



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244

Date: July 30, 2007

To: Medicare Advantage Regional Preferred Provider Organizations

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

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

CMS established special rules which allow RPPOs that have non-contracted provider networks in a service area to meet access requirements. A RPPO, like any other Coordinated Care Plan, must maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to covered services to meet the needs of all enrollees in its entire service area.(42 CFR 422.112(a)(1)(i)). However, a 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.

MA organizations that offer a RPPO must clearly explain the process for obtaining services from a non-contracted provider in a specific geographic location when a contracted provider is not available. This includes providing a statement in all pre- and post-enrollment materials that discloses any alternative mechanisms for accessing care and any cost sharing provisions. (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 (410) 786-3723 or daniella.stanley@cms.hhs.gov.