MEDICARE'S NEW PRESCRIPTION DRUG PLAN FINDER: PITFALLS AND STUMBLING BLOCKS

This week, the Centers for Medicare & Medicaid Services (CMS) unveiled its new internet based "Prescription Drug Plan Finder" tool at www.medicare.gov. The purpose of this tool is to help beneficiaries and advocates find and choose Medicare Part D prescription drug plans. The CMS Plan Finder offers important and helpful information on finding a prescription drug plan. Beneficiaries should be aware, nonetheless, of the complexities of choosing a plan, and of pitfalls to be avoided when using the information available on the Plan Finder.

How the Plan Finder works

The Plan Finder is designed to help beneficiaries find a plan in their area, at a premium that is acceptable to them, covering the drugs that they take. Beneficiaries can view plans by name and by price, and then can view a plan's formulary (list of covered drugs) to see if the drugs they need are covered.

Accessing the Plan Finder requires several steps, each of which takes the user deeper into the website. Website "depth" is known to be confusing to seniors, who often feel lost on websites with multiple layers. This site has 10 layers before an actual formulary can be accessed. Beneficiaries first should access www.medicare.gov. On the homepage there click on the link to the Plan Finder called "Compare Medicare Prescription Drug Plans." To look at plans, beneficiaries should choose "Find a Medicare Prescription Drug Plan" by clicking on the orange arrow. There are then two options: 1) Personalized plan search and 2) General plan search. We looked at the general plan search. Next, the beneficiary enters their zip code, chooses the type of prescription drug coverage they currently have, and indicates whether they are eligible for "extra help" or a subsidy to help pay plan premiums and drug copayments. The Plan Finder then offers a choice of counties for the zip code entered. Next, the beneficiary must "Choose a Drug Plan Type," and then select whether they want coverage through their current health plan type (presumably available if the beneficiary entered their personal data into the Plan Finder), through a Medicare Advantage Plan and Other Medicare Health Plans, or through a Medicare Prescription Drug Plan (PDP). We chose to look at PDPs. Finally the beneficiary can choose to "View Plan List," "Enter your medications," or "Limit your drug plans" by cost, though as of this *Alert*, the option to "Enter your medications" is not yet functional. Once the beneficiary makes their selection, a list of plans appears. The beneficiary selects the plan they are interested in, and a pop-up screen opens where the beneficiary can view the plan formulary.

Once the option to "View plan formulary" is finally reached for a particular plan, there are three ways to view or search the plan's formulary: 1) by keyword search, 2) by alphabetical listing and 3) by viewing the entire formulary. Each method produces different pieces of information,

all of which are important in choosing the right plan. As a result, users will have to employ all plan search methods to get accurate and complete information.

Questions to ask when deciding on a plan:

- Is the needed drug covered in general?

- Does the plan cover the required dosage?

- Does the plan have tiers (groups of preferred and non-preferred drugs, with different copayments associated with each tier) with different copayments? If so, which tier applies to each drug?

- Does the plan place limitations on the drugs in question, such as prior authorization requirements, quantity limits, or "step therapy" (which requires the beneficiary to try other, less expensive drugs before the plan will cover a more expensive drug)?

Special attention should be paid to the following:

- The **keyword** search shows whether a drug is covered and on which tier (if the plan has tiers). It currently says "no limitations" for all drugs, though some do in fact have limitations such as prior authorization or quantity limits. Information on limitations is available only by viewing the entire formulary.

- Information about "step therapy" and other limitations is n available on the plan formulary, however *nowhere* on this site is there information about drugs that require step therapy.

- The Plan Finder formulary does not indicate which dosages are covered by the plan. Beneficiaries must look by **keyword** or by **alphabetical listing** for this information.

- The **keyword** search and the **alphabetical listings** do not necessarily explain whether a generic version (a drug that is exactly like the brand name and that can be manufactured after the brand name drug's patent expires, usually at a much cheaper cost) of the drug is available. For some drugs, it shows that no generic is available, yet a search by name showed that the generic is in fact covered.

- Pay particular attention to the name of the drug (brand vs. generic). If a brand name drug has a generic version on the market, a search for the brand name will show if the brand drug is covered, and a search for the generic name will show whether the generic is covered. Searching for a brand drug by its generic name when no generic is available on the market will show that the drug is not covered.

- Double check spelling. The Plan Finder ***does not*** yet recognize misspelled drug names, and does not propose alternative or close spellings. Also, as many different drugs have similar spellings, it is important to carefully read the name of the drugs on the formulary. Some drugs simply have extra endings such as Vicodin, Vicodin ES and Vicodin HP. These are different drugs, and all of them are not necessarily covered.

- There is no "back" browser function that allows you to return to previous pages, so it appears that a new search must be completed for drugs that you may have looked up only a few seconds earlier. It would be useful to have navigation options on these pages. It is

possible to navigate by right-clicking the mouse and choosing "forward" or "back" from the menu, but it is a less than desirable navigation method.

Because of the quantity of new information being produced both by CMS and by the drug plans, the Center for Medicare Advocacy encourages beneficiaries to use ALL available sources of information in order to have the most complete and accurate picture of the drug plan. CMS' information should be double checked with information available form the plan provider, as there may be discrepancies. Beneficiaries should verify that the information from the drug plan and from CMS refer to the same plan, as some plan providers refer to their Part D plans by different names than the names used by CMS. CMS urges beneficiaries to call their plans if they have questions, though the Center found large variations in the ability of drug plan call centers to handle complex questions about formularies and coverage.

Beneficiaries are encouraged to look at drug plan information "early and often." It is important to use all sources available as there will likely be some errors, given the quantity of information that is being published.

For further information on Medicare prescription drug plans in general, contact the Center for Medicare Advocacy's Washington, DC office at (202) 216-0028.