Medicare Plan Change Action Checklist

What to do if your plan drops a doctor or medication

Use this checklist when you receive a plan notice, a pharmacy says a medication is not covered, or a doctor tells you they are no longer in your Medicare Advantage network. Work through the steps in order and write down every answer you receive.

Your first 5 actions

1. **Confirm exactly what changed**
   Call the plan and ask whether the issue is a drug removal, a tier change, prior authorization, a pharmacy-network change, a provider-network change, or another plan rule. Confirm the effective date.

2. **Save the written notice and your call details**
   Keep the Annual Notice of Change, plan letter, Explanation of Benefits, and any written coverage decision. Record the date, time, representative name, and reference number for each call.

3. **If a medication is affected, contact your prescriber**
   Ask whether a covered alternative is appropriate. If it is not, ask how the office can support a Part D formulary or tiering exception request. Ask the plan how to request an expedited decision when time is important.

4. **If a doctor is affected, confirm the network status twice**
   Check with both the plan and the doctor's office. If you are in active treatment, ask the plan whether a continuity-of-care process is available and what approval or records it requires.

5. **Do not enroll in a new plan until you compare the right details**
   Before changing coverage, compare your doctors, medications, preferred pharmacy, address, expected cost-sharing, out-of-pocket maximum, and any prior authorization rules.

Important: A doctor leaving a network does not automatically create a Special Enrollment Period. Medicare evaluates significant provider-network changes case by case. Ask the plan or 1-800-MEDICARE which enrollment options apply to your situation.

Prepare for your calls and next decision

Complete the items below before you request an exception, appeal a decision, or compare a different plan.

Bring this information

- [ ] **Your current plan information**
  Plan name, member ID, plan year, member-services phone number, and the notice or letter you received.
- [ ] **Your care and provider list**
  Primary doctor, specialists, hospitals, upcoming appointments, treatment dates, and any care you should not interrupt without speaking to your clinician.
- [ ] **Your medication list**
  Drug name, dosage, how often you take it, prescribing clinician, and preferred pharmacy.
- [ ] **Your questions for the plan**
  Ask what changed, why it changed, when it takes effect, whether an exception or appeal is available, and whether there is a continuity-of-care option.
- [ ] **Your plan-comparison notes**
  For each option, verify your address, doctors, medications, pharmacy, monthly premium, deductibles, copays, coinsurance, and maximum out-of-pocket amount.

Call log

Date and contact	What I asked	Answer, name, and reference number

Official resources

Use the coverage decision or plan notice for your specific instructions. For general Medicare rules, review Medicare.gov appeals, CMS prescription drug exceptions, and Medicare.gov Special Enrollment Periods.