

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C4-23-07
Baltimore, Maryland 21244-1850



MEDICARE PLAN ACCOUNTABILITY GROUP

DATE: February 17, 2006

TO: All Medicare Advantage Organizations and Demonstrations offering the Medicare Part B Premium Reduction

FROM: Cynthia E. Moreno /s/
Acting Director

SUBJECT: Model Letter regarding Medicare Part B Premium Reduction

As you may be aware, there have been issues preventing the necessary data transfer between the Social Security Administration and the Centers for Medicare & Medicaid Services to process the Medicare Part B premium reduction. If you get questions, attached is a model letter you can send to your members to help explain the issue.

If you have questions, please contact Terry Williams at 410-786-0705 or terry.williams@cms.hhs.gov, or Carol Eaton at 410-786-6165 or carol.eaton@cms.hhs.gov .

Part B Premium Reduction Model Letter

[Date]

[Member Name]

[Member Address]

[City, State Zip]

Dear [insert name]:

Starting [effective date], as a member of [plan name] you should have received help paying [all/part] of the cost of your monthly Medicare Part B premium. This help meant less money would be deducted from your Social Security check to pay the premium. To provide you with this help, we worked in cooperation with the Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA). Due to technical problems with communication between the CMS and SSA computer systems, some members have experienced long delays in receiving the help to pay for the Part B premium.

CMS is working with SSA to resolve these issues as soon as possible. Be assured that when the issue is corrected, you will receive all the money you should have gotten to help pay your Part B premium since [effective date].

If you have any questions, please call us at [customer service number/TTY number].

Sincerely,

[Health Plan]