



February 7, 2014

Hon. Marilyn Tavenner
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Tavenner:

On behalf of AARP's nearly 38 million members and all Americans who depend on the earned benefit of the Medicare program, we are writing to put forth policy proposals which seek to mitigate some of the provider disruptions recently experienced by beneficiaries in the Medicare Advantage (MA) program.

As CMS continues to bring MA insurer payments more in-line with traditional Medicare – an important goal we continue to support – CMS should also take steps to minimize any potential disruptions to the care of MA participants. Therefore, we urge CMS to promote the following consumer protections in order to make any necessary provider transitions as seamless as possible:

Allow enrollees whose doctors have been removed from an MA plan's network adequate time to find a new doctor, when removal is not for cause.

In order to facilitate continuity of care, we urge CMS to require MA plans to notify enrollees of all changes in the composition of their networks at least 90 days before their effective date. Consumers have a reasonable expectation that health plans will notify them with enough time to make appropriate changes to their health care without the fear of missing appointments or the stress of rushing to find a new provider.

We also urge CMS to require MA plans to give adequate notification to providers dropped from the MA network -- before beneficiaries are notified of the changes. Prior notification will help ensure enrollees do not arrive for an appointment with a provider for which they no longer have coverage or, worse, receive care for which they now have to incur significant out-of-pocket cost.

In the event that a provider is dropped from an MA plan's network, CMS should require plans to provide all necessary assistance to beneficiaries in order to enable them to select new providers. This assistance should include information about all nearby in-network providers accepting new patients, as well as information about how to have medical records transferred to a new location.

Unless a provider is dropped for cause, prohibit MA plans from altering their networks during a calendar year.

Just as beneficiaries are “locked-in” to a plan, CMS should prohibit MA plans from altering the composition of their networks during a contract year unless a provider is terminated for cause. We believe the term of a provider’s contract should coincide with the MA plan’s contract year with CMS. This will better reflect beneficiary plan choice, as well as help ensure ongoing oversight of all MA plan network adequacy requirements.

Allow MA enrollees who choose to change to traditional Medicare in the first 45 days of the year to be able to purchase a Medicare Supplemental plan.

Allowing beneficiaries the opportunity to purchase supplemental coverage is a matter of fairness that would allow beneficiaries the opportunity to mitigate their financial exposure. Without this safeguard, beneficiaries who choose to change and enroll in the traditional program could be without any financial protection to cover non-Medicare covered cost-sharing.

Promulgate a federal requirement that Medicare Supplemental insurance be available during the annual election period for Medicare.

AARP supports the ability to choose a Medicare Supplemental plan during the annual election period without being subject to underwriting. Broader access to Medicare Supplemental plans will give MA enrollees, if they so choose, greater flexibility upon their return to traditional Medicare if they determine an MA plan no longer meets their health care needs.

We thank you in advance for considering these policy proposals and look forward to working with you to offer beneficiaries the best possible service in choosing the Medicare plan that is right for them. Should you have any questions regarding this matter or would like to discuss any of the recommendations, please feel free to contact me, or have your staff contact Ariel Gonzalez, our Government Affairs Director of Federal Health and Family Advocacy, at agonzalez@aarp.org or (202) 434-3770.

Sincerely,



David M. Certner
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Government Affairs