

CY 2018 Partial County Justification Template

Instructions: Organizations requesting service areas that include one or more partial counties must upload a completed Partial County Justification into HPMS.

Complete and upload a Partial County Justification for each partial county in your current and proposed service area. This template is appropriate for organizations (1) offering a current partial county, (2) entering into a new partial county, or (3) expanding a current partial county by one or more zip codes when the resulting service area will continue to be a partial county. This template applies for any organization that has a partial county as part of its service area. Organizations must complete and upload a Partial County Justification for any active/existing partial county or pending/expanding partial county.

Organizations expanding from a partial county to a full county do NOT need to submit a Partial County Justification.

HPMS will automatically assess the contracted provider and facility networks against the current CMS network adequacy criteria. If the ACC report shows that an organization fails the criteria for a given county/specialty, then the organization must submit an Exception Request using the same process available for full-county service areas.

NOTE: CMS requests that you limit this document to 20 pages.

SECTION I: Partial County Explanation

Using just a few sentences, briefly describe why you are proposing a partial county service area.

SECTION II: Partial County Requirements

The *Medicare Advantage Network Adequacy Criteria Guidance* provides guidance on partial county requirements. The following questions pertain to those requirements.

Explain how and submit documentation to show that the partial county meets **all three** of the following criteria:

1. **Necessary** – It is not possible to establish a network of providers to serve the entire county.

Describe the evidence that you are providing to substantiate the above statement and (if applicable) attach it to this form.

2. **Non-discriminatory** – You must be able to demonstrate the following:

- The anticipated enrollee health care cost in the portion of the county you are proposing to serve is comparable to the excluded portion of the county.

Describe the evidence that you are providing to substantiate the above statement and (if applicable) attach it to this form.

- The racial and economic composition of the population in the portion of the county you are proposing to serve is comparable to the excluded portion of the county.

Describe the evidence that you are providing to substantiate the above statement and (if applicable) attach it to this form.

3. **In the Best Interests of the Beneficiaries** – The partial county must be in the best interests of the beneficiaries who are in the pending service area.

Describe the evidence that you are providing to substantiate the above statement and (if applicable) attach it to this form.

SECTION III: Geography

Describe the geographic areas for the county, both inside and outside the proposed service area, including the major population centers, transportation arteries, significant topographic features (e.g., mountains, water barriers, large national park), and any other geographic factors that affected your service area designation.