



December 2, 2024

Memo To: David Torian,
Counsel & and Health Policy Analyst
NAIC Senior Issues Task Force

Ahead of the fall meeting in Denver, I received an anonymous email containing a CMS Sample Notice related to a Special Enrollment Period (SEP) triggered by a provider withdrawal that significantly affected an MA plan's network. There were no additional documents included with the he sample notice which appeared to be addressed to an MA plan and was dated August 1, 2024.

The issue of medical providers withdrawing from Medicare Advantage (MA) plans ahead of the 2025 Annual Enrollment Period (AEP) has been a recurring topic of discussion within the Senior Issues Task Force (SITF) throughout this year. In response to questions surrounding these withdrawals and the potential impact on MA plan members, the NAIC sent a letter to CMS Administrator Chiquita Brooks-LaSure on September 25, seeking clarification on provider withdrawals and associated Special Enrollment Periods (SEP) available to affected MA plan members.

The date of the attached notice indicated that CMS had already begun identifying significant network changes and implementing associated SEPs prior to the NAIC's letter to CMS and earlier requests for clarification. The notice I received is part of this memo and was included in the materials and presentation on provider withdrawals we delivered during the Consumer Liaison Meeting at the NAIC Fall Meeting in Denver.

\
Bonnie Burns, Consultant, California Health Advocates
NAIC Consumer Representative

Significant Network Change – Model Member Notice Text

CMS Significant Network Change Member Letter SEP Text REV 8-1-2024

Because <Provider Name> will no longer be a part of the <plan name> provider network, you have a special one-time opportunity to choose a different Medicare health or drug plan or change to Original Medicare. This opportunity starts now and runs through the end of <month = 2nd full calendar month following member’s receipt of notice>. Your new coverage can start as early as the month after you call Medicare and ask to join a different plan. If you either qualify for extra help to pay for your prescription drug costs or you are eligible for both Medicare and Medicaid, you may be able to change plans during other times. If you’re currently residing in a nursing facility, or you recently left a nursing facility, you have the right to change Medicare health and drug plans at any time.

If you want to stay in <plan name>, you’ll need to [Insert either: “move to a different nursing facility” OR “choose a new provider”] in order for <plan name> to cover your care.

- If you want to switch to a different Medicare health or drug plan or change to Original Medicare, call 1-800-MEDICARE (1-800-633-4227) for information and help comparing plans. TTY users should call 1-877-486-2048. Tell the Medicare representative that you received this letter. You can also visit Medicare.gov to compare the Medicare health and drug plans available in your area, but to change to a different plan or to Original Medicare you need to call and speak with a Medicare representative.
- You can also call <name of State Health Insurance Assistance Program (SHIP)> for free personalized counseling at <SHIP contact information>.
- If you have any questions or concerns about this change in the <plan name> network, contact our Customer Service Department at <phone number> between <hours and days of operation>. TTY users should call <TTY number>. If you choose to stay in <plan name>, they can provide you with a list of contracted providers and help you select a new in-network provider in your area.
- **Important:** If you have coverage through an employer or union, please call your benefits administrator to find out how leaving our plan may affect your employer or union health benefits. Read all the materials you get from your insurer or plan provider to learn how joining a different Medicare drug plan or changing to Original Medicare may affect you or your family’s current coverage.
- **Important:** If you will be changing to Original Medicare, **please save this letter as proof of your Medigap rights.** You have a special temporary right to buy Medigap (Medicare supplement insurance) policy, even if you have health problems. Federal law requires the protections described above. Your State may have laws that provide more Medigap

protections. If you have questions about Medigap or Medigap rights in your State, you should contact your State Health Insurance Program <insert name of SHIP> at <SHIP phone number>. You can also call 1-800-MEDICARE (1-800-633-4227) anytime, 24 hours a day, 7 days a week for more information. TTY users should call 1-877-486-2048.