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ONE HUNDRED TENTH CONGRESS

U.S. House of Representatives
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Washington, DC 20515-6115

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June 19, 2007

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GREGG A. ROTHSCHILD, CHIEF COUNSEL

The Honorable Michael O. Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

The Subcommittee on Oversight and Investigations of the Committee on Energy and Commerce will hold a hearing on June 26, 2007, entitled "Predatory Sales Practices in Medicare Advantage." Abby Block, the Director of the Center for Beneficiary Choices, is expected to testify on behalf of the Department of Health and Human Services (Department). In connection with the Subcommittee's preparation for the hearing, we request that the Department provide us with the following documents and information no later than 12:00 p.m. on Friday, June 22, 2007:

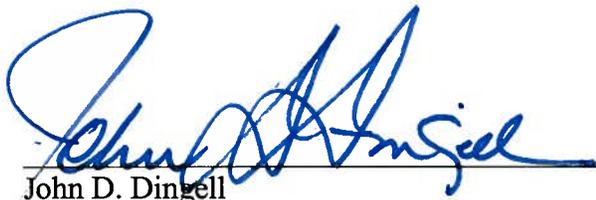
1. Documents reflecting communications of any type (*e.g.*, electronic, in person, in writing, or telephonic) between representatives of the Department, on the one hand, and, on the other hand, Humana, UnitedHealth Group, Wellcare Health Plans, Universal American Financial, Coventry Health Care, BlueCross BlueShield of Tennessee, and Sterling Life Insurance [collectively, the Moratorium Medicare Advantage Organizations (MAOs)] concerning the June 15, 2007, press call and press release announcing that the Moratorium MAOs agreed to suspend marketing of Private Fee-For-Service Plans (June 15, 2007, Press Call);
2. Documents reflecting communications of any type between representatives of the Department and representatives of America's Health Insurance Plans (AHIP) concerning the June 15, 2007, Press Call;
3. Documents reflecting the basis for the Department's decision to enter into agreements with the Moratorium MAOs as announced in the June 15, 2007, Press Call;
4. Documents reflecting the sources, by category, of the "2700 agent complaints we logged from December 2006 to April 2007" referenced in the June 15, 2007, Press Call (*e.g.*,

numbers of calls to 1-800-Medicare, Regional Offices of the Centers for Medicare and Medicaid Services, State Health Insurance Assistance Programs, the Office of Inspector General, etc.);

5. The complaint tracking form(s) and script(s) used by 1-800-Medicare Customer Service Representatives to respond to phone calls during which the caller reports having received misleading or false information from a broker, agent, or marketing representative selling a MA plan NOT related to prescription drugs;
6. The number of beneficiaries who have elected to disenroll from any Medicare Advantage (MA) plan, sorted by plan, date of disenrollment, and county, including information reflecting whether the beneficiary thereafter enrolled in a different MA plan or Original Medicare, and whether the disenrollment was retroactive or not;
7. The number of disenrollment requests currently pending;
8. The range and mean periods of time for retroactive disenrollments to be processed; and
9. Copies of all corrective action plans entered into by the Moratorium MAOs.

Thank you in advance for your cooperation and prompt attention to this request. If you have any questions, please contact us or have your staff contact Kristine Blackwood, Investigative Counsel with the Committee on Energy and Commerce, at (202) 226-2424.

Sincerely,



John D. Dingell
Chairman



Bart Stupak
Chairman
Subcommittee on Oversight and Investigations

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

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