



NCOA's Improving Medicare Markets Initiative

Too many Medicare beneficiaries still do not understand or have access to tools and unbiased assistance for comparing and choosing among available plan options, and do not shop around when they should. Only about 1.5 million of the 56 million beneficiaries (less than 3 percent) use the Plan Finder to select a plan. In addition, insurance coverage that meets their needs may not be affordable, and many lower income beneficiaries do not have access to or do not take advantage of assistance with out-of-pocket costs. As we move away from fee-for-service toward alternative payment models and 75 million more people enter Medicare over the next 20 years, our vision is that millions of informed, engaged Medicare beneficiaries will make optimal decisions about public and private insurance, providers, and treatments.

In response to these concerns, NCOA has launched an Improving Medicare Markets Initiative (IMMI), with an expert Advisory Group that has been meeting and collaborating since May 2014. The diverse groups and individuals who serve on the Advisory Group have built trust, agreed on problems and activities to improve the Medicare Part D marketplace, and are taking important steps to make a difference.

The Advisory Group made significant strides in its first year to achieve consensus on defining the problems we want to solve; key principles to guide our work together; and standards for prioritizing policy options. During the next year through monthly meetings, work group calls, and email communications, the group collaborated on a number of specific, pragmatic initiatives, including: (1) crafting a diverse group letter to CMS on improving Part D appeals; (2) agreeing on and sharing improvements to the Part D Consistent Poor Performer Notice and Low-Income Subsidy (LIS) Chooser's Notice; (3) conducting a beneficiary focus group on Part D plan shopping, Plan Finder and Part D notices; (4) conducting a Part D survey of Medicare State Health Insurance Assistance Program (SHIP) Directors; and (5) consulting with PBM representatives to reach agreement on improvements to the PDP Annual Notice of Change (ANOC) and Evidence of Coverage (EOC), with a particular emphasis on greater personalization and improving understanding of changes in cost sharing, tiers, and pharmacy networks.

We have been moving to a new phase in which we engage more directly with CMS staff and broaden our scope. Most recently, we co-authored a report with the *Clear Choices Campaign* that makes a number of key recommendations on improvements to Medicare Plan Finder, including better comparative tools, clarity on coinsurance costs, specific information on provider networks, and a process for engaging with stakeholders on regular updates and improvements. The group is continuing to also work together on issues related to Medicare Star Ratings, 1-800-Medicare, and related Part C issues.

Since the issues we are working on generally have bipartisan support, we have engaged in preliminary discussions with Senate Finance, House Ways and Means, and Energy and Commerce Committee staff about the work we are doing, including the suggestion to provide modest funding for CMS to conduct consumer testing on Plan Finder and key Medicare beneficiary mailings, with the goal of providing clearer, more personalized information through a transparent testing process.

We are having discussions about how Hill staff might be able to assist in our efforts, and finding consensus on related legislative and regulatory initiatives.

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