



Department of Health and Human Services

Centers for Medicare and Medicaid Services – Medicare

2020 Action Plan

Federal Customer Experience

US BY THE PEOPLE
FOR THE PEOPLE
WITH THE PEOPLE

Who are we?

The Centers for Medicare and Medicaid Services is the largest provider of health insurance and currently serves the health care and informational needs for over 64M beneficiaries.

The Medicare population is growing. It's clear technology plays a larger role in their lives, and their expectations for customer service are changing. Additionally, advances in technology and the availability of devices, such as smart phones and home assistants, has raised the bar for how customers interact with their service providers.

Our customer service channels are some of the most used in the Federal government. Medicare.gov received over 670M page views last year and 1-800 MEDICARE answered over 20M calls. Every improvement can have an impact on millions of customers.

Our goal is to develop more personalized relationships with the growing population of Medicare beneficiaries and to assist in ensuring the beneficiaries are more confident and well informed in their health care options. In order to do this, we must develop and provide more digital options for our customers in order for them to make more well-informed choices and to provide them the tools to make the choices in the way they want to receive information.



How do we deliver value to the public?

Occasion

Annual open enrollment period, where beneficiaries must review, shop and compare, and enroll in prescription drug and health plans

For Medicare beneficiaries who are not yet receiving Social Security benefits they must pay their Part B premiums directly to Medicare rather than having their premiums automatically deducted from Social Security benefits

Medicare beneficiaries looking for health care service providers (i.e., hospitals, nursing homes, doctors, suppliers, long term care facilities) that accept Medicare

High-Impact Service

Online compare and enrollment through Medicare Plan Finder or by calling the call center or by using in person assistance through one of our partners organizations such as State Health Insurance Assistance Programs (SHIPs), insurance brokers, or calling the plan directly

Monthly or quarterly payment of Part B premium via check, Medicare Easy Pay, or online

Medicare compare tools on Medicare.gov or by calling the call center

Offering

- Deliver a plan shopping and comparison experience for beneficiaries that helps them choose coverage that works for their individual situation.
- Provide a personalized experience.
- Help users decide what type of Medicare coverage (Original Medicare or Medicare Advantage) is right for them

Provide an online capability to pay monthly/quarterly bill on line. This is a new capability and one that was not available to Medicare beneficiaries.

- Provide a service where beneficiaries are able to search for and compare Medicare-approved health care providers.
- Provide a personalized experience

Where could we improve?

Steps	1: Review/Understand Choices	2: Shop and Compare	3: Enroll
<p>Customer Steps</p> <p>Name and describe the main steps that a person takes to use the service, left to right, start to finish.</p>	<p>For users who don't know what they want or are new to Medicare, there are a number of places they go to research their coverage options. These include:</p> <p>Medicare.gov, 1-800 MEDICARE, Medicare & You Handbook, Social Security Administration, community assistance centers, commercial insurance marketing materials, AARP, etc.</p>	<p>Beneficiaries use the online tool Medicare Plan Finder to enter their personal information including prescription drug information, to shop for and compare plan options</p>	<p>Once a plan is identified, beneficiaries complete enrollment through the online enrollment center</p>
<p>Service System</p>	<p>Medicare.gov informational content Plan Finder (on Medicare.gov) Medicare & You Handbook 1-800 MEDICARE call center SHIPs</p>	<p>Medicare Plan Finder</p>	<p>Online Enrollment Center on Medicare Plan Finder</p>
<p>Pain Points</p> <p>Describe the highest priority problems to solve</p>	<p>Medicare is confusing and we need to educate and walk users through the process. Provide the right type of information that helps users make an informed decision. Not all users are the same, we need to find ways to customize the experience based on who you are</p>	<p>Provide context to users on why we are asking certain questions and what it means if they make a certain choice. The current tool is optimized for SHIPs and CSRs, causing it to be dense with information that confuses the lay user. There are many terms and concepts that the average person will not understand, focus on writing in a way that is understandable for the average person.</p>	<p>Form is complicated and text-rich, causing confusion and "nervousness" when completing enrollment on whether they are inputting the information correctly</p>

What will we do?

Purpose

*Why did your agency undertake this project?
What does it hope to achieve, in specific performance indicators, if possible.*

What is the problem?

Medicare Plan Finder was developed in 2005 based on proprietary software and legacy technology and did not evolve with the needs of today's digital audience

Desired future state?

Guided, personalized experience that provides beneficiaries with the right context and right amount of information to make their plan choices

Any measurable indicators and targets?

- Customer satisfaction scores for users engaged in the Plan Finder tool.
- Increased usage of Medicare.gov for plan search and selection.
- Increased logged in searches

Approach

Describe the timeline and work plan to achieve that purpose. If this is an ongoing initiative, describe your progress.

Process, methods, and expertise?

User-centered design grounded in data and stakeholder feedback

Timeline, stage gates and dates?

- Launch of new Plan Finder, phase 1 in 2019
- Iterative improvements in 2020 and beyond based on stakeholder feedback and usage collected during the previous open enrollment period

Deliverables being produced?

- Updates to the Medicare Plan Finder
- Drug Pricing methodology
- Online training for stakeholder

Resources

Describe the stakeholders involved, financial and human capital dedicated to the work, and any partners contributing to the work.

Who is responsible?

Office of Communications

Who is contributing to the project?

- User feedback from 1-800 MEDICARE.
- Stakeholder feedback from consumer research, SHIPs, advocates, plans and agent/broker community

What are we proud of this year?

Service Improvement

Who is the user and what was the problem?

Medicare Plan Finder has over 40M unique visitors to the site each year where beneficiaries are looking at their coverage options. However only 13% of returning users and 6% of new beneficiaries complete the steps necessary to make a plan selection in one visit.

What did you build / improve? What does it do for the public or how you deliver your mission? What was the resulting impact? (Include numbers whenever possible)

We built and deployed a new Medicare Plan Finder and saw an increase of 10% total users during the 2020 Open Enrollment Period. Additionally we saw an increase of 35% of users that completed the steps necessary to review and make a plan selection. We saw an increase of 1.1M beneficiaries sign up for a Medicare account to allow for more personalization and an omnichannel experience.

Any lessons for other agencies emulating this work?

Biggest lesson learned was that while we were building the tool to improve the Medicare beneficiary experience, we have many types of users and use cases beyond Medicare beneficiaries. There was specific functionality that we needed to anticipate for these users and proactively address in terms of delivery.

Sum up what happened in two sentences.

After 10 years with no significant changes, the new Plan Finder was a complete end-to-end rebuild of the old system. The new Plan Finder is mobile friendly, fast and offers less jargon and a less cluttered user interface allowing beneficiaries to make more informed decisions about their health care needs.

On the following slide are screen shots of the old Plan Finder on the left and the improved Plan Finder on the right. This visual depicts the improvements that were made to the front end (which is also now mobile optimized), data processing, performance and scalability. Improvements also included a consolidated plan preview and expanded web chat capabilities.

What are we proud of this year?

Medicare.gov | Medicare Plan Finder

Organization: Aetna Medicare

Estimated Annual Drug Costs [?]	Monthly Premium [?]	Deductibles [?] and Drug Copay [?] / Coinsurance [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Overall Star Rating: [?]	Enroll
Retail \$28.20	\$28.20	Annual Drug Deductible: \$310	All Your Drugs on Formulary: No	3 out of 5 stars	Enroll

Organization: Johns Hopkins HealthCare

Estimated Annual Drug Costs [?]	Monthly Premium [?]	Deductibles [?] and Drug Copay [?] / Coinsurance [?]	Health Benefits [?]	Drug Coverage [?] , Drug Restrictions [?] and Other Programs:	Estimated Annual Health and Drug Costs [?]	Overall Star Rating: [?]	Enroll
Retail \$45.00	\$60.00	Annual Drug Deductible: \$350	Doctor Choice: Any Doctor	All Your Drugs on Formulary: No Drug Restrictions: Yes Lower Your Drug Costs MTM Program: Yes	\$16,730	3.5 out of 5 stars	Enroll

Fixed Costs

Plan	Monthly Drug Plan Premium [?]	Monthly Health Plan Premium [?]	Annual Drug Deductible [?]	Annual Drug Deductible [?]	Annual Drug Deductible [?]
WellCare Value Script	\$14.00	\$14.00	\$415	\$415	\$365

Estimated Monthly Drug Costs

Plan	MONTHLY COST	MONTHLY COST	MONTHLY COST
WellCare Value Script	\$14.00	\$14.00	\$14.00



Medicare.gov | Find a Plan

Suffolk County, Boston MA

Comparing 3 Drug Plans

Back to Results

Plan	Star Rating	Monthly Premium	Yearly Drug Deductible	Enroll
WellCare Value Script	★★★★☆	\$14.00	\$415	Enroll
WellCare Value Script	★★★★☆	\$14.00	\$415	Enroll
WellCare Value Script	★★★★☆	\$14.00	\$415	Enroll

Overview

Premium	Total	Total
	\$14.00	\$14.50

Deductible	Yearly drug deductible	Yearly drug deductible
	\$415	\$365

Drug costs & coverage

Humana Walmart Value Rx Plan (PDP)

Humana | Plan ID: 55884-184-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$13.20 Includes: Only drug coverage
Doesn't include: Standard \$144.60 Part B premium

YEARLY DRUG & PREMIUM COST
\$283.00 Retail pharmacy: Estimated total drug + premium cost
\$573.79 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$435 Drug deductible

PHARMACIES
1 of 1 of your selected retail pharmacies are in-network

DRUGS
[View drugs & their costs](#)

Enroll Plan Details Added to compare

Anthem MediBlue Extra (HMO)

Anthem HealthKeepers | Plan ID: H3447-027-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$21.60 Includes: Health & drug coverage
Doesn't include: Standard \$144.60 Part B premium

YEARLY DRUG & PREMIUM COST
\$612.00 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS
\$0 Health deductible
\$435 Drug deductible
\$5,900 In-network Maximum you pay for health services

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✗ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#)

COPAYS/COINSURANCE
Primary copay: \$0 per visit
Specialist copay: \$40 per visit

DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

Enroll Plan Details Added to compare

What are we proud of this year?

Service Improvement

Who is the user and what was the problem? If you have baseline statistics, include (ex. “34% of users dropped off on this page, or “call volume on this made up 20% of our calls)
Approximately 2.2M beneficiaries are required to pay their Part B Premiums directly to Medicare each month because they are not yet receiving Social Security benefits. Beneficiaries were unable to pay online using a credit card. Common user expectations when paying bills were not available to beneficiaries, including the ability to see a payment history, a breakout of how the premium is calculated, and easy to use instructions on how to set up automatic payments with your bank. The number of calls to 1-800 MEDICARE regarding paying your premiums directly has been increasing in the past several years as more beneficiaries are deferring their Social Security benefits and continuing to work.

What did you build / improve? What does it do for the public or how you deliver your mission? What was the resulting impact? (Include numbers whenever possible)
CMS developed and implemented a way for beneficiaries to pay their bill online through their secure online Medicare.gov account, 24 hours a day, seven days a week. Adoption of the online premium payment feature has far exceeded our expectations, totaling close to 1M electronic payments totaling over \$450M in payment processed since launch (February 2019). Additionally the number of premium billing-related inquiries has plateaued and customer satisfaction on those premium-related inquiries has climbed to over 96%.

Any lessons for other agencies emulating this work?
“If you build it (and promote it), they will come.” Usage of the online payment services continues to increase as beneficiaries discover the ability to pay online. In months where we have provided additional information on how to pay online as part of their Medicare bill, usage of the site increases.

Sum up what happened in two sentences.
CMS developed and implemented a way for beneficiaries to pay their bill online through their secure online Medicare.gov account, 24 hours a day, seven days a week. Adoption of the online premium payment feature has far exceeded our expectations, totaling close to 1M electronic payments totaling over \$450M in payments processed since launch (February 2019).

On the following slide, the picture on the left shows the paper form previously needed to pay a Medicare premium bill. On the right, you see how some beneficiaries can now pay their premium bills online through their secure Medicare.gov account.

