

**Congress of the United States**  
**Washington, DC 20515**

October 28, 2025

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C., 20201

Dr. Mehmet Oz  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Dear Secretary Kennedy and Administrator Oz,

We are disturbed that the Trump Administration's Medicare Advantage (MA) provider directory that Medicare beneficiaries are currently using to select health coverage for 2026 is deeply flawed and inaccurate. This debacle is another DOGE-induced failure—one of many examples of President Trump's incompetent initiatives wreaking havoc on American families—that will have far-reaching effects on millions of seniors and people with disabilities. It appears to be part of a pattern of the Administration deliberately sabotaging popular programs through mismanagement to undermine confidence in these institutions.

On October 15, 2025, *The Washington Post* reported that the Trump Administration released a provider directory for MA plans created by a private vendor that contains inaccurate, incomplete, and contradictory information and may result in Medicare beneficiaries selecting the wrong plan during Open Enrollment.<sup>1</sup> Incorrect information could have devastating effects on beneficiaries' access to care and financial liability for services. Medicare beneficiaries who select a plan based on inaccurate information and later find out that their doctor is not in network will either have to bear the cost of visiting that physician out-of-pocket or will have to find a new physician, disrupting longstanding relationships. It is not unreasonable to imagine an enrollee scheduling an appointment many months in advance only to later learn the provider is not in-network and then delay care, altogether skip needed care, or pay unexpected costs out-of-pocket.

Particularly given the historic inaccuracy of MA plan-provided network information, we must ensure that provider directory information is accurate. The Trump Administration's rushed rollout could lead to severe access problems for the millions of beneficiaries that choose MA plans and result in unexpected out-of-pocket costs.

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<sup>1</sup> <https://www.washingtonpost.com/health/2025/10/15/medicare-advantage-open-enrollment-directory-errors/>

The contract to develop this tool began in July 2025, only months before the launch of Open Enrollment for nearly 70 million beneficiaries, more than half of whom receive coverage through MA.<sup>2,3</sup> *The Washington Post* reported that it continued to find inconsistent and contradictory directory results, with some providers listed as both in- and out-of-network. This was even after *The Washington Post* raised the issue with the Centers for Medicare & Medicaid Services (CMS).

Even more concerning, this effort is yet another initiative of DOGE, which has been rife with incompetence and had numerous well-documented technological failures which have harmed millions and caused chaos in programs Americans rely on.<sup>4,5</sup> CMS knew that the search function was rife with errors, and yet the agency still allowed beneficiaries to use the data to make plan choices that influence access to care. This is simply unacceptable.

Although CMS seems to be providing enrollees three months to select a new plan if they chose a plan based on the inaccurate agency-provided information, the Administration must go further—ensuring beneficiaries do not lose access to care due to plan enrollment choices they make because of inaccurate information.

Specifically, **we demand that Medicare beneficiaries be held harmless for the Trump Administration’s incompetence. Specifically, CMS must (1) ensure accuracy of the tool prior to the start of the plan year on January 1, 2026, and, furthermore, create a special enrollment period (SEP) extending into 2026 for MA enrollees who inadvertently select a plan that does not include the provider of their choice in-network; and (2) ensure that for beneficiaries who want to return to traditional Medicare, this choice should be considered a qualifying event for Medigap to ensure that beneficiaries are not penalized and have all options available to them to get needed care.**

Congress and Medicare beneficiaries deserve an accounting of this mismanagement. We request written responses to the following:

- 1) Who, specifically, made the decision to allow DOGE – an entity plagued with technology failures and inaccurate accounting – to be involved in developing a provider directory which requires thorough, careful, and accurate tabulation of data?
- 2) CMS contracted with SunFireMatrix, Inc., to create a temporary, stopgap MA directory while the Department of Health and Human Services (HHS) developed a more comprehensive directory. Describe development of the temporary provider directory, including the decision to contract with SunFireMatrix, Inc., and its role in developing the directory. Please detail the timeline required under the contract and what type of accuracy requirements or goals, if any, were included.

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<sup>2</sup> <https://www.cms.gov/newsroom/press-releases/white-house-tech-leaders-commit-create-patient-centric-healthcare-ecosystem> and <https://www.cms.gov/files/document/cy2026mpfenhancements08252025finalpdf.pdf>

<sup>3</sup> <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

<sup>4</sup> <https://www.404media.co/anyone-can-push-updates-to-the-doge-gov-website-2/>

<sup>5</sup> <https://www.washingtonpost.com/politics/2025/04/07/social-security-website-crashes-musk-trump/>

<sup>6</sup> <https://www.nytimes.com/2025/08/26/us/politics/doge-social-security-data.html>

- 3) What source(s) of information did CMS/SunFire Matrix use to determine whether providers were in or out of a plan's network? Did CMS or its contractor validate this information prior to its launch for public use, and, if so, how?
- 4) To what extent did CMS or SunFireMatrix rely on artificial intelligence or large language models in the development of the directory? Please describe.
- 5) Please describe whether any testing of the provider directory tool took place prior to launch. Please also describe the testing used in the development of the directory, including any initial lessons or concerns raised during the testing.
- 6) Describe CMS's oversight of the development of the temporary directory, including the steps it is currently taking to ensure the accuracy of provider information. Please explain whether there are any CMS staff overseeing this contract who were furloughed at any point leading up to or during Open Enrollment.
- 7) Please outline any problems discovered by CMS staff or beneficiaries, including:
  - a. when each issue was identified;
  - b. whether each issue has been resolved and, if so, how long it took to resolve;
  - c. for each issue that has not been resolved, when CMS anticipates it will be resolved; and
  - d. what steps CMS will take to ensure that beneficiaries have accurate information in the future.
- 8) Please detail the number and types of questions received by 1-800-Medicare regarding the provider directory or whether providers are in-network or participating in Medicare.
- 9) Currently, the provider directory describes providers that participate in Traditional Medicare as "not found" if they do not participate in Medicare Advantage plans, erroneously suggesting that the provider does not participate in Medicare. If the provider does participate in Traditional Medicare, that should be explained in the directory. This must be corrected immediately.

Thank you for your attention to this urgent matter. We request responses to these questions by November 4, 2025. If you have any questions about these requests, please contact Ways and Means Committee Democratic staff at 202-225-4021 or Energy and Commerce Committee Democratic staff at 202-225-2927.

Sincerely,



The Honorable Richard E. Neal  
*Ranking Member,*  
Committee on Ways and Means



The Honorable Frank Pallone, Jr.  
*Ranking Member,*  
Committee on Energy & Commerce