



2015 Medicare Advantage and Prescription Drug Plan Spring Conference & Webcast Transcript

Network Management Module

All right, we do have our next speaker coming up, and our next speaker will walk us through the news standalone network management module that is slated to be released in July.

Please welcome Greg Buglio.

Good afternoon, my name is Greg Buglio, and joining me today are Nisha Sherry and Katie Flannery, and they'll be helping me address questions that you might have afterwards.

I should begin the presentation with an apology. I'm not feeling incredibly well. I don't get sick often, but, of course, I do on the day that I have to address you, so if I fall over, if there's a doctor or a nurse in the house, feel free to throw some water on me and I don't take offense to that at all.

I am going to talk about the net network management module that we're implementing in HPMS, but before I do that, I did want to say that a lot of you are probably familiar with network submissions via online applications. Many of you have probably spoken to me. You might recognize me. I probably don't recognize you, because I have to talk to all of you, but I do want to thank everybody here and everybody on line for the fact that you greatly increased my LinkedIn profile views every time the online application goes live. And being a competitive person, I love seeing my coworkers suddenly go below me.

And now that we're going to start looking at networks at a broader way, maybe my profile views will continue to stay high. And speaking of networking websites -- oh, sorry, we're going to talk about the Network Management Module.

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As I alluded to, many of you are already familiar with what a Network Management Module is. When we talk about networks, we're talking about the providers, the -- or contracted providers, contracted hospitals, that you have for the various contracts and plans that you create. Additionally, and I apologize to my PDP people, we're not ready to implement that portion of the module yet, but when you submit your retail pharmacy networks, we also utilize the same process for determining the time and distance criteria for your network, so I'm going to talk about PDPs and retail pharmacy a little bit as we go on. And I also recognize that not everybody has had to complete an online application, which is where most of the familiarity with the automated process of looking at networks has occurred.

So, given that, I will talk a little bit about what is a network management and what is this automated process that you're talking about? Currently, CMS collects networks, this listing of providers and facilities that are contracted with an application, both an initial application and when you apply for a service area expansion. When we collect those tables, we're looking to evaluate your network for your pending counties or your pending regions.

If you're an initial applicant, all of your counties are pending, so we evaluate your network for your entire service area. When you submit a service area expansion, we only currently evaluate your network for the new counties or the pending counties that you are applying for, so, again, that's where I've talked to many of you, January, February, I'm sure, contact me at 7:50 p.m. in a little bit of a panic saying, okay, there's an error, there's an issue, I don't know what I'm supposed to do, and we usually get through it together, followed by whatever helps you relax after that deadline comes and goes.

Though we collect it at the time of application, there's been an identified need to perhaps collect networks at various other times during the year. Many of you here are probably as geeky about the network process as I am. A little bit of background again. Years ago, online applications didn't exist. Applications consisted of sending in boxes and boxes and hundreds of binders, both to the central office and to the regional offices. Part of that process was to send in the listing of all of your network, and those networks were reviewed manually by different components across the country in the different regional offices.

Several years ago some people, many much brighter than myself, came together and talked about how to use a data-driver approach to -- to no longer manually evaluate networks, but to come up with an automated approach. And we did that with the applications and many of you are the people I've talked to. And, to be honest, I seldom get negative comments. I've gotten a lot of positive comments about our automated process of evaluating these things.

So given that little bit of background, for those who haven't completed an application, when we're talking about the network submissions today, I'm talking about evaluating the provider as your -- that you're contracted with facilities and retail pharmacy.

So the new Network Management Module already exists in HPMS today. It's being used in a very limited capacity. If you have HPMS access, you likely already have access to the Network Management Module, though you wouldn't need to use it quite yet. Slide 3 lists the direct path to how to get to the Network Management Module from the HPMS homepage.

And just briefly, like any other time you have a question about access with HPMS, we do have an access mailbox. It's HPMS, underscore, access @ CMS.HSS.Gov.

It's also in the slides. If you find that you do not have access to the Network Management Module at the location that I've listed and you'd like to have access or need to have access, you'll simply send an email to that HPMS access mailbox. And I highlight that you should be sure to include your name, your user ID, whatever contract number or numbers that you need to have affiliated with your user ID. And we have a team of people on the HPMS, in my division of HPMS that work on nothing but user access.

I do not have access to the user access portion of the module, but I have to forward them on the people who can actually look at it, so feel free to use that resource if you have an access question.

So the Network Management Module, Slide 4. When is it available? So, like I said, a version of the Network Management Module already exists and it's been used in limited cases by CMS to date. The heavy user thus far has been the Medicare, Medicaid plan, the demonstration plan. They have been collecting HSD tables, currently and they plan to utilize the module as part of an annual reporting requirement, so if you're an MMP, you've probably heard from the people in the duals' office, Marla Rothhouse, probably, in particular, and many of you have already talked to me about your submissions, questions, et cetera.

But a more robust version of Network Management Module is scheduled for release at the end of July this year. The way that we're developing the module is to create it so that it's quite open. If you're familiar with the online applications, you know that we limit your upload to your pending counties. You have to include all of your pending counties or you encounter an error message. If you include counties that are not pending, you encounter an error message and you have a lot to fix.

For the Network Management Module, the way that we've developed and are continuing to develop it is to allow for a much broader array of uses. We're not going to limit you to pending counties. You may need to upload and we'll evaluate against your entire service area. I know that you'd probably like me to be a little more specific in some of the instances that I'm talking about, but some of the smart people that I work with are still coming up with the policies and procedures that are going to surround the usage of the network collections, and though it will be available at the end of July, if you need to use it, CMS will notify you and let you know, Hey, here's a reason why we need to use it. And I'll talk a little bit more about that, but there will be an HPMS memo that will be sent out indicating when the module is available, as well as an announcement on the announcement section of the HPMS homepage.

So what's new? What's new in the Network Management Module is basically that it's going to work in a couple of different ways. Currently you utilize -- you submit your HSD tables in support of an online application. So CMS is -- or this module, rather, is going to support CMS initiated requests. Some of those requests are going to surround the things where you currently already submit HSD tables. You submit HSD tables as part of your application. You submit HSD tables when you submit or during the bid submission when you create a provider-specific plan and you're asked to upload HSD tables. Our goal is to make the Network Management Module kind of a one-stop shop to support all things that are related to submissions of networks.

My PDP people, currently you submit your retail pharmacy networks as part of applications, whether they're initial or service-area expansions, you currently submit your retail pharmacy networks as part of the annual plan reporting requirements. The long-term goal is to bring all of those types of submissions into the Network Management Module.

Other things that I can address today and we'll talk about a little bit later in the slides, is the use of the module as related to the audit protocol that CMS has and I'll talk about that a little bit and then I have other people that can answer direct questions about that.

But the more, I think, different part of the module is that it will include a component where you initiate a submission of HSD tables. A lot of this is still under evaluation. CMS is still figuring out what that means, but there will be a component much like the -- and again, if you don't -- haven't completed an online application, I know I'm using that as a reference, but in the online applications, we permit you to come in on a regular schedule and upload tables, get your results. We don't look at them. It's for your information, it gets you used to using the software, it gives you some idea of where you really want to apply, but part of the Network Management Module is going to allow you to initiate submissions of HSD tables and eventually retail pharmacy. I expect the retail pharmacy portion to be added within the next year.

It's important to note that the MAO, you guys' initiated submissions will not be viewable by CMS, with a little caveat. Just like your precheck, when you submit them, I need to see them because you call me with questions saying, Hey, what does this mean? So very limited staff will have the ability to see the tables and the results that are created from an organization-requested submission, and then all I would do is help you understand what you're looking at, help you address issues. The HPMS help desk, as some of you have had to interact with, is very good at figuring out what are the formatting errors that I'm having on this uploaded table, et cetera.

So, to reiterate, the plan initiated uploads, I'll see them. The HPMS help desk will see them, but they don't count. They're not something that is used to evaluate your standing of your network, just like when we do the precheck process in the applications.

The next slide. The Network Management Module, what's evaluated? So for people who haven't had to do this, CMS automated the review of the HSD tables in 2011. I remember it well. I think it was 2011, but it's the year that we had 50 inches of snow the week that HSD tables were due.

CMS was closed, but the application process didn't stop. So I was working from home. I think I worked 150 hours that week, because it was the first year that we had an automated process. I had nowhere else I could go, so instead I spoke on the phone to many people who were submitting HSD tables for the first time in an automated process and we kind of worked our way through it together.

And since that time, what I like about the HSD and the network portion of the submissions is that it has truly been kind of a joint effort. CMS obviously sets the standards, sets the protocol, but many of you, when you're communicating with me, have lots of really good questions that are not necessarily just technical, and I always take those questions and provide that feedback to the relevant parties at CMS. And you've seen changes through the years, but I think that snowstorm really actually helped us figure out how to make this process work a little more smoothly, because again I had absolutely nothing else I could possibly do, so back in the day, in that first year, everybody was uploading these tables.

As part of an HSD or the Health Services Delivery process, Democrats provides you with some resources, and these same resources are going to be available in the Network Management Module. CMS creates what we call the MA or the criteria file. The criteria file basically lists every county in the country and we list all of the provider types that we collect in the HSD submissions, as well as all of the facilities that we collect. And by the combination of county and the specialty type, we indicate how many you would need to have in a network to meet our requirements. We indicate what the minimum -- or maximum travel time between beneficiaries and providers of each specific type should be. We indicate the maximum distance between beneficiaries and provider types. And in certain hospitals we also indicate that you've met the minimum -- or the minimum number of Medicare-approved hospital beds.

In a nutshell -- before I get to the in a nutshell part, so we have a criteria file, and an example might be -- and don't hold me to these numbers because I never memorized the criteria file. But it may say that if you're applying to cover Baltimore county, you might need to have a minimum of seven allergists and, perhaps, the maximum distance between an allergist and a beneficiary needs to be, I don't know, 10 miles.

The way we do this is we have some pretty interesting software that takes the provider list that you provide to us. We convert the addresses to latitude, longitudinal points and we map them. We also provide you with a downsized sampling of a beneficiary file which is derived from the party eligibles throughout the country. We don't -- we downsize it so that it's a statistically valid sample of the number of beneficiaries and that allows us to process your tables much more quickly than having 65 million records.

And the rules pretty much state that 90% of the beneficiaries that we've identified in a county need to have whatever each specialty type within whatever the defined criteria are for the -- for the time and distance. So at the allergist's -- if you need seven allergists in Baltimore county, 90% of the beneficiaries need to be within 10 miles, if that's what the distance is. And we utilize some pretty sophisticated software. One of the questions I get is is it a straight line from the beneficiary to the -- each of the providers?

And, no, it's not. We take into account natural barriers, things of that nature, so we don't assume that people are swimming across, you know, some huge lake or walking across the Grand Canyon or something like that.

So we do have some pretty sophisticated algorithms to account for distance and travel times. Everyone who applies to a particular county is evaluated against the exact same standard. That way we've removed any of the subjectivity that might have been involved with evaluating HSD submissions years ago when it was done manually.

And there'll be some training that we're going to provide later and I'll go into the details, the technical details in much greater detail at that point in time, but that's kind of high level of what we're evaluating, what we're looking at.

All of the documents that you need for submission to the Network Management Module are available in the module itself. Don't use the table that you downloaded from the online application, it won't work in the Network Management Module. Don't use the Network Management Module templates for an online application in the future. They won't work. Though they look the same, there are markers that we have to make sure you're using the right stuff, so when you go into the Network Management Module, whether on your own to initiate something or whether CMS initiates it, all of the documents that you need, all of the templates that you need are located within that module. The criteria are available in that module. The downsized sampling, if you want to see it, it's a huge access database with a bunch of geo codes, but you're welcome to download that as well. The instructions are also located in the module. We've tried to make it look as similar to the online application as possible, since so many of you are used to what you see there.

We've learned that many of you don't actually run the reports, you run the data extract of the reports, which open in Excel. So currently, in the Network Management Module, rather than having online reports, we let you click it and it just opens in Excel. So that's one of the differences that we have right now.

All of these criteria in the Network Management Module, we try to keep in sync with the application. So whatever the latest version of the criteria that were used for, for instance, 2016 applications, we're just finishing up that cycle right now. The same criteria are what's currently used in the Network Management Module, so that we're always in sync in measuring the same thing.

There is a link listed on the bottom of Slide 6 where you can go to get the various data sources that we've been talking about, and that website is available to everybody here, it's on the public webpage.

On the next slide, I'm going to talk a little bit about the MAO or the organization-initiated submissions. The MAO-initiated submissions will be triggered by you. You don't need CMS to open any gates; you don't need to tell us that you're submitting it. You'll be able to initiate it on your own.

And, again, a big caveat. We're still kind of coming up with, what are the rules surrounding that? What are the timeframes, et cetera, so that's all still forthcoming. But you will be able to do this and, again, you don't have to tell anybody, you don't have to ask permission to upload or something along those lines. It's something that you would initiate and do.

You will receive automated e-mail so that you don't have to keep coming and looking, so when you upload your tables, as you know, we subject those tables to pretty strict edits to make sure that the data conform to what we need it to conform to in order to do the evaluation.

So you click upload, you can kind of walk away for a little while and instead of checking and refreshing the page over and over, you'll get an automated e-mail that says, Hey, your tables unloaded. And unloaded means went through the edits. Unloaded with no problems, or maybe they unloaded but there are problems and here they are, please fix them and try again.

Again, for the -- those submissions that you initiate, the time frames are your own making, so it's not like you have to do something by 8 p.m. on such and such a night or call Greg and freak out.

So you will get e-mailed with that. You'll also receive an e-mail once your results are available to you.

The same will apply for retail pharmacy. Again, in a year or so. All the same reports that are currently available to you when you submit HSD tables through the application process will also be available to you through the network management module, with the exception of one additional report. With the applications we always verify that all of your pending counties, non-employer only, are included in your submission. With the Network Management Module, we have what we call a variance report, and the variance report will say, You submitted three counties that aren't part of your contract service area, we're not sure why you did it, but here are the results anyway.

Or it might say, You were missing a couple of counties that a part of your contract service area, we still ran it for you, but just FYI, you were missing a couple of counties, so it's not really -- you're not getting a complete picture of that. And, yes, just like the applications, you have to upload at least the provider and the facility table once. You can't upload the provider table and say, Just run that piece. So they're kind of connected together, so you have to upload at least one of each, and then you can kind of -- if you have errors or want to change one or the other, you can, as long as I have at least one good provider and one good facility table, they can go through.

Exceptions. Everybody's favorite topic when it comes to HSD. SMC developed -- when we developed the automated process of evaluating HSD tables, we also developed an exception process. The exception process allows an organization to indicate they are unable to meet the criteria for a particular county specialty combination, and due to typically patterns of care, you may say, you know, your criteria, say, we need to have five of -- allergists in this country, there are only three and most people travel to the local medical center which is five miles beyond whatever the maximum distance is, so that exception process does exist for online application.

There will be no exception process for the submissions that you initiate, because, again, we're not looking at them, so it's for you to see how you're doing for a particular reason at a particular point in time.

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Whoops, I need one more head. So for the next slide, the CMS- initiated submissions. So the CMS-initiated submissions currently will support those areas where you already know that you submit HSD tables. I'm looking to eventually get rid of the application, separate upload, and only utilize the network management module, so it's going to become a one-stop shop. Here's where you go to submit networks. I don't think how long that process will take. Same with the retail pharmacy. I can tell you that at this point in time, again, as I've already mentioned, those things that you already submit tables for will likely be eligible to upload here. That's probably something CMS is going to move forward with, as well as a new audit protocol that we'll talk about shortly. And there may be lots of other things that I don't know about yet or that are still kind of being looked at by the policy folks, and Nisha will be able to address any of those types of questions that come up.

The CMS-initiated submission may well include an exception process. If CMS notifies you that they are requesting HSD tables, they'll also tell you whether exception requests are permissible. The way that those pieces of the module work will be very similar to the online application and, again, you may have never done an online application or you haven't had to do one -- or an application in years, you know, you did it prior to the automated process.

So we will provide you with some very specific technical instructions on how to use the module later in the summer. And, again, a big point that more information will be forthcoming regarding CMS-initiated NMM submissions as the bright people down at the table are still working out what that whole process will be, which leads to the very first point on the next slide that CMS is currently refining policy and operational procedures surrounding the use of the network management module in the collection and evaluation of HSD tables.

More information is forthcoming. There is a new 2015 pilot program with the audit protocol for provider network adequacy. You'll find more information on this coming up at a conference next month. I'll give you a little bit more information on that shortly, but of note, this audit kickoff will be in late summer, early fall, and it's a pilot year. A pilot year does not impact your overall audit score.

And here's what I was given as my talking point for this. Beginning in the late summer or early fall, the 2015 Medicare Advantage and prescription drug plan program audits will include a pilot protocol to evaluate provider network adequacy. As with previous pilots, the sponsor is not given a formal score for the new audit area, nor is their performance in that program area factored into the overall audit score. More information about this pilot will be shared at the 2015 Medicare Advantage and Prescription Drug Plan Audit and Enforcement Conference and Webinar held on June 16th, 2015, from 9:30 to 4:30. You may want to sign up for that as soon as you can.

Training and assistance. So HPMS anticipates providing you with training, probably via Webinars later in the summer to coincide with the release of the network management module, and I suspect we'll have more than one training Webinar, perhaps several throughout the rest of the year, and perhaps ongoing as well.

The Network Management Module does contain user guides, popup screens that you can click on for help, just as the online application does. If you're on a page that has reports, click the word help and a PDF will open and it will show you every field in the report and what they mean, what the categories, what the fields mean.

You can also always contact the help desk, the HPMS help desk. They are -- I have their contact information by phone or e-mail. When you do contact the help desk, it's important to indicate that what your contract ID is and that you're, in particular, referencing the Network Management Module. If you say HSD, they won't know if you're talking about the online applications or the Network Management Module yet, since we still have two paths, which is another reason I want to kind of combine them all into a one-spot shop -- one-stop shop.

You can also contact me. My contact information, most of you probably already know it if you work with HPMS, but is listed on the contact screen. So for technical assistance, feel free to contact me. I've given you my e-mail and my phone number. I highly prefer e-mail. I'm in a lot of meetings all day long and sometimes I get to your e-mail at the end of the day.

And many of you who have worked with me already know this, so you can feel free to call, but it's not likely that I'm at my desk very often, so if you e-mail me, I will get back to you, either the day or the next day. I have the HPMS help desk, hpms@cms.hhs.gov. I e-mail them myself as well. I tend to get a quicker response when I do that.

For policy questions that you might have about the Network Management Module at now and as it is rolled out in the future, currently you can contact Nisha Sherry and her contact information is on the screen.

For questions regarding audits and the Network Management Module, Part C and Part D audit e-mail box is available to you on this slide as well.

So at this point I'm going to go down to the sitting area and join Katy and Nisha, and if you have any questions, we're happy to address them. Thank you.

(Applause).

Okay, I see that we have a question from our inhouse audience. So you may go ahead.

Hi, I'm Kristin Bass with PCMA. We represent the PBM industry and, obviously, are active in Part D. With respect to your sophisticated mapping software, I'm curious about how it accounts for beneficiaries that live close to the edge of a county whose shopping area might be just across county lines, number one? And, number two, how you account for mail service pharmacies directly delivering to somebody's door, in which case, as far as I can tell, that would begin pretty much spot on.

So I probably would want to refer you to the -- I'm the system analyst, so I want to make that clear. I'm not the policy person.
Right.

Mail-order pharmacy reviews are not done via an automated process like this. So I can't really address that.

In terms of people that live on the edge of a county, we don't evaluate -- every pharmacy doesn't need to be in the country, just as every provider doesn't have to be in the country. You indicate on your tables which county something is providing services to, but for questions very specific to retail pharmacy, I would probably ask you to submit those to the Survey Monkey and then that can go to the policy people that oversee that.

Fair enough. The only reason I'm asking is because you, in the slides, had the -- this is how many providers -- in your case you were talking about docs -- one would need in a given county, which suggests that that might also end up applying on the pharmacy side as well.

I wouldn't -- I wouldn't make that or jump to that conclusion. As I said, the retail pharmacy, it already exists with the application, and this would follow the same guidelines as the application and with the planned reporting, so it would be a stretch to think that what's here --

Would be any different.

-- applied to any change to retail pharmacy. There is no change to how we do that.

Okay. Thank you.

Okay.

Hi, Sarah Lawrence with Anthem. I have a question around partial counties. So, Greg, you spoke to the fact that everyone applying in a county is evaluated against the same standards. And I understand the policy from CMS going forward is to move away and have fewer partial counties approved. In situations where some plans are approved for partial county and others aren't, can you speak to some differentiating factors? If we're all evaluated against the same standards, what may set a plan apart for getting a partial county approval versus another plan who doesn't?

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So it's a great question, but it's not a question I can answer as the systems analyst. I can tell you how the system evaluates a partial county, but I can't address those particular answers, so I would, again, recommend submitting that through the Survey Monkey and then the appropriate parties can get in touch with you about that.

Hi, Shelly Mueller with HTMS. I have a question because I know that a lot of plans have access standards pursuant to Chapter 4 that limit the panel size, for example, for a primary care physician, and when that limit is hit, the plan will close that panel. And I do understand that sometimes providers also close their panels as well by notifying the plans. But I'm concerned because I heard earlier today in a presentation someone who said when you submit, you should not include providers whose panels are closed, but that would make it look as though you didn't have providers when, in fact, you do. So a question about how that would work in this module?

Hi. I'm happy to address that. I think earlier today the discussion was regarding provider directory. So I just want to be clear that Greg's presentation today is limited to the Network Management Module and (inaudible) tables. I think the specifics regarding the policy about the panel closing, if you could provide that in writing to the Survey Monkey, we'll make sure to address that question specifically.

Okay, thank you.

All right. Well, we are out of time for questions. So we are -- I would like to thank Nisha, Marie, and Katy and Greg for joining us today. If there's questions that we weren't able to address in the time we had allotted, please go and send those into that Survey Monkey link and we will get them to the appropriate SMEE to answer those for you.

So thank you very much for -- Greg and Katy and Nisha.