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ONE HUNDRED TENTH CONGRESS

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**Committee on Energy and Commerce**  
**Washington, DC 20515-6115**

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July 25, 2007

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Ms. Abby Block  
Director  
Center for Beneficiary Choices  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop C51916  
Baltimore, MD 21244

Dear Ms. Block:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Tuesday, June 26, 2007, at the hearing entitled "Predatory Sales Practices in Medicare Advantage." We appreciate the time and effort you gave as a witness before the Subcommittee.

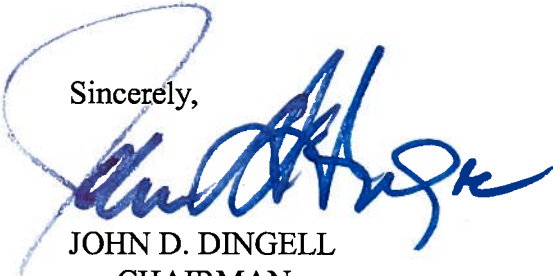
Under the Rules of the Committee on Energy and Commerce, the hearing record remains open to permit Members to submit additional questions to the witnesses. Attached are questions directed to you from certain Members of the Committee. In preparing your answers to these questions, please address your response to the Member who has submitted the questions and include the text of the Member's question along with your response

To facilitate the printing of the hearing record, your responses to these questions should be received no later than the close of business **Friday, August 10, 2007**. Your written responses should be delivered to **316 Ford House Office Building** and faxed to **202-225-5288** to the attention of Kyle Chapman, Legislative Clerk. An electronic version of your response should also be sent by e-mail to Mr. Kyle Chapman at [kyle.chapman@mail.house.gov](mailto:kyle.chapman@mail.house.gov) in a single Word formatted document.

Ms. Abby Block  
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Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Kyle Chapman at (202) 226-2424.

Sincerely,



JOHN D. DINGELL  
CHAIRMAN

Attachment

cc: The Honorable Joe Barton, Ranking Member  
Committee on Energy and Commerce

The Honorable Bart Stupak, Chairman  
Subcommittee on Oversight and Investigations

The Honorable Ed Whitfield, Ranking Member  
Subcommittee on Oversight and Investigations

## **The Honorable Bart Stupak**

1. The Center for Medicare and Medicaid Services (CMS) posts information on its website regarding nursing homes so that Medicare beneficiaries and their families have information about staffing levels, health outcome measures, and any sanctions that CMS has imposed. CMS also posts information on home health agencies and hospitals. Will CMS post on its website copies of Corrective Action Plans imposed on Medicare Advantage (MA) Plans, and information regarding complaints and plan disenrollment data? When will such information be posted?
2. What utilization data do MA Plans provide to CMS so that it can monitor the benefits Medicare beneficiaries receive from MA Plans?
3. We understand that CMS has contracted with IntegriGuard, LLC (IntegriGuard) to process certain disenrollments from MA Plans. What types of disenrollments is IntegriGuard processing (*e.g.*, all retroactive disenrollments or certain retroactive disenrollments)? How long is it currently taking IntegriGuard to process disenrollment requests?
4. Please provide a copy of the Scope of Work relating to CMS's contract with IntegriGuard to process disenrollments.
5. What discretion do CMS Regional Offices and/or IntegriGuard have with respect to the granting or denial of disenrollment from an MA Plan? Is there an appeal procedure for Medicare beneficiaries who are denied disenrollment? If so, what is the procedure? If there is no appeal procedure, why not?
6. How many requests for disenrollment have been denied by CMS and/or IntegriGuard, and on what basis?
7. CMS recently expanded the complaint procedures used by 1-800-Medicare that allow Customer Service Representatives (CSRs) to assist Medicare beneficiaries with disenrollment from an MA Plan. The scripts used by CSRs refer to "urgent complaints." How does CMS define "urgent" in this context?
8. Vantage, Inc., which holds the CMS contract for 1-800-Medicare, currently is marketing a product called "Informis" to MA Plans. "Informis" would allow MA Plans to use their customer service call centers to identify "hot leads" and close a sale on the same call. What firewalls are in place to prevent Vantage from using its access to CMS databases and beneficiary information in connection with "Informis?"
9. Why has CMS failed to impose mandatory minimum training requirements and/or a required core curriculum for the marketing and sales of MA Plans?