

CMS Guidance Document

Department of Health &
Human Services (DHHS)

HPMS Notice

Centers for Medicare &
Medicaid Services (CMS)

Executive Guidance Number

Date: August 21, 2007

Planned Web Site Address TBD

PROGRAM AREA: Medicare Advantage/ Regional Preferred Provider Organizations

SUBJECT: 2008 Marketing Guidance for Regional Preferred Provider Organizations

APPLIES TO: Regional Preferred Provider Organizations

I. SUMMARY OF DOCUMENT: This document provides marketing guidance to RPPOs on proper disclosure of provisions for how members can receive services from out of network providers in cases where network providers are not available in the member's service area.

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)
STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Abby L. Block/202-260-1291/CBC
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IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
	Change Request
x	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: [include the citation of what statute or regulation is being interpreted. If not applicable, indicate N/A] 42 CFR 422.112(a)(1)(ii)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
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CENTER FOR BENEFICIARY CHOICES

Date: August 7, 2007

To: Medicare Advantage Regional Preferred Provider Organizations

From: David A. Lewis, Director /s/
Medicare Advantage Group

Subject: 2008 Marketing Guidance for Regional Preferred Provider Organizations (RPPO)

RPPOs without adequate contracted provider networks may use alternative means to meet access requirements. A RPPO can meet the requirement for having a comprehensive network of preferred providers in all parts of its service area (42 CFR 422.112(a)(1)(ii)) by demonstrating to CMS's satisfaction that there is adequate access, for provision of all plan-covered services, in all parts of its service area, through written contracts or other arrangements with non-contracted providers.

RPPOs that use alternative means to meet access requirements must clearly explain the process for obtaining services in that specific geographic location when a contracted provider is not available. This includes providing a statement in all pre- and post-enrollment materials that discloses the alternate mechanism for accessing care and any associated cost sharing provisions. (Example: In cases where a contracted provider is not available in the service area, cost sharing for an out of network provider will be the same as cost sharing for a network provider. All 2008 RPPO pre and post enrollment materials must meet this requirement for CMS approval.

If you have any questions, please contact Daniella Stanley (410) 786-3723 or daniella.stanley@cms.hhs.gov.