

**Congress of the United States**  
Washington, DC 20510

December 19, 2014

Marilyn Tavenner  
Administrator for the Centers for Medicare & Medicaid Services  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Tavenner:

We are writing to ask that you increase consumer protections in the Medicare Advantage (MA) plan offerings in the Fiscal Year 2016 Call Letter. Past Call Letters have reflected a willingness by Centers for Medicare & Medicaid Services (CMS) to make changes to requirements regarding adequate notice to consumers about provider networks in these plans and offering better options for seniors who have had changes foisted on them mid-plan year. While we appreciate your attention to this matter, we believe much more must be done to provide potential enrollees with adequate information to make decisions about MA plans.

Over the last year, thousands of doctors and other providers have been removed without cause from MA plan networks, needlessly disrupting the care of seniors across the country. This blatant bait and switch should not be allowed. Therefore we urge you to require that MA plans fix their provider networks in advance of the annual open enrollment period in your FY 2016 call letter. This will allow Medicare Advantage enrollees to select a plan with a provider network that meets their needs. It will also give MA enrollees security in knowing that their providers cannot be dropped from the network in between enrollment periods.

If MA plans continue to be allowed to drop providers during the middle of the plan year, we have several suggestions that we believe are necessary to provide fairness to seniors and should be included in the 2016 Call Letter.

**Special Enrollment Periods.** We understand that Medicare traditionally provides services rather than access to specific providers; however, because the very nature of MA plans relies on the use of specific networks of providers within plans, CMS has a responsibility to ensure that enrollees will receive the plan as advertised. If CMS continues to allow insurers to make changes to provider networks mid-plan year, the Agency must strengthen the Special Enrollment Period (SEP) for subscribers whose provider has been dropped, allowing them to change their plan.

**Criteria for Special Enrollment Periods.** CMS should define the “significant” provider changes that would make an enrollee eligible for a SEP in a way that reflects the needs of

individuals, allowing beneficiaries to change plans if their providers who were a part of the network when they signed up for a specific plan are no longer in-network. At the same time, we ask the agency to carefully monitor the use of such SEPs and any related marketing by health plans, to minimize gaming and other discriminatory practices. These policy changes will preserve beneficiary choice and minimize disruptions in care continuity.

**Notice to Enrollees.** Adequate notice is essential to making sure that seniors can make informed decisions about how to utilize Medicare to fit their needs. CMS' notice to enrollees through the Annual Notice of Change continues to inadequately inform enrollees about the status of provider networks and whether individual providers are still in-network. At a minimum, we urge CMS to adopt the proposal that was initially presented in last year's draft Call Letter of notifying enrollees 60 days rather than 30 days before the open enrollment period of any changes to the provider network.

**Up to Date and Practical Directories.** CMS must ensure that provider directories, particularly those that are available online, are kept up to date and provide accurate information to enrollees on office addresses, specialty information, languages the providers speak, and whether providers are accepting new patients. Furthermore, CMS should make all provider directories more useable by linking them to the Plan Finder.

**Network Standards.** Finally, CMS should consider applying network standards for other plans to MA plans. Requiring essential community providers would help ensure that provider networks are indeed adequate to meet the needs of enrollees. Most importantly, the CMS commitment to active annual review of Medicare-Medicaid Plans should be applied to all MA plans. The aggressive changes to plans that have affected our communities over the past few years are simply unacceptable. Additional oversight by CMS of plans that serve the Medicare population is vital to making sure that the plans that seniors select during open enrollment are not gutted by insurers at a time when seniors are left with no options or recourse.

We look forward to working together with you on implementing these ideas and others that will better protect seniors. Thank you very much for your attention to this matter.

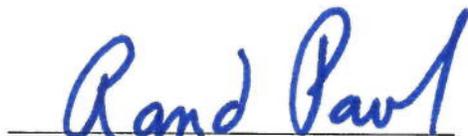
Sincerely,



RICHARD BLUMENTHAL  
United States Senate



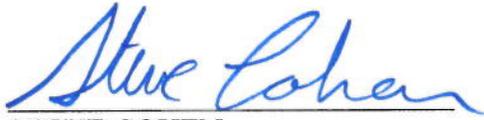
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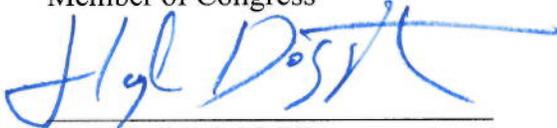
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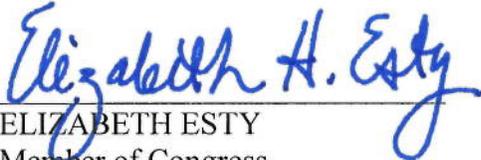
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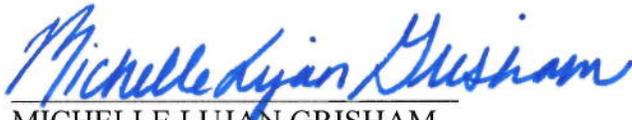
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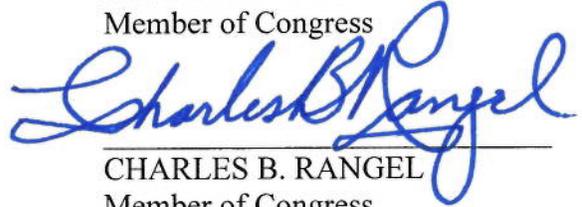
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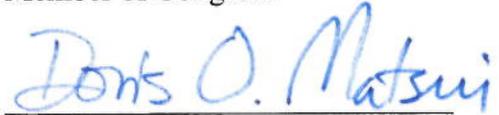
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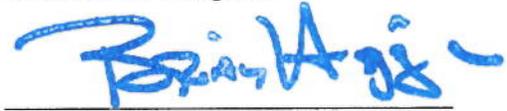
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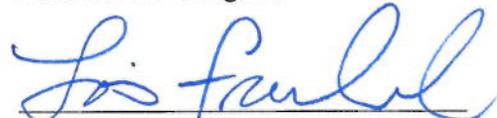
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