

May 15, 2018

Seema Verma
Administrator, Centers for Medicare & Medicaid Services
U. S. Department of Health and Human Services
200 Independence Avenue, SW
Washington DC 20201

Dear Administrator Verma,

We are writing to express our strong objections to serious inaccuracies in the draft Medicare & You Handbook for 2019. We are submitting technical comments as part of the stakeholder review process but believe that the matter is of such concern that it also deserves your attention.

The Center for Medicare Advocacy, Justice in Aging, and the Medicare Rights Center each have decades of experience with the Medicare program. We are united in our commitment to ensuring the program meets the needs of all consumers it serves.

Medicare & You is the core Medicare communication to beneficiaries. It is critical that the information in the Handbook be fairly and accurately presented. Beneficiaries making important choices about their coverage need to be able to rely on the Handbook for unbiased information that they can trust. However, when comparing Original Medicare and Medicare Advantage, the 2019 draft Handbook does not meet this standard, distorting and mischaracterizing the facts in serious ways.

First, in several places, the Handbook suggests that Medicare Advantage is the less expensive alternative for beneficiaries. This is an overstatement. There are many variables determining whether enrollment in a Medicare Advantage plan may be more or less expensive for any particular Medicare beneficiary. Factors including premiums, co-payment structure, available providers, the individual's medical needs, etc. all can affect the relative affordability of Medicare Advantage generally as well as the affordability of any particular Medicare Advantage plan. The repeated suggestion that Medicare Advantage can save beneficiaries money does not fairly and fully represent these realities.

Moreover, in numerous descriptions, the Handbook fails to make clear a key distinction between Original Medicare and Medicare Advantage: Original Medicare provides access to all Medicare participating providers nationwide, while Medicare Advantage limits access to a set network of providers in a specific geographic area.

Even more problematic is the treatment of prior authorization requirements in Medicare Advantage. On both page 6 and page 62, the Handbook attempts to paint this restriction on access to services as a benefit, rather than as what it is, a mandatory hurdle for Medicare Advantage members that is not required for individuals in Original Medicare. On page 62, the Handbook goes so far as to describe prior authorization as a "right" that people in Original Medicare "can't get." Describing a restriction as a "right" and then saying that people who are not subject to this restriction are disadvantaged twists the facts beyond recognition.

Further, people in Original Medicare actually do have a right to receive a written notice prior to receiving care if the provider thinks the care will not be covered by Medicare (the Advanced Beneficiary

Notice, or ABN). In our experience, beneficiaries find prior authorization to be an obstacle to accessing care. We doubt even the most aggressive plan agent or broker would try to convince a beneficiary that having to get a prior authorization is one of the benefits of joining a Medicare Advantage plan.

In past Handbooks, CMS has presented more balanced and accurate descriptions of the differences between Original Medicare and Medicare Advantage. These descriptions help beneficiaries to determine which choices are best for their particular circumstances. The additions to the 2019 draft Handbook are significant deviations from past practices.

We appreciated the opportunity to meet with Administrator Verma last year, and we share CMS's desire to help beneficiaries understand the Medicare options available to them. As we expressed then, in order for beneficiaries to select the Medicare option that will suit their needs, they need accurate information presented from a neutral, balanced perspective.

We recognize that the publication schedule for the Medicare & You Handbook is tight but believe it is essential for retaining the credibility of the Handbook that these statements be corrected before the Handbook is disseminated.

Thank you for your attention to our concerns. We would be glad to discuss these issues with you at any time.

Sincerely,



Judith Stein, Executive Director, Center for Medicare Advocacy



Kevin Prindiville, Executive Director, Justice in Aging



Joe Baker, President, Medicare Rights Center

Cc: Demetrios Kouzoukas, Principal Deputy Administrator & Director, Center for Medicare
Tim Engelhardt, Director, Medicare-Medicaid Coordination Office
Amy Larrick, Director, Medicare Drug Benefit and C and D Data Group
Jerry Mulcahy, Director, Medicare Enrollment and Appeals Group