

Private Fee-for-Service Transition Rules

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PFFS Move to Network-Based Access Rules

- Beginning 1/1/11, non-employer PFFS plans in designated areas must have networks of providers/facilities for all Parts A & B services
- Network Areas – those having at least 2 network-based plans with enrollment as of 1/1/09
 - Only counted if open to individual market enrollment and not a SNP
 - In the 2010 Advance Notice of Methodological Changes (<http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/AD/list.asp#TopOfPage>)
- All PFFS Employer Plans must be network-based beginning employer's plan year 2011

Application Requirements

- To offer non-employer PFFS in network areas, must
 - File Notice of Intent to Apply
 - Submit Entire Initial MA App
 - ▶ Part D App if seek to offer Part D
 - For MA Application, must demonstrate
 - ▶ Adequate contracted network
 - ▶ Appropriate State licensure/certification
 - ▶ Compliance with PFFS requirements, including PFFS terms & conditions

2011 Beneficiary Transition

- If current PFFS Organization fails to submit application or application is denied, Mandatory SAR
 - Enrollees in affected areas disenrolled
- If Application is approved, may passively move beneficiaries into new network PBPs
- Special beneficiaries communications required

Employer PFFS Products

- Must be
 - network-based
 - offered under different contract number than non-network product
- Non-network PFFS contracts cannot offer Employer Plans

Contact Information

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