<sup>i</sup> More than 10,000 people are joining the program each day as the first wave of the Baby Boom generation retires.<sup>ii</sup>

How are beneficiaries signing up for coverage? What tools are available to help them enroll? Can these tools be improved, and if so, how?

To this end, we are pleased to present our review of the consumer-facing features of Medicare Plan Finder (MPF), the federal technology platform used to present information to consumers on coverage options, including information on Medicare Parts C and D and Medicare supplemental insurance policies. MPF also assists consumers with enrolling in coverage once they have chosen an option.

A fundamental criticism of the public exchange model has been that, with monopolies in their respective markets, the exchanges would be chronically indifferent or desensitized to consumer needs. The current state of MPF validates this criticism. Comparative, independent reviews, such as ours, thus serve a valuable purpose by creating a measure of public accountability. We think these findings will contribute to the ongoing debate over the future role of federal involvement in coverage exchanges and the functionality and desirability of federally run digital enrollment tools as e-commerce rapidly becomes a preferred form of consumer shopping and purchasing.

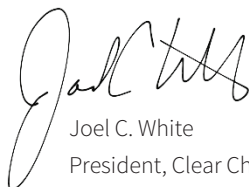
Our report not only outlines our findings, but makes specific reform recommendations that policymakers might use to improve the Medicare online shopping and enrollment experience. These recommendations would improve the MPF experience, but it is important to note that e-commerce is continuously evolving and ongoing investments will be required in any shopping and enrollment platform.

Rundell Douglas and Jennifer Steger at Clear Choices and Samantha Zenlea and Ann Kayrish at NCOA have done important work and spent numerous hours drafting this paper and working on its methodology and recommendations. For that, we are thankful. We also extend thanks to the many organizations and reviewers who spent time providing comments and assistance on this effort. Our hope is that the work presented here will lead to meaningful reforms that make the Medicare program work more effectively and efficiently.

Sincerely,



Howard Bedlin  
Vice President, Public Policy and Advocacy, NCOA



Joel C. White  
President, Clear Choices Campaign

# INTRODUCTION

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During the past two years, Clear Choices has assessed the public health insurance exchanges used to deliver comparative health information and enrollment functions under the Affordable Care Act. We have published both report cards and white papers on our findings and assessments of these online comparative information tools.

Some of the health insurance exchanges used this information to make improvements in the functionality and features of their websites based on our recommendations.<sup>iii</sup> These successes prompted us to examine and assess Medicare Plan Finder (MPF), a website that millions of beneficiaries, their relatives, caregivers, and counselors use every year to explore Medicare coverage options, as well as to select and enroll in the plan that may best meet their needs.

This report is the first independent stakeholder assessment of the consumer-facing features of MPF. In addition to reviews and comments by IMMI Advisory Group members and other stakeholders, Clear Choices members, and NCOA online decision support staff (see Appendix V), the report includes three different sources of analysis and information:

- 1** A review of all online MPF functions: This research was conducted anonymously from November 8 – December 19, 2017. All evaluations are based exclusively on the tools available via the window shopping interface accessible from the homepage of the MPF website. Details on our methodology are presented in Appendix II. We assessed 12 different functional categories. A review of MPF by NCOA decision support staff is available in Appendix V.
- 2** Beneficiary interviews: We conducted 25 interviews with Medicare beneficiaries while they navigated the MPF website. These interviews showed that beneficiaries are often confused and frustrated by the Medicare shopping process on MPF. Our detailed findings are incorporated in the report, and the survey script is available in Appendix III.
- 3** Survey of Medicare State Health Insurance Assistance Program (SHIP) directors: We surveyed SHIP directors by phone. SHIP is a national program that offers one-on-one counseling and assistance to people eligible for Medicare and their families. Through grants directed to states, SHIPs provide counseling and assistance via telephone and in-person activities. Currently, there are SHIPs in all 50 states plus Washington, DC, Puerto Rico, Guam, and the U.S. Virgin Islands. The results of the survey are available in Appendix IV of this report.

We recognize that MPF contains a wealth of unbiased information on beneficiary costs, and that to delineate information about cost and coverage in an understandable format is a challenge, given the complexity of the Medicare benefit. However, based on our analysis and the compilation of the results from all these sources, we find that the status quo is not acceptable, and that a re-tooling of MPF's plan comparison features and enrollment functions is essential. Considering the impressive advances in e-commerce and the cultural acceptance of online shopping and purchasing, Congress should allocate funds to the Centers for Medicare and Medicaid Services (CMS), to modernize MPF and assist Medicare private plan markets in functioning more effectively. Another option that warrants consideration is partnering with private sector experts in benefit comparison and plan enrollment tools to improve the efficiency and effectiveness of the Medicare shopping experience.

# ABOUT MEDICARE PLAN FINDER

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MPF is the official U.S. government online tool designed to assist Medicare beneficiaries and others obtain information about coverage options in fee-for-service and Medicare Advantage.<sup>iv</sup> The website presents comparative information to consumers to facilitate enrollment in Medicare's various coverage options, namely fee-for-service, Medicare supplemental coverage (Medigap), Medicare Advantage (MA, or Part C), and Prescription Drug Plans (PDPs, or Part D). Programs have important differences that are driven first by the Medicare law—fee-for-service covers certain items because the law requires it, and by design—plan differences in Parts C and D reflect flexibility in the program designed specifically to offer choices to beneficiaries who have diverse health needs.

Presenting comparative information about complex Medicare programs that cover different benefits with varying out-of-pocket obligations is a formidable challenge. It is made more critical by the fact that an incredible wave of retirees will join Medicare over the next 10 years. Unlike previous generations, most of these retirees are comfortable using websites to shop for products and services online. In fact, most now expect the ease of e-commerce when selecting various goods and services. Over 40% of Baby Boomers and 28% of seniors purchase goods and services online, with seniors spending an average of almost 2.5 hours a week in online shopping.<sup>v</sup> Many of these consumers are also familiar with the steady improvement of e-commerce platforms and bring rising expectations to online shopping experiences.

## PLAN CHOICE IN MEDICARE

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Suboptimal plan choice by beneficiaries is widespread in Medicare markets. While older adults may prefer to over-insure relative to their medical risks, the plans they choose are often ill-suited to their health needs. Too many Medicare beneficiaries do not understand their options or how to use the tools for comparing and choosing among available plan options. When these tools are used, the information is often confusing and difficult to assess.

According to a 2016 study,<sup>vi</sup> seniors often did not select Part D plans that offer them the best value. The study found that in 2006, beneficiaries could have saved an average of 19% to 33% on their Medicare Part D expenses if they had selected a plan that best matched their medical circumstances. Only 11% of patients chose the best plan in 2006; this number fell to 8% to 9% in 2007-2008 and 2% in 2009. The authors then created a model to determine what factors might contribute to this worsening trend. About 90% of people simply stuck with the same plan they chose the previous year, preferring inertia to change. But even older adults who switched plans did not pick more suitable options. As a result, some individuals paid more for drug-related expenses than necessary. The authors conclude that older adults often pay more attention to premiums than to out-of-pocket costs when choosing a plan.

# PLAN CHOICE IN MEDICARE

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Poor plan selection and beneficiary confusion flows from overwhelming, poorly presented information and outdated, potentially misleading user design. Beneficiaries may choose inferior options or make no choice at all because of cognitive overload, anticipated regret, or bias toward the status quo.<sup>vii, viii</sup> Well-educated adults with computer experience have also been found to struggle using Medicare.gov to determine eligibility for services and enroll in a drug plan.<sup>ix</sup> Although a great deal of information is available, beneficiaries often have difficulty understanding its significance and using it correctly to make decisions.

In interviews on how beneficiaries choose between Medicare Advantage and traditional Medicare, it became clear that it can be difficult for beneficiaries to assess the “value” of health plans, they become confused by cost-sharing terms, and overall, they dread the experience of shopping for health insurance.<sup>x</sup> Most beneficiaries have difficulty correctly interpreting even simple displays of Medicare health plan information.<sup>xi</sup> Other surveys have found that similar concerns exist with health insurance marketplace support tools, which stakeholders said caused confusion among consumers.<sup>xii</sup>

Another concept at play is the degree to which beneficiaries have an understanding of the basic tenets of health insurance and know what types of coverage are needed for their specific health needs. Health insurance literacy (HIL) is defined as the “degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their own (or their family’s) financial and health circumstances, and use the plan once enrolled.”<sup>xiii</sup> Many consumers have difficulty understanding key terms related to medical services and health insurance along with other health insurance plan components like calculating pricing and determining coverage, which results in low HIL. Low HIL affects a consumer’s ability to shop for plans that best meet their medical needs, which in turn results in dissatisfaction year after year.<sup>xiv</sup> In fact, partly because only 12% of adults are considered to be proficient in health literacy, the cost represents between 7% and 17% of all personal health care expenditures.<sup>xv</sup> To be effective, programs designed to improve health literacy need to use plain language to reduce confusion and increase capability and confidence of consumers.<sup>xvi</sup> These same lessons should be considered when improving all web-based health insurance information—MPF included—to ensure that not only is the service usable for those with all levels of HIL, but that it improves HIL, as well.

Some analysts have argued that advanced decision support tools designed to identify the least-expensive coverage options most closely tailored to the applicant’s financial circumstances, medical needs, and provider preferences can minimize poor plan selection. More basic “nudge” techniques, such as website design and plan finder prioritization rules, have also been shown to better match preferences with plan offerings.<sup>xvii</sup>

MPF plays an important role in presenting unbiased information to Medicare beneficiaries seeking to better understand their choices, but it is underwhelming as a tool that beneficiaries can use to make good coverage choices and enroll in a plan. Other CMS approved comparative plan information websites like eHealth Insurance, Medicare.com, Healthcare.com, and Health Sherpa already provide information to prospective enrollees and create enrollment channels, so some competition does exist. The Medicare.gov brand dominates the market, but the website’s lack of utility creates a significant missed opportunity and calls into question whether Congress and the Administration should pursue a path to engage in joint ventures and/or contract out functions related to information presentation, decision-support tools, marketing, and enrollment to experts in e-commerce, along with guardrails to ensure against potential conflicts of interest. A lack of competition may insulate the MPF website from pressure to maximize consumer satisfaction to the detriment of Medicare beneficiaries.

# FEATURES THAT AFFECT CONSUMER CHOICE

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Various studies have concluded that online enrollment choices are best supported in four key areas.<sup>xviii, xix</sup> Consumers should be able to: (1) easily view, compare, and understand their health plan options; (2) identify their expected total plan costs and determine eligibility for financial assistance; (3) confirm whether a plan covers their preferred doctors and/or prescribed medications; and (4) navigate the website smoothly and complete the enrollment process quickly. Accordingly, our research assessed the following key competencies for MPF:

## 1 CUSTOMIZED WINDOW SHOPPING TOOL

Allow consumers to preview and compare customized plan choice information based on their personal circumstances prior to creating a user account.

## 2 SMART, COMPARATIVE PLAN DISPLAY PAGE

Display health plan choices optimized to the consumer's personal circumstances, considering factors such as the type of health plan, total out-of-pocket costs (premiums, deductibles, and cost sharing), eligibility for financial assistance and tax benefits, preferred providers and pharmacies, and prescribed medications.

## 3 ACCESS TO DETAILED PLAN INFORMATION:

Provide direct links to plan summaries of benefits and coverage, in-depth information on plan deductibles and cost sharing for health care services, and direct links to plan provider networks and drug formularies that allow consumers to easily toggle back and forth without leaving the window shopping experience.

## 4 OUT-OF-POCKET COST CALCULATOR

Include a tool that provides a cost estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) that factors in both the consumer's prescription drug utilization and overall health utilization (e.g., general health status and/or anticipated health care procedures/usage).

## 5 INTEGRATED PROVIDER DIRECTORY AND DRUG DIRECTORY TOOLS

Utilize integrated provider and drug directories that allow consumers to easily determine which plans cover their preferred doctors and to assess the inclusiveness of plan formularies and cost sharing for their prescribed medications under each plan.

## 6 USER-FRIENDLY WEBSITE LANGUAGE AND NAVIGATION

Provide a user-friendly, intuitive website layout that employs clear language that is free of jargon, requires a small number of steps to access key information, and simplifies consumer decision making.

## 7 ACCURATE PLAN INFORMATION

Provide accurate information on benefits, cost sharing, provider networks, and drug formularies. Information should be as accurate, current, and consistent as possible, and updated at least monthly.



# FEATURES THAT AFFECT CONSUMER CHOICE

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We developed a set of 12 features corresponding to these competencies. While most features lent themselves to grading on a five-point letter scale, in four cases, there were too few variants. Two features were graded as “categorical variables,” which translated to an “A,” “B,” or “C” basis (reflecting at least a basic level of competency), while two others were scored as “pass/fail” (“A” or “F”). The data was gathered through a series of online trials using the window shopping interface accessible from the homepage of the MPF website. (See Appendix II for a further discussion of our methods.)

A potential shortcoming of our online survey and analysis is that it focuses exclusively on e-commerce tools. To bolster our research, we conducted in-person beneficiary focus groups tailored to Part C and Part D plan selection. We also conducted a survey of SHIP directors who use the tool to assist beneficiary enrollment via phone and in-person meetings. This interactive approach played a central role in fostering consumer acceptance during the early days of Medicare’s Part D prescription drug program. Many older adults prefer the personalized touch that phone or in-person assistance can provide. Likewise, with ever-changing specific health needs and conditions, it may be desirable to access live assistance to better tailor circumstances to plan selection. A comprehensive assessment of the quality or effectiveness of person-to-person assistance, however, was beyond the scope of this study.

## CONSUMER TESTING METHODS

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We completed 25 beneficiary interviews at four senior centers in Maryland and Virginia over a three-month period. Thirteen of the interviews focused on shopping for a Medicare Advantage plan, while 12 focused on shopping for a standalone Part D plan. Prior to the interviews, staff at each senior center screened potential participants with the help of a multiple-choice survey, which asked questions about the participant’s demographics, Medicare coverage, and computer usage. We requested that all participants have basic computer literacy, but each participant’s ease with computer usage varied greatly, depending on factors such as age and previous work experience.

Among those interviewed:

- 28% were male and 72% were female
- 60% were under age 75 and 40% were over age 75
- 64% were white, 24% were African American, and 12% were Latino or Other
- 56% held a bachelor’s degree or higher

# KEY FINDINGS

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The current MPF website is an e-commerce tool which contains a great deal of valuable information about health and drug plans in which beneficiaries may enroll. Beneficiaries interviewed suggested they appreciate the wealth of information and potential to improve their plan shopping experience by using MPF. However, MPF is in the need of significant reform. It utilizes some functions that facilitate consumer evaluation of key health plan details, but overall, the website is full of hard-to-understand jargon and information that is displayed poorly and is confusing for consumers. The presentation of cost information provides little help in understanding a beneficiary's complete financial exposure under different coverage options.

With 10,000 Baby Boomers joining Medicare every day, several improvements can and should be made to the basic functional features of MPF that would mirror technology advancements commonly found in the private sector and even on some of the Affordable Care Act public health exchange websites. To remain relevant, MPF should build equivalent capabilities or partner with existing experts in the field. The fact that Medicare beneficiaries are not benefiting from these tools is likely a function of both a lack of resources and intermediation between those overseeing MPF and its consumers.

## 1 OUT-OF-POCKET COST INFORMATION IS DIFFICULT TO UNDERSTAND.

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Most of the beneficiaries interviewed reported that out-of-pocket costs were the most important consideration in choosing plans. Unfortunately, very few understood the cost-related information provided on MPF. Consumers have the opportunity on the filter page to indicate their health status as “poor,” “good,” or “excellent” to better estimate their out-of-pockets costs based on average utilization of services assigned to these categories, as measured in the Medicare Current Beneficiary Survey. However, the feature is difficult to find, and it does not ask about or calculate costs based on specific conditions, expected medical procedures, place of residence, or other health-related information that can help customize the plan options. Several private sector alternatives, for example, determine health status by asking users more specific questions, such as physician visits in an average year. These concerns raise broader questions about the predictive value of MPF's current calculations and whether clearer, more sophisticated analytics should be considered.

The vast majority of beneficiaries could not understand the estimated annual health costs displayed. Beneficiaries asked many questions about the source of data for the estimation, and they were often overwhelmed by the size of the number. Ultimately, many discarded it as a useless and distracting piece of information. Instead, most beneficiaries relied on factors in which they had more confidence and understanding, such as premiums.

Many did not understand the difference between copayments and coinsurance, were frustrated that costs were expressed as a broad range rather than a specific number, and were confused by coinsurance percentages that failed to reflect what denominator the percentage was based on.

When shopping for MA-PD plans, consumers also struggled to understand in network versus out-of-network costs in HMOs and PPOs, as MPF does not transparently reflect costs for out-of-network providers that are not covered at all in HMOs. As a result, consumers were often unable to consider the tradeoffs between these two types of Medicare Advantage (MA) plans in terms of cost and coverage.

## 2 PROVIDER AND PHARMACY DIRECTORIES ARE DIFFICULT TO NAVIGATE.

For MA-PD plans, beneficiaries interviewed emphasized the importance of ensuring that their preferred doctors were included in the plan chosen. MPF does not include an integrated provider directory. Instead, consumers are required to navigate separately to each of the individual plan pages, locate a provider search tool (which are not standardized), and input the information for each doctor and specialist. Such provider searches are cumbersome and time-consuming components of current plan shopping on MPF. CMS recently conducted a review of MA provider directories, which highlighted significant accuracy problems. These issues were apparent in interviews. <sup>xx</sup> For example, many interview participants questioned why the same doctor appeared to have numerous listings in the search results. Most beneficiaries interviewed required additional assistance with completing the provider search and indicated they could not have completed the search on their own. As one beneficiary said, “There is no clear path to how to find your doctor, and the idea of having to do this over again makes my head hurt.” Interviewees ultimately did not see the current online provider directory as a reliable resource.

Additionally, while users can technically find the status of their pharmacy on MPF, pharmacy status mainly generated confusion for beneficiaries. MPF users can identify up to two home pharmacies in the pharmacy directory. Prescription Drug Plan (PDP) results are built around the chosen pharmacies and their costs, depending on the pharmacies’ network status. For the most part, beneficiaries were unable to locate the pharmacy status on the Plan Results page and did not understand what “preferred” meant when they did. Although those who found it inferred that “preferred” meant something better, few could articulate how they were better served by a preferred pharmacy. Interviewees also did not identify a direct correlation between pharmacy status and out-of-pocket costs, so pharmacy status was not a prominent factor in choosing a plan.

To complicate matters further, preferred pharmacy status did not always translate into lowest out-of-pocket pharmacy cost. Those who suggested pharmacy choice was important did so because of the pharmacy’s location or particular pharmacy staff, rather than cost. Several beneficiaries indicated that they had built a relationship with their pharmacists and were unwilling to switch plans if it meant losing access to their preferred pharmacy. Although many beneficiaries might have been willing to switch pharmacies, MPF does not clearly show how that switch could be beneficial, nor does it provide an easy way to navigate to change the home pharmacy selections.

## 3 PLAN COMPARISONS DO NOT PERMIT INCLUSION OF MEDIGAP POLICIES.

In 2013, an estimated 11.2 million Medicare beneficiaries were enrolled in a Medicare Supplemental Insurance (Medigap) plan.<sup>xxi</sup> MPF, however, does not include a component that allows for comparing MA plans to the combination of original Medicare Fee-for-Service (FFS) and Medigap plans. This kind of “apples-to-apples” comparison is important because beneficiaries cannot make informed coverage decisions without understanding all of their health insurance options and comparing them against each other. Similarly, MPF does not permit a comparison between an MA plan with prescription drugs (MA-PD) to an equivalent combination of FFS, Medigap, and freestanding PDPs. Interviewees wanted the ability to view a comparison of all plan types online. Without incorporating the coverage from Medigap, available MPF comparisons are not truly reflective of the coverage options beneficiaries have. Information on Special Needs Plans (SNPs) is also lacking.

#### **4 THE WEBSITE LAYOUT AND DISPLAY ARE CONFUSING.**

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MPF's results page is confusing and cluttered. Information is presented in a format that overwhelms consumers; it lacks clarity and context to help individuals make decisions. It is clear from our interviews that the layout of information on current health insurance costs makes the website very difficult to navigate. Because of the jargon used to describe plan options and the cluttered layout of the information itself, beneficiaries interviewed struggled to relate the tradeoffs they faced in shopping, and they often suggested different factors were more important to their plan choice depending on what they saw on the screen at the time. One beneficiary remarked, "I really don't bother reading all this when it's me . . . so many caveats."

Although the default display by Annual Out-of-Pocket Cost reflects the primary importance of costs to most MPF users as supported by beneficiary interviews, the current layout is cluttered and does not simply explain the availability of sort options. The category by which it is sorted is not readily clear. As a result, few beneficiaries interviewed recognized the availability of the sort feature. Interviewees were further confused by the listing of the beneficiary's "current" plans at the top of the page, without thought to how those costs compare to the costs for the plan results.

#### **5 LANGUAGE IS NOT USER-FRIENDLY.**

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The current language and information lack clarity, context, and priority to help individuals make decisions. MPF utilizes insurance jargon that makes it difficult for the consumer to interpret information. Beneficiaries indicated that terms such as estimated annual costs vs. out-of-pocket maximums, copays vs. coinsurance, HMOs vs. PPOs, and in network vs. out-of-network costs were difficult to understand. There are few instances where hovering over the link with the mouse will bring up a definition. Rather, a click is required to direct consumers to a separate tab that includes a glossary. During our evaluation, it was common to have 20-30 tabs open just from clicking on unfamiliar terms.

#### **6 NAVIGATION AND FUNCTIONALITY ARE COMPLEX AND INCONSISTENT.**

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Beneficiaries encounter many functionality and navigation complications when using MPF. Issues include the need to scroll (most beneficiaries forgot to do so), navigating between windows, using the "back" and "forward" arrows in the browser, a rudimentary progress bar, and understanding ways to filter results. Although hover-over term definitions are available in select places, the offering is applied inconsistently, with clicks opening new windows for other terms. As one particularly computer literate beneficiary noted, "Everybody wants to lower [their] premium, but the question is, what am I sacrificing in doing so? It seems to be asking me to establish a dollar amount for a premium, but without knowing what I'm giving up for that lower dollar figure . . . maybe it would become clear if I clicked on it. I don't know how the customer would know that."

#### **7 HUMAN SUPPORT IS NOT AVAILABLE.**

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There is no integrated chat feature or even contact information for consumers if they need additional assistance with MPF or the process. The Help tab at the top of the page only opens another tab in the browser with some additional, but very general, instructions. Most beneficiaries interviewed indicated that they could not shop for plans comfortably without human assistance.

## 8 INFORMATION ON QUALITY STAR RATINGS IS CONFUSING.

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Although information about star ratings is readily available on MPF, consumers do not understand what ratings mean or how to factor the ratings into their shopping choices. Multiple consumers expressed tentative interest in the star ratings—but the majority had numerous questions about the star ratings’ source and validity. Several assumed the ratings were based solely on consumer feedback. Additionally, many consumers found it hard to differentiate between plans based on their star ratings, given that most plans’ overall ratings are clustered around 3.5 to 4.5 stars. The glossary on MPF did not clarify the rating scale or assuage any concerns about the star ratings for those who chose to investigate them further. Those who viewed the detailed ratings found most of the information irrelevant to their concerns regarding quality.

## 9 PLAN INFORMATION IS NOT CUSTOMIZED WELL.

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MPF helpfully offers a window shopping tool without requiring consumers to create an upfront personal account. E-commerce experience shows this can translate potential buyers into purchasers. Consumers can input personal information (such as eligibility for low-income support) and prescribed drugs and are presented with a list of customized plans. Shoppers can later decide to enroll in a plan and create a user account. For example, no context is given or available for any of the filters, including the low-income plan filters that are available for use prior to the plan results page. Shoppers who want to use that option must start over from the beginning to amend information on plan selection. A questionnaire could be designed to better match individuals to a plan that meets their needs and addresses their priority concerns.

## 10 INFORMATION IS NOT CONSISTENTLY ACCURATE.

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Although CMS has taken steps over the years to ensure pricing accuracy,<sup>xxii</sup> feedback from SHIP representatives and results of the SHIP director survey (see Appendix IV), confirm that the accuracy of MPF cost and pricing information and provider directories are of real concern. SHIPs utilize a Medicare Plan Finder Intake Form via a Plan Finder email box to notify CMS/ACL of MPF inaccuracies and problems. Given that beneficiaries and SHIP counselors rely on MPF to understand the costs and coverage for their health and drug benefits under different plan options, the importance of MPF accuracy cannot be overstated. CMS conducts its own data checks on pricing information, but SHIP feedback suggests these are not sufficient.<sup>xxiii</sup>

# MEDICARE PLAN FINDER

## Scorecard

CATEGORY	GRADE	NOTES
<b>ANONYMOUS BROWSING</b> Indicates whether MPF includes a window shopping tool that allows consumers to preview and compare plan choice information prior to creating a user account.	A	
<b>CUSTOMIZED PLAN INFORMATION</b> Indicates whether the window shopping tool allows consumers to input their personal information to determine eligibility for Medicare Savings Programs (MSPs), Low Income Subsidy (LIS), and health condition-specific Special Needs Plans (SNPs) and access customized plan choice information.	D	
<b>DEFAULT ORDER</b> Specifies the default order in which plan options are displayed.	B	
<b>PLAN FINDER SUPPORT</b> Specifies the level of educational content presented within the window shopping tool (e.g., within the process of start-to-finish using the window shopping tool only) to help consumers understand how to compare and assess the different plan choices presented, including tradeoffs between traditional Medicare, Medigap, Medicare Advantage, and Medicare Part D plans.	C	
<b>HIGHLIGHTS SUPPLEMENTAL BENEFITS</b> Indicates whether the window shopping tool highlights supplemental plan choice information for the consumers' consideration.	D	
<b>OOP COST CALCULATOR</b> Indicates whether MPF includes a tool that provides an estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) customized to the consumer's health and financial status.	C	PART C ONLY
	B	PART D ONLY
<b>INTEGRATED PROVIDER DIRECTORY</b> Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their preferred pharmacies.	F	PART C ONLY
<b>INTEGRATED PHARMACY DIRECTORY</b> Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their preferred providers.	D	PART D ONLY
<b>INTEGRATED DRUG DIRECTORY</b> Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their prescribed medications.	D	PART D ONLY
<b>LAYOUT</b> Indicates whether MPF has an intuitive design and provides easy explanations of terms for consumers.	D	
<b>ACCESS TO HUMAN SUPPORT</b> Indicates whether MPF prominently offers integrated chat functionality or telephone support to obtain further help.	F	
<b>LANGUAGE ACCESSIBILITY</b> Indicates whether MPF features non-English language translation services and/or access to assistance.	A	

# DISCUSSION

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## ANALYSIS

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There is clear bipartisan support for robust private plan competition in Medicare. To achieve this, comparative plan information must be readily available, accessible to Medicare beneficiaries and those assisting them, and easily understood.

To this end, MPF must be improved. Our research shows that functional improvements to MPF based on best and common e-commerce practices should be made as quickly as possible. Of particular value has been the integration of information on provider participation in networks, prescription drug formularies, smart sort functions, and clear, easy-to-understand benefit and out-of-pocket cost information.

To achieve this, Congress must both direct the U.S. Department of Health & Human Services to upgrade MPF and provide funding to carry out the task. If markets are to work better than government, then Congress ought to fund the information tools that make markets function optimally. At the same time, faced with limited budgets and considering the vast experience and expertise in the private sector, MPF could be partially or fully privatized. Congress or the Administration might consider outsourcing some or all MPF functions.

Regardless of how improvements are implemented, ensuring that consumers are presented with clear, unbiased plan information is essential to the success of any plan comparison tool. The goal should be to make plan selection more efficient by matching consumer health needs to best plan choice. Doing so will lower costs in both fee-for-service and Part C by ensuring consumers have access to the right drugs and coordinated care necessary to slow disease progression and prevent more costly interventions.



# KEY RECOMMENDATIONS

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MPF would benefit from a comprehensive redesign and ongoing investment to remain relevant with consumers. Ideally, when consumers utilize the website, they can connect to a positive shopping experience that allows them to enter their preferences and certain health information to curate coverage options when shopping for a plan. The consumer can then compare the results. The consumer will be able to understand the terminology utilized on the website, which will have a layout that enhances their understanding of the shopping process, without needing additional explanation and steering. The consumer should also receive assistance when they have questions that the website cannot answer. To meet these goals, we recommend:

## ● **DISPLAYING COSTS WITH PRECISION AND PROMINENCE:**

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Consumers would easily pinpoint concrete costs on the results page. For each plan, beneficiaries would be able to view actual premium, coinsurance, copayments, and other costs displayed in a box or other simple graphic—with real dollar amounts used, rather than ranges of percentages.

## ● **BASING ESTIMATED OUT-OF-POCKET COSTS ON MORE DETAILED PERSONAL INFORMATION:**

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Currently, consumers can estimate expected costs based on self-reported health status of “poor,” “good,” or “excellent.” Consumers are presented with a filter regarding Special Needs Plans; however, it is not informative and requires a better assessment of health status. To get a better estimate of costs, consumers could answer questions about their utilization of health services and health status—this questionnaire would supplement a more accurate estimate of out-of-pocket costs for beneficiaries. Medicare claims data could be used to devise a series of questions that could predict future costs. One recent report suggested that consumers should be able to “list their chronic conditions or choose from a drop-down box that would improve the accuracy of estimated costs and differences among plan options, also list where they live.”<sup>xxiv</sup> The DC Health Exchange also designed a predictive model that merits review.<sup>xxv</sup>

## ● **INTEGRATING A PROVIDER DIRECTORY:**

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Like the drug directory, consumers would be able to search for plans on MPF itself, based on whether their provider participates in a plan’s network. In an initial step, beneficiaries could search for their providers to add to their profile and on the results page, they would be able to quickly identify if the providers were in network. Because the accuracy of this information is of paramount importance to beneficiaries’ access to care, such an integrated directory requires ongoing updates and accuracy checks throughout the year.

## ● **UTILIZING SAVED INFORMATION ABOUT CONSUMERS’ DRUGS:**

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Consumers should be able to import drug information from their electronic health records (EHR) to best determine plan choice.

## ● **ALLOWING CONSUMERS TO COMPARE MA PLANS WITH AN EQUIVALENT COMBINATION OF FFS, MEDIGAP, AND STANDALONE DRUG PLANS:**

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CMS should convene a multi-stakeholder group to form recommendations that would enable this comparison. An effective comparison would allow consumers to compare plans both conceptually and on the basis of estimated costs across MA and FFS.



## **REDESIGNING THE LAYOUT AND DISPLAY TO ENHANCE USABILITY AND PROMOTE INTUITIVE NAVIGATION:**

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With the help of web design experts with subject matter expertise, CMS could redesign the layout in a more user-friendly manner to encourage more people to use the site. A rework of the display would help condense the extensive, hard-to-understand concepts of choosing insurance providers into a clearer and easier-to-understand presentation. For example, users would be able to easily filter results at each step of the navigation and see plans listed according to multiple preferences instead of only by cost.

## **REPLACING INSURANCE JARGON WITH GRAPHICS, CHARTS, AND PLAIN LANGUAGE:**

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CMS could engage health literacy experts to redefine many complex concepts on the website through graphics, charts, and plain language.

## **INTEGRATING A WEB CHAT FEATURE:**

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A web chat would enable consumers to clarify questions as they occur and receive online counseling when they have questions about tradeoffs between plans.

## **ENABLING THE WEBSITE TO SUGGEST PLAN OPTIONS:**

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CMS could engage e-commerce experts to build functionality into MPF that would enable the website to suggest viable alternatives when a consumer views a plan. The algorithm could factor in costs, star ratings, formulary content, provider preferences, and consumer shopping behavior. Picwell, for example, has developed a decision support product using sophisticated algorithms to match individuals to a plan by predicting future care considerations, estimating out-of-pocket expenses, and reflecting personal preferences.<sup>xxvi</sup> As an example, researchers at the Washington University in St. Louis School of Medicine have designed and evaluated a decision aid, Show Me My Health Plans (SMHP), that provides education, preference assessment, and an annual out-of-pocket cost calculator with plan recommendations produced by a tailored, risk-adjusted algorithm incorporating age, gender, and health status.<sup>xxvii</sup> According to the authors “Results suggest that SMHP can significantly improve health insurance decision quality by improving knowledge, decision self-efficacy, health insurance literacy, and confidence in plan choice.”<sup>xxviii</sup> The Hamilton Project has also developed helpful suggestions for improving consumer choice in health insurance, including the use of targeted consumer search tools and more proactive smart default policies.<sup>xxix</sup>

## **CONTRACTING TO ENSURE MORE STRINGENT OVERSIGHT OF MPF’S ACCURACY:**

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CMS could devote resources to a program integrity contractor that could review MPF’s accuracy on a regular basis and implement fixes as needed. The contractor should focus on network adequacy for providers and pharmacies. CMS should also implement a focused review of SHIP feedback on accuracy problems, via interviews with SHIP directors and a review of SHIP complaint forms, in order to address the various accuracy issues that they consistently raise.

## **TESTING THE SITE WITH CONSUMERS ON A REGULAR BASIS:**

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The suggestions above will modernize MPF. However, to fully meet the dynamic needs of consumers, CMS should consumer test MPF regularly. As seniors’ relationship with technology advances, along with the Medicare benefit, CMS will need to regularly evaluate MPF. CMS should collaborate with stakeholder groups in designing consumer surveys in a transparent process and post results and findings online.

# CONCLUSION

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Our study highlights that the market for Medicare plan information needs substantial improvements to meet even basic state-of-the-art practices regularly employed in private e-commerce. As consumers gain more control over their health plan choices, the types of consumer-facing features and tools deployed by Medicare become increasingly important. At a bare minimum, beneficiaries require and deserve clearer and more transparent information. Providing it will make markets work better, resulting in lower consumer and taxpayer costs.

The improvements and changes to how MPF functions are important, but so is how those changes come into effect. If CMS unilaterally changed MPF without input from Congress and impacted stakeholders, it could result in a website that does not meet consumer needs. That would be inefficient and unproductive. CMS should, instead proactively involve the many private sector experts and various knowledgeable, well-informed stakeholder groups with boots-on-the-ground beneficiary experience in a collaborative effort to improve MPF for consumers.

To this end, Clear Choices and NCOA plan to engage in a comprehensive approach to bringing our report findings and recommendations to decision makers on Capitol Hill and in the Administration and with interested stakeholder groups through an education and awareness campaign, targeted meetings, and additional collaborative policy development. Our hope and goal is that Congress will provide both direction and funding to accomplish a substantial reworking of MPF or decide to contract its functions out to the private sector. This should be done in partnership with the stakeholder community to create an improved and modernized version of MPF that functions as needed today and is positioned to evolve to meet future needs.



# APPENDICES

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# DETAILED RECOMMENDATIONS

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Unless otherwise noted in parentheses, each recommendation applies to searching for both Medicare Advantage (MA) plans and standalone Part D plans on the website. The recommendations in each category are also separated between those that represent incremental changes and those that would require a redesign of the site.

## OUT-OF-POCKET COSTS

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### INCREMENTAL

**1 CREATE A HIGHLY VISIBLE DESIGNATED BOX THAT MAKES EVIDENT THE CONSUMER'S EXPECTED TOTAL OUT-OF-POCKET (OOP) COST.**

MPF does not provide a defined calculation that measures the total OOP cost a consumer may incur under a specific plan. For the available estimated costs, there is no clear explanation of how these costs were calculated and what factors were taken into consideration. On the results page, the MPF window shopping tool should provide a delineated section showing the total OOP costs and the cost of each individual element in that number, e.g., premium, copay, coinsurance, etc. Ideally, this designated box would also show the same element costs for both in-network and out-of-network costs, enabling a more complete, accurate, and helpful comparison.

**2 REMOVE OR RELOCATE "ORIGINAL MEDICARE" COMPARISON ROW FROM RESULTS PAGE.**

This row is meant to allow beneficiaries to compare Original Medicare's coverage and costs with the options listed on the results page. However, the row only serves to confuse beneficiaries, given that the Estimated Annual Health and Drug Cost includes basic costs of Original Medicare and Part D plan costs but does not incorporate Medigap plan costs. Therefore, it does not truly reflect annual health and drug costs. Better labeling would also be helpful.

# INTEGRATED DIRECTORIES

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## REDESIGN

### 3 ADD AN OPTION THAT ALLOWS CONSUMERS TO INPUT THEIR PREFERRED PROVIDERS (MA SEARCHES ONLY).

Through this option, consumers could view plans that have their preferred providers in their network and circumvent the additional step of navigating to the plan's external website to obtain this information.

### 4 CREATE A CUSTOMIZED, BUILT-IN PROVIDER DIRECTORY FOR EASY IDENTIFICATION OF PROVIDERS WITHIN A PLAN'S NETWORK (MA SEARCHES ONLY).

Currently, the MPF tool lacks an integrated provider directory that helps identify providers within a plan network and based on location. As a result, consumers are required to go to each plan's website for this information, which is often inconsistent and creates an additional burden for consumers, who found it difficult to navigate back and forth between multiple tabs. MPF can mitigate this burden by providing access to a built-in provider directory that allows consumers to view plans with their preferred provider or nearby providers. The directory should allow consumers to understand which providers are accepting new patients, which we found to be an important disclosure in the plan shopping process.

### 5 PROVIDE AN AUTOMATED OPTION FOR CONSUMERS TO CONNECT TO AN ALREADY EXISTING DRUG DIRECTORY.

Consumers should have a complete and accurate list of prescribed medication in an electronic form. They could then benefit from an option that imports their drug information from an existing drug portal such as an EHR or other sources. The automated process may ease the burden of inputting information for every drug for those with an extensive drug list—on average, the U.S. elderly population fills 14-18 prescriptions a year. The consumer would still need to be prompted to check for accuracy, but the labor-intensive process would be shortened significantly.

## INCREMENTAL

### 6 PROVIDE A "BEFORE YOU START" SECTION NOTIFYING CONSUMERS OF SEVERAL FACTORS THAT MAY IMPACT THEIR DRUG PLAN OPTIONS AND COST.

Consumers should be informed from the outset that:

1. Plans may provide partial coverage or no coverage of their drugs,
2. Choosing the generic brand of a drug may help reduce drug cost,
3. Skipping the drug entry step may impact cost sharing, and
4. Drug prices may fluctuate over the course of a year. A similar approach should be taken for the provider directory, where the provider can be listed but is no longer part of the plan network and/or is no longer accepting new patients.

### 7 INCLUDE A BOX ON THE PLAN RESULT PAGE THAT INDICATES PHARMACY STATUS AND ALLOW CONSUMERS TO SEE THE CONSEQUENCES OF MAKING A PHARMACY CHOICE BETWEEN THE TWO ON OUT-OF-POCKET COSTS.

MPF allows consumers to input two selected pharmacies prior to the plan results page. However, the plan results page lists only a single pharmacy status. To determine whether both pharmacies share the same status, consumers must navigate to the "Drug Costs & Coverage" tab within the plan detail summary to identify the individual pharmacy status. Even then, this information is not clearly highlighted for the consumer. The plan results page should be revised to clearly indicate each pharmacy status. Users should also be notified that a preferred retail cost sharing pharmacy status does not guarantee lower cost than a standard retail cost sharing.

# OTHER PLAN COST AND BENEFIT INFORMATION

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## INCREMENTAL

### 8 REORGANIZE THE “OVERVIEW” TAB TO MAKE MEANINGFUL USE OF THE COST AND BENEFIT INFORMATION.

The “Overview” tab on the plan’s detailed summary page can be revised to add more information on cost and health benefits and prioritize the most relevant information. Under this tab, the cost information summary is preceded by the quality ratings, but they should be presented in the reverse order. Overall, the detailed information can be summarized according to pertinent parts, including:

1. Plan overview (premiums, provider, pharmacy and drug status, total OOP),
2. Cost sharing overview,
3. Quality ratings overview, and
4. Links to pertinent websites (plan, drug formulary, provider network, etc.). It is important to note in a revitalized MPF that linking to a provider directory here would be duplicative, as an integrated provider directory would be an initial step before reaching the plan results.

### 9 DIFFERENTIATE BETWEEN HEALTH PLAN AND DRUG PLAN BENEFITS AND COST THROUGH SEPARATE TABS.

Currently, the “Health and Drug Benefit Plan” tab mainly offers information on health benefits and contains a brief section on drug cost at the end. Given the current structure, the cost information under this tab should be transferred to the “Drug Coverage and Costs.” An explanation of the difference between “Drug Benefits” and “Drug Cost and Coverage” is needed. Otherwise, a separate tab for health and drug plan should be considered. For PDPs, the health tab should indicate health benefits are based on “Original Medicare” (as it currently does) and provide a summary of these benefits and cost.

### 10 RENAME “BENEFIT SERVICES” TAB AND INCLUDE MORE DETAILED INFORMATION.

“Benefits Services” should be renamed to better reflect the dental, vision, and hearing benefits listed. It is also important to improve the quality of information provided under this section. Descriptors such as “unavailable” or “check with the plan for more information” are routinely found in this portion of the MPF.

### 11 MAKE THE “PRINT” FUNCTION A PROMINENT PART OF THE DISPLAY ON EACH PAGE.

Many beneficiaries interviewed expressed interest in printing pages of the website, but did not understand how to scroll and find the print function on the website. A prominent, consumer-friendly print button would allow beneficiaries with less computer knowledge to easily compare plans side-by-side.

# LAYOUT AND DISPLAY

## REDESIGN

### 12 INCORPORATE A PROGRESS BAR THAT IDENTIFIES THE STAGE OF PROCESS AND PERCENT COMPLETION.

The MPF window shopping tool builds a “progress bar” as the consumer moves forward to the next step, but this format does not provide context on the consumer’s status in completing the process. MPF should consider listing all stages at the outset and highlighting each stage as the consumer moves through the process. The progress bar should also be a clear pathway for going backward in the process to make changes in earlier steps.

### 13 REVISE THE ORGANIZATION AND DISPLAY OF THE PLAN RESULTS PAGE TO IMPROVE CLARITY AND DIRECT THE FLOW OF INFORMATION.

The current layout of the plan result page is cluttered with information and is organized in a manner that makes it difficult to discern the most relevant cost and benefit information. Plan information can be housed within columns that clearly summarize cost information, provide expected total out-of-pocket cost, and indicate provider, pharmacy, and formulary information.

### 14 STANDARDIZE THE “SORT” OPTION ACROSS PLAN CATEGORIES.

Sort options are difficult to identify since they are obscured by surrounding details—an issue that makes the default ordering less evident. Sort options are different for each plan category, and there is no mechanism to sort across all categories (see table below for sort arrangement).

SORT OPTIONS IN COMMON	SORT OPTIONS - PDP VS. MC W/DRUGS	SORT OPTIONS - MED W/ VS. W/O DRUGS
OVERALL STAR RATING	DRUG RESTRICTIONS	LOWEST HEALTH PLAN DEDUCTIBLE
PLAN	OFF-FORMULARY DRUGS	
LOWEST MONTHLY PREMIUM	LOWEST ANNUAL DRUG DEDUCTIBLE	
LOWEST ESTIMATED ANNUAL HEALTH AND DRUG COST	LOWEST ESTIMATED ANNUAL RETAIL DRUG COST	LOWEST ESTIMATED ANNUAL HEALTH AND DRUG COST
	LOWEST ESTIMATED ANNUAL MAIL ORDER COST	

*\*Observing the distribution of sort options across plans, we can determine a standardized list.*

### 15 REVISE AND RELOCATE FILTER OPTIONS TO CREATE CLARITY AND MAKE THEM ACCESSIBLE FOR CONSUMERS.

Since the filter options are primarily available on the “Refine Your Plan Results” page, consumers are more clearly prompted by the website to adjust their filters before viewing their options—and they must navigate to readjust filters. Additionally, some filter options are difficult to comprehend and would need to be revised for clarification and practicability. Filter options for provider and pharmacy status need to be added. Since the plans are not already expanded, it creates an additional step for consumers to expand and adjust filters. Filters should be pre-expanded and allow consumers to scroll through the options and adjust those most applicable to them.

# USER-FRIENDLY NAVIGATION

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## REDESIGN

- 16 UTILIZE USER-FRIENDLY LANGUAGE OR PHRASING, GRAPHICS, AND CONCRETE EXAMPLES TO HELP CONSUMERS BETTER COMPREHEND THE PRESENTED INFORMATION.**

MPF uses insurance jargon that lacks adequate definitional assistance. Though a general glossary is provided, consumers must navigate to an external tab each time to read often unclear definitions. In most cases, the site could have used terms that are most recognized by consumers. Action verbs and a friendlier tone would improve the effectiveness of MPF as a decision support tool. For example, the question mark next to “Drug Restriction” on the plan results page opens up the glossary, which contains the following definition: “A plan may have certain coverage restrictions (including quantity limits, prior authorization, and step therapy) on a prescription drug.” Instead of providing clarity, this definition introduces three new terms that may be unfamiliar to the average beneficiary. Additionally, three separate searches are required to define quantity limits, prior authorization, and step therapy, as links are not available on the glossary.

# NAVIGATION & FUNCTIONALITY

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## INCREMENTAL

- 17 PROVIDE HOVER-OVER DEFINITIONS AND POP-UP WINDOWS THAT ALLOWS CONSUMERS TO REMAIN WITHIN THE SHOPPING EXPERIENCE.**

Navigation within the MPF window shopping tool is inconsistent and difficult—with information provided, seemingly at random, in a hover-over format, an external tab, or in a new window. However, information is mainly provided in external tabs that require the consumer to leave the shopping experience and create clutter in the browser, specifically when the consumer has many definitional questions. Consumers should be able to click on a word or icon for a definition and ultimately remain in the shopping experience. Providing consistent hover-over definitions for language that may confuse consumers would make the site easier to use and allow users to stay within one environment.

## REDESIGN

- 18 MAKE THE WEBSITE MOBILE-READY.**

It is nearly impossible to compare plans using the current website on a phone or tablet. MPF should be updated to comply with the latest accessibility standards in the industry, particularly responsive web design for mobile devices.



# HUMAN SUPPORT

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## INCREMENTAL

**19 SEPARATE “STEP-BY-STEP” OVERVIEW VIDEOS INTO COMPONENT PARTS AND MAKE THEM AVAILABLE TO CONSUMERS AT THEIR RESPECTIVE STAGE OF THE SHOPPING EXPERIENCE.**

Currently, there are four lengthy assistance videos available at the beginning of the process. Should consumers need to consult the video, they must return to the beginning. Additionally, the videos are lengthy and provide a copious amount of content for consumers to digest and memorize. The detailed content can be packaged into multiple shorter videos distributed throughout the window shopping tool at their respective stage, where consumers can reference the instructional material quickly and without disruption. An additional short overview video of the process could be placed at the beginning of the shopping experience.

**20 IMPROVE THE “HELP” LINK TO PROVIDE MORE INFORMATION ON FURTHER ASSISTANCE.**

A Help link is available, but it only provides general information on the stages of the shopping process and printing instructions. MPF should populate this page with other relevant information that can aid consumers in the navigation and decision-making process, e.g. a link to additional resources for lowering drug costs, contact information for assistance by phone from SHIP counselors, or chat (and eventually by text message).

## REDESIGN

**21 CONSUMERS SHOULD BE PROVIDED WITH AN INTEGRATED CHAT FEATURE OR CONTACT INFORMATION THAT ALLOWS THEM TO CONNECT WITH HUMAN SUPPORT, SUCH AS SHIP COUNSELORS, FOR ASSISTANCE.**

Consumers are required to navigate the window shopping tool with no available connection to some form of human support, should they require it. MPF should consider incorporating a chat feature that provides consumers with the means to request more information or obtain assistance on how to complete the shopping process.

# STAR RATINGS

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## INCREMENTAL

### 22 ENGAGE STAKEHOLDERS IN AN EVALUATION OF HOW BEST TO DISPLAY STAR RATINGS.

CMS should engage a panel of beneficiaries and stakeholders to evaluate which star ratings are most important to consumers and how best to represent their importance on MPF. For example, detailed ratings might be listed in order of their respective weights.

### 23 SIMPLIFY DEFINITIONS FOR STAR RATINGS.

Definitions should highlight the source of data very broadly, rather than getting into specifics of administrative data. The star ratings page should have one prominent introductory sentence indicating what star ratings do for the beneficiary overall. A link to a more technical definition should be available for each star rating for those who want more information.

# USER-FRIENDLY NAVIGATION

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## INCREMENTAL

### 24 PROVIDE “ADVISORY NOTE” OR ANOTHER TYPE OF LISTED INFORMATION ON THE INTRODUCTION PAGE TO MAKE CONSUMERS AWARE OF THE INFORMATION AND RESOURCES TO HAVE ON HAND DURING THE SHOPPING PROCESS.

Before starting the shopping experience, consumers should be informed of the information they will need to complete the process. Such information is discussed in the available multimedia, but improved visibility of this information would be more beneficial to the consumer. It would be best to make it available in writing on the introductory page.

## REDESIGN

### 25 INCORPORATE A SIMPLIFIED, STANDARDIZED QUESTIONNAIRE TO FACILITATE A BETTER UNDERSTANDING OF CONSUMERS’ BACKGROUND AND FURTHER PROMOTE PLAN CUSTOMIZATION.

A questionnaire can provide more defined questions and explanations to help consumers contextualize the requested information. Questions on priorities can also help consumers understand tradeoffs in choosing a plan, for example, between lower costs vs. narrower provider networks, or lower monthly premiums vs. higher cost sharing at the point of services. Particularly for those indicating that they either “don’t have or don’t know their coverage,” such a process would customize plans to their needs. The questionnaire could be optional to facilitate beneficiary choice, including the choice not to share certain health or demographic information. A recent Health Services Research article also evaluated testing of two potential MPF enhancements:

1. A quick links page to help consumers use the tool to achieve certain goals and
2. A simplified data display to make information easier to understand. The quick links page had clear positive effects, while the effects of the simplified data display varied by plan type.

# SCORECARD METHODOLOGY

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To accurately evaluate how consumers first explore and experience the Medicare Plan Finder (MPF), the Clear Choices Campaign based its scoring methodology **exclusively on the features and tools available via the window shopping interface (“General Search”) accessible from the homepage** and not on those available through the “Personalized Search” application process.

**Yes/No:** Provides a simple binary classification to indicate whether the question is satisfied.

**Categorical Variable:** Specifies the type of feature in use by MPF out of a defined set of options.

**Letter Grade:** Indicates the level of proficiency at which the criteria are satisfied. Generally, the letter grades are scored as follows. Underlined text in the criteria description indicate key factors for distinguishing between scoring grades.

- A** Meets all criteria for this category.
- B** Meets most criteria for this category.
- C** Meets some criteria for this category.
- D** Meets minimal criteria for this category and provides little utility to the consumer in their current construction.
- F** Meets none of the criteria for this category (e.g., the feature is not provided).

# CRITERIA

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## ANONYMOUS BROWSING (YES/NO):

Indicates whether MPF includes a window shopping tool that allows consumers to preview and compare plan choice information prior to creating a user account.

- *Rationale: MPF offers the option upfront for consumers to move through the shopping process without creating a personal account. Consumers are able to input information on their level of coverage and prescribed drugs and are presented with a list of customized plans. They can later decide to enroll in a plan and create a user account.*

## CUSTOMIZED PLAN INFORMATION ON INCOME-RELATED DETERMINATIONS (LETTER GRADE):

Indicates whether the window shopping tool allows consumers to input their personal information to determine eligibility for Medicare Savings Programs (MSPs), Low Income Subsidy (LIS), and health condition-specific Special Needs Plans (SNPs) and access customized plan choice information.

- A** Determines the consumer's eligibility for low-income programs, special assistance programs, and health condition-specific plans such as MSPs, LIS, and SNPs and provides customized plan choice information based on these determinations.
- B** Determines the consumer's eligibility for low-income programs, special assistance programs, and health condition-specific plans such as MSPs, LIS, and SNPs and provides customized plan choice information based on these determinations.
- C** Determines the consumer's eligibility for health condition-specific plans only and provides customized plan choice information based on these determinations.

- D** Allows for input of consumer information for low-income, special assistance, and/or health condition-specific plans, but does not provide contextual or definitional information for those options.

- *Rationale: Consumer is able to input if they receive assistance from Medicaid, SSI, etc. at the outset and depending on that selection, the consumer is able to expand a filter regarding special needs plans later in the process. However, no context is given or available for the filter and if the consumer would like to elect to change his/her information he/she must start from the beginning.*

- F** Does not allow consumers to input personal information to determine eligibility for low-income programs, special assistance programs, and health condition-specific plans and access customized plan choice information within the window shopping tool.

## DEFAULT ORDER (CATEGORICAL VARIABLE):

Specifies the default order in which plan options are displayed.

- A** **Smart Sort:** Default plan order incorporates up to several factors, including the consumer's financial circumstances, plan/benefit preferences, and estimated annual out-of-pocket costs (premiums, deductibles, and plan cost sharing).
- B** **Yearly Cost Estimate:** **Default plan order is sorted by total annual out-of-pocket costs (MPF must have an out-of-pocket cost calculator as a prerequisite).**
  - *Rationale: The "Plan Results" page is sorted by the estimated yearly cost, yet the sort type is not evident on the page. There is also no option for the consumer to sort the results by such factors as if all entered drugs are covered. In some cases, the plan results are organized into different categories, each category has its own sort capability—there is no integrated mechanism to sort across all categories—and this creates an additional step for consumers.*
- C** **Premiums:** Default plan order is sorted from lowest to highest plan premiums.

## PLAN FINDER SUPPORT (CATEGORICAL):

Specifies the level of educational content presented within the window shopping tool (e.g., within the process of start-to-finish using the window shopping tool only) to help consumers understand how to compare and assess the different plan choices presented, including tradeoffs between traditional Medicare, Medigap, Medicare Advantage, and Medicare Part D plans.

- A** **Decision-Support:** Window shopping tool includes a questionnaire-based recommendation tool to help prioritize/narrow health plan choices to highlight best-fit options.
- B** **Walkthrough:** Window shopping tool includes video, graphics, and hover-over explanations, and other materials are presented upfront before the consumer reaches the plan display page. Walkthrough materials must provide more than just basic definitions of terms (e.g. deductible) and shed light on plan choice tradeoffs.
- C** **Basic:** MPF only includes basic hover-over definitions or overview materials on health coverage (likely on a separate resources page), without specific educational content on plan choice tradeoffs presented within the window shopping tool itself.
  - *Rationale: MPF includes links to a separate glossary, which opens a new tab in the browser. No hover-over definitions are offered within the window shopping tool. Neither definitional information nor potential consequences of the filters (e.g., definition of “certain chronic or disabling conditions” or how limiting your monthly premium may affect other plan aspects) are offered.*

## HIGHLIGHTS SUPPLEMENTAL BENEFITS CHOICE – PART C ONLY (LETTER GRADE):

Indicates whether the window shopping tool highlights supplemental plan choice information for the consumers’ consideration.

- A** Integrates the costs and benefits of supplemental benefits into MPF’s plan display page and comparison of plan choices.
- B** Provides an explanation of the costs and benefits of supplemental plan options as well as instructions or a path forward for additional details or enrollment on the main plan display page.
- C** Provides an explanation of the costs and benefits of supplemental plans on the main plan display page.

- D** Provides an explanation of the costs and benefits of supplemental plans on a secondary page or redirects to a separate tab or page.
  - *Rationale: MPF includes information on supplemental health benefits, but the consumer is required to navigate to a secondary tab in the plan’s detailed summary page. Even here, however, the information is not streamlined to be of optimal use to the consumer.*
- F** Does not provide supplemental plan choice information for the consumers’ consideration.

## OUT-OF-POCKET COST CALCULATOR (LETTER GRADE) – PART C ONLY:

Indicates whether MPF includes a tool that provides an estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) customized to the consumer’s health and financial status.

- A** Cost estimates factor in both: 1) prescription drug utilization and 2) at least one indicator of overall health utilization (e.g., general health status and/or anticipated health care procedures/usage).
- B** Cost estimates factor in either: 1) prescription drug utilization or 2) at least one indicator of overall health utilization (e.g., general health status and/or anticipated health care procedures/usage).
- C** Cost estimates factor in only one indicator of overall health utilization (e.g., general health status or anticipated health care procedures/usage)
  - *Rationale: According to the Plan Detail page, out-of-pocket costs “are calculated using the events or incidents of health care usage reported by individual people with Medicare from the MCBS. The individual reported use of health care records is matched to the individual claims history to ensure that Medicare-covered services, as well as services not covered by Medicare, are included in the analysis sample.” This method may be accurate in giving a statistically valid indicator on an average Medicare beneficiary, but is not customized or customizable. There is no defined box for an OOP cost calculator, nor an easy option for consumers to find how the OOP costs are being calculated.*
- F** Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.

## OUT-OF-POCKET COST CALCULATOR (LETTER GRADE) – PART D ONLY:

Indicates whether MPF includes a tool that provides an estimate of total annual out-of-pocket costs (premiums, deductibles, and cost sharing) customized to the consumer's health and financial status.

- A** Cost estimates factor in both: 1) prescription drug utilization and 2) at least one indicator of overall health utilization (e.g., general health status and/or anticipated health care procedures/usage).
- B** Cost estimates factor in either: 1) prescription drug utilization or 2) at least one indicator of overall health utilization (e.g., general health status and/or anticipated health care procedures/usage).
  - *Rationale: MPF allows the consumer to enter personalized information about the prescription drugs they utilize. MPF uses the prescription drug list to calculate estimated out-of-pocket costs for beneficiaries.*
- C** Cost estimates factor in only one indicator of overall health utilization (e.g., general health status or anticipated health care procedures/usage)
- F** Does not include a tool to provide consumers with a customized estimate of total annual out-of-pocket costs.

## INTEGRATED PROVIDER DIRECTORY – PART C ONLY (LETTER GRADE):

Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their preferred providers.

- A** Indicates provider coverage on the plan display page and provides a filter to highlight plans that cover the consumer's preferred providers.
- B** Indicates provider coverage on the plan display page but does not provide a filter to highlight plans that cover the consumer's preferred providers.
- C** Allows consumers to search for plans that cover their preferred providers but does not indicate provider coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred providers.
- D** Allows consumers to input provider information, but provides minimal sort or filter options to easily determine plans that cover their preferred provider.

## **F** Does not include a built-in tool for consumers to search for plans that cover their preferred providers.

- *Rationale: MPF currently requires the consumer to navigate off MPF to a plan's company page to access a provider directory. These off-site directories are inconsistent.*

## INTEGRATED PHARMACY DIRECTORY – PART D ONLY (LETTER GRADE):

Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their preferred pharmacies.

- A** Indicates pharmacy coverage on the plan display page and provides a filter to highlight plans that cover the consumer's preferred pharmacies.
- B** Indicates pharmacy coverage on the plan display page but does not provide a filter to highlight plans that cover the consumer's preferred pharmacies.
- C** Allows consumers to search for plans that cover their preferred pharmacies but does not indicate pharmacy coverage on the plan display page and does not provide a filter to highlight plans that cover the consumer's preferred pharmacies.
- D** Allows consumers to input preferred pharmacy information, but provides minimal sort or filter options to easily determine plans that cover the consumer's preferred pharmacy.
  - *Rationale: MPF allows the consumer to choose up to two preferred pharmacies prior to the plan results page. However, the results given include an estimated drug cost for "Pharmacy Status" and "Mail Order" but no indication of why the estimates are what they are, if the pharmacies have the same "Status" or if the consumer has the option to filter or sort based on the pharmacy. MPF also does not indicate what difference it would make for the consumer to switch pharmacies.*
- F** Does not include a built-in tool for consumers to search for plans that cover their preferred pharmacies.

## INTEGRATED DRUG DIRECTORY (LETTER GRADE):

Indicates whether MPF includes a built-in tool that allows consumers to search for plans that cover their prescribed medications.

- A** Indicates prescription drug coverage, with cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- B** Indicates prescription drug coverage, without cost-sharing information, on the plan display page and provides a filter to highlight plans that cover the consumer's prescribed medications.
- C** Indicates prescription drug coverage, without cost-sharing information, on the plan display page but does not provide a filter to highlight plans that cover the consumer's prescribed medications.
- D** **Allows consumers to input prescription information, but provides minimal sort or filter options to easily determine plans that cover their prescriptions.**
  - *Rationale: MPF allows consumers to input drug information near the beginning of the process. Once the plan results page is reached, the only information given on the topic is a "yes" or "no" as to if the drugs included in the consumer's drug list are on the formulary. Consumers are provided with limited direct information on whether one or none of the drugs are listed on the formulary. To determine which drugs are not on the formulary, the consumer must navigate to a separate page. Additionally, although the directory suggests generic drugs when a brand drug is entered, there is no simple way to compare how the drugs are treated by different plans.*
- F** Does not include a built-in tool for consumers to search for plans that cover their prescribed medications.

## LAYOUT (LETTER GRADE):

Indicates whether MPF has an intuitive design and provides easy explanations of terms for consumers. Grades are assigned based on whether MPF includes the listed items, scored as follows:

### 1. Requires minimal clicks to access the window shopping tool: 1 point. – 1 point

- *Rationale: From Medicare.gov, "Find health & drug plans" takes the consumer to MPF as does the "Find health & drug plans" selection under the "Forms, Help & Resources" tab. However, neither of these options are labeled as "Medicare Plan Finder" creating substantial and unnecessary ambiguity.*

### 2. Plain and concise language: 1 point. – 0 points

- *Rationale: MPF utilizes insurance "jargon" that makes it difficult for the consumer to interpret the information presented to them. In most cases, this confusing jargon could be replaced with terms that are recognizable to the consumer.*

### 3. Provides on-page (no clicks or redirection) assistance with definitional questions:

1 point. – 0 points

- *Rationale: Generally, there are no hover-over definitions included in the tool, and a click is required to direct consumers to a separate tab that includes a glossary. Hover-over definitions are available in select places; however, the feature is applied inconsistently.*

### 4. Progress bar while entering personal information (if multiple pages): 1 point. – .5 points

- *Rationale: There are two processes for consumers to go through on MPF. The first is a four-step process, which is labeled as consumers move through. The second process (once the consumer gets to the plan results page) does include a type of progress bar near the top, but it does not indicate where the consumer is in the process by a percentage complete or other numerical indicator.*

### 5. Easy-to-follow definitions of key features and insurance terms: 1 point. – .5 points

- *Rationale: MPF utilizes insurance "jargon" without adequate definitional assistance throughout the tool, making it difficult for consumers to understand and process the information being presented. However, a general glossary is provided.*

### 6. Lack of clutter: 1 point. – 0 points

- *Rationale: The tool, specifically the plan results page, presents information in a format overwhelming for consumers to digest to make the best decision. Consumers are likely to have multiple tabs open for definitions, plan details, etc. The information on this*

- A** 5-6 points
- B** 4 points
- C** 3 points
- D** 2 points
- F** 0-1 points

## ACCESS TO HUMAN SUPPORT (YES/NO):

Indicates whether MPF prominently offers integrated chat functionality or telephone support to obtain further help.

- *Rationale: There is no integrated chat feature or even contact information for consumers if they need additional assistance with MPF or the process. The Help tab at the top of the page only opens another tab in the browser with some additional, but very general, directions.*

## LANGUAGE ACCESSIBILITY (LETTER GRADE):

Indicates whether MPF features non-English language translation services and/or access to assistance.

- A** Provides website translation services, including for the window shopping tool, for at least one language (usually Spanish).  
*Rationale: MPF includes a link at the top left of the page to translate to Spanish.*
- B** Provides website translation services, not including the window shopping tool, for at least one language (usually Spanish).
- C** Does not include website translation services, but provides access to language assistance prominently from the homepage for multiple languages.
- D** Does not include website translation services, but provides access to language assistance prominently from the homepage for a single language (usually Spanish).
- F** Does not display non-English language assistance prominently from the homepage.



# SCRIPT FOR

## Consumer Testing on Shopping for MA-PD Plans

### INTRODUCTION

Thank you very much for agreeing to help with this project to improve the online Medicare Plan Finder so older Americans can easily use it to **shop for and choose a Medicare Advantage plan, which is a managed care plan that provides your Medicare benefits**. On behalf of the National Council on Aging, I thank you for your time and assistance.

My name is \_\_\_ and I work with the National Council on Aging.

I'm going to read these instructions to you. That way, everyone who participates will hear the same thing, and our results will be more consistent.

As you may know, Medicare offers choices for health coverage. It also offers the Medicare Plan Finder as an Internet tool for shopping and enrollment. People can use the Medicare Plan Finder to shop for a prescription drug plan or for a Medicare Advantage plan, which is a managed care plan. Today we will focus **only** on shopping for a **Medicare Advantage plan**. Our goal is to find out how we can make it easier for seniors to use the Medicare Plan Finder to choose the best plan for them.

For the next 90 minutes or so, we will ask for you to shop for and “choose” a Medicare Advantage plan on Medicare Plan Finder. As you shop, we'll ask questions about:

- What you consider when shopping for a Medicare Advantage plan,
- The website layout, including whether you think information on the site is clear and easy to understand,
- Finding out if your providers are in the plans' networks,
- How out-of-pocket costs are shown on the website,
- Using the “quality star ratings” on Medicare Plan Finder, and
- Finding information on supplemental benefits.

Our conversation today will help us make recommendations to improve the website so seniors can use the Medicare Plan Finder to make better health plan choices. We want to find out if the website is clear and gives helpful information on what the different health plans cover. And we want to know if it helps people with Medicare decide what's most important for them so they can choose the health plan that best meets their needs. As you use the Plan Finder, please be feel free to tell me if anything is confusing or hard to understand. Your honest comments will help us make the website easier to use for you and other seniors like you.

Before we start, would you be willing to sign this authorization form? It allows us to record our conversation. It also gives us permission to quote you. We will keep your identity confidential. That means we will **not** use your name for anything you say here today.

Do you have any questions before we start?

## PRE-CASE STUDY QUESTIONS

- What is your current Medicare plan? Do you have original fee-for-service Medicare, or Medicare Advantage? **IF RESPONDENT IS UNSURE, JUST REFLECT THAT IN ANSWER RATHER THAN SPENDING TOO MUCH TIME DETERMINING.**
- Briefly, why and how did you choose that plan? (For example: did a relative help? Did you use the Internet? Did you visit a Medicare counselor?)
- Are you happy with your plan?
- Have you shopped for a different plan previously? Why or why not?

## HOME PAGE AND STEPS 1-3 (5 MIN)

[MAKE SURE PLAN FINDER'S HOMEPAGE IS LOADED ON THE COMPUTER. THE DIRECTIONS FOR STEPS 1-3 ARE WRITTEN OUT BELOW, BUT SUMMARIZE OR SKIP VERBAL INSTRUCTIONS AS NECESSARY IF THE PARTICIPANT IS ABLE TO NAVIGATE INITIALLY WITHOUT ASSISTANCE.]

Let's look at the website. Is the print large enough for you to see clearly? **[IF NOT, SEE IF THEY CAN MAKE IT LARGER THEMSELVES BEFORE HELPING]**

- I will give you the details you need to shop today. We've created an imaginary person that everyone we talk with will use. That way everyone will see the exact same screens and results. The information will not be about you. We created the imaginary person to help us better compare people's reactions to the website. The details about this imaginary person are also on this paper.
- Please enter the zip code "43211" under "General Search" and click "Find Plans."
- On the next page, select "I don't have any Medicare coverage yet," and "I don't get any extra help" before continuing. Since the imaginary person we are creating does not get extra help, the costs you will see may be higher than you would expect.
- On the next page, enter your drug information as it is shown on the handout, by finding the drug using the search function, and clicking "add drug".
- Be sure to write down the Drug List ID and password date that appears in the "My Current Profile" dialog box in the upper right hand corner. If you want to go back to the website later, you would be able to enter this ID and password to get a saved drug list.

**REVIEW THE DRUG ENTRY TO MAKE SURE IT WAS DONE CORRECTLY.**

On the next page, please select your pharmacies as listed on the handout, which are the closest CVS and Costco pharmacies. You will need to expand the search to 2.5 miles to see these options. Then select "Continue to Plan Results."

## REFINE YOUR PLAN RESULTS

Finally, this page allows you to filter the plans you will see on the results page. Please select "Medicare Health Plans with drug coverage."

**BEFORE MOVING ON, MAKE SURE THE PARTICIPANT HAS CHOSEN TO FILTER ONLY "MEDICARE HEALTH PLANS WITH DRUG COVERAGE."**

# YOUR PLAN RESULTS (20-25 MIN)

Now you are on the plan results page – one of the most important pages we will look at today. Take some time to read the page. If you have any questions as you’re reading it, feel free to ask!

**GIVE PARTICIPANT A FEW MINUTES TO READ THE PAGE AND DECIDE ON PLANS. DON’T RUSH THEM. GIVE THEM THE CHANCE TO REALIZE THEY NEED TO SCROLL DOWN THE PAGE, BUT RELAY THE NEED TO SCROLL AS THEY ANSWER THE FIRST QUESTION, IF THEY HAVE NOT SCROLLED BY THEMSELVES.**

1. Could you summarize what is on this page?
2. Do you recognize how the plans are being sorted? **SHOW THE SORT FEATURE IF NEEDED.**
3. Now that you see that you can change the order of the plans shown on screen, do any of the other options for sorting seem helpful?
4. Generally, is the information clear and easy to understand? Are there any confusing words?
5. Do you understand the difference between HMOs and PPOs? Do you generally prefer one or the other? Why or why not?
6. Now let’s look at some plan details. Do you understand or have any questions about the 7 headers under each health plan? **POINT OUT THE HEADERS IF NEEDED, BUT NOTE IF THE PARTICIPANT WAS UNCLEAR ON WHERE TO LOOK. ALSO REMEMBER TO POINT OUT THE GLOSSARY LINKS FOR TERMS THEY DON’T UNDERSTAND.**
7. Which of these headers has the most important information for you?
8. Would you use the health benefits column to help you decide on a plan? Why or why not?
9. Can you find the estimated annual health and drug costs? How would you use this information in your shopping experience?
10. In general, would you feel comfortable using the information on this web page to select plans to compare side-by-side? Which factor is most helpful for choosing plans to compare?

Great! It’s so valuable to hear how you make decisions. Because we want to use identical information for this imaginary person, we would like you to select the following two plans for a side-by-side comparison. First, click “view all” to see more plans on one page. Next, select these plans: “Anthem MediBlue Access Basic (Regional PPO) (R5941-014-0) and “Humana Gold Plus H6622-013 (HMO)” Then click “Compare Plans.”

**MAKE SURE THE CORRECT PLANS ARE SELECTED BEFORE CONTINUING.**

## YOUR PLAN COMPARISON (30-45 MIN)

Now you are on another important plan comparison page. Take a few minutes to read the page (including clicking on different tabs as you need to), and feel free to continue looking at it as I ask a few questions. And again, remember that you are welcome to ask me questions.

GIVE PARTICIPANT A FEW MINUTES TO REVIEW THE PAGE. IF POSSIBLE, TAKE NOTES ON PARTICIPANT'S PROGRESSION THROUGH THE PAGE AND TABS. WHEN PARTICIPANT ANSWERS QUESTIONS ABOUT THE LOCATION OF DIFFERENT PIECES OF INFORMATION, TRY TO NOTE ANY INSTANCES OF BEING UNABLE TO FIND INFORMATION OR EXTENDED TIME NEEDED TO SEARCH.


AGAIN, ALLOW RESPONDENT TIME TO REALIZE THE NEED TO SCROLL-BUT ENLIGHTEN THEM IF NEEDED.

1. Could you summarize what is on this page?
2. In general, what do you think about how this page is laid out? Is it clear and easy to understand? Are any of the words confusing?

Your comments are very helpful! I have a few specific questions here. We may have talked about some of these topics already, but I want to make sure we discuss all of these important issues.

This imaginary person has two important doctors: a primary care provider, Dr. Joel Shaw, and a cardiologist, Dr. Nancy Albert.

3. Where would you find out if your doctors are in each plan's network? **IF UNABLE TO LOCATE-GUIDE PARTICIPANT IN ORDER TO ANSWER NEXT QUESTION.**
4. Please try to find the doctors listed on the handout (Drs. Shaw and Albert) in each plan's network. As you look, please think out loud and tell me what you're doing.
5. As you can see, your cardiologist, Dr. Albert, is not in either plan network. How would this affect your plan choice? Would you change plans based on this information, change doctors, or not consider it important for choosing a plan?
6. *(Skip if short on time)* If you were doing this on your own and couldn't find whether your providers were in the networks for both plans, what would you have done? Would you have tried to find the provider on the plan's website? Would you use another way to find out if your providers are in the plans' networks? Or would you just not try to find this information at all?
7. Can you find the premium and the total estimated cost for each plan on this page? How do these two pieces of information affect your decision?
8. Are any other costs that you see on this page important to you?

- 
9. What is the health plan star rating for each plan? How would the health plan, drug plan, and overall star ratings affect your plan choice, if at all?
  10. *(Skip if short on time)* Now let's look at the "Health and Drug Plan Benefits" tab. Are any of the words on this tab confusing?
  11. Can you find out what the maximum out-of-pocket costs are for each plan? What do these numbers mean to you?
  12. Can you find the costs for doctor visits for each plan? What do these numbers mean to you? Do they change your earlier thoughts about your cardiologist not being in either plan's network?
  13. Do any other costs you see on this page make you prefer one plan over the other?
  14. Can you find the cost of a hearing aid under each plan? How does the coverage of this item and other supplemental benefits affect your plan choice? Which of the supplemental benefits is most important in your plan choice?
  15. Based on what you've seen on this page, would you be comfortable choosing a plan? Why or why not? If yes, which one and why?

## CONCLUSION (5-10 MINUTES)

[CLOSE SCREEN] Thank you so much. I just have a few more follow up questions:

1. Now that you have gone through this exercise, what are your impressions of the website in general? Do you have recommendations of areas that need more work or ideas for improvement? **[NOTE TIME HERE. IF THE PERSON IS SOMEONE WHO GAVE RECOMMENDATIONS THROUGHOUT THE PROCESS AND YOU ARE STRAPPED FOR TIME, YOU CAN SKIP THIS QUESTION.]**
2. *(Skip if short on time)* How do you feel about comparing plans and shopping for the best plan? After this exercise, are you more likely or less likely to use the Medicare Plan Finder website to shop for a new plan? Why?
3. *(Skip if short on time)* What type of computer or device do you use for the Internet most regularly? Would you ever want to use this website on a phone or tablet, as opposed to a desktop or laptop computer?
4. *(Skip if short on time)* Do you have any suggestions for us about how we might improve this exercise or the questions we asked for future test participants?

# SHIP DIRECTORS SURVEY RESULTS

**Question #1:** The following is a list of major priorities for Plan Finder we would like to recommend. If you had to choose just one as the highest priority, which would you choose and why?

- a** Facilitating navigation on mobile devices, such as cell phones and tablets
- b** Allowing for apples-to-apples comparison of all possible plan combinations on one page, including Medicare Advantage and Medicare supplemental policies
- c** Providing in-depth information on the estimated out-of-pocket costs for Medicare beneficiaries for common services, customized to meet the beneficiary's personal information (health status) as much as possible
- d** Providing searchable up-to-date provider network directories for MA plans
- e** Providing integrated comparative information on supplemental insurance benefits for MA plans
- f** Revisiting the site's layout and overall design

*Feedback from all calls:*

- Nine people suggested D (provider directories) is most important if done accurately. Searching for provider information is currently very time-consuming as it requires going to the plan websites individually. Some small states are less concerned about this if MA plans are not as widely used. A few more people suggested this would be their second priority.
- Five people suggested A (mobile devices) is most important. People are seeing a need for this more and more. On the third call, some voiced concerns that this option would have to allow for ease of printing for those who wanted that option.
- Five people suggested B (apples-to-apples comparison) is most important. Those who thought this was most important said that they get a lot of complaints about the difficulties associated with comparing plans. One person noted this would be their second choice, but felt it's unlikely to be done well. A few others also noted the same concern that this could not be done accurately and may backfire. Even one of those who noted this as her top choice indicated she felt it was unrealistic and didn't expect anything of this nature.
- On the third call, everyone unanimously chose C (out-of-pocket costs). Previously, only one person chose this option. It's unclear if this was the result of people following each other or a true consensus. There was also confusion over whether C is the same thing as the detailed benefits page, which CMS took away from MPF last year.
- Only one person saw E as a top priority.



**Question #2:** What is the #1 priority you would suggest to improve Plan Finder not on this initial list (other than accuracy)?

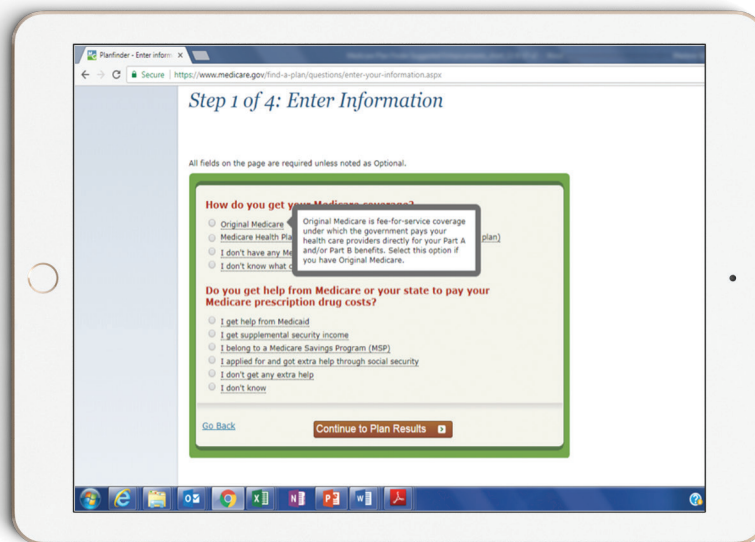
*Feedback from all calls:*

- Many were concerned with the lack of pricing stability and noted that beneficiaries often are confused and complain about fluctuating out-of-pocket costs.
  - A number of people entertained the idea of a disclaimer or clearer explanation that the prices on Plan Finder are simply an estimate based on what a beneficiary enters in the search.
  - One also noted that a better explanation for coinsurance on the website could help.
- Many agreed that returning the detailed costs and benefits information page would be hugely helpful. On the third call, the group strongly suggested that having more detail in general would be helpful.
- Multiple people noted that although we weren't looking for this feedback, maintaining accuracy across the board would be very important in considering any changes to Plan Finder.
  - Along those lines, one suggestion was to update pharmacy information more regularly.
- A couple of people made suggestions related to understanding the formulary better by:
  - Linking to adequate information on prior authorization and other restrictions
  - Including information whether a plan has a deductible that is not applied to Tier 1 or 2 drugs
- One recommendation was to add a reminder to MPF to come back each year to understand changes to plans and shop. This could be in the form of an email system (although concerns with privacy and protections against hacking were discussed, as well).
- Another idea was to take off the cost information for Original Medicare, as it is confusing and not helpful in its current form.
- One suggestion was to create a better communication system for CMS to communicate regularly when an area of MPF isn't functioning or to be more transparent about data sources.

# REVIEW OF MPF

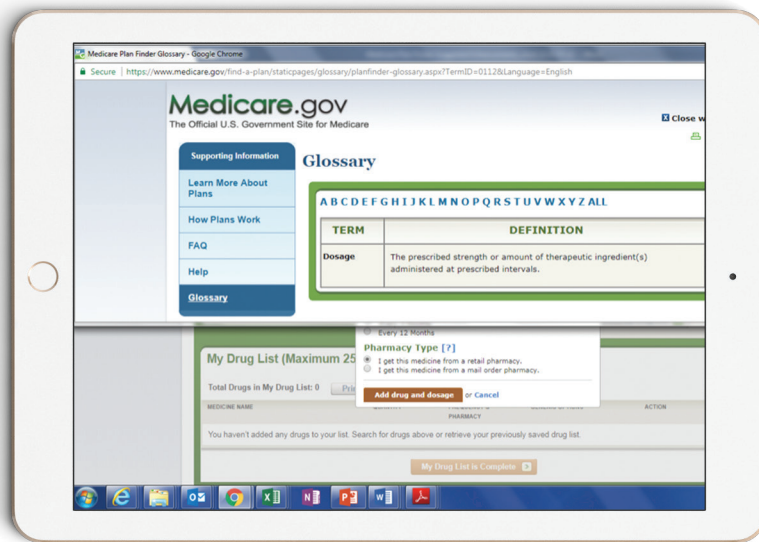
## By NCOA Online Decision Support Staff

1. The Medicare Plan Finder should be responsive and available on mobile devices. People may want to review this information on tablets and phones. Currently, text is cut off on mobile devices and features do not respond properly to varying screen sizes.
2. The questionnaire should have a status bar, so users know where they are in the process.
3. Access to question “Helps” and “Glossary” should be uniform throughout the site for a more seamless user experience. There are currently two types of help formats, which can be confusing for users:
  - a. Rollovers in the first page of the questionnaire
    - i. Text rollovers that are not initiated by a “click” can be very confusing to consumers, especially people who struggle to use a mouse. Helps should instead display upon a click. Additionally, the text rollovers and answer options can be hard to read when Help text rolls over page content (see below).





- b Linking users to the glossary, which opens in a new tab and on top of the questionnaire can be very confusing to consumers (see below).



## CONCLUSION (5-10 MINUTES)

4. Questionnaires and answer option functionality should be reviewed for usability.
  - a For example, in Question #2: Do you get help from Medicare or your state to pay your Medicare prescription drug costs, users cannot select multiple options but they could have help from more than one source listed. Also, “supplemental security income” should be “Supplemental Security Income.”
5. The page layout and action buttons for questionnaires require a usability review.
  - a For example, there are too many “don’t know” options located in too many places of the page.
  - b Action buttons (such as “Continue”) should be clear and distinct and not hidden as part of the list of options on the page.

6. Drug selection and functionality should be reviewed for usability.
  - a The entire page should be formatted so boxes are the same size and the overall appearance is pleasing and text is easy to read.
  - b There should be more clarity in messaging of which drugs can be added and why some cannot be. The drug list goes into the calculation of the pricing plan; however, the user doesn't know this and will get confused.
  - c Drug search and navigation should be clearer such as:
    - i. How the drugs are listed
    - ii. How users can navigate to find their drugs using the A-Z search function
    - iii. How the drug search pop-up prevents users from getting off the page without having to select a drug if they had made a mistake in opening the search function in the first place
    - iv. When a user clicks on a letter for the A-Z drug search, OTC drug options are listed but there is no way to add them and no explanation
7. Navigation tweaks are needed for selecting pharmacies. In addition, it seems users can't get off the page without having to select a pharmacy, but there's no clear information provided to the user on why the information is needed.
8. Overall, functionality and layout review are required for results pages.
  - a On Refine Your Plan Results, review how the filter functions and consider adding language so users understand what the filter section means. For example, when filtering for 4 stars, the option for "Medicare Health plans without drug coverage" showed "0 plan(s) of 2 available," but when the user gets to the results page, this section showed two health plans when there should have been none. However, the overall star rating for these two plans states "4 out of 5 stars," so there may be an issue with the filtering process.
  - b On Your Plan Comparison, there is too much information condensed on the page. A different layout of the information and grouping of the information is needed so the user isn't confused by all the information. Use of graphics would help with the presentation.
  - c On Your Plan Results, page formatting and location of action buttons and information requires in-depth review, so users are clear as to the information they are getting or what their actions will generate to avoid user error. For example, what can be compared and how many plans can be compared is confusing because of the location of the "Compare Plans" buttons. Users can compare plans from different sections, but the messaging isn't clear on what can be done and it becomes a trial and error process for the user.
9. The Personalized Search Section requires a thorough review throughout the site. However, since we didn't have a test case to use, only the first page was described above. Key items to consider are related to messaging. This section asks for a lot of personal information that can be scary for an older adult user. The benefits of using this section should be made clear, so the user sees that the benefit is worth the extra time to complete this section.
  - What will the user get from the personalized search that is different from the general search?
  - What is the benefit? Will the user get to change their plan right there?
  - Note: Although it states in the intro text at the top of the page that the personalized search may provide more "accurate cost estimates and coverage information," a lot of users may not read it there. The information should be in the same box where the personal information is being asked.
10. There is no way to compare costs and coverage of "Original Medicare, Part D, and a Medigap Plan" with costs and coverage of Medicare Advantage (with or without drugs). The Medigap section is separate, and there is no messaging about the need to consider shopping for a Medigap plan.

# IMPROVING MEDICARE MARKETS INITIATIVE (IMMI)

## Advisory Group Members and Other Engaged Stakeholders

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In addition to the IMMI members listed below, we appreciate the assistance and comments on this report that we received from Dr. Virginia Brown from the University of Maryland, the Better Medicare Alliance, and the Blue Cross Blue Shield Associations.

- Aon
- California Health Advocates
- Center for Medicare Advocacy
- Jack Hoadley, Georgetown University Health Policy Institute
- Johnson & Johnson
- MAXIMUS
- Medicare Rights Center
- Merck & Co., Inc.
- Novartis Pharmaceuticals
- Pfizer, Inc.
- Christina Reeg, SHIP Steering Committee Chair
- Third Way
- Bill Vaughan, Virginia SHIP Volunteer

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- <sup>ii</sup> Diamond, Dan. “10,000 People are Now Enrolling in Medicare - Every Day.” *Forbes*, 2015. <https://www.forbes.com/sites/dandiamond/2015/07/13/aging-in-america-10000-people-enroll-in-medicare-every-day/#12efdedb3657>
- <sup>iii</sup> The exchange analysis for our 2017 report was conducted between November 9 and December 8th 2016. The 2017 insurance exchanges press release, scorecard, and re-port can be found here: <http://www.clearchoicescampaign.org/news/2017/1/30/2017-health-insurance-exchanges-les-sons-for-the-online-health-insurance-marketplace>
- <sup>iv</sup> Section 1851(d) requires HHS to provide information to Medicare beneficiaries to promote informed choices, including information allowing comparisons between benefits, premiums, cost sharing, service areas supplemental benefits and quality and performance of plans and providers. Subsection (d)(7) requires the establishment of an internet web site to provide this information. When it added prescription drug coverage in 2003, Congress added Section 1860D-1(c) to require comparative plan information on Part D plans. Medicare Plan Finder meets both of these statutory requirements.
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