DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 13, 2015

TO: Medicare-Medicaid Plans and MN Senior Health Options D-SNPs

FROM: Sharon Donovan
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Medicare-Medicaid Coordination Office

SUBJECT: Medicare-Medicaid Plan (MMP) Network Submission Guidance

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As part of the contractual obligations for MMPs and MN Senior Health Options D-SNPs and as referenced in the Medicare-Medicaid Plan Reporting Requirements, Section VII (Provider Networks), MMPs must demonstrate on an annual basis an adequate contracted provider network sufficient to provide access to covered services in each demonstration. To support this annual submission, CMS released the MMP Medicare Network Adequacy Standards in October 2014. In a March 12, 2015 HPMS memorandum titled "*MMP Medicare Network Adequacy Test Submissions*," CMS provided three opportunities (March 31, May 26, and August 12, 2015) for MMPs and the MN Senior Health Options D-SNPs to submit the Medicare portion of their networks and also announced that the annual submission will be due in the HPMS Network Management Module (NMM) on September 17, 2015. The purpose of this memorandum is to provide guidance for the September 17, 2015 annual submission, as well as exception process that will follow.

Network Submission

For purposes of the September 17, 2015 network submission, MMPs and the MN Senior Health Options D-SNPs should include all contracted providers within and outside of the service area

that will be available to serve the county's beneficiaries (even if those providers/facilities may be outside of the time and distance standards). After your organization submits the required MMP health service delivery (HSD) tables, CMS-generated Automated Criteria Check (ACC) reports will be generated showing the provider and facility types that are meeting or failing to meet the MMP access standards. Based on those results, your organization may submit exception(s) requests based on the process described below.

The CY2015 MMP HSD Criteria Reference Table can be found in the NMM as well as on the CMS website at http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html. The Medicare-Medicaid Plan Reporting Requirements can also be found on the CMS website at the link above.

Exception Process

CMS, in collaboration with each respective State, will consider requests for exceptions to the required minimum number of providers and/or maximum time/distance criteria under limited circumstances. Each exception request must be supported by information and documentation as specified in the exception request template, which is attached to this memorandum.

If your organization believes that it will not meet the time/distance or minimum number MMP standards based on your contracted network, will want to request an exception(s), and already has additional contracted providers outside of the time and distance to serve beneficiaries, then you must include those other contracted providers on the MMP HSD tables in the September 17, 2015 submission using the OTHER specialty code (000).

As MMPs and the MN Senior Health Options D-SNPs will submit networks annually, any exceptions that are approved will be approved until the next annual MMP Medicare network submission. Since this is the first year utilizing the MMP standards, CMS and each State will be actively engaged and closely monitor the exception process. We will welcome feedback from the MMPs and MN Senior Health Options D-SNPs, so we can make improvements for the 2016 annual submission.

Completing the Exception Request Template

MMPs must submit distinct exception requests per contract ID, county, and specialty code.

The template attached to this memo provides the basis for any MMP exception requests. When submitting and exception request in HPMS, the NMM only provides one basis – patterns of care;

however, the MMP exception request template requires MMPs to then choose from a selection of reasons for the exception.

Justification narratives must be included when uploading the exception request into the HPMS NMM.

Following are additional instructions for the template:

- Questions 1-3 must be answered for all exception requests.
- If the basis for the exception request is based on the patterns of care, your organization must also answer question 4;
- If the basis for the exception request is based on low utilization of the Provider/Facility type for the demonstration population, your organization must also answer question 5.

Exception Process Timing

Following the September 17, 2015 submission of the MMP network tables, MMPs and the MN Senior Health Options D-SNPs must review the ACC report. This report identifies the providers and/or facilities passing and failing to meet the MMP Medicare network standards. For those providers and/or facilities that are not meeting the MMP Medicare network standards, your organization may submit an exception request.

All exception requests must use the provided template and must be submitted through the HPMS NMM by October 9, 2015. CMS will not accept exception request submissions using the Medicare Advantage application template.

Opportunity to Correct

For purposes of oversight and compliance, CMS will provide MMPs and MN Senior Health Options D-SNPs with an HPMS email notification indicating completion of the exception request review and the availability of updated ACC reports in HPMS. Based on those updated ACC reports, your organization will have an opportunity to submit corrected networks. CMS will notify your organization through an automated email of when the NMM gates will be open for that resubmission. Subsequent to the opportunity to correct the MMP and MN Senior Health Options D-SNPs Medicare network submissions, CMS will issue compliance actions based on any remaining network deficiencies, and MMPs and MN Senior Health Options D-SNPs will be expected to update the respective contract management teams or account managers, respectively, on the efforts to correct any network gaps.

HPMS Path and Gate Openings

MMPs can locate the NMM in HPMS by using the following path: Monitoring>Network Management. To access the appropriate HSD templates click Reference Materials from the right-side drop down menu>Select Contract Number>Click Search>Click AD00003 – September 2015 MMP Annual Submission. The HPMS User Manual is currently being updated, but will be available by September 3, 2015. The HPMS User Manual can be located using the following path: Monitoring>Network Management>Documentation, and will detail how to download, complete, and upload the correct HSD templates for your organization.

The gates for the MMP Medicare Network submission in the HPMS/NMM will be open from 9am Eastern time on September 3, 2015 to 8pm Eastern time on September 17, 2015.

The gates for the MMP Medicare Network Exception Request submission in the HPMS/NMM will be open from 9 a.m. ET on October 5, 2015 to 8 p.m. ET on October 9, 2015.

Please submit any questions to the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov.

Exception Template Attachment

(File naming convention: Contract ID_County Code_Specialty Code) – 15 characters

CONTRACT ID:	
COUNTY CODE:	
PROVIDER/FACILITY CODE:	

JUSTIFICATION FOR EXCEPTION:	☐ Patterns of Care do not support the criteria (only option to currently check in HPMS)

BASIS FOR EXCEPTION REQUEST:	☐ Patterns of Care do not support the criteria ☐ Low utilization by demonstration population

YOUR PROPOSAL FOR ENSURING ADEQUATE ACCESS TO COVERED SERVICES:	*1.) Are there providers/facilities of the type that failed the Automated Criteria Check (ACC) for this county, with which you have not contracted, located within the ACC's time/distance requirement? If yes, provide their names, physical location addresses, and NPI numbers as submitted on the HSD tables (and telephone numbers, if available).* *2.) If yes, explain in detail why you have not contracted with these providers/facilities.* *3.) What sources of information or research did you rely on to identify the providers/facilities (or lack thereof)? If published or Internet site, provide the full citation and location of the specific information.* *4.) If the basis for the exception request is that the pattern of care for the provider/facility does not support the MMP standard, please describe the following:* *a) Is there an unusual pattern of where Medicare-Medicaid beneficiaries reside in this county?* • *If yes, explain in detail the pattern and how that pattern affects the patterns of delivery of care for them.* • *What sources of information or research did you rely on to identify the pattern?* • *If published or Internet site, provide the full citation and location of the specific information.* *b) Describe in detail the pattern of delivery of care for Medicare-Medicaid beneficiaries seeking care of the providers/facilities of the type that failed the ACC.* • *What sources of information or research did you rely on to identify the pattern?* • *If published or Internet site, provide the full citation and location of the specific information.* *c) If you are proposing to use an "alternate" provider or facility to provide some, or all, of the covered services provided by the provider/facility type that failed the ACC for this county, describe in detail your justification for using the alternate provider/facility. Include written assurances from the alternate provider/facility stating that it:* • *Is currently providing services of the failed provider/facility type to Medicare-Medicaid beneficiaries;* • *Is willing to provide these services to Dual Eligible beneficiaries; and* • *Provides authorization to list it in your provider directory as offering the services of the failed provider/facility type.*

- *Provide documentation that the alternate provider/facility meets all license, education, and experience requirements to meet your credentialing policies and procedures, and all State and Federal laws and requirements that apply to the services of the failed provider/facility type.*
- *List the contracted alternate provider or facility in the table, below, and in the HSD table as the failed provider/facility type.*
- *Also, list in the table, below, the nearest contracted provider/facility of the type that failed the ACC.*

d) Describe in detail any other alternative arrangement(s) you've made to ensure access to the services of the provider/facility type that failed the ACC for this county.

- *If the alternative arrangement includes the use of telehealth (as part of the covered services through the integrated benefit), please describe the following:*
  - *List each telehealth provider and the NPI number as listed on the HSD table.*
  - *Describe the utilization from January 2015 – August 2015 of each telehealth provider listed.*
- *If the alternative arrangement is that transportation is used to provide access because of the pattern of care, please describe the following:*
  - *List each contracted transportation vendor for this county/specialty.*
  - *What type of transportation is provided through each vendor?*
  - *What is the average distance a beneficiary travels utilizing this service for this county/specialty?*

5.) If the basis for the exception request is that there is low utilization of the provider/facility type by the demonstration population, please answer the following:

a) What is the utilization of the provider type for your enrollment by month since January 2015?

b) Does the provider/facility type require a service authorization? If so, how many has your organization approved and how many has your organization denied?

c) Explain the reason for the low utilization of this provider/facility type.