



Highlights of [GAO-06-715T](#), a testimony before the Subcommittee on Health, Committee on Ways and Means, U.S. House of Representatives

Why GAO Did This Study

Today's hearing focuses on Medicare Part D, the program's new outpatient prescription drug benefit. On January 1, 2006, Medicare began providing this benefit, and beneficiaries have until May 15, 2006, to enroll without the risk of penalties. The Centers for Medicare & Medicaid Services (CMS), which administers the Part D benefit, has undertaken outreach and education efforts to inform beneficiaries and their advisers.

GAO was asked to discuss how CMS can better ensure that Medicare beneficiaries are informed about the Part D benefit. This testimony is based on *Medicare: Communications to Beneficiaries on the Prescription Drug Benefit Could Be Improved*, [GAO-06-654](#) (May 3, 2006).

What GAO Recommends

In its May 2006 report, GAO recommended that the CMS Administrator enhance the quality of its communications on the Part D benefit, including clarifying written materials, monitoring the accuracy and completeness of help line responses, and improving the usability of the Medicare Web site. CMS said that GAO's findings did not present a complete and accurate picture of its activities. However, CMS said that it supports the goals of GAO's recommendations and is already taking steps to implement them.

www.gao.gov/cgi-bin/getrpt?GAO-06-715T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Leslie G. Aronovitz at aronovitzl@gao.gov or (312) 220-7600.

MEDICARE

Quality of CMS Communications to Beneficiaries on the Prescription Drug Benefit Could Be Improved

What GAO Found

Information given in the six sample documents that GAO reviewed describing the Part D benefit was largely complete and accurate, although this information lacked clarity. First, about 40 percent of seniors read at or below the fifth-grade level, but the reading levels of these documents ranged from seventh grade to postcollege. Second, on average, the six documents we reviewed did not comply with about half of 60 common guidelines for good communication. For example, the documents used too much technical jargon and often did not define difficult terms. Moreover, 16 beneficiaries and advisers that GAO tested reported frustration with the documents' lack of clarity and had difficulty completing the tasks assigned to them.

Customer service representatives (CSRs) answered about two-thirds of the 500 calls GAO placed to CMS's 1-800-MEDICARE help line accurately and completely. Of the remainder, 18 percent of the calls received inaccurate responses, 8 percent of the responses were inappropriate given the question asked, and about 3 percent received incomplete responses. In addition, about 5 percent of GAO's calls were not answered, primarily because of disconnections. The accuracy and completeness of CSRs' responses varied significantly across the five questions. For example, while CSRs provided accurate and complete responses to calls about beneficiaries' eligibility for financial assistance 90 percent of the time, the accuracy rate for calls concerning the drug plan that would cost the least for a beneficiary with specified prescription drug needs was 41 percent. For this question, the CSRs responded inappropriately for 35 percent of the calls by explaining that they could not identify the least costly plan without the beneficiary's personal information—even though CSRs had the information needed to answer the question. The time GAO callers waited to speak with CSRs also varied, ranging from no wait time to over 55 minutes. For 75 percent of the calls—374 of the 500—the wait was less than 5 minutes.

The Part D benefit portion of the Medicare Web site can be difficult to use. GAO's test of the site's overall usability—the ease of finding needed information and performing various tasks—resulted in scores of 47 percent for seniors and 53 percent for younger adults, out of a possible 100 percent. While there is no widely accepted benchmark for usability, these scores indicate that using the site can be difficult. For example, the prescription drug plan finder was complicated to use and some of its key functions, such as “continue” and “choose a drug plan,” were often not visible on the page without scrolling down.