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August 18, 2017

VIA ELECTRONIC SUBMISSION

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CMS Desk Officer/William Parham
Office of Management and Budget (OMB)
Office of Information and Regulatory Affairs
Attention: CMS Desk Officer

RE: CMS-10636

The Medicare Rights Center (Medicare Rights) appreciates the opportunity to comment in response to the Paperwork Reduction Act Notice proposed information collection to modify the Centers for Medicare & Medicaid Services' (CMS) review of Medicare Advantage Organization (MAO) networks.

Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Medicare Rights serves nearly three million people with Medicare, family caregivers, and professionals through its national helpline and educational programming annually. Please contact Stacy Sanders, Federal Policy Director, at 202-637-0961 or ssanders@medicarerights.org and Casey Schwarz, Senior Counsel for Education & Federal Policy at 212-204-6271 or cschwarz@medicarerights.org with any questions.

Provider networks are a defining element of any Medicare Advantage plan, and it is critically important that those networks are compliant with CMS' existing adequacy requirements and provide enrollees with sufficient access to an array of health care providers, including physicians, hospitals, skilled nursing facilities, and more. As such, we strongly support CMS' proposal to regularly review network adequacy on a three-year schedule instead of relying solely on triggering events to perform a contract-level review.

We are concerned, however, about the removal of the network review from the application process. We believe review of network adequacy should remain an essential part of the new contract application

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process, even if tri-annual review of the entire network at the MAO level is implemented. Evaluating a new plan's network adequacy at the contract level as part of the application process is important to ensuring that all plans have adequate provider resources to serve Medicare enrollees.

In sum, we encourage CMS to proceed with the agency's plan to regularly review organization-wide network adequacy, and we encourage CMS to continue network review as part of the MAO application process. Thank you for the opportunity to comment.