

**Responses to Comments Received
Federal Register Notice on CMS-10636:
Triennial Network Adequacy Review for Medicare Advantage Organizations and 1876
Cost Plans**

CMS received three comments from one Medicare Advantage Organization (United Health Care or UHC) on its October 6, 2020 notice regarding the renewal for the collection, Triennial Network Adequacy Review for Medicare Advantage Organizations and 1876 Cost Plans.

Release of Reference Files and Templates:

UHC reiterated its previous recommendation that CMS release the annual updated Reference Files and the Sample Beneficiary Files in early October. UHC contends that an earlier release date would provide Medicare Advantage (MA) plans more time to contract with providers and facilities needed for both a Service Area Expansion (SAE) or Network Adequacy Review (NAR) and ultimately to comply with CMS network rules and regulations.

UHC proposed that any modifications to the templates MA plans use to submit data to CMS be shared with plans with enough advance notice for plans to adapt to the new templates. UHC contended that CMS should provide MA plans with sufficient time to change their internal systems when CMS modifies the format of the templates that plans must populate with data and upload to the Health Plan Management System (HPMS) or otherwise submit to CMS. To reduce unnecessary administrative burdens, UHC recommended that CMS provide notice to the plans of any template changes in the first quarter/January, but no later than mid-April, so that plans are prepared for their June submissions to CMS.

CMS Response: As stated in CFR 422.116 (a) (4) *Annual Updates by CMS*, CMS updates the following files in advance of plan network reviews: The Health Service Delivery Reference File and The Provider Supply File.

Because organization's have the ability to check their network adequacy at any time using the Organization Initiated Upload, updates to the Reference File for the upcoming plan year are published at the same time NMM programming updates are released. This is to eliminate confusion for plans testing their networks.

Changes to templates in this PRA package will be made in accordance to the annual PRA cycle, and plans will be provided enough notice to comment and make suggestions to CMS before the documents expire.

Consultation:

UHC recommends that CMS include explicit reference to the Informal Network Review process in the Triennial Network Review Supporting Statement.

UHC recommended CMS provide sufficient advance notice to MA plans of the timing of plan

submissions of HSD tables and exception requests. UHC asks that CMS provide a timeline in early January for the February informal review and consultation process.

UHC recommended CMS provide written feedback to plans on their submissions and schedule consultation discussions no later than the first half of April.

CMS Response:

CMS references the informal review period in Section 3. *Use of Information Technology*. Stating that plans have at least 60 days before submission of formal review HSD tables to prepare. CMS has added additional language explicitly stating that this is the “Consultation” period, and that plans have the option to submit Exception Requests for review.

CMS also communicates submission deadlines and timeframes with Account Managers who notify plans before they receive HPMS notification of submissions.

Plans have the option of contacting CMS during Consultation through the [DMAO portal](#) for feedback on their informal network review. While the consultation review period is open to all plans, CMS provides written feedback to plans if requested, and prioritizes plans selected for triennial review, Service Area Expansion applicants and initial applicants.

Compliance:

If CMS determines an MA organization does not comply with the current CMS network adequacy criteria, an opportunity should be available for the MA organization to discuss the specific reasons why the MA plan was not in compliance.

CMS Response:

Plans have the option to contact CMS through the [DMAO portal](#), at any time during the formal review process, to discuss the results of CMS’s formal review, Exception Request determinations and any compliance actions received.

Plans who have received compliance actions also must resubmit HSD tables during the Consultation period in order to demonstrate compliance with network adequacy standards.