



James Firman, Chair

November 9, 2017

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445 G
Washington, DC 20201

Dear Administrator Verma:

The undersigned members of the Leadership Council of Aging Organizations (LCAO) write to urge you to take steps to correct misleading public outreach and education around the current Medicare open enrollment.

The LCAO is a coalition of 70 national nonprofit aging organizations concerned with the well-being of America's seniors and committed to promoting their interests. Open enrollment is an opportunity for beneficiaries to choose from all Medicare options available to them, including traditional Medicare. It is important that CMS and outside groups assisting seniors and people with disabilities provide information that helps each beneficiary make the right choice for that individual.

While private plans have features that may be appropriate for certain beneficiaries, traditional Medicare offers benefits that private plans don't – such as an unrestricted choice of doctors who accept Medicare, access to a specialist without a referral from a primary care physician and access to services without prior authorization. Further, the decision to move to a private plan from traditional Medicare may preclude access to guaranteed issue Medigap, should the beneficiary want to return to traditional Medicare in the future.

Beneficiaries have individual needs. Since the choice of Medicare options has consequences for access to services and physicians, it is important that beneficiaries receive unbiased and accurate information about all their options, so they are empowered to make the choice that best suits them.

However, CMS is encouraging entities that assist beneficiaries with enrollment choices to disseminate information that is incomplete and biased toward Medicare Advantage (MA) and that often fails to even mention traditional Medicare.

For example, a [toolkit](#) produced by the CMS Office of Communications for its outreach and enrollment efforts clearly favors private plans. CMS has geared this toolkit toward its regional staff, State Health Insurance Assistance Programs (SHIPs), state departments of insurance and other consumer assistance organizations. The toolkit advises beneficiary assistors to “support a competitive marketplace of privatized health plans by encouraging competition.” A slide titled “Key Messages” states, “Medicare Advantage plans are offered by private insurance companies and combine all your benefits into one plan.” This slide does not inform beneficiaries that they can choose traditional Medicare, certainly a critical message CMS ought to convey to consumers at enrollment time.

Some LCAO member organizations that have been invited to participate in CMS open enrollment “boot camp” trainings report that these events have, in fact, promoted steering toward Medicare Advantage plans.

Further, several CMS documents, including the “2018 Medicare and You Handbook” distributed to all Medicare beneficiaries, contain a side-by-side chart (page 5 of the Handbook) that compares traditional Medicare with MA plans. The chart indicates that MA plans may be more “cost effective” than traditional Medicare. Steering beneficiaries toward a “cheaper” Medicare Advantage option may not be in their best interest, or ultimately less expensive for them. The Medicare Advantage side of the chart also indicates that, “plans usually don’t cover care you get outside of the U.S.” In reality, most Medicare Advantage plans not only don’t cover care outside the U.S, they also do not cover care, with the exception of emergency care, outside the narrow coverage area (county or state) that the plan serves.

We strongly urge you to take immediate corrective action to include and accurately portray the benefits and drawbacks of all coverage options in CMS materials, always including traditional Medicare as a beneficiary option. We look forward to hearing from your office about specific plans to address these concerns.

Sincerely,

Aging Life Care Association
Alliance for Retired Americans
American Federation of Government Employees (AFGE)
American Federation of State, County and Municipal Employees (AFSCME)
American Foundation for the Blind
American Geriatrics Society
American Postal Workers Union
American Society on Aging
Association for Gerontology and Human Development in Historically Black Colleges and Universities (AGHDHBCU)
B’nai B’rith International
Caring Across Generations
Center for Elder Care & Advanced Illness, ALTARUM
Center for Medicare Advocacy
Community Catalyst
Families USA
The Gerontological Society of America
International Association for Indigenous Aging
Justice in Aging
LeadingAge
Lutheran Services in America
PHI
National Academy of Elder Law Attorneys (NAELA)
National Adult Day Services Association (NADSA)
National Alliance for Caregiving
National Asian Pacific Center on Aging (NAPCA)
National Association for Hispanic Elderly
National Association for Home Care & Hospice
National Association of Area Agencies on Aging (n4a)
National Association of Social Workers (NASW)

National Caucus and Center on Black Aging, Inc. (NCBA)
National Committee to Preserve Social Security and Medicare
The National Consumer Voice for Quality Long-Term Care
National Council on Aging (NCOA)
Service Employees International Union (SEIU)
Services & Advocacy for GLBT Elders (SAGE)
Social Security Works

cc: The Honorable Kevin Brady
The Honorable Richard E. Neal
The Honorable Greg Walden
The Honorable Frank Pallone
The Honorable Orrin G. Hatch
The Honorable Ron Wyden