



MEDICARE-MEDICAID COORDINATION OFFICE

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

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SUBJECT: Medicare-Medicaid Plan (MMP) and MN Senior Health Options D-SNP Network Submission Guidance

As part of the contractual obligations for MMPs and MN Senior Health Options D-SNPs, and as referenced in Section VII (Provider Networks) of the Medicare-Medicaid Plan Reporting Requirements, MMPs and MN Senior Health Options D-SNPs must demonstrate on an annual basis an adequate contracted provider network sufficient to provide access to covered services in each demonstration. The purpose of this memorandum is to provide guidance for the 2018 MMP and MN Senior Health Options D-SNP Annual Medicare Provider Network Submission.

The 2018 initial submission will be due in the CMS Health Plan Management System (HPMS) by 8pm Eastern time on September 18, 2018.

Attached to this memorandum are instructions for the 2018 MMP and MN Senior Health Options D-SNP Annual Medicare Network Submission. The instructions provide detailed explanations on the MMP Provider and MMP Facility table templates, as well as frequently asked questions and the 2018 MMP and MN Senior Health Options D-SNP Exception Request Template.

In an ongoing effort to reduce plan burden, the instructions have been updated since last year. Changes include removing orthotics and prosthetics, durable medical equipment, and home health facilities from the list of facility specialties that need to be submitted. Additionally, the exception template has been revised and converted into a fillable form. As a result, organization must use the 2018 templates.

Network Submission

For purposes of the September 18, 2018 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 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.

The MMP HSD Criteria Reference Table can be found in the HPMS Network Management Module (NMM) and on the CMS website at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPApplicationandAnnualRequirements.html>. The Medicare-Medicaid Plan Reporting Requirements can be found on the CMS website at <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html>.

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. The exception request template has been revised since last year and converted into a fillable form to provide more clear instructions related to the delivery of care.

As MMPs and the MN Senior Health Options D-SNPs submit networks annually, any approved exceptions will be in place until the next annual MMP Medicare network submission.

Exception Process Timing

Following the September 18, 2018 submission of the MMP network tables, MMPs and the MN Senior Health Options D-SNPs should 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 2018 template and must be submitted through the HPMS NMM by October 5, 2018. CMS will not accept exception request submissions using the Medicare Advantage application template or the 2017 MMP exception request 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 may 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 efforts to correct any network gaps.

HPMS Path and Gate Openings

MMPs and MN Senior Health Options D-SNPs 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 MMP00003 – September 2018 MMP and MN DSNP Annual Submission. 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 and MN Senior Health Options D-SNPs Medicare Network submission in the HPMS/NMM will be open from 9am Eastern time on September 4, 2018 to 8pm Eastern time on September 18, 2018.

The gates for the MMP Medicare Network Exception Request submission in the HPMS/NMM will be open from 9 a.m. ET on September 28, 2018 to 8 p.m. ET on October 5, 2018.

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