

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
200 Independence Avenue, SW
Washington, DC 20201



Office of Media Affairs

MEDICARE NEWS

FOR IMMEDIATE RELEASE
September 21, 2009

CONTACT: CMS Media Affairs Office
(202) 690-6145

MEDICARE ISSUES NEW GUIDANCE TO INSURANCE COMPANIES ON MEDICARE MAILINGS

Guidance Comes After Humana Distributed Potentially Misleading Materials

Medicare today called on Medicare-contracted health insurance and prescription drug plans to suspend potentially misleading mailings to beneficiaries about health care and insurance reform. The Centers for Medicare & Medicaid Services (CMS) recently asked Humana, Inc. to end similar mailings. Humana has agreed to do so.

“We are concerned that the materials Humana sent to our beneficiaries may violate Medicare rules by appearing to contain Medicare Advantage and prescription drug benefit information, which must be submitted to CMS for review” said Jonathan Blum, acting director of CMS’ Center for Drug and Health Plan Choices. “We also are asking that no other plan sponsors are mailing similar materials while we investigate whether a potential violation has occurred.”

Humana is one of a number of private health plans that contracts with CMS to offer health care services and drug coverage to Medicare beneficiaries as part of the Medicare Advantage and Part D programs. CMS learned that Humana had been contacting enrollees in one or more of its plans and, in mailings that CMS obtained, made claims that current health care reform legislation affecting Medicare could hurt Medicare beneficiaries. The message from Humana urges enrollees to contact their congressional representatives to protest the actions referenced in the letter.

“We are concerned that, among other things, the information in the letter is misleading and confusing to beneficiaries, who may believe that it represents official communication about the Medicare Advantage program,” said Blum

Specifically, CMS is investigating whether Humana inappropriately used the lists of Medicare enrollees for unauthorized purposes.

Based on the findings of the investigation, CMS will pursue appropriate compliance and enforcement actions.

###