

## Partial County Justification Template

Instructions: Organizations requesting service areas that include one or more partial counties must upload a completed Partial County Justification template into HPMS for each partial county in the organization's 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

The organization must provide CMS short description (two to three sentences) regarding why they 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.

The organization must 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 provided to substantiate the above statement and (if applicable) attach it to the template.
2. **Non-discriminatory** – The organization also 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 provided to substantiate the above statement and (if applicable) attach it to the template.

- The racial and economic composition of the population in the portion of the county the organization is proposing to cover is comparable to the excluded portion of the county.

Describe the evidence provided to substantiate the above statement and (if applicable) attach it to the template.

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. Organizations must describe the evidence substantiating the above statement and (if applicable) attach it to the template.

### **SECTION III: Geography**

The organization must 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 the service area designation.

***PRA Disclosure Statement*** This form is required by CMS to determine MAO compliance with network adequacy criteria under §422.116 and requirements under §§417.414, 417.416, 422.112(a)(1)(i), and 422.114(a)(3)(ii). The form is required when CMS performs a contract-level network review. Use of this form is considered mandatory under the authority of Section 1852(d)(1) of the Social Security Act which permits an MAO to select the providers from which an enrollee may receive covered benefits. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

*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 0938-1346 (Expires: XX/XX/20XX). The time required to complete this information collection is estimated to average 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.*