

May 5, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations share a commitment to advancing the health and economic security of older adults, people with disabilities, and their families. Together, we represent the 57 million Americans who rely on Medicare for guaranteed access to health benefits. We greatly appreciate the opportunity made available by the Centers for Medicare & Medicaid Services (CMS) to provide comments on the “Welcome to Medicare” packages, and we are writing to share our collective input on these materials.

We are committed to promoting smooth transitions to Medicare for older adults and people with disabilities newly eligible for the program. As such, we believe the primary goal of the “Welcome to Medicare” packages should be to ensure that people new to Medicare avoid the harmful pitfalls, including increased health care costs and premiums, gaps in essential health coverage, and disruptions in access to needed care, often associated with honest Medicare enrollment mistakes. To mitigate such pitfalls and to improve CMS’ existing educational content, we recommend the following:

- **Provide all people approaching Medicare eligibility with enrollment notice and materials.** For many people new to Medicare, there is no communication that provides education on when and how to enroll in Medicare Part B or what may result from delayed enrollment, nor is there any trigger to spur individuals to seek out this information. As a result, many of our organizations hear from older adults and people with disabilities who wrongly believed that because they had existing insurance, like COBRA benefits, retiree insurance, or a Qualified Health Plan (QHP), they did not need to enroll in Part B. As noted above, these individuals often face severe consequences that can prevent them from receiving urgently needed care.

CMS should fill this long-standing notification gap and ensure that all people approaching Medicare eligibility receive the content made available through the “Welcome to Medicare” packages. We strongly encourage CMS to work with the Social Security Administration (SSA) and other federal partners to extend enrollment mailings to include individuals who are not auto-enrolled in Medicare. And, as necessary, we urge CMS to work with Congress to pass the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act, which would expressly provide data sharing authority and other instruction to supply advance notice of Medicare enrollment rules to all people nearing Medicare eligibility.¹

- **Place a greater emphasis on coordination of benefits considerations.** We find that CMS generally succeeds in communicating about the consequences of delayed enrollment concerning the potential for lifetime premium penalties. Yet, we find that appropriate emphasis is lacking with respect to coordination of benefits concerns, most importantly for those with coverage from a small employer, COBRA, retiree

¹ See H.R. 5722 and S. 3236 (114th Congress)

insurance, or a QHP. The consequences of delayed enrollment for those who retain only secondary health insurance can be severe, resulting in gaps in health care coverage and significantly higher health care costs. These considerations should be more adequately represented across CMS' educational content for those newly enrolled in Medicare, for those who declined Part B, and for those approaching Medicare eligibility.

- **Retain content on seeking help in other languages.** We greatly appreciate that CMS includes information in multiple languages on how to seek help with Medicare enrollment early on in the current “Welcome to Medicare” packages. As the documents are revised, we strongly urge the agency to preserve this content and maintain the location as one of the first pages a beneficiary receives.
- **Create separate, standardized content based on the reason for Medicare eligibility.** Medicare eligibility and enrollment policies vary significantly based on how most people become eligible for the program—upon turning age 65 or upon receipt of Social Security disability benefits after a 24-month waiting period. Where possible, we suggest that CMS develop separate, standardized content for each of these populations. Writing one document intended to suit the needs of both groups makes it more difficult to clarify and streamline complicated information. The “Welcome to Medicare” packages would be more effective, and could be simplified, if targeted based on the reason for Medicare eligibility.
- **Use consistent branding and a uniform aesthetic on the “Welcome to Medicare” packages.** This includes agency logos, fonts, and colors across all enrollment-related and beneficiary-facing publications. Many individuals are unaware of the organizational relationships between CMS, SSA, and the Department of Health and Human Services (HHS) which easily results in confusion.

Again, we thank CMS for seeking public comment on the “Welcome to Medicare” packages. We urge the agency to incorporate the input provided above as CMS seeks to strengthen its educational content for older adults and people with disabilities who are nearing Medicare eligibility. We also encourage CMS to utilize focus groups and other forms of beneficiary testing to ensure that this material is as clear and effective as possible. Thank you for the opportunity to provide input.

Sincerely,

AFL-CIO

Alliance for Aging Research

Alliance for Retired Americans

American Association on Health and Disability

American Federation of State, County & Municipal Employees (AFSCME)

American Society on Aging

Asian & Pacific Islander American Health Forum

Association of University Centers on Disabilities

Better Medicare Alliance

Blue Cross Blue Shield Association

California Health Advocates

Center for Elder Law & Justice

Center for Elder Care and Advanced Illness, Altarum Institute

Center for Independence of the Disabled, New York
Center for Medicare Advocacy, Inc.
Community Catalyst
Community Services Center of Greater Williamsburg (New York)
Empire Justice Center
Justice in Aging
Lakeshore Foundation
Lutheran Services in America
Medicare Rights Center
National Association for Home Care and Hospice
National Academy of Elder Law Attorneys
National Association of Area Agencies on Aging (n4a)
National Association of Health Underwriters
National Association of Nutrition and Aging Services Programs
National Committee to Preserve Social Security and Medicare
National Association of Social Workers (NASW)
National Council on Aging (NCOA)
National Multiple Sclerosis Society
National Partnership for Women & Families
National Patient Advocate Foundation
Social Security Works
WISER (Women's Institute for a Secure Retirement)