

MedPAC Discusses Preliminary Analyses Of MA Network Participation Rates, Mid-Year Changes

Mar 3, 2026, 6:54 PM EST

Amy Lotven (alotven@iwpnews.com)

(Inside Health Policy)

Congress' Medicare Payment Advisory Commission (MedPAC) unveiled and discussed Monday (March 2) early results of an analysis of clinicians' participation in Medicare Advantage networks and the frequency of midyear network changes, which can happen when providers retire, relocate or if contracts are renegotiated.

Data show that most primary care physicians and select specialists participate in at least one MA network, and the median plan networks increase in size by about 3% midyear, when accounting for new entrants and exits. But median plans also lose about 6% of primary care providers (PCPs) and 4% of specialists' midyear, according to MedPAC's analysis.

The report is the first leg of a larger workplan that MedPAC developed in November 2024 that will analyze clinicians and facilities' participation rates in MA networks, examine how enrollees use the networks and assess the impact of CMS' MA network adequacy standards on access to care. The report does not attempt to identify the "correct" number of providers in a network, either per enrollee or overall, MedPAC says.

Staff used CMS National Plan and Provider Enumeration System, FFS and MA encounter data as well as a database of Ideon's provider directory, which included lists as of February 2023 and June 2023, for the analysis that captured about 95% of plans are HMO and local PPOs.

The participation rate is the share of providers who are active in at least one MA network. To be considered "active," a provider needed to generate at least 100 FFS claims in 2023, and about 70% of clinicians reached that threshold.

Defining that threshold is challenging, staff said, because if it's too low, it could include clinicians that are not seeing patients, but if it's set too high, the limit may inadvertently exclude providers with low Medicare volume who are otherwise available, including those in rural areas or research intensive specialties.

Participation

Overall, MedPAC found 82% of primary care providers were in at least one MA network, and those rates were similar across the PCP field of physicians, nurse practitioners and physician assistants. Likewise, 82% of specialists were in at least one MA network, although participation varied by specialty type. Cardiologists, for example, were in networks 94% of the time while emergency medicine specialists participated in a plan network just 58% of the time.

The analysis also found most providers were in more than one MA network with 74% of PCPs and 76% of specialists participating in three or more plans.

Clinician participation also varies by state. For PCPs, state-level data ranged from 67% to 93%, with a median of 85%; for specialists, participation ranged from 66% to 94%, with a median of 87%.

How rural an area was strongly linked to participation rates: Holding other factors constant, rural counties were associated with a 10% higher participation rate for PCPs and specialists compared to large metropolitan counties, the analysis found.

Mid-Year Changes

Numerous stakeholders have been increasingly concerned about beneficiaries who enroll in an MA plan only to see their provider exit, which MedPAC notes can happen due to retirement, relocations, contract renegotiations or when plans become concerned about a provider.

According to staff, commissioners had raised concerns about the impact of provider exits on MA beneficiaries. Network changes can be particularly consequential to beneficiaries who may be unable to switch plans.

There is a special enrollment period that addresses market exits, but MedPAC staff points out that it is only available to a subset of enrollees and subject to CMS' discretion.

Plus, beneficiaries who change plans may need to reset their maximum out-of-pocket limits.

The analysis found the networks are relatively stable but with some variation. From February to June 2023, the median network had a 3% increase in participating PCPs and 1% increase in specialists.

Because exits are more disruptive, MedPAC examined the share of providers who were in network in February 2023 but gone in June of that year. The median plan saw about 6% of PCPs and 4% of specialists leave the network.

Discussion

Commissioners generally praised the analysis, but many wanted staff to dig deeper into the data. For example, Commissioner R. Tamara Konetzka of the University of Chicago wanted to see more information on how plan costs affect beneficiary enrollment decisions; she also suggested future analysis go beyond the number of plans a provider is in and consider market share to better understand how many beneficiaries are affected.

Konetzka says in future analysis, the commission should look at remedying the structural imbalances with the program -- specifically those that limit beneficiaries to choosing a plan once a year while allowing plans to make midyear network changes.

Commissioner Kenny Kan of Horizon Blue Cross Blue Shield said through a proxy that it would be helpful for future analysis to address what level of mid-year changes would be acceptable to beneficiaries while still allowing plans to manage cost and quality. He also wondered whether plans should proactively limit midyear changes or instead improve their communications and transition support when changes occur. Future analysis should consider how to distinguish normal churn from destabilizing churn, he added.

A couple of commissioners mentioned potentially integrating the data with questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey; commissioners also suggested looking at differences between HMOs and PPOs.

Several commissioners also questioned the thresholds MedPAC used to define an active participant.

MedPAC Chair Mike Chernow concluded the session by noting the commissioners in all their responses made clear that for a plan to be valuable, people who have a medical issue must be able to see their provider.

"So I think, I believe this is actually one of the increasingly important aspects of the American healthcare system, because the people we care about, the Medicare beneficiaries, are faced with these issues of networks and changing networks and access to networks in ways that I think is just frustrating now, and potentially could become much more frustrating," he said.

But Chernow also said considering underlying issues with data, MedPAC will need to be "humble" in terms of what is doable in the space. Still, he said, it is incumbent upon the commission to do its best to at least smooth out the most egregious problems with the system.