



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

NOTICE OF ENTIRE NETWORK REVIEW

Month XX, 20XX

Contract ID: HXXXX

<COMPLIANCE OFFICER NAME>
<TITLE>
<CONTRACT/LEGAL ENTITY NAME>
<ADDRESS>
<CITY>, <STATE> <ZIP>

VIA E-MAIL: <COMPLIANCE OFFICER E-MAIL>

Dear <Mr./Ms.> <COMPLIANCE OFFICER SURNAME>:

CMS has determined that [MAO Name] has not received an entire network review for Contract [HXXXX] since [Date of last entire network upload for this contract #]. CMS regulations at 42 CFR 417.414, 417.416, 422.112(a)(1)(i), and 422.114(a)(3)(ii) require that all Medicare Advantage organizations (MAOs) offering coordinated care plans, network-based private fee-for-service (PFFS) plans, and network-based medical savings account (MSA) plans, as well as section 1876 cost organizations, maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served.

In order for CMS to verify that [MAO Name] is compliant with current CMS network adequacy criteria, the organization is required to upload its entire network for Contract [HXXXX] to the Network Management Module (NMM) in the Health Plan Management System (HPMS) by **[Due Date—60 days after date of this letter]**. The current CMS Medicare Advantage Network Adequacy Criteria Guidance is updated and published annually on CMS's [Medicare Advantage Applications website](#). Additional network policy guidance is also located in chapter 4 of the Medicare Managed Care Manual.

The NMM submission gates will **open on [DATE—50 days after date of this letter], at 8:00AM EST**, and will **close on [DATE—10 days after gates open], at 6:00PM EST**. Please upload the Health Service Delivery (HSD) tables for [HXXXX] within this timeframe. To locate the NMM in HPMS, look under the “Monitoring” tab and select “Network Management.” Refer to the “Plan User Guide” under “Guidance” for instructions on how to upload the HSD tables.

In the rare case where a specialty type cannot meet the current CMS network adequacy criteria for a specific county, an Exception Request may be submitted to CMS for consideration following the HSD table upload. All previously approved Exception Requests and Partial County Justifications must be resubmitted using the current templates.

If, upon review of the entire network and Exception Requests for Contract [HXXXX], CMS finds network deficiencies, [MAO Name] will be considered noncompliant with current CMS network adequacy criteria and may be subject to compliance actions. Please note, CMS will require the next entire network review for Contract [HXXXX] at least three years from the date of the present review.

If you have any questions about this request, please submit an inquiry to the Medicare Part C Policy Mailbox, located at: <https://dpap.lmi.org>. If you need technical assistance with your network upload, please contact the HPMS Help Desk at hpms@cms.hhs.gov.

Thank you for your cooperation.

Sincerely,

Kathryn A. Coleman
Director

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-New (Expires: TBD). The time required to complete this information collection is estimated to average 9.5 hours (ranging from 1 - 37 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.