

United States Senate

WASHINGTON, DC 20510

November 4, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz:

As Medicare open enrollment begins, we are deeply concerned by reports that the Centers for Medicare & Medicaid Services (CMS) launched a provider-directory tool that is riddled with erroneous, conflicting, and duplicative information.¹ While we appreciate CMS's stated intent to help enrollees more easily navigate and choose a Medicare Advantage (MA) plan, we are concerned that this rushed rollout will mislead millions of seniors as they compare plans, and may cause seniors and people with disabilities to incur medical bills they reasonably believed would be covered.

For the nearly 34 million seniors currently enrolled in MA plans, choosing coverage is already a confusing and time-consuming process. One study found that when seniors are overwhelmed with numerous and complex plan choices, they often struggle to make informed decisions that would best suit their health needs in Medicare's insurance markets. Most enrollees fail to select cheaper, more generous plans; those with lower cognitive ability may never switch from suboptimal coverage once enrolled; and as a result, these beneficiaries often forgo substantial savings and do not reliably choose plans that maximize financial protection.² In an MA enrollment process fraught with complexity that seniors and people with disabilities struggle to navigate, the sloppiness of CMS's new provider-directory tool makes these challenges only that much worse.

According to reporting, CMS initially planned to build a full national directory that would simplify how seniors shop for coverage. Instead, CMS rushed out a temporary MA-only version using data from one outside vendor SunFire Matrix ("SunFire")—a Medicare insurance market technology company. The accuracy of using data from one single vendor, and the data insurers volunteer, does not create a full overview of the landscape, leading to inaccuracies in the directory tool. The rollout was driven not by career CMS staff but by the acting administrator of DOGE currently embedded at CMS who is also leading the administration's broader national directory initiative. The directory tool—intended to help beneficiaries identify in-network providers—has been found to list some providers as both in-network and out-of-network or to display contradictory information across plan pages.

¹ Dan Diamond & Akilah Johnson, *Errors in new Medicare plan portal mislead seniors on coverage*, WASH. POST (Oct. 16, 2025), <https://www.washingtonpost.com/health/2025/10/15/medicare-advantage-open-enrollment-directory-errors/>.

² Amal N. Trivedi, *Understanding Seniors' Choices in Medicare Advantage*, 31 J. GEN. INTERNAL MED. 151, 151–52 (Sept. 11, 2015), <https://pmc.ncbi.nlm.nih.gov/articles/PMC4720640/>.

Further, we understand that CMS notified Medicare Advantage Organizations (MAOs) that, due to potential errors in the directory, beneficiaries would be permitted to change plans within three months if provider-network misinformation influenced their selection. However, we are not aware of any comparable notice to enrollees. Nor has CMS made clear how MA enrollees can verify accurate network information or how they may remedy a mistaken plan choice caused by the tool's inaccuracies.

In light of these concerns and to understand how CMS intends to prevent harm to beneficiaries during the current open enrollment period, we request the following information by November 17, 2025:

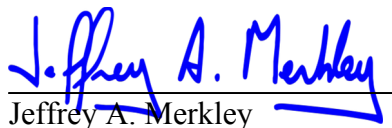
1. When and why did CMS decide to abandon its previously announced plan to build a comprehensive national provider directory and instead rush to deploy a temporary MA-only directory tool before Medicare open enrollment?
2. Who authorized the accelerated timeline for releasing the directory in advance of open enrollment, and what internal review or testing was completed prior to launch?
3. What is the budget for this provider-directory tool? What is the total cost of developing, launching, and maintaining this directory?
4. MAOs are already required to offer a public facing Provider Directory Application Programming Interface (API) which must include data on a payer's network of contracted providers.³ What steps has CMS taken to ensure that plans are complying with existing laws that require Open APIs? Please provide a list of which MAOs comply with Open API requirements.
5. Reporting indicated that CMS notified insurers that beneficiaries may re-select a plan within three months if the directory's errors affected their decision, but the beneficiaries were not notified.
 - a. Why was this communication not provided directly to beneficiaries? Will beneficiaries be notified of the errors in the directory? If yes, when and how?
 - b. What mechanism will CMS make available for beneficiaries to verify accurate provider-network information before the correction period ends?
 - c. Is the three-month correction period in addition to the three months of open enrollment at the beginning of a plan year for MA beneficiaries?
 - d. How are MA enrollees notified once it is determined they are eligible for a special enrollment period due to inaccuracies in provider directory information?
 - e. Who is responsible for communicating with enrollees and notifying them about their right to switch plans?
 - f. What is the timeframe for this notification?

³ 42 CFR 422.120

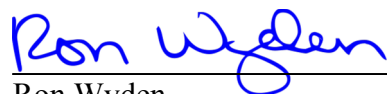
- g. Please provide model language for the special enrollment period granted to those MA enrollees that have chosen a plan based on inaccurate provider directory information and would like to switch plans.
- 6. CMS reportedly used outside vendor SunFire to provide data for the directory.
 - a. Is SunFire a middleware vendor?
 - b. What was the process by which CMS selected SunFire and was the contract competitively awarded?
 - c. What is the target accuracy of the data? What CMS controls or audits are in place to verify the target accuracy of SunFire-supplied data before publication?
 - d. Has CMS assessed whether SunFire contributed to the observed errors? If yes, what were the findings?
 - e. Does the vendor contract include remedies or penalties if inaccurate data produced by SunFire causes beneficiaries financial harm or leads to erroneous plan selections?
 - f. Is SunFire's work limited to the MA provider directory or will it include the broader Medicare national directory?
 - 7. If inaccurate information in the provider directory causes beneficiaries to incur out-of-pocket costs for care they believed was in-network, does CMS intend to address those harms to MA enrollees?
 - 8. What is CMS's timeline for correcting the known errors in the directory, and will CMS publicly indicate when those corrections are complete?
 - 9. Does CMS plan to revive or rebuild the originally announced comprehensive national provider directory, and if so, what will be the target accuracy of the directory, what quality control safeguards will be in place, and what will apply?

We look forward to your timely response and to learning what steps CMS will take to prevent further confusion and harm to beneficiaries during this enrollment period.

Sincerely,



Jeffrey A. Merkley
United States Senator
Ranking Member, Committee
on Budget



Ron Wyden
United States Senator
Ranking Member, Committee
on Finance