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DATE: November 20, 2009

TO: All Medicare Advantage (MA) Health Maintenance Organization (HMO), local Preferred Provider Organizations (PPO), Regional Preferred Provider Organization (RPPO), Network Private Fee-For-Service (PFFS) Initial and Service Area Expansion (SAE) Applicants and Transitioning Incumbent PFFS Plans

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SUBJECT: Release of Health Services Delivery Network Criteria Reference Tables and Exceptions Guidance

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). CMS has developed quantitative criteria and automated the network review process to simplify Health Service Delivery (HSD) submissions and reviews and increase transparency of CMS standards. An overview of the development of these criteria is now available on the CMS website at <http://www.cms.hhs.gov/MedicareAdvantageApps/>.

Applicants will have two opportunities to submit their network data for evaluation against the standardized criteria prior to the final application submission date. This pre-submission process will enable applicants to identify those areas in which their networks fall short of the set criteria. CMS will release additional instructions regarding this assessment tool in January 2010.

Applicants whose fail to meet these new criteria must request and be approved for an exception in accordance with the HSD Criteria Exceptions Guidance in order to have their application approved. The HSD Criteria Reference Tables and HSD Criteria Exceptions Guidance are also available on the CMS website at <http://www.cms.hhs.gov/MedicareAdvantageApps/>. Please send any questions to MA_Applications@cms.hhs.gov.