

Callers get shoddy advice on drug plans

GAO says most Medicare info wrong

By KEVIN FREKING
Associated Press

WASHINGTON

Seniors should think twice about relying on guidance from private insurers when selecting a Medicare drug plan, government investigators indicate in a new report.

Many of the 43 million people eligible for Medicare drug coverage rely on insurers' call centers for information about what plan would best meet their needs.

In March, investigators made 900 calls to 10 of the largest drug plan sponsors. They said they got complete and accurate answers only a third of the time.

"Our calls to 10 of the largest (drug plan) sponsors' call centers show that Medicare beneficiaries face challenges in obtaining the information needed to make informed choices," the Government Accountability Office concluded.

The overall accuracy and

IF YOU NEED HELP

• If you still have questions or a complaint after having called your Medicare drug plan insurer, call Medicare at 1-800-633-4227.

• Go to Tennessee.com, keyword **MEDICARE**, to find a link to more information on Medicare drug plans, including comparisons of plans.

completeness rate ranged from 20 percent to 60 percent. Only one insurer gave the proper, full answer more than half the time.

The investigators did not identify the insurers by name. They said that call centers answered the large majority of calls with minimal delay, were courteous and often offered helpful suggestions.

Yet they were unable to answer 15 percent of the questions posed. Further, different operators within the

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ferent operators within the same call center sometimes provided inconsistent answers.

Officials with the agency that oversees the drug program disputed the analysis. They said it was based on "inaccurate, incomplete and subjective methods" that limit the report's validity. But the GAO maintained its methods were sound.

Mark McClellan, administrator for the Centers for Medicare and Medicaid Services, said investigators asked customer service representatives for information that they are not required to provide, and may even be prohibited from providing.

"Medicare has never required drug-plan call centers to provide detailed information about the prices of specific combinations of drugs. Despite this fact, two of GAO's five questions were on this topic."

The explanation didn't satisfy Democrats who requested the study.

"The lack of accurate and understandable information for our seniors has been a chronic problem since the beginning of Medicare Part D," said Rep. John Dingell of Michigan, ranking Democrat on

the House Committee on Energy and Commerce. "Senior citizens are being hurt by the indifference and incompetence of the Bush administration and its friends in the insurance industry."

Under the program, which began Jan. 1, private insurers administer the benefit. The federal government subsidizes the cost. Across the country, there are more than 1,400 stand-alone drug plans.

Beneficiaries typically can choose from 40-50 offering coverage in their states.

The deadline to enroll in the program without penalty passed for many beneficiaries

May 15. The next opportunity to enroll is Nov. 15.

The report Monday prompted some Democratic lawmakers to call on the Bush administration to give seniors and people with disabilities another chance this year to switch plans, much like the poorest of beneficiaries already are allowed to do.

"People who received inaccurate or incomplete information shouldn't have to remain in the wrong plan or go without coverage for the rest of the year," Rep. Pete Stark, D-Calif., said.

McClellan said that beneficiaries who believe they've been misled do have some recourse. He said

they should call the insurer first, but if that doesn't resolve the conflict, they can file a complaint with his agency.

Most of the largest insurers offer more than one drug plan to Medicare beneficiaries. Investigators asked operators to identify the plan that would be cheapest, based on the medicines involved.

However, operators at three calls centers told the investigators that it was against the insurer's policy to identify the plans that have the lowest costs. Other operators at the same call centers identified a plan as having the lowest annual cost.

Often, when operators did find the lowest-cost plan, they misstated what the true costs would be. For beneficiaries with low drug use, the operators tended to quote costs that were higher than they actually should have been. And, for beneficiaries with high drug costs, the reverse occurred.

The trade group representing insurers also assailed the GAO's report as seriously flawed. Investigators asked for help that customer service representatives should not be giving according to federal regulations, it said.

"They cannot choose or indicate to a particular beneficiary that Plan A is better than Plan B or C," said Karen Ignagni, president and CEO of America's Health Insurance Plans. "They're ding plans for a reluctance to steer beneficiaries." ■



McCLELLAN



DINGELL

Courtesy of [The Tennessean](#) 7/11/06