

2017 Consolidated 60-day comments for Part C Application

Comment Number	Source of Comment: (Company Name)	2017 MA Application 60 day or 30 day	Application Part	Application Section (Number/ Header)	Application Page Number	Description of the Issue or Question	Comments & Recommendation(s) from Source	Type of Suggestion (Insertion Deletion, or Revision)	CMS Decision (Accept, Accept with Modification, Reject, Clarify)
1	America's Health Insurance Plan	60 day	Instructions	2.7 Types of Applications -Service Area Expansion Applications	17	Service Area Expansion (SAE)applications will require Health Service Delivery (HSD) Tables for the entire network not just the counties that an applicant is proposing to expand into with the SAE request. <input type="checkbox"/>	As a result of CMS' proposed requirement, the number of counties for which SAE applicants would be required to submit HSD Tables could increase dramatically. For example, a plan with an existing service area that covers 50 counties that is seeking to expand into 2 additional counties would be required to submit HSD Tables for 52 counties instead of just 2. This is extremely problematic because we understand that HSD Table submissions require preparation, review, and transmittal of large volumes of data tables into the Health Plan Management System (HPMS) through a time-intensive, manual process that requires substantial MA organization resources.	Deletion	Reject. CMS has an expectation that MAOs are routinely monitoring their networks to confirm that networks are in compliance with the current network adequacy standards. Therefore, the requirement to upload HSD tables for the entire network at the contract level with a SAE application submission is consistent with CMS's expectations that MAOs are meeting network standards.
2	America's Health Insurance Plan	60 day	Instructions	2.7 Types of Applications -Service Area Expansion Applications	17	Request delay in implementation of SAE requirement for MAO with large networks beyond the CY 2017 application year	To ensure the most cost-effective process possible, we believe SAE applicants — particularly those with large existing service areas — require adequate time before the implementation of such a new requirement to explore how they could most efficiently submit large amounts of network data across multiple service areas and to consider and implement changes to their processes and systems. Accordingly, if CMS decides to expand its HSD submission requirement, we urge the agency to delay implementation of any new requirement beyond the CY 2017 application year.	Revision	Reject. CMS has an expectation that MAOs are routinely monitoring their networks to confirm that networks are in compliance with the current network adequacy standards. Therefore, the requirement to upload HSD tables for the entire network at the contract level with a SAE application submission is consistent with CMS's expectations that MAOs are meeting network standards.

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3	Kaiser Permanente	60 day	Instructions	2.7 Types of Applications- Service Area Expansion Applications	17	Service Area Expansion (SAE) applications will require Health Service Delivery (HSD) Tables for the entire network not just the counties that an applicant is proposing to expand into with the SAE request. <input type="checkbox"/>	We believe this requirement is unnecessarily burdensome for the plan sponsors and would not provide CMS with any additional information related to the purpose of the application – i.e., the expansion of the MAO into a particular county or counties. It would be very time consuming for an MAO to submit HSD tables for an entire network while at the same time collecting the data and information required for the 132 page Part C (and 143 page Part D) SAE application itself. We believe that the better process for CMS to use to monitor network adequacy is to include network adequacy as part of a regular audit schedule for MAOs rather than piggy-backing on the SAE application.	Deletion	Reject. CMS has an expectation that MAOs are routinely monitoring their networks to confirm that networks are in compliance with the current network adequacy standards. Therefore, the requirement to upload HSD tables for the entire network at the contract level with a SAE application submission is consistent with CMS's expectations that MAOs are meeting network standards.
4	Kaiser Permanente	60 day	Instructions	2.7 Types of Applications- Service Area Expansion Applications	17	What is the intended impact/ramifications to MAOs related to the SAE change?	It is unclear what the ramifications of such review by CMS would be as it relates to the SAE itself. For example, would CMS deny the MAO's application for the SAE even if it met the access standards in the SAE county but happened not to meet one of the standards in an unrelated geographic area? Would the MAO have the opportunity to correct any deficiencies in non-SAE counties separately from the application for the SAE if it met network adequacy in the SAE county? If CMS imposes the requirement of concurrent submission of the HSD tables for the entire network, we recommend that CMS bifurcate the review of the SAE from the review of the network itself and address any deficiencies separately from the approval of the SAE application.	Insertion	Clarify. CMS is developing the process to implement the SAE application change. Additional information will be provided to the industry prior to the CY 2017 application cycle.

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5	United Healthcare	60 day	Due Dates for Application	1.8 Due Dates for Applications – Medicare Advantage and Medicare Cost Plans	12	Timeline for CMS Application, forms and HSD Instructions are problematic for this organization as the timeline does not allow for the volume of HSD table submissions anticipated with the SAE application change.	We respectfully ask that CMS provide HSD criteria and final instruction/forms earlier in the process, with an October timetable being optimal. Last year, the final CMS Application, forms, and HSD instructions were issued on January 14, 2015 with applications due February 18, 2015. As a high volume HSD table submitter, this timeline is extremely problematic for our organization. In order to develop HSD Tables by the CMS deadline, UHC begins to build them well in advance of the CMS deadline and has tables largely built by early December, several weeks before the date that final application information is made available by CMS. As a result, this requires revising/repeating work and could also require programming changes that are difficult to accomplish in advance of the CMS application deadline.	Revision	Clarify. CMS will accommodate the review of additional counties within the annual application cycle.

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6	United Healthcare	60 day	Instructions	2.7 Types of Applications -Service Area Expansion Applications	17	Service Area Expansion (SAE)applications will require Health Service Delivery (HSD) Tables for the entire network not just the counties that an applicant is proposing to expand into with the SAE request. <input type="checkbox"/>	We strongly recommend that CMS omit this new requirement from the CMS Application process. It is unduly burdensome to require that MAOs complete HSD Tables for the entire existing MAO contract service area in addition to those counties included in the expansion application. We believe that this new requirement will have the unintended result of MAOs not expanding into new service areas, thereby reducing the number of MAO choices available to Medicare beneficiaries. The purpose of submitting HSD Tables to CMS during the application process is to demonstrate to CMS the MAO's ability to meet CMS network adequacy standards for the service areas in which the MAO is proposing to expand. We believe that this new requirement goes beyond the intent of the expansion application process.	Deletion	Reject. CMS has an expectation that MAOs are routinely monitoring their networks to confirm that networks are in compliance with the current network adequacy standards. Therefore, the requirement to upload HSD tables for the entire network at the contract level with a SAE application submission is consistent with CMS's expectations that MAOs are meeting network standards.
7	United Healthcare	60day	CMS State Certification Form	4.4 CMS State Certification Form	65-66	Request deletion of question #3 which requests from the applicant to identify the type of application filed with CMS. The applicant is required to circle all of the appropriate types which include: HMO, PPO, MSA, PFFS and Religious/Fraternal.	We recommend CMS amend the state certification form to delete question 3. Specifically, the nomenclature creates confusion for states that use different terminology for benefit plans. For example, a state may use the terms "closed panel" to describe products, rather than the term "HMO." From a state's perspective, an HMO is typically a type of entity license. The certification form is effective without the question in that the state's obligation is to certify that the applying entity is licensed and solvent. Alternatively, regulatory changes could be made to describe the products more broadly to improve the alignment with the terminology used by the states.	Deletion	Reject. The current language will be maintained in the CMS State Certification form.

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8	United Healthcare	60day	HSD Instructions	MA Provider Table - Columns Explanations	8	Delete references to Column N - Employment Status from section - Contract Type descriptions because CMS deleted Employment Status from the MA Provider HSD tables.	We recommend that the HSD Instructions be revised to omit the explanation and reference to the Employment Status column under this section.	Deletion	Accept. CMS will delete references to column N- Employment status as it has been deleted from the MA Provider HSD table.
9	United Healthcare	60day	HSD Instructions	Transplant Facilities List Format		Request for CMS to provide transplant facilities list in file format such as .txt or Excel/Access format instead of PDF file	UHC appreciates CMS's inclusion of a downloadable certified transplant facilities list. However, the list is currently only available in a PDF format, which requires considerable manual manipulation to convert to Microsoft Excel or Access for automated reporting. We request that CMS produce the certified transplant list in a .txt or Excel/Access format similar to the other website posted downloadable files of CMS certified providers (e.g., Hospital, Home Health, Suppliers) in order to streamline this process and eliminate the need for manual manipulation.	Revision	Reject. The MAO has identified that the file is only provided in a PDF format. We are unable to confirm that another file format can be made available for this document.
10	United Healthcare	60day	HSD Instructions	Facility Table Services – Access to CMS Information		Request for CMS to automate data that is requested on HSD MA Facility tables such as Medicare certified beds for hospitals.	CMS often requires information that is not readily available for use in an automated fashion. For example, the number of Medicare certified beds for hospitals, skilled nursing facilities, intensive care units, and inpatient psychiatric facilities is not readily available to managed care organizations (MCO). We request that CMS provide information so that it is downloadable in Excel or other data formats. This will assist plans in their automated production of HSD tables and population of these fields with accurate CMS information. For example, CMS could provide a resource from which MCOs can obtain bed counts, by hospital location, so that this information is consistent and available to all health plans.	Revision	Reject: We would suggest that MAOs identify sources for obtaining and confirming this information such as facility websites. No government data base is going to be as current and up to date as the facility's own official record in the CEO or CFO's office.

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11	United Healthcare	60day	HSD Instructions	Facility Table Services – Inaccurate Information on Medicare Website		Inaccuracy of data regarding facility services identified on Medicare.gov	Through our research, we have noticed that Medicare’s website often lists services available at an acute inpatient hospital even though the hospital operating certificate may not be approved by Department of Health to provide those services. Additionally, it appears that hospitals can remain on these lists even after the hospital confirms that it does not actually provide those services. This is especially problematic when these providers are being considered by CMS to determine MAO network adequacy and accessibility or when a network exception is being requested by a MAO. We ask that CMS not utilize the Medicare.gov website when the data has been verified by the MAO as being inaccurate or that CMS clarify how to best address the situation when a service or provider is incorrectly posted to Medicare.gov as being a Medicare participating provider.	Revision	Clarify- Medicare.gov information is not the sole source of information about the Medicare status of individual services or components operated by a hospital. MAOs are encouraged to identify other resources that are currently utilized within the industry.
12	United Healthcare	60 day	HSD Instructions	Appendix A – CY 2017 HSD Submission Frequently Asked Questions	13	Request for Automated Criteria Checks (ACC) be available on demand instead of scheduled pre-checks for HSD tables	Appendix A of the HSD Instructions for CY 2017 Applications states that HSD pre-checks are only allowed on specific dates and times, Thursdays by 8:00pm ET. Since Automated Criteria Checks (ACC) are automated, we request that CMS create an open window for on-demand pre-checks in lieu of date/time specific limitations. This would allow table editing work to remain more fluid and timely.	Revision	Clarify. CMS is developing the process to implement the SAE application change. Additional information will be provided to the industry prior to the CY 2017 application cycle

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13	United Healthcare	60day	HSD Exception Request Template		3	Duplicative and Redundant language regarding the listing of contracted providers/facilities on the Exception request template	The Exception form currently reads, "List the contracted providers/facility that will ensure access (they must be listed in the HSD Table under the country in which they are providing services). Also, list the closest contracted provider/facility of the specialty code type." UHC believes that this requirement for health plans to list the contracted providers/facilities "that will ensure access" is both duplicative and redundant as this information is already listed on the HSD table. For that reason, we suggest that the Exception form be edited to read "List the closest contracted provider/facility of the specialty code type."	Revision	Accept with Modification: CMS is considering revisions to the Exception Request template.
14	United Healthcare	60day	MA Provider HSD Table	N/A	N/A	Request to remove the column M - CMS Model MA Contract from the table and correspondence HSD instructions	The MA Provider table has the required data element of "Uses CMS MA Contract Amendment? Y for yes, N for no." We believe that this is unnecessary as this is already addressed as an attestation. Since this included in the attestation, we request that CMS remove this question from the HSD tables.	Deletion	Reject. CMS will maintain the current format of the MA Provider HSD Table.
15	United Healthcare	60day	MA Facility HSD Table	N/A	N/A	Request to remove the column L - CMS Model MA Contract from the table and correspondence HSD instructions	The MA Facility table has the required data element of "Uses CMS MA Contract Amendment? Y for yes, N for no." We believe that this is unnecessary as this is already addressed as an attestation. Since this included in the attestation, we request that CMS remove this question from the HSD tables.	Deletion	Reject. CMS will maintain the current format of the MA Facility HSD Table.

