

Medicare Plan Finder Intake Form Instructions

Please follow the instructions below when filling out an intake form to report a potential issue with the Medicare Plan Finder. Make sure you fill out all required fields before submitting your form. Forms that are missing required information will be returned for your completion before they can be shared with the CMS plan finder team.

1. Date of reported problem (Required)

Please record the date you experienced the reported problem with the Medicare Plan Finder.

2. Time of reported problem (Required)

Please enter the time you experienced the reported problem with the plan finder, including the time zone in which you're located.

3. Which search did you use? (Required)

Please indicate whether you experienced this problem while completing a **GENERAL** or **PERSONALIZED** plan search. Please keep in mind that even if you're experiencing a problem with one type of plan search, you may still be able to successfully complete the other type of plan search to help any beneficiaries you may be counseling.

4. Zip code (and county, if zip code covers more than one) (Required)

Please enter the zip code you used for the plan search. If the zip code covers more than one county, please indicate the county as well so your search can be replicated more accurately.

5. At which step are you reporting a problem? (Required)

Please use this field to record at which step in the plan finder you experienced the problem. This is the title of the webpage you were on when the issue occurred.

6. Subsidy level (Required)

Please indicate whether the beneficiary you're assisting has Medicare and full Medicaid (full benefit dual eligible), gets Extra Help paying for their prescription drugs (and the level of assistance), or does not get a subsidy (not applicable).

7. Drug list ID

Please record the drug list ID number you used for the plan search. The drug list ID is generated after you create a drug list on the Enter Your Drugs page. You can also find this information in the My Current Profile box located in the top right corner of every page in the plan finder.

Your Plan Results

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Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

[My Current Profile](#) [Update Search](#)

Zip Code: 20814
Current Coverage: Original Medicare
Current Subsidy: No Extra Help [?]
Drug List ID: 4775702144
Password Date: 11/04/2014
[Important Coverage Information](#)

8. Password date

Please enter the password date for your plan search. You can find the password date for your search listed near the drug list ID on the Enter Your Drugs page or in the My Current Profile box located in the top right corner of every page in the plan finder.

9. Name, dosage and quantity of drug(s) in question

It's important that you enter the name and dosage of each drug in question exactly as you entered it into the plan finder. Even slight variations in a drug name or dosage can make a big difference when comparing pricing information and attempting to troubleshoot any issues.

10. Plan Name or Contract ID and Plan ID

Please record the name of the plan or the Plan's Contract ID and Plan ID. If using the Plan ID option, please enter the information in the format shown in the screenshot example below.

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage [?], Drug Restrictions[?] and Other Programs:	Overall Star Rating:[?]	
Retail Pharmacy Status: Preferred Cost-Sharing Annual: \$284	\$23.70	Annual Drug Deductible: \$230 Drug Copay/ Coinsurance: \$0 - \$30, 27% - 40%	All Your Drugs on Formulary: Yes Drug Restrictions: Yes	★★★★ 3.5 out of 5 stars	Enroll

11. Web page title (Required)

Please use this field to indicate the name of the plan finder web page on which you experienced the problem (for example, Enter Your Drugs, Plan Results, etc.). This is often the same as the answer to Question 5 above.

12. Server Number (Not Required)

13. Detailed description of the problem (Required)

Please provide a detailed description of the problem you're experiencing in this section. Include any other details you think may be important, but please do not include any other identifying beneficiary information (such as, a Medicare number). If you think a screenshot would be useful to help illustrate the problem you're seeing, you may include one in this section.