



September 17, 2019

The Honorable Seema Verma  
Administrator, Centers for Medicare and Medicaid Services  
200 Independence Ave, SW  
Washington, DC 20201  
RE: Medicare Plan Finder 2.0

Dear Ms. Verma:

I am writing on behalf of the National Association of Health Underwriters (NAHU), a professional association representing more than 100,000 licensed health insurance agents, brokers, general agents, consultants and employee benefits specialists. Thousands of NAHU members specialize in the sale of Medicare products to senior and disabled clients. As such, we have a critical interest in changes to the Medicare Plan Finder tool. Members of NAHU who work every day with Medicare beneficiaries on their health insurance needs provided direct insight into our comments on Plan Finder 2.0. While we do not disagree that an update is needed since the tool in use was created over 10 years ago, we have suggestions for a smooth transition and improvements to Plan Finder 2.0. We appreciate the Centers for Medicare and Medicaid Services' consideration of our point of view.

Many of our agents and brokers have tested the new Medicare Plan Finder and find that does not provide satisfactory information and available plans to consumers in order to make informed decisions about their coverage options. NAHU urges CMS to allow the previous enrollment process to remain in place in 2019 for the 2020 plan year or to allow the two systems to operate in parallel while further beta testing can be done on Plan Finder 2.0. During the Annual Enrollment Process (AEP), agents will work seven days a week to make sure consumers are in the best possible plan. The increased time it takes to do an analysis under Plan Finder 2.0 will make this task almost impossible. Agents with a large book of beneficiaries worry that they will not have sufficient time and resources to provide the level of service they have given the beneficiary for many years. Implementing such a significant change only weeks prior to the AEP has many of our members prepared to advise beneficiaries to enroll through Medicare.gov. An increase in referrals to Medicare.gov may overwhelm the call center and result in many seniors having a lack of access to adequate assistance during this year's AEP.

Agents feel strongly that the amount of information they will have access to due to needing a beneficiary's user name and password to assist them is beyond what is necessary to assist the beneficiary in choosing the appropriate plan for that individual, creating serious concerns about potential HIPAA violations. During the September 6 webinar when the question of HIPAA compliance was raised, the response from the presenter was, "I'm not an attorney." Agents have repeatedly expressed an unwillingness to run the risk of running afoul of HIPAA under the new structure of Plan Finder 2.0. We believe there is a solution for this by limiting access to personal health information (PHI), but we are concerned this is not a priority to be addressed this year. The only solution we are aware of is to use the "anonymous flow" but doing so means data cannot be saved by the beneficiary. This may be useful in processing a few enrollments but will be extremely time-consuming and overly burdensome to those agents who are assisting thousands of beneficiaries during



AEP. This is a serious flaw. Even if agents have the permission of the beneficiaries they are assisting to create an account, it is inefficient and a prohibitive use of time.

Another concern is how pharmaceutical drugs will be listed. We understand that information on tier, prior-authorization, quantity limits or step-therapy columns are going to be available by the AEP. This information is essential. However, beneficiaries rarely understand what these words mean in the context of their drugs. We believe that the emphasis on costs without an understanding of how these drugs are covered by the different plans is critical when choosing a plan. Additionally, when comparing plans, understanding what you are getting for the copay/coinsurance by dosage has been useful information.

Many of our agents are enrolled in Medicare and have tested the system using their personal information. They report that there are errors in the calculations, creating a lack of trust in the system. For example, mail-order information does not seem to be coming out correctly. (Drug Ex: Atorvastatin should be \$0.00 for pharmacy or if obtained through mail order and it is showing the copayment if client did receive the prescription through mail order. This example is from an Aetna Select Plan. Agents are concerned that they will be taking on liability for inaccurate information provided to beneficiaries through the new Plan Finder tool.

NAHU is deeply concerned that beta testing during the AEP, which affects over 40 million seniors, is unwise. We appreciate that CMS feels it is unable to stop the unveiling of the new system; however, in order to prevent vast disruption in this year's AEP, we strongly support maintaining the current system in parallel through the end of the year. We understand that information cannot be transcribed or copied over to the new system but, at a minimum, we ask that the new system allow data to be accessed and saved from the old system to reduce exposure to HIPAA violations by limiting access to PHI. This will also allow agents and beneficiaries to access their drug lists and other information to keep for their own records and to assist in entering their own data to the Plan Finder 2.0 tool.

NAHU sincerely appreciates the opportunity to provide feedback on the Medicare Plan Finder 2.0, and we look forward to working with you in the months ahead for a smooth AEP transition to the new system. If you have any questions or need additional information, please do not hesitate to contact me at either (202) 595-0639 or [jtrautwein@nahu.org](mailto:jtrautwein@nahu.org).

Sincerely,

Janet Stokes Trautwein  
Executive Vice President and CEO  
National Association of Health Underwriters