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To: Medicare Advantage Regional Preferred Provider Organizations

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

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

Regional Preferred Provider Organizations (RPPO) without adequate contracted provider networks may use alternative means to meet access requirements. An 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' 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. For 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 at (410) 786-3723 or daniella.stanley@cms.hhs.gov.