

**Congress of the United States**  
**Washington, DC 20515**

June 14, 2018

Ms. Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C., 20201

Re: Draft Changes to 2019 *Medicare & You* Handbook

Dear Administrator Verma,

We are writing to express our concern that recently released draft changes to the 2019 *Medicare & You* handbook include misleading information about the Medicare Advantage (MA) program, which appear designed to direct patients to those plans rather than fee-for-service (Original) Medicare. All beneficiaries should be presented with the full picture of their coverage options and be allowed to make an informed decision – and we believe that these 2019 draft changes are at odds with this important objective.

The *Medicare & You* handbook is a vital resource provided to millions of Medicare beneficiaries on an annual basis to inform their coverage decisions as well as improve their overall understanding of the Medicare program. Historically, the Centers for Medicare & Medicaid Services (CMS) has gone to great lengths to ensure the information is presented in a balanced, objective, and easy-to-understand manner, regularly employing contractors to test the language on Medicare beneficiaries to gauge their interpretations and ensure the accuracy of presentation.

Taken together, the 2019 draft changes imply that MA is a more affordable alternative to Original Medicare, and these changes fail to provide important distinctions between the two options (e.g., the national network afforded in Original Medicare). Additionally, the language around prior authorization is false, directing beneficiaries to conclude that it is a special benefit provided to MA enrollees only.

Specifically, some of the changes we are referring to include:

- Page 4-6: Contains a number of misleading comments on the differences between MA and Original Medicare, including de-emphasizing the crucial distinction between the national network for Original Medicare and the usually significantly more limited MA network.
- Page 6: Eliminates a section on “quality of care” and instead adds a “coverage and cost determinations” piece that implies individuals are better off enrolling in an MA plan if they

want to know their costs ahead of time. Inaccurately makes a blanket statement that under Original Medicare “You cannot find out if the procedure is covered until the procedure has been performed.”

- Page 60: Includes a new sentence that says, “Private contracts give you and your provider the flexibility to set up your own payment terms that work best for you.” This is extremely misleading to beneficiaries, who could be responsible for massive out-of-pocket charges through private contracting of services.

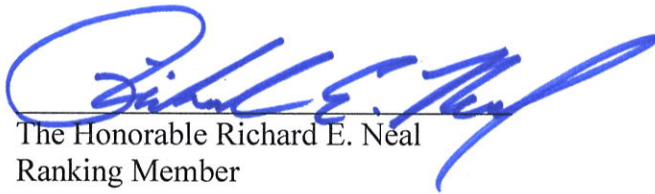
The coverage decisions that beneficiaries make can have life-long ramifications. It is not the government’s role to direct Americans to one choice over another – rather, its role is to provide fair and balanced information so individuals can reach their own conclusions based on their individual circumstances. To that end, we request responses to the following questions:

1. How was the decision to make changes made?
2. What is the rationale for each of the language edits specified above?
3. To what extent were these changes vetted with beneficiaries and tested to ensure that they do not inadvertently lead seniors to false conclusions about their Medicare coverage options?
4. Please provide the data/reports from the field testing conducted with consumers to inform these new changes.

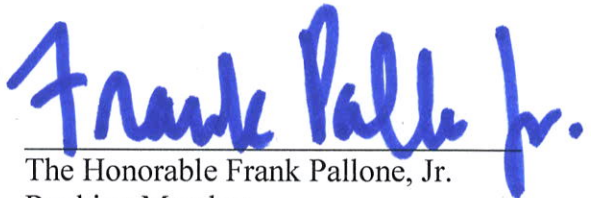
Given our concerns, we respectfully request that you not include this language in future outreach, enrollment, or training materials and that copies of those final materials be provided in a timely manner to the undersigned. We also request that you provide another copy of the handbook to relevant stakeholders prior to its publication.

Thank you for your attention to this important matter. We look forward to your response and hope to work with you to ensure that beneficiaries receive unbiased information about their Medicare coverage that empowers them to make informed health care decisions.

Sincerely,



The Honorable Richard E. Neal  
Ranking Member  
Committee on Ways and Means



The Honorable Frank Pallone, Jr.  
Ranking Member  
Committee on Energy and Commerce