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October 30, 2025

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Dear Administrator Oz:

We write to you today to express our concerns about increasing turmoil and uncertainty for seniors and people with disabilities enrolled in the Medicare Advantage program. As of April 2025, there have been at least 13 states with “significant network changes,” triggering a special enrollment period (SEP) for MA enrollees in these states.¹ MA enrollees in plans that experience a significant network change are eligible to make changes to their coverage. We ask that you please provide more information around how CMS is implementing SEPs triggered by significant network change and the impact on enrollees.

According to the Centers for Medicare & Medicaid Services (CMS), there is a “rigorous internal review process that evaluates the totality of the unique circumstances around each termination to carefully determine whether that termination is ‘significant’ and requires a SEP.”² MA enrollees are notified of their eligibility for this SEP by their plan, and can then choose a new plan or switch into Traditional Medicare with guaranteed issue into a Medigap plan within 63 days after their MA coverage ends. Despite the serious impacts of SEPs on enrollees and the market, the process of SEP determinations is opaque, leaving enrollees and state regulators in the dark.

¹ Jaffe, Susan. “When Hospitals Ditch Medicare Advantage Plans, Thousands of Members Get To Leave, Too” Kaiser Family Foundation. April 28, 2025. Available at

<https://kffhealthnews.org/news/article/hospitals-abandon-medicare-advantage-plans-members-quit-too/>

² Centers for Medicare & Medicaid Services. FAQ. December 17, 2024. Available at

<https://www.cms.gov/files/document/naic-faq-12-17-2024.pdf>

These types of interruptions to the network cannot only affect enrollees' access to care that may already be planned or scheduled, leaving them without an in-network provider, but also leave MA enrollees confused about their coverage options. According to Becker's Hospital Review, so far in 2025 there are 33 health systems dropping Medicare Advantage plans, while there were 32 health systems that dropped plans as of July 2024.³ It is unclear if these provider withdrawals were the triggering occurrence for the SEPs in the 13 states, or if other circumstances were responsible for significant network changes. Additionally, details around the SEP process remain vague, including the circumstances around which enrollees in 13 states recently received notice of an SEP, the criteria by which CMS determines a significant network change, and the language CMS provides plans that must notify enrollees of the SEP.

In December 2024, CMS published responses to inquiries by the National Association of Insurance Commissioners (NAIC) regarding SEPs due to significant network changes.⁴ However, many aspects of the process around significant network change determinations remain unclear, particularly the types of enforcement measures that ensure Medicare beneficiary protections during a SEP due to a significant network change. For example, when an enrollee receives notice of a significant network change and subsequent SEP but has scheduled care, they may suddenly have to receive their care out of network or reschedule their services with another provider and thus risking delays in care.

To ensure people with Medicare are afforded continuous access to care and given ample opportunity to make informed coverage choices, we seek information on the steps CMS takes to protect beneficiaries amid tumultuous shifts in MA provider networks. Given the lack of clarity around how significant network changes are determined, and how and when SEPs are made available, we ask that you answer the following by November 20, 2025:

1. When and how is CMS notified by MA carriers of upcoming changes, or possible changes, to the network?
2. What criteria does CMS use to determine if a “significant” change in network has occurred?
3. Does CMS reconcile significant network change designations with tri-annual network adequacy checks?
4. Does CMS consider different beneficiary populations, i.e. dual-eligible beneficiaries, when evaluating if a network change is “significant”?
5. How does CMS weigh access to specific types of providers or specialties differently when evaluating a network change?

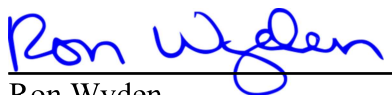
³ Becker's Hospital Review. “33 health systems dropping Medicare Advantage plans | 2025” October 16, 2025. Available at <https://www.beckershospitalreview.com/finance/20-health-systems-dropping-medicare-advantage-plans-2025/>

⁴ Centers for Medicare & Medicaid Services. FAQ. December 17, 2024. Available at <https://www.cms.gov/files/document/naic-faq-12-17-2024.pdf>

6. How does CMS determine which enrollees are impacted by the “significant” change?
7. How many significant network changes were granted in 2024 and so far in 2025? How many enrollees were given a SEP? How many enrollees subsequently changed their MA plans or switched to Traditional Medicare?
8. When and how are state regulators notified that a review is underway and of a significant network change designation?
9. Once a decision to give enrollees an SEP due to a significant network change is made, how are plans and consumers notified? Who is responsible for notifying consumers and what is the timeframe?
10. What is the draft language provided by CMS to MA plans for notification to enrollees?
11. When does the 63-day enrollment period begin and what responsibility and/or requirements do CMS and the plan adhere to so as to ensure impacted enrollees are aware of their rights and applicable enrollment deadlines?
12. If and how are Medigap carriers informed that potential enrollees have guaranteed issue?
13. Which Medigap plans must be offered by the carriers with guaranteed issue?
14. Are agents/brokers notified? If so, when and how?
15. Who is responsible for ensuring providers continue to serve MA enrollees who have been notified of a significant network change, but whose coverage has not terminated yet?

It is critically important prior to the end of Medicare Open Enrollment to have further guidance and transparency from CMS regarding the growing number of special enrollment periods in Medicare Advantage due to significant network changes. Thank you for your attention to this important matter to protect the Medicare guarantee through informed choice for beneficiary coverage decision making.

Sincerely,



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance



Mark R. Warner
United States Senator