

October 16, 2019

Hon. Seema Verma -- Administrator
Centers for Medicare and Medicaid Services
Department of Health & Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Dear Administrator Verma:

The membership of the National Association of Insurance Commissioners' (NAIC) Senior Issues Task Force (SITF) write to support the concerns expressed by state regulators, consumer advocacy groups and industry representatives regarding the new Medicare Plan Finder (Finder).

For many people with Medicare, evaluating health care and prescription drug coverage options can be a daunting task. While the Finder can be a helpful tool, this new updated version raises problems. The SITF shares many of the concerns expressed by many interested parties that this new Finder has serious inaccuracies and errors that have the potential to affect consumers, carriers and state insurance regulators.

Some examples of concerns, errors and omissions are:

- There is no Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) notice with respect to *newly eligible* beneficiaries on individual Medigap Plan C, Plan F and Plan High Deductible F.
- The cost comparison between Medicare Advantage (MA) and Medicare with a Medigap plan does not capture out of pocket costs – only premiums. This gives the false sense that Medigap is much more expensive overall than an MA plan.
- The *total yearly estimated cost* for Original Medicare and a Medigap Plan (particularly Plan F) is unreasonably high.
- The description of the Medicare Savings Program (MSP) is inaccurate since not every MSP pays for cost-sharing, which the description implies.
- General searches will not save prescription drug entries, so repeated entries will be required as needed when not doing a personalized search.

- The new Finder should allow users to sort drug plans by the “total drug and premium cost” for the plan year, as was possible with the previous version of the Finder.
- The drug plan summary lists the costs for mail order pharmacies but there is no ability to compare the mail order and retail cost of a drug, as was possible with the previous version of the Finder.
- The new Finder should add formulary information in the summary view and the ability to sort or filter plans according to this data point.
- There is no longer an option for selecting that a person gets a drug once per year, which is a common scenario for people with Medicare, as was possible with the previous version of the Finder.
- The Drug Cost information section should include a monthly cost chart, including the bar graph, which includes premiums and out-of-pocket expenses, as was possible with the previous version of the Finder.

We also encourage CMS to work with the NAIC on some of the functionality issues with the Finder when CMS updates the Finder for next year. Some of the concerns include not allowing for general searches to be saved without the creation of an account and not including an email option for consumers to view and review their comparisons, rather than the current cumbersome print option. This email option was available on the previous version of the Finder.

Coming out with a new Finder on the heels of open enrollment that has errors and omissions may discourage Medicare beneficiaries from taking advantage of reviewing their drug/medical plans. We encourage you to carefully and seriously review the concerns expressed in this letter and in the letters already sent to CMS by concerned parties and make the necessary corrections, edits and changes so that the Finder can be the truly useful tool for consumers as intended.

Sincerely,



Lori K. Wing-Heier
Chair, Senior Issues (B) Task Force
Director, Alaska Division of Insurance

cc: Brady Brookes, Deputy Administrator and Deputy Chief of Staff
Kimberly Brandt, Principal Deputy Administrator for Policy & Operations
Demetrios L. Kouzoukas, Principal Deputy Administrator of CMS and Director of the Center for Medicare
Kathryn Anne Coleman, Director, Medicare Drug & Health Plan Contract Administration Group
Jerry Mulcahy, Director, Medicare Enrollment and Appeals Group