

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: December 13, 2012

TO: All Medicare Advantage Organizations and Network Private Fee-For Service Initial and Service Area Expansion Applicants and Transitioning Incumbent PFFS Plans

FROM: Danielle R. Moon, J.D., M.P.A.
Director

SUBJECT: Release of Contract Year 2014 Medicare Advantage Health Services Delivery Guidance and Reference Tables

As a part of the Medicare Advantage (MA) application process, applicants who apply to offer Coordinated Care plans and network Private Fee-For-Service plans must demonstrate they have an adequate contracted provider network sufficient to provide access to covered services, as required by 42 CFR 422.112(a)(1). The purpose of this memorandum and attached guidance is to describe CMS' process for Health Services Delivery (HSD) automated review and refinements to this process for the contract year (CY) 2014 application. Significant changes are listed below:

- Total Beneficiaries – These values were updated to reflect the most recently published number of Medicare beneficiaries in each county. This affects the minimum number of providers and acute inpatient hospital beds criteria.
- Modification of required specialty type – Cardiac Surgery (009) and Thoracic Surgery (032) have been merged into a single Provider specialty, Cardiothoracic Surgery (035).
- Removal of required specialty type – One Provider specialty has been removed from the HSD Provider Table: Oral Surgery (024). While applicants must ensure that beneficiaries have reasonable access to Medicare required oral surgery services, this specialty is no longer required to be reported to CMS on the MA Provider Table.

In addition, similar to previous years, this year's applicants will have weekly opportunities, following the release of the final CY2014 application and prior to the final application submission date, to submit their network data for evaluation against the standardized criteria. This pre-submission process, which CMS expects all applicants to fully utilize, will enable applicants to identify those areas where their networks fall short of the set criteria and where the applicant should focus additional contracting efforts to fully meet the requirements. CMS will release additional instructions regarding this pre-submission assessment process in January 2013.

Additionally, CMS has released the CY2014 HSD Criteria Reference Table, which can be found on the CMS website at <http://www.cms.hhs.gov/MedicareAdvantageApps/>. Please send any questions regarding these topics to MA_Applications@cms.hhs.gov.