



September 29, 2017

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Mr. William N. Parham III, Director, Paperwork Reduction Staff
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: CMS-10237
Rm. C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Comments on Applications for Part C Medicare Advantage, 1876 Cost Plans, and Employer Group Waiver Plans to Provide Part C Benefits

Dear Director Parham,

Aetna appreciates the opportunity to comment on the Paperwork Reduction Act notice concerning the “**Applications for Part C Medicare Advantage, 1876 Cost Plans, and Employer Group Waiver Plans to Provide Part C Benefits**” published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register (82 FR 35782) on August 1st, 2017.

Aetna is one of the nation’s leading diversified health benefit companies, providing members with resources to enable better informed decisions about their health. Further, as a leader in providing and managing benefits for 1.4 million Medicare beneficiaries, Aetna is committed to working with CMS to formulate rules that advance quality of care, affordability, choice, and competition in the MA program.

Aetna greatly appreciates CMS’ efforts to streamline the service area expansion process by separating network adequacy reviews from the application process. We understand the need for CMS to conduct oversight monitoring to ensure that MA plans continue to maintain adequate networks. As such, we support the proposal to conduct three year network adequacy reviews and support the proposal to remove the Health Service Delivery (HSD) tables from the MA application. We believe that these changes will reduce burden on plans as well as CMS staff, while establishing a transparent, predictable process for comprehensive network reviews.

We offer a few suggestions to further streamline the new network review process and provide clarity:

- **Exceptions:** We respectfully request CMS reconsider the requirement that all network adequacy exceptions be re-reviewed annually. Exceptions are often the result of a lack of provider specialties in a given geographic area, which presents a challenge to Medicare broadly. Thus we recommend CMS retain previously approved exception requests in

between the three year review cycle as long as there were no negative changes to the network from the approved contract year.

- Provider-Specific Plans (PSPs): CMS did not address how review of PSP networks will be handled. We recommend they be included as part of the three year review cycle. If CMS continues to review PSP networks annually, we strongly suggest that CMS limit their review to the affected service areas.

Aetna strongly urges CMS to finalize these changes by November 13th, when letters of Notice of Intent are due, to allow plans to use the streamlined application for the 2019 application cycle. Thank you very much for the opportunity to provide comments. Questions should be addressed to Bonnie Washington at WashingtonB3@Aetna.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven B. Kelmar".

Steven B. Kelmar
Executive Vice President, Corporate Affairs
Aetna