

## United States Senate

SPECIAL COMMITTEE ON AGING

WASHINGTON, DC 20510-6400

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April 3, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Administrator Verma:

Last month, the Senate Aging Committee hosted a series of hearings focused on the complex web of prescription drug prices. Our Committee heard from people with Medicare who struggle to afford their prescription drug copayments, navigate complex appeals processes, and understand their insurer's coverage rules and restrictions. We also explored solutions, inviting experts from academic and consumer organizations.

One witness highlighted the importance of ensuring that the Medicare.gov Plan Finder contains comprehensive information about prescription drug coverage in a format that is easy-to-understand. We believe that Plan Finder could be improved by clearly stating out-of-pocket costs, improving access to information on plan networks, simplifying information on coverage rules, and enhancing the tool's overall design. As you work to update Plan Finder, we urge you to consider making these and other improvements that can help individuals better understand their prescription drug coverage.

Plan Finder is the online tool that more than 43 million people with Medicare rely on to compare and contrast their prescription drug coverage options. Seniors, people with disabilities, and family caregivers rely on Plan Finder to answer questions on what medications cost, which prescription drugs are covered, what pharmacies are in-network, and more. Our hearing revealed, however, what the Centers for Medicare & Medicaid Services (CMS) has already acknowledged, namely that Plan Finder "falls short of current users' need and expectations."<sup>1</sup>

In February, CMS committed to undertaking a comprehensive redesign of Plan Finder, transitioning to a set of web-based Medicare Coverage Tools. We applaud this course of action, and urge you to ensure that the agency's process is responsive to the experiences of people with Medicare and their caregivers, as well as analyses and recommendations from experts, benefits counselors, and advocates. Moreover, as the agency engages in the Plan Finder redesign, we

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<sup>1</sup> J. Booth, "Medicare Plan Finder Improvements: Medicare Coverage Tools," presentation before the National Medicare Education Program (NEMP) on March 8, 2019, available at: <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/NationalMedicareEducationProgram.html>.

strongly encourage the agency to consider the testimony of our patients<sup>2</sup> and expert witnesses.<sup>3</sup> In particular, we urge CMS to consider the following recommendations:

**Make information on out-of-pocket costs clearer:** A pharmacy counter experience shared by every patient who testified before our Committee involved the shock of learning that total out-of-pocket costs for a needed medication are much higher than anticipated. Our patient and expert witnesses stressed the importance of ensuring that Plan Finder's cost information is both accurate and easy-to-understand.

Out-of-pocket cost information in the Medicare Coverage Tools could be clarified by including the following: more focus on dollar amounts and less focus on jargon pertaining to plan tiering labels; readily available information on the costs for those with assistance, such as the Part D Low-Income Subsidy; an out-of-pocket cost calculator that can be personalized; and the listing of coinsurances in dollar amounts, as opposed to less meaningful percentages.

**Improve access to information on plan networks, especially pharmacies:** A chief concern highlighted by a *Consumer Reports* investigative series involved the transparency of plan networks, including preferred vs. non-preferred pharmacies.<sup>4</sup> A pharmacy's or provider's network status has a significant bearing on what an enrollee pays for their medications. We urge the agency to offer clear and accessible information on pharmacy and provider networks in its Medicare Coverage Tools, and we encourage CMS to use searchable directory functions.

**Simplify information on coverage rules:** Several of our patient witnesses shared experiences where their access to a needed medication was delayed, either indefinitely or temporarily. Witnesses spoke about the challenges they face when a medication is not covered, as well as instances when restrictions—like prior authorization, step therapy, or quantity limits—apply. According to one expert's testimony, coverage rules are “very difficult to untangle.” We urge the agency to make improved access to this information a focus of the Plan Finder redesign.

**Design tools that more people will use:** The phrases “confusing,” “daunting,” and even “impossible,” peppered the testimony provided by our patient and expert witnesses. We appreciate that CMS is exploring avenues to make the Medicare Coverage Tools more streamlined and mobile-friendly. A revamped Plan Finder must be more user-friendly and accessible to individuals with diverse backgrounds. Additionally, we urge the agency to include as much customization and personalization as possible, so that individuals can truly evaluate which Medicare plan best meets their health and financial needs. We also request that you share with us the consumer testing research by CMS that is informing the proposed Medicare Coverage Tools design changes.

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<sup>2</sup> Senate Aging Committee, “The Complex Web of Prescription Drug Prices, Part I: Patients Struggling with Rising Costs,” (March 6, 2019), testimony available at: <https://www.aging.senate.gov/hearings/the-complex-web-of-prescription-drug-prices-part-i-patients-struggling-with-rising-costs>.

<sup>3</sup> Senate Aging Committee, “The Complex Web of Prescription Drug Prices, Part II: Untangling the Web and Paths Forward,” (March 7, 2019), testimony available at: <https://www.aging.senate.gov/hearings/the-complex-web-of-prescription-drug-prices-part-ii-untangling-the-web-and-paths-forward>.

<sup>4</sup> L. Gill, “Statement of Lisa Gill, Deputy Editor, Special Projects, Consumer Reports before the U.S. Senate Special Committee on Aging,” March 7, 2019, available at: [https://www.aging.senate.gov/imo/media/doc/SCA\\_Gill\\_3\\_7\\_19%20x.pdf](https://www.aging.senate.gov/imo/media/doc/SCA_Gill_3_7_19%20x.pdf).

When it comes to making Medicare coverage choices, the available evidence consistently reinforces the phrase “it pays to shop.”<sup>5</sup> Older Americans, people with disabilities, and their caregivers deserve easy-to-use Medicare Coverage Tools that minimize shock at the pharmacy counter and that help them save on the cost of prescription drugs and other needed services. Again, we appreciate your commitment to redesigning Plan Finder, including both planned enhancements and a concerted effort to improve upon its known shortcomings.

Thank you for your consideration of this request. We look forward to staying in touch as CMS undertakes the redesign of Plan Finder and ask that your staff please provide a briefing on the agency’s timeline, work plan, and process for soliciting stakeholder input concerning the redesign for members of our staff by April 22, 2019. If you have any questions, please contact Stacy Sanders at Stacy\_Sanders@aging.senate.gov and Amy Pellegrino at Amy\_Pellegrino@aging.senate.gov.

Sincerely,



Susan M. Collins  
Chairman



Robert P. Casey, Jr.  
Ranking Member

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<sup>5</sup> Ibid; J. Hoadley, J. Cubanski and T. Neuman, “It Pays to Shop: Variation in Out-of-Pocket Costs for Medicare Part D Enrollees in 2016,” Kaiser Family Foundation, December 2015, available at: <https://www.kff.org/medicare/issue-brief/it-pays-to-shop-variation-in-out-of-pocket-costs-for-medicare-part-d-enrollees-in-2016/>.