



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: November 10, 2011

TO: All Medicare Advantage Organizations and Network Private Fee-For Service Initial and Service Area Expansion Applicants and Transitioning Incumbent PFFS Plans

FROM: Danielle R. Moon, J.D., M.P.A., Director

SUBJECT: Release of Contract Year 2013 Medicare Advantage Health Services Delivery Guidance and Reference Tables

As a part of the Medicare Advantage (MA) application process, applicants who apply to offer Coordinated Care plans (CCPs) and network Private Fee-For-Service (PFFS) plans must demonstrate that they have an adequate contracted provider network that is sufficient to provide access to covered services, as required by 42 CFR 422.112(a)(1). The purpose of this memorandum and the attached guidance is to describe CMS' process for Health Services Delivery (HSD) network submission and automated review and refinements to this process for the contract year (CY) 2013 application. Significant changes are highlighted below:

- The methodology for designating counties into the county types: Large Metro, Metro, Micro, Rural, and CEAC has been revised.
- The Total Beneficiaries values have been updated to reflect the most recently published number of Medicare beneficiaries in each county.
- Maximum time and distance requirements for a number of specialty types within some of the county types have been revised (e.g. Cardiology, General Surgery, Ophthalmology, Orthopedic Surgery in Large Metro; Outpatient Dialysis in Micro, Rural, CEAC; etc).
- Two facility specialty types have been removed and are no longer required to be reported on the MA Facility table, Laboratory Services (058) and Intestinal Transplant Program (063).
- Applicants are required to use the Exception Request Template when submitting an exception request.

In addition, similar to last year, this year's applicants will have weekly opportunities, following the release of the final CY2013 application and prior to the final application submission date, to submit their network data for evaluation against the standardized criteria. This pre-submission process, which CMS expects all applicants to fully utilize, will enable applicants to identify those areas in which their networks fall short of the set criteria and in which the applicant should focus additional contracting efforts in an attempt to fully meet the requirements. CMS will release additional instructions regarding this pre-submission assessment tool in January 2012.

Additionally, CMS has released the CY2013 HSD Criteria Reference Table which, can be found on the CMS website at <http://www.cms.hhs.gov/MedicareAdvantageApps/>. Please send any questions regarding these topics to MA_Applications@cms.hhs.gov.