

United States Senate

WASHINGTON, DC 20510

October 3, 2019

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

Dear Administrator Verma:

We write to express significant concern with the later-than-expected rollout, functionality, and monitoring of the new Medicare Plan Finder tool. While we appreciate the Centers for Medicare and Medicaid Services' (CMS) effort to overhaul and improve the online experience for Medicare's 60 million beneficiaries, we remain concerned that the website redesign prioritizes plan interests over beneficiary needs for objective information during open enrollment, which begins on October 15, 2019.

Several dozen Oregonians who assist Medicare beneficiaries in making coverage choices have reached out to our offices with significant concerns about the roll out process. Open enrollment is a critical time, especially for State Health Insurance Programs (SHIPs) and caregivers, who require adequate time to learn how to navigate the Medicare Plan Finder tool prior to open enrollment to provide useful enrollment assistance to beneficiaries. Given the short rollout timeline, SHIPs and other third-party assisters will almost certainly have insufficient time to prepare to receive a high volume of inquiries from beneficiaries during an already chaotic time.

We are especially concerned about reports that assisters were unable to use a live version of the Medicare Plan Finder tool over the summer, a relatively less busy period before open enrollment. Live testing would have allowed advocates and assisters to learn how to use the new tool, provide feedback, and help identify any technical issues. Unfortunately, SHIPs and other assisters will now have to learn a new system in the busy weeks leading up to open enrollment without a full understanding of the functionality of the tool to anticipate beneficiaries' questions.

Advocates have shared that the new system does not allow seniors to view a side-by-side comparison of their prescription drugs like the previous plan finder tool. The new system also does not save the prescription information for future use, requiring beneficiaries to re-enter prescription drugs every time. For beneficiaries who take anywhere from 1 to 25 different prescription medications, this can mean 90 minutes or more added to their enrollment time.

In addition to the new tool, Medicare Advantage (MA) plans have the flexibility to offer new, supplemental benefits in 2020, which require careful review. On behalf of the 45% of Oregon Medicare beneficiaries who purchase MA plans—the third highest enrollment in the country—

we are concerned with the extent to which the new Medicare Plan Finder will provide adequate information about supplemental benefits, as enhanced by title III (Chronic Care Act) of the Balanced Budget Act of 2018 (Public Law 115-123), to assist beneficiaries in making important coverage decisions about MA and Medicare Part D prescription drug plans. Beneficiaries who live with chronic conditions need to know which plans will best meet their needs as seamlessly as possible.

CMS should therefore delay implementation of the new Medicare Plan Finder tool until January 1, 2020 or until its functionality can be validated by users. If CMS moves forward with the current timeline, then the agency must closely monitor the roll out and functionality of the new Medicare Plan Finder tool. Given these concerns, we request answers to the following questions.

1. Is it possible to maintain the current legacy system until January 1, 2020?
2. What process, if any, has CMS used to solicit feedback from SHIPs and assisters along with beneficiaries to test the new tool and develop a Frequently Asked Questions (FAQ) brochure or similar resource?
3. What process, if any, has CMS developed for SHIPs and assisters to provide observations and other feedback to CMS regarding the new plan finder as open enrollment begins?
4. What process does CMS have in place to monitor the rollout and any disruptions to the Medicare Plan Finder tool?
5. What procedures are in place to respond to potential site disruption, unexpected crashes or log-outs, and delays associated with creating new accounts or recovering passwords?
6. What contingency plans are in place to respond to capacity challenges that SHIPs, 1-800-MEDICARE, Medicare.Gov and other assisters may face due to the anticipated high volume of beneficiaries seeking assistance?
7. What monitoring will take place to identify and review enrollment patterns such as unusual spikes that might indicate inappropriate outreach or broker behavior? What monitoring exists to protect against adverse selection?
8. What process is in place to report and correct inappropriate outreach or broker behavior?

Thank you for your attention to this letter, and we look forward to your response. For questions, please contact Elvia Montoya (Elvia_Montoya@merkley.senate.gov) and Arielle Woronoff (Arielle_Woronoff@finance.senate.gov).

Sincerely,


Jeffrey A. Merkley
United States Senator


Ron Wyden
United States Senator