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Chairman Bill Nelson Senate Special Committee on Aging Dirksen G31 Washington, DC 20510

Ranking Member Susan Collins Senate Special Committee on Aging Dirksen G31 Washington, DC 20510

Dear Chairman Nelson and Ranking Member Collins:

Moffitt Cancer Center appreciates that the Committee on Aging has convened a hearing to learn more about the impact of decisions by insurance companies to eliminate providers from their Medicare Advantage networks.

Moffitt Cancer Center, the only National Cancer Institute-designated Comprehensive Cancer Center based in Florida, offers high-quality, cost-effective cancer care while conducting a wide array of cancer research. Moffitt is one of the busiest cancer hospitals in the U.S., treating in excess of 50,000 cancer patients per year.

Patients treated at Moffitt Cancer Center have significantly better survival rates than the national average for many types of cancers, according to data from the National Cancer Data Base and Moffitt's Cancer Registry.

Late last year, we were disappointed to learn that UnitedHealthcare chose to exclude Moffitt Cancer Center and Moffitt physicians from its network of providers for its Medicare Advantage members, effective Jan. 1, 2014. This includes Medicare HMO/PPO products sold under the names Secure Horizons, Evercare and AARP Medicare Complete.

This decision affected up to 2,000 current patients of Moffitt Cancer Center who were enrolled in these plans last year. Patients who remained with these plans are still eligible to come to Moffitt, but they will pay high out-of-pocket costs for care. Many NCI centers throughout the U.S. were similarly impacted.

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Jack Larsen, CEO of UnitedHealthcare, explained that the insurer is dropping thousands of physicians from its AARP MedicareComplete networks because of "systematic underfunding." UnitedHealthcare's decision may make sense on paper: Cut out premium providers and therefore cut costs. But Mr. Larsen isn't considering what this decision will cost patients and the health care system overall. When facing a disease as serious and complex as cancer, patients need access to the highest level of care and latest treatments.

This decision is short-sighted. UnitedHealthcare's AARP plans may still cover cancer care this year, but it won't be at the top-rated facility in Florida with the best outcomes. As a result, these patients will receive fragmented care, leading to more misdiagnoses, ineffective and costly treatments, as well as disappointing results -- at a cost borne jointly by their insurance company and the Medicare program.

The situation with UnitedHealthcare and Moffitt is unfortunate, but it is not unique. It is indicative of the changing health care landscape and the financial pressures insurers and providers face. More than ever, patients need to research their options and make the best health care decisions for them.

Thank you for taking the time to consider our concerns on behalf of Medicare recipients facing a cancer diagnosis. Please do not hesitate to contact me for more information on this matter, or any other issue related to cancer treatment and research.

Sincerely,

Alan F. List, M.D.

President & CEO