



Highlights of [GAO-06-654](#), a report to congressional requesters

Why GAO Did This Study

On January 1, 2006, Medicare began providing coverage for outpatient prescription drugs through its new Part D benefit. Beneficiaries who enroll in Part D may choose a drug plan from those offered by private plan sponsors under contract to the Centers for Medicare & Medicaid Services (CMS), which administers the Part D benefit. Beneficiaries have until May 15, 2006, to enroll in the Part D benefit and select a plan without the risk of penalties.

GAO was asked to review the quality of CMS's communications on the Part D benefit. GAO examined 70 CMS publications to select 6 documents for review and contracted with the American Institutes for Research to evaluate the clarity of these texts; made 500 calls to the 1-800-MEDICARE help line; and contracted with the Nielsen Norman Group to evaluate the usability of the Medicare Web site.

What GAO Recommends

GAO is recommending that the CMS Administrator enhance the quality of its communications by taking actions to improve written materials, its 1-800-MEDICARE help line, and 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-06-654.

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

Communications to Beneficiaries on the Prescription Drug Benefit Could Be Improved

What GAO Found

The 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. The documents were unclear in two ways. First, although about 40 percent of seniors read at or below the fifth-grade level, the reading levels of these documents ranged from seventh grade to postcollege. Second, on average, the six documents 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, such as formulary. 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. Although the documents lacked clarity, they informed readers of enrollment steps and factors affecting coverage decisions and were consistent with laws, regulations, and agency guidance.

Customer service representatives (CSR) responded to the 500 calls GAO placed to CMS's 1-800-MEDICARE help line accurately and completely about two-thirds of the time. 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. Accuracy and completeness rates of CSRs' responses varied significantly across the five questions GAO asked. For example, while CSRs provided accurate and complete responses to calls about beneficiaries' eligibility for extra help 90 percent of the time, the accuracy rate for calls concerning the drug plan that would cost the least for a specified beneficiary 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.