



July 2019

# MEDICARE PLAN FINDER

## Usability Problems and Incomplete Information Create Challenges for Beneficiaries Comparing Coverage Options

This Report Is Temporarily Restricted Pending Official Public  
Release.

## Why GAO Did This Study

Medicare beneficiaries—more than 60 million as of 2019—have a series of decisions to make when selecting their Medicare health and prescription drug coverage. Beneficiaries must first choose between two main options for their Medicare coverage: either original fee-for-service Medicare or MA. Within these two options, beneficiaries have many additional choices, and they are permitted to change their coverage at least annually. These selections can be difficult due to the Medicare program's complexity and can have important implications for beneficiaries' out-of-pocket costs and access to providers.

According to CMS, the MPF website is intended to help beneficiaries make informed decisions regarding their health care and prescription drug coverage. However, some stakeholders have raised concerns that beneficiaries experience challenges using MPF to compare their Medicare coverage options.

GAO was asked to review MPF. This report examines what is known about the usability of MPF and the completeness of its information. GAO reviewed research and CMS documentation on MPF, and surveyed 51 directors of SHIP offices that have counselors who assist beneficiaries with Medicare decisions. Forty SHIP directors completed the survey, resulting in a 78 percent response rate. GAO also interviewed CMS officials and officials with 13 stakeholder groups, including seven beneficiary advocacy groups.

GAO provided a draft of this report to the Department of Health and Human Services. The department provided technical comments, which GAO incorporated as appropriate.

View [GAO-19-627](#). For more information, contact James Cosgrove at (202) 512-7114 or [cosgrovej@gao.gov](mailto:cosgrovej@gao.gov).

## MEDICARE PLAN FINDER

### Usability Problems and Incomplete Information Create Challenges for Beneficiaries Comparing Coverage Options

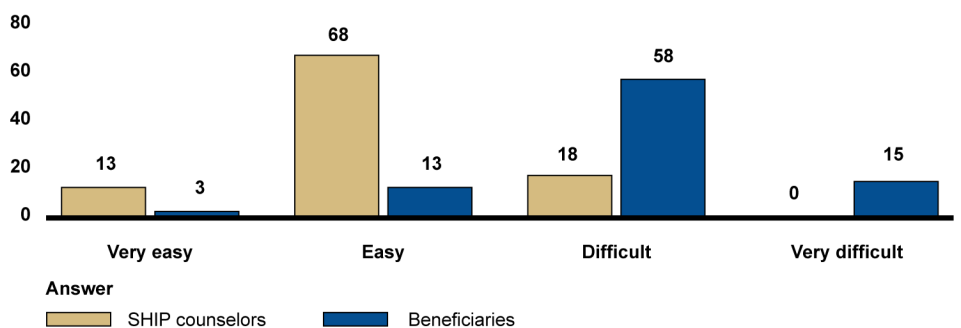
#### What GAO Found

The Medicare Plan Finder (MPF) website—a primary resource for comparing Medicare coverage options—is difficult for beneficiaries to use and provides incomplete information, according to stakeholders and research studies. These sources and directors of State Health Insurance Assistance Programs (SHIP) GAO surveyed—who assist beneficiaries with their Medicare coverage choices—reported that beneficiaries struggle with using MPF because it can be difficult to find information on the website and the information can be hard to understand. For example, MPF

- requires navigation through multiple pages before displaying plan details,
- lacks prominent instructions to help beneficiaries find information, and
- contains complex terms that make it difficult for beneficiaries to understand information.

In response to GAO's survey, 73 percent of SHIP directors reported that beneficiaries experience difficulty finding information in MPF, while 18 percent reported that SHIP counselors experience difficulty.

**User Difficulty Finding Information in Medicare Plan Finder, Reported by SHIP Directors, 2018**  
Percentage



Source: GAO Survey of State Health Insurance Assistance Programs (SHIP). | GAO-19-627

Note: Percentages do not round to 100 as some SHIP directors said they had no basis to respond.

Stakeholders and SHIP directors reported that MPF provides incomplete estimates of costs under original Medicare, making it difficult to compare original Medicare and Medicare Advantage (MA), the program's private health plan alternative. Specifically, MPF's plan results pages do not integrate information on Medigap plans. (These plans help cover some of beneficiaries' out-of-pocket costs.) Seventy-five percent of the SHIP directors surveyed reported that the lack of Medigap information in MPF limits the ability of beneficiaries to compare original Medicare to MA.

The Centers for Medicare & Medicaid Services (CMS)—the agency that administers MPF—is aware of the difficulties beneficiaries face using MPF and is planning to launch a redesigned website in August 2019. According to CMS, redesigning MPF involves multiple iterations of changes and ongoing user testing, and CMS will know more about how well the redesigned MPF addresses user needs after it is used by beneficiaries.

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## Abbreviations

CMS	Centers for Medicare & Medicaid Services
MA	Medicare Advantage
MPF	Medicare Plan Finder
PDPs	prescription drug plans
SHIP	State Health Insurance Assistance Program

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July 26, 2019

The Honorable Richard E. Neal  
Chairman  
Committee on Ways and Means  
House of Representatives

Dear Mr. Chairman:

Due to the complexity of the Medicare program, choosing among Medicare coverage options can be difficult and overwhelming for the growing number of Medicare beneficiaries. An estimated 10,000 people a day become eligible for Medicare, adding to the over 60 million Medicare beneficiaries in 2019. Beneficiaries have two main options for their Medicare health coverage: original fee-for-service Medicare or Medicare Advantage (MA), the private plan alternative.<sup>1</sup> Within the two main Medicare options, beneficiaries have many choices; for example, in 2019 a beneficiary could choose from an average of 24 MA plans, each with different coverage, costs, and providers. Beneficiaries may need to consider some key differences when deciding among these options. For example, beneficiaries in original Medicare may receive covered services from any Medicare provider while beneficiaries who enroll in MA plans may have a limited choice of providers. Beneficiaries in MA plans may receive coverage for additional items and services, such as vision or dental care, which are generally not covered under original Medicare. Under either original Medicare or MA, beneficiaries may also choose to obtain prescription drug coverage. Beneficiaries may change their coverage during annual open enrollment periods, among other times.<sup>2</sup>

The Centers for Medicare & Medicaid Services (CMS) administers Medicare Plan Finder (MPF)—an interactive website,

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<sup>1</sup>Medicare is the federal health insurance program for persons aged 65 or over, certain individuals with disabilities, and individuals with end-stage renal disease. For the remainder of this report, we refer to original fee-for-service Medicare as original Medicare.

<sup>2</sup>During Medicare's open enrollment period, beneficiaries may change from original Medicare to MA, from MA to original Medicare, or change their prescription drug coverage. This open enrollment period runs from October 15 through December 7 each year, with changes going into effect January 1 of the following year. Beneficiaries may also switch MA plans during the MA open enrollment period, between January 1 and March 31 of each year. Under special circumstances, beneficiaries may be able to change their plans outside of annual open enrollment periods.

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[www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan)—to help beneficiaries and those assisting them compare and choose their Medicare health coverage options and drug plans. As a primary source of information to compare Medicare coverage options, CMS’s goal is for MPF to be a trusted and neutral resource for Medicare beneficiaries, according to agency officials. Due to the complexity of choices within Medicare and the implications for beneficiaries’ costs and access to care, beneficiaries need MPF to be easy to use and understand. However, some stakeholders have raised concerns that beneficiaries experience challenges using MPF to compare their Medicare coverage options.

You asked us to review MPF as a resource to assist beneficiaries in deciding among their Medicare coverage options. This report examines what is known about the usability of MPF and the completeness of its information.

To determine what is known about the usability of MPF and the completeness of its information, we reviewed CMS-sponsored research and studies published by beneficiary advocacy groups regarding beneficiaries’ experiences navigating and understanding MPF. We reviewed federal law related to the Medicare program and obtained documentation from CMS on its management of MPF, including past and proposed changes to MPF. We interviewed officials from CMS and officials with 13 stakeholder groups knowledgeable about Medicare beneficiaries’ health insurance needs. Stakeholders included seven beneficiary advocacy groups, five organizations representing the private insurance industry, and the State Health Insurance Assistance Program (SHIP) steering committee.<sup>3</sup>

We also surveyed 51 SHIP directors, who represent the SHIP in their respective states and are knowledgeable about user experiences with

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<sup>3</sup>SHIPs are state agencies that provide insurance counseling and assistance to Medicare beneficiaries, their families, and caregivers. SHIPs operate in all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands, and are supported by grants from the Administration for Community Living, a division within the Department of Health and Human Services. The SHIP steering committee is comprised of SHIP directors representing SHIPs across the United States. The steering committee serves as a liaison between the SHIPs and the Administration for Community Living, communicating issues or questions that SHIPs encounter.

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MPF.<sup>4</sup> We developed the survey based on a review of federal standards for website design, studies on CMS health insurance websites, including MPF, and interviews with stakeholders. We pretested the survey with four selected SHIP directors to help ensure that our questions were understandable and clear. We conducted the survey between December 2018 and January 2019. The survey asked the SHIP directors for their opinions on MPF usability and the completeness of its information—based on their interactions with the website and their perceptions of beneficiaries’ experiences with it. Forty of the 51 SHIP directors submitted completed surveys, resulting in a 78 percent response rate. Results for survey questions are expressed as a percentage of all 40 responses received from SHIP directors. For some questions, a few SHIP directors either did not respond or reported no basis to respond. We also interviewed CMS officials about CMS’s processes for managing and verifying the information posted to MPF and CMS’s plans for future changes to the website.

We conducted this performance audit from February 2018 to July 2019 in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings based on audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings based on our audit objectives.

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## Background

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### Medicare Coverage Options

Beneficiaries have several Medicare options from which to select, which can have important consequences for their out-of-pocket expenses and access to care. These decisions include the following:

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<sup>4</sup>We surveyed SHIP directors in the United States and the District of Columbia and did not survey SHIP directors in Guam, Puerto Rico, and the U.S. Virgin Islands. SHIP personnel provide information and assist beneficiaries with their Medicare coverage choices, including original Medicare, MA, prescription drug coverage, and Medigap plans. SHIP personnel use MPF as a resource when providing assistance to beneficiaries. According to CMS officials and stakeholders, beneficiaries may also receive assistance in using MPF from others, including family members, caregivers, and assistors, such as 1-800-MEDICARE customer service representatives, insurance brokers, and beneficiary advocacy groups.

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#### 2019 Medicare Enrollment

Original Medicare Enrollment = 42 million

- Original Medicare with Part D = 21 million of the 42 million
- Original Medicare with Medigap = 9.4 million (in 2016)<sup>a</sup>
- Medicare Advantage Enrollment = 22 million
- Medicare Advantage with Part D = 17 million of the 22 million

<sup>a</sup>Medigap enrollment data for 2016 was the latest available at the time of our review.

Source: Kaiser Family Foundation. | GAO 19-627

- **What type of coverage?** The first coverage decision faced by Medicare beneficiaries is choosing between original Medicare or MA. Original Medicare includes coverage for Medicare Part A services, such as inpatient hospital stays, and for Medicare Part B services, such as outpatient hospital care and physician office visits. Under MA—the private plan alternative to original Medicare—beneficiaries enroll in MA plans that generally must provide coverage for all the services included under original Medicare, and may also offer extra benefits. MA plans generally establish a network of health care providers to provide services to enrolled beneficiaries.
- **Add prescription drug coverage?** Beneficiaries in original Medicare and those in certain MA plans may also choose whether to add prescription drug coverage (Medicare Part D). Prescription drug plans are administered by private insurance companies that contract with CMS. Beneficiaries in original Medicare obtain drug coverage by purchasing a separate prescription drug plan (PDP), while those in MA generally obtain coverage by selecting a MA plan that offers prescription drug benefits.<sup>5</sup> MA prescription drug plans and separate PDPs vary in the amount beneficiaries need to pay and in the drugs that are covered.
- **Add supplemental coverage?** Beneficiaries in original Medicare can also purchase Medicare supplemental insurance—known as Medigap plans—offered by private insurance companies. These plans help pay for Medicare’s required cost sharing and some out-of-pocket costs not covered under original Medicare, such as emergency health care during international travel.<sup>6</sup>

Figure 1 illustrates the decisions beneficiaries have to make when selecting their Medicare coverage options.

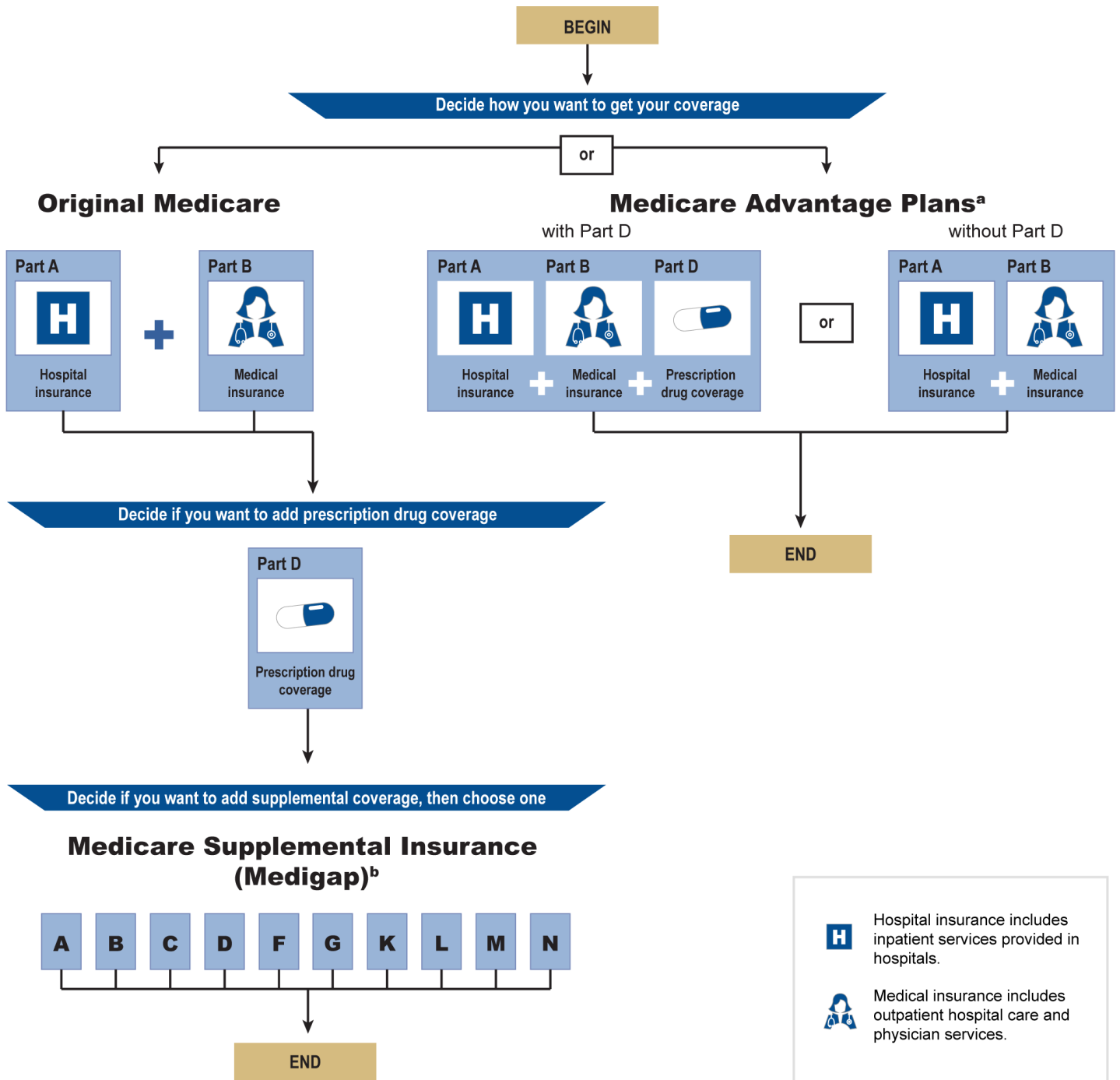
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<sup>5</sup>Ninety percent of all MA plans offered in 2019 include prescription drug coverage. Only beneficiaries enrolled in certain types of MA plans that do not cover prescription drugs, such as Medicare Savings Account plans or certain Private Fee-for-Service plans, are allowed to enroll in separate PDPs for their drug coverage.

<sup>6</sup>In 2019, there are 10 Medigap plans available to individuals enrolled in original Medicare. These plans must comply with federal and state laws and offer the same basic benefits. Medigap plans are identified by the letters A through D, F through G, and K through N. Plan F has two different versions; for our purposes we are counting plan F as one plan. Although the plans are standardized, private insurance companies may offer additional benefits and set their own premiums. As of January 1, 2020, there will be 14 standardized Medigap plans. See 82 Fed. Reg. 41684 (Sept. 1, 2017). Three states—Massachusetts, Minnesota, and Wisconsin—are permitted by statute to have different standardized Medigap plans.



Figure 1: Overview of Medicare Coverage Decisions for 2019



Source: GAO analysis of Centers for Medicare & Medicaid Services Information. | GAO-19-627

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<sup>a</sup>Ninety percent of all Medicare Advantage plans offered in 2019 include prescription drug coverage.

<sup>b</sup>For 2019 there are 10 standardized Medigap plans and the number will increase to 14 effective January 1, 2020. Medigap plan F has two versions—one is a high deductible plan.

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## Medicare Cost and Access Considerations

Two research studies we reviewed indicate that cost is a key consideration for Medicare beneficiaries when selecting Medicare coverage.<sup>7</sup> Beneficiaries may want to know what their likely out-of-pocket costs will be monthly, annually, or both. Beneficiaries may also want to know what their costs may be if they have a change in health status, such as by experiencing an illness. Beneficiaries may be responsible for several specific types of health care costs, including the following:

- **Premiums**—Beneficiaries generally make monthly payments to purchase coverage. Medicare Part A generally does not require beneficiaries to pay a premium. Part B premiums are established by statutory formula and are means-tested so that beneficiaries with higher incomes pay higher premiums.<sup>8</sup> The premiums charged by MA plans and Part D plans are established by each plan and can vary widely. Beneficiaries in original Medicare who opt to purchase Medigap will also pay a monthly premium for coverage, with the amount of the premium varying across the 10 standardized plans and by the different companies offering these plans.
- **Cost sharing**—Beneficiaries are typically responsible for paying a portion of the costs for the services they receive as either a copayment or coinsurance. A copayment is a fixed dollar amount for each doctor visit, medical service, or medication. With coinsurance, a beneficiary pays a percentage of the allowed charge for each health care service or medication.
- **Deductibles**—Beneficiaries must pay out-of-pocket a specified annual amount of expenses before Medicare will begin paying for approved

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<sup>7</sup>Alan Newman Research, *Medicare Open Enrollment User Testing Research In-depth Interviews: Summary Report* (Richmond, Va.: December 2018) and Clear Choices Campaign and National Council on Aging, *Modernizing Medicare Plan Finder: Evaluating and Improving Medicare's Online Comparison Shopping Experience* (Arlington, Va.: National Council on Aging, 2018).

<sup>8</sup>Enrollment in Part B is voluntary, and most Medicare beneficiaries choose to enroll in it. The Part B premium is based on a person's income; in 2019, it is \$135.50 per month for beneficiaries with incomes below \$85,000. Beneficiaries in MA plans must pay Medicare's Part B premium in addition to any premium charged for the MA plan. Some MA plans help cover the Part B premium cost for their enrollees.

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services or medications.

MA plans establish out-of-pocket maximums or set limits on the amount a beneficiary will have to spend a year. In contrast, original Medicare has no limit on beneficiary out-of-pocket costs. In 2019, two Medigap plans provide maximum out-of-pocket limits, and beneficiaries with these plans do not have to pay costs above the limits.

The same two research studies identified access to particular health care providers as another key consideration for beneficiaries when selecting Medicare coverage. Beneficiaries in original Medicare may see any doctor or use any facility that accepts Medicare payment, and referrals are not needed to see specialists. In contrast, MA beneficiaries must typically use the MA plan's network of health care providers, including doctors, hospitals, and outpatient facilities, and referrals are generally needed to see specialists.<sup>9</sup> Further, beneficiaries in MA plans that allow access to out-of-network providers may be required to pay more when receiving services from such providers. MA provider networks can change during the year and from year to year.<sup>10</sup>

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## Medicare Plan Finder (MPF)

According to CMS officials, MPF was launched in 1998 in response to the Balanced Budget Act of 1997, which required the Department of Health and Human Services—the agency responsible for overseeing CMS—to maintain MA plan information on the internet, among other things.<sup>11</sup>

According to CMS, MPF is a primary CMS resource for beneficiaries to compare costs and coverage of different Medicare health and prescription drug coverage options in their area, including comparing original Medicare to MA plans, and Part D plans. As illustrated in figure 2, the MPF landing page—the first web page users see when accessing MPF—includes a section where beneficiaries start the process of searching for and comparing coverage options (see A in fig. 2), and a section providing links to additional decision support tools for beneficiaries (see B in fig. 2).

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<sup>9</sup>Some MA plans require beneficiaries to use network providers, while others allow beneficiaries to use non-network providers if they pay more out-of-pocket.

<sup>10</sup>CMS officials told us that MA plans must continue to meet CMS network requirements at all times.

<sup>11</sup>Pub. L. No. 105-33, § 4001, 111 Stat. 251, 275 (codified as amended at 42 U.S.C. § 1395w-21(d)(5)).

**Figure 2: Medicare Plan Finder Website Landing Page**

[Español](#) | [A A A](#) | [Print](#) [About Us](#) | [Glossary](#) | [CMS.Gov](#) | [Medicare.gov](#) | [MyMedicare.gov Login](#)

**Medicare.gov | Medicare Plan Finder**

The Official U.S. Government Site for Medicare

[Medicare Plan Finder Home](#) | [Learn More About Plans](#) | [Help](#) | [Glossary](#) | [FAQ](#)

Home

### Find a plan that works for you

Start here to view Medicare Advantage plans (like an HMO or PPO), or Medicare Prescription Drug Plans (Part D).

#### Basic Search

Enter your ZIP code to see a list of all available plans in your area.

Enter your ZIP code

Example: 90210

#### See a list of plans tailored to you

Don't want to log in to your account? Answer the questions below to personalize your search.

#### Answer these questions to see a list of plans tailored to you

Complete the fields below to see a personalized list of plans without logging in. Your Medicare card includes all necessary information.

Enter your ZIP code

Example: 90210

Medicare Number: ⓘ

Where can I find my Medicare Number? ⓘ

Last Name:  Suffix:

Date of Birth: For example: 04 28 1944

Month  Day  Year

Effective Date for Part A: For example: 04 2009

Month  Year

Not Part A? [Select here.](#)

By selecting "Find plans" you're agreeing to the terms and conditions of the [User Agreement](#).

#### Additional Tools

- [Help with your Medicare choices](#)
- [Estimate Medicare Costs](#)
- [Find and compare Medigap policies](#)
- [Find PACE Plan\(s\)](#)
- [Search by plan name and/or ID](#)
- [Enroll now](#)
- [Check your enrollment](#)

Source: Capture of the Medicare Plan Finder website ([www.medicare.gov/find-a-plan](http://www.medicare.gov/find-a-plan)) taken on 20 May 2019. | GAO-19-627

Note: Section A is where beneficiaries start the process of searching for and comparing Medicare coverage options. Section B includes additional decision support tools.

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Beneficiaries begin searching in MPF by entering their zip code and following a 4-step process that moves them through different MPF website pages.

Step 1—Basic search: Beneficiaries provide responses to requested information, including identifying whether they have Medicare coverage and whether they would like to add prescription drug coverage to their search.

Step 2—Enter drugs: Beneficiaries may add a list of prescription drugs, along with the dosage and dosing frequency, to identify which plans cover these drugs and the cost sharing amount under each plan.

Step 3—Select pharmacies: Beneficiaries select up to two pharmacies that they prefer for obtaining their medications.

Step 4—Refine plan results: Beneficiaries see a list of available coverage options—original Medicare, MA plans, and separate PDPs—based on the zip code they entered. Beneficiaries can filter these search results by variables such as monthly premium or deductible amounts, and then they can sort those results by variables such as lowest estimated annual costs or lowest plan deductible. Beneficiaries can then select up to three choices, view specific coverage and cost details for each, and do a detailed side-by-side comparison of each. The plan results page shows this comparison and includes beneficiaries' estimated annual out-of-pocket costs for each coverage option they choose to review.

The additional decision support tools available on the MPF landing page that beneficiaries may use to help select their Medicare health and drug coverage include the following:

1. *Help with Your Medicare Choices*, which uses filtering questions to help new beneficiaries understand their Medicare coverage choices;
2. *Estimate Medicare Costs*, which helps beneficiaries compare the average estimated costs of original Medicare options, such as original Medicare with a prescription drug plan and a Medigap plan, to the costs of MA with prescription drug coverage; and
3. *Find and Compare Medigap Policies*, which helps beneficiaries find information on the different standardized Medigap plans offered by zip code.

Since its inception, MPF has undergone many modifications as new parts were added to the Medicare program, such as the addition of Medicare

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Part D.<sup>12</sup> According to CMS officials, the agency has also taken steps to make additional changes to improve the website, including technology updates to improve system stability and performance, such as page load times and error rates. In addition, CMS seeks feedback from stakeholders, such as the customer service representatives at the 1-800-MEDICARE help line, SHIP personnel, and others, which according to agency officials, has resulted in additional changes. Changes have included allowing beneficiaries to log into their Medicare account to access some of their existing data, such as their prescription drugs, and the addition of a help feature that can connect beneficiaries to 1-800-MEDICARE customer service representatives for live help.

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## Stakeholders and Research Indicated Medicare Plan Finder Is Difficult to Use and Provides Incomplete Information, and CMS Is Redesigning It to Make Improvements

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### Challenges Navigating and Understanding Information in Medicare Plan Finder Make It Difficult for Beneficiaries to Use, According to Stakeholders and Research

Stakeholders, research studies, and SHIP directors responding to our survey generally indicated that MPF is difficult for beneficiaries to navigate and understand. All 13 stakeholder groups we interviewed reported that MPF is challenging for Medicare beneficiaries to use. Specifically, most stakeholders cited difficulty navigating as beneficiaries click through multiple complex pages in order to find and compare coverage options. For example, two stakeholders noted that beneficiaries must answer questions about their current Medicare health and drug coverage and then go through a series of pages and steps before they

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<sup>12</sup>The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 initiated changes to MPF by requiring CMS to broadly disseminate information on Part D plans in a manner similar to that of MA plans. See Pub. L. No. 108-173, 117 Stat. 2075 (codified as amended at 42 U.S.C. § 1395w-101(c)). From 2004 to 2010, CMS told us the agency maintained separate MPF websites for MA and Part D information. In 2010, CMS combined the websites into the current version of MPF.

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can view detailed information on their coverage options. One of these stakeholders also told us that MPF navigation is cumbersome because users cannot jump directly to certain pages or sections that address their needs, such as viewing the availability of preferred pharmacies. One of the stakeholders we interviewed also noted the lack of prominent instructions on how to use MPF contributed to difficulties navigating the four steps. Finally, in our interviews two stakeholders also noted that navigation is difficult because beneficiaries are uncertain of the information needed to make different comparisons or identify specific plans. For example, the ability to filter and sort plan information does not appear until later in the plan search process, where users are refining plan results. This makes it hard for users to narrow options specific to their needs because they first must go through all the options presented. Specifically, beneficiaries will first see a list of plans available in their zip code—on average 24 plans—and then must narrow down that list before they can compare up to three selected plans.

A 2018 report conducted jointly by two advocacy groups cited difficulties locating the filter and sort functions in MPF, which contributed to navigation problems.<sup>13</sup> CMS user testing conducted on MPF found that overall beneficiaries are confused about how to find a MA plan on MPF.<sup>14</sup> For example, this testing showed that some users had difficulties with the steps for refining plan results because they overlooked or ignored the filters. A 2017 CMS study noted that MPF navigation is difficult and is better suited for specialist users who assist beneficiaries in determining their coverage options, such as 1-800 MEDICARE customer service representatives and SHIP counselors. Further, CMS officials said the

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<sup>13</sup>Clear Choices Campaign and National Council on Aging, *Modernizing Medicare Plan Finder*.

<sup>14</sup>Alan Newman Research, *Medicare Open Enrollment User Testing Research*.

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study found that beneficiaries would benefit if navigation through the site were more tailored to the tasks they were undertaking.<sup>15</sup>

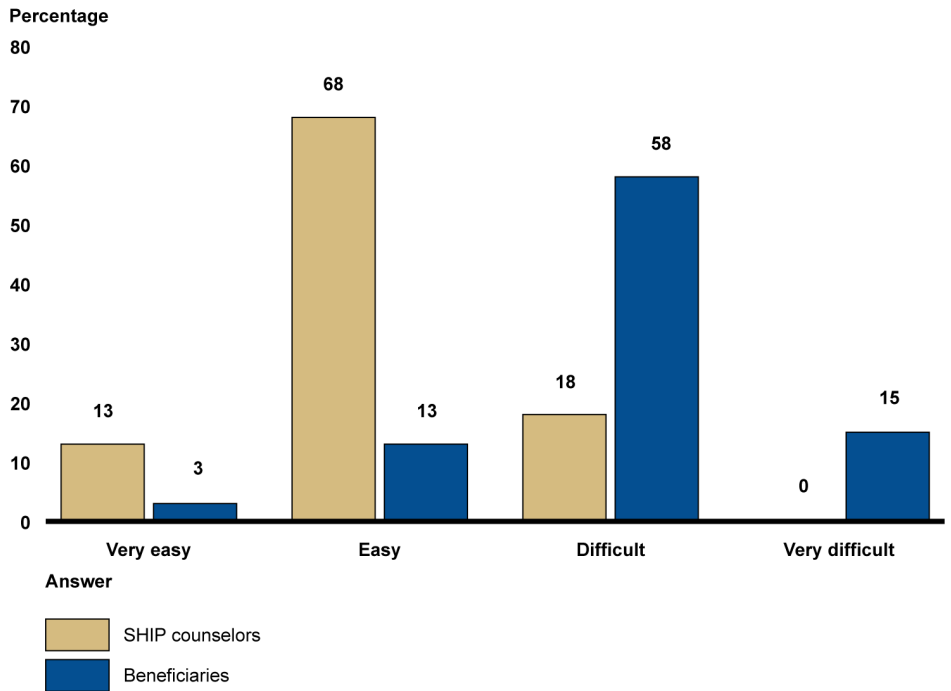
Our survey of SHIP directors, who provide assistance to Medicare beneficiaries and therefore are familiar with MPF usability, also found that it is difficult for beneficiaries to navigate and find information. Specifically, 73 percent (29 of 40) of the SHIP directors who responded to our survey reported that it is difficult or very difficult for beneficiaries to find information in MPF. While SHIP directors reported that it is easier for SHIP counselors to find information, they noted that some also experience difficulty. Eighteen percent (7 of 40) SHIP directors reported that it is difficult for SHIP counselors to find information in MPF. (See fig. 3.)

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<sup>15</sup>Martino, S. C., et. al., “Can a More User-Friendly Medicare Plan Finder Improve Consumers’ Selection of Medicare Plans?” *Health Services Research* vol. 52, no. 5, (2017). This study evaluated two enhancements to MPF—a simplified data display to make information easier to understand and filter, and a revised landing page with links directing users to information based on the tasks they want to do in MPF, such as compare coverage options. According to CMS officials, a tailored or customized approach for most tasks resulted in less information displayed and fewer steps needed to complete tasks. However, for some tasks the simplified data display did not work as well. Overall, the study concluded that design enhancements that simplified data and allowed users to navigate to the task they want to perform in MPF could improve usability and may lead to better decision making.



**Figure 3: State Health Insurance Assistance Program (SHIP) Counselors' and Beneficiaries' Ability to Find Information in Medicare Plan Finder, as Reported by SHIP Directors, 2018**



Source: GAO Survey of State Health Insurance Assistance Programs (SHIP). | GAO-19-627

Note: Percentages do not equal 100 because some directors either did not respond to the question or reported no basis to respond.

In addition to website navigation, it is also difficult for beneficiaries to understand the information in MPF, according to stakeholders, research studies, and SHIP directors responding to our survey. All seven beneficiary advocacy groups interviewed reported that beneficiaries find it challenging to understand information in MPF. For example, some stakeholders noted that beneficiaries do not always understand terminology, such as the differences between cost sharing, copayment, and out-of-pocket costs. Most stakeholders also noted that beneficiaries struggle to understand cost estimates and interpret how much they will have to pay. CMS user testing of MPF in 2018 found that beneficiaries were overwhelmed by the number and complexity of options from which they had to choose.<sup>16</sup> According to a 2018 research study conducted by

<sup>16</sup>Alan Newman Research, *Medicare Open Enrollment User Testing Research*.

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two advocacy groups, the website explains health coverage terminology poorly and does not use plain language. As a result, users with low health insurance literacy may not understand, for example, the cost differences between generic versus brand-name drugs.<sup>17</sup>

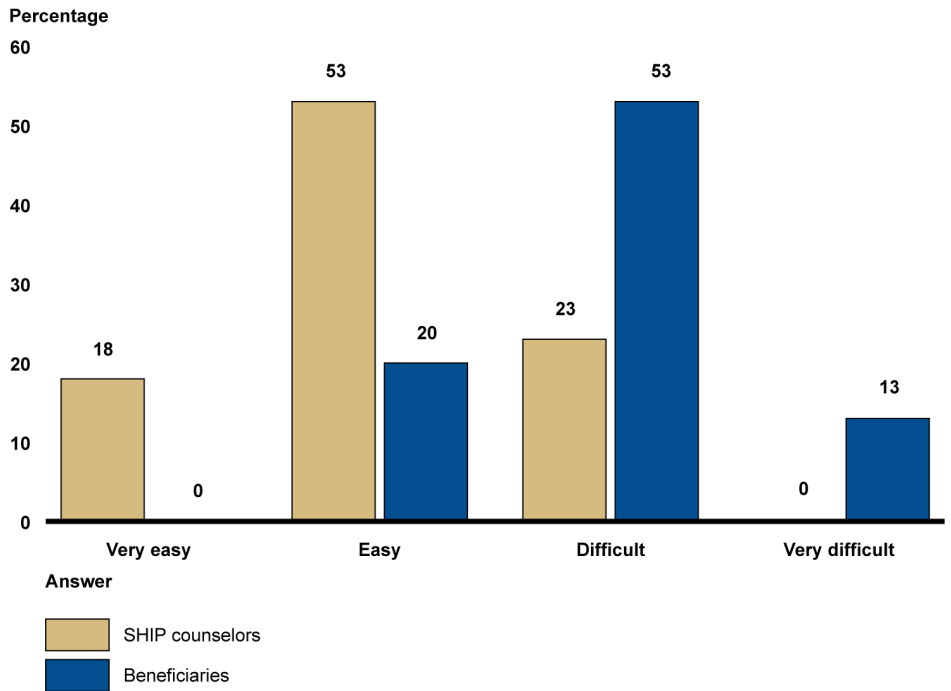
Sixty-five percent (26 of 40) of the SHIP directors we surveyed reported that the information in MPF is difficult or very difficult for beneficiaries to understand, while 23 percent (9 of 40) reported that it is difficult for SHIP counselors to understand information (see fig. 4). SHIP directors identified health coverage terminology as a challenge, with 38 percent (15 of 40) reporting that MPF does a poor or very poor job explaining health coverage terminology, such as non-network providers, drug formularies, and drug tiers to beneficiaries.<sup>18</sup>

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<sup>17</sup>Health insurance literacy is defined as the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health coverage options, and select the best options for their own financial and health circumstances. See Clear Choices Campaign and National Council on Aging, *Modernizing Medicare Plan Finder*.

<sup>18</sup>A drug formulary is the list of prescription drugs covered by a prescription drug plan. Many plans also establish different drug tiers based on the amount of beneficiary cost sharing required; for example, most generic drugs may be placed on a low cost tier, while brand-name and specialty drugs are placed on higher cost tiers. Drug formularies and tiers vary by plan.

**Figure 4: State Health Insurance Assistance Program (SHIP) Counselors' and Beneficiaries' Ability to Understand Coverage and Cost Information in Medicare Plan Finder, as Reported by SHIP Directors, 2018**



Source: GAO Survey of State Health Insurance Assistance Programs (SHIP). | GAO-19-627

Note: Percentages do not equal 100 percent because some directors either did not respond to the question or reported no basis to respond.

**According to Stakeholders, Medicare Plan Finder Provides Incomplete Information on Costs and Coverage, Making it Difficult to Compare Medicare Options**

MPF provides incomplete estimates of beneficiaries' costs under original Medicare, making it difficult to compare coverage options, according to stakeholders and SHIP directors responding to our survey. The cost estimates on the plan results pages are incomplete because they do not include the effect of Medigap—which helps cover beneficiaries' cost sharing responsibilities under original Medicare. As a result, beneficiaries who want to use MPF to compare original Medicare with a Medigap plan to specific MA plans are unable to do so. Most—4 of 7—beneficiary advocacy group stakeholders that we interviewed noted that beneficiaries must leave MPF to obtain information about Medigap plans, such as the

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specific benefits covered under those plans and their estimated costs.<sup>19</sup> Six of seven beneficiary advocacy groups that we interviewed noted that MPF's incomplete information on estimated beneficiary costs is a concern because beneficiaries need this information for understanding and comparing their Medicare options. CMS's other coverage decision support tools—*Help with Your Medicare Choices* and *Estimate Medicare Costs*—provide general information intended to help beneficiaries understand and compare their Medicare options.<sup>20</sup> However, these tools are separate links; their information is not included on the plan results pages in MPF.

The SHIP directors we surveyed also noted lack of information as a concern, with 75 percent (30 of 40) reporting that the lack of Medigap information in MPF limits the ability of beneficiaries to compare original Medicare and MA plans. Further, SHIP directors surveyed reported more general concerns with MPF's cost estimates, with 80 percent (32 of 40) reporting that improvements are needed to better estimate total annual beneficiary costs, and 63 percent (25 of 40) of the SHIP directors reporting that MPF does a poor or very poor job comparing the costs of original Medicare to MA.

Stakeholders and SHIP directors responding to our survey reported that MPF also provides incomplete information on MA plan provider networks. According to a CMS-sponsored study, determining if specific providers are in an MA plan provider network is a key factor for beneficiaries when making coverage decisions, and beneficiaries stated in user testing that they must have this information.<sup>21</sup> However, to obtain information on the

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<sup>19</sup>Under the additional tools on the MPF landing page, CMS has a link to its *Find and Compare Medigap Policies* tool, which provides coverage and estimated cost information on the standard Medigap plans available in a particular zip code. Estimated costs include original Medicare premiums and out-of-pocket costs. To get information on companies that offer a specific Medigap plan, beneficiaries must follow a link to companies that offer that plan in their zip code.

<sup>20</sup>Beneficiaries can use the *Estimate Medicare Costs* tool to obtain and compare general estimates of their costs under original Medicare and MA. For original Medicare, beneficiaries can include coverage of prescription drugs and Medigap plans, and the effects of these coverage options are integrated into the tool's general cost estimates. The cost estimates are general because they are based on nationally representative data and not specific to individual coverage options.

<sup>21</sup>Alan Newman Research, *Medicare Advantage Benefit Highlights Document Testing and Guidance Recommendations In-Depth Interviews and Dyads, Final Report* (Richmond, Va.: December 2015).

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providers in specific MA plans, MPF users must exit the website and go to the individual plan websites. Most stakeholders—10 of 13—cited the lack of information on provider networks as a shortcoming for beneficiaries in using MPF to select a plan, with one group stating that MPF users may need to call individual plans to determine if providers are in a plan’s network. SHIP directors also cited this issue as a problem, as 85 percent (34 of 40) who responded to our survey reported that the lack of a provider directory limits MPF as a resource for beneficiaries to compare MA plans. Without provider information, beneficiaries are not able to use MPF to narrow their options to MA plans that include desired providers or make comparisons among these plans.

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## CMS Is Redesigning MPF in an Effort to Improve its Usability and the Completeness of Cost Information

According to CMS officials, the agency is redesigning MPF to make it more usable for beneficiaries and is planning to release the redesigned MPF in early August 2019. With the redesign, CMS plans to improve the navigation of MPF by providing more prominent explanations on how to use MPF; reducing the steps users must take to get to more detailed coverage information; configuring MPF so users can more easily switch between different topics inside MPF, such as switching between MA plan information and Part D plan information; and improving the filter and sort functions so users can narrow down their coverage options more quickly. CMS also plans to make information easier to understand by simplifying and reducing the volume of information on the pages and revising frequently misunderstood terms with more user-friendly language.

As part of the redesign, CMS is also taking steps to provide more complete cost information in MPF to help compare coverage options, according to agency officials. CMS plans to provide more information to the redesigned MPF to help beneficiaries understand their coverage options and decide whether original Medicare or MA is right for them. CMS officials also told us in June 2019 that the redesigned MPF will allow beneficiaries to do estimated cost comparisons of MA to all their original Medicare options, such as original Medicare with a Medigap plan and a prescription drug plan. Officials also told us that CMS is incorporating the functionality of the additional decision support tools currently available on the MPF landing page—*Help with Your Medicare Choices* and *Estimate Medicare Costs*—into the redesigned MPF to help beneficiaries understand their coverage options and compare their estimated costs across these options. In June 2019, CMS officials stated these additional tools will also continue to appear as separate links on the MPF landing page. CMS officials also told us that they are currently examining how to integrate MA plan provider information, but this is not part of the

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redesigned MPF being released in August 2019. The officials said they are working with the plans to develop requirements to help support the integration of provider directories into future versions of MPF.

According to CMS, the redesign of MPF is not finalized and CMS will continue to evaluate the extent to which the changes will make MPF easier for beneficiaries to use and whether it provides complete information for making coverage decisions. As of June 2019, CMS officials told us they are continuing to gather feedback from stakeholders, such as 1-800-MEDICARE customer service representatives and SHIP personnel, and conduct user testing on a redesigned MPF model. CMS then plans to publicly launch the redesigned MPF to a subset of users in early August 2019.<sup>22</sup> Once launched, CMS plans to incorporate feedback from this subset of users to confirm the core features that will be released in the redesigned MPF prior to the Medicare open enrollment period starting October 15, 2019. According to CMS officials, the development of the redesigned MPF is an incremental process that will involve continuous changes based on feedback and user testing. According to the agency, CMS will know more about how well the redesigned MPF addresses user needs after it is used by beneficiaries.

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## Agency Comments

We provided a draft of this report to the Department of Health and Human Services for review and comment. The Department of Health and Human Services provided technical comments, which we incorporated as appropriate.

As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to the Secretary of Health and Human Services and other interested parties. In addition, the report will be available at no charge on GAO's website at <http://www.gao.gov>.

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<sup>22</sup>According to CMS, in order to ensure user and stakeholder needs are met, the redesigned MPF tool will be rolled out in phases. During a public preview phase, scheduled for early August 2019, users can access the redesigned MPF, but can opt out at any time to use the legacy MPF. During this phase, CMS plans to route subsets of users to the redesigned MPF with the goal of routing 100 percent of users to the redesigned MPF by mid-August. The full launch, scheduled for October 1, 2019, will route all users to the redesigned MPF, and they will no longer use the legacy MPF.

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If you or your staff have any questions about this report, please contact me at (202) 512-7114 or [cosgrovej@gao.gov](mailto:cosgrovej@gao.gov). Contact points for our Office of Congressional Relations and Office of Public Affairs can be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix I.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James Cosgrove". The signature is stylized with large, flowing loops and a prominent initial "J".

James Cosgrove  
Director, Health Care

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# Appendix I: GAO Contact and Staff Acknowledgments

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## GAO Contact

James Cosgrove, (202) 512-7114 or [cosgrovej@gao.gov](mailto:cosgrovej@gao.gov)

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## Staff Acknowledgments

In addition to the contact named above, Tim Bushfield, Assistant Director; Maggie G. Holihan, Analyst-in-Charge; Sylvia Diaz Jones; Anne Hopewell; Dennis A. Antonio; and Dan Ries made key contributions to this report. Also contributing were Cathy Hamann, Krister Friday, Ethiene Salgado-Rodriguez, Julie Flowers, and Jennifer Rudisill.



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