Addendum to Announcement of Calendar Year (CY) 2022 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies: List of Private Fee-for-Service Network Areas for 2023

In the Announcement of Calendar Year (CY) 2022 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, published January 15, 2021, we indicated that, due to the early publication date of the CY 2022 Rate Announcement, the list of network areas for private fee-for-service (PFFS) plans for plan year 2023 would be separately announced and made available on the CMS website by the first Monday in April. We are issuing this Addendum to the CY 2022 Rate Announcement to announce that the list of PFFS network areas for 2023 has been published on the CMS website at <a href="https://www.cms.gov/Medicare/Health-Plans/PrivateFeeforServicePlans/NetworkRequirements">https://www.cms.gov/Medicare/Health-Plans/PrivateFeeforServicePlans/NetworkRequirements</a>.

Specifically, the reason we announce these network areas is that MA organizations offering non-employer PFFS plans in areas that have been designated as network areas for a plan year are required to meet the access standards described in section 1852(d)(4)(B) of the Social Security Act through written contracts with providers. Network area is defined in section 1852(d)(5)(B), for a given plan year, as an area that the Secretary identifies (in the announcement of the proposed payment rates for the previous plan year under section 1853(b)(1)(B)) as having at least two network-based plans (as defined in section 1852(d)(5)(C)) with enrollment as of the first day of the year in which the Announcement is made. Consistent with this definition, we have used January 1, 2021 enrollment data to identify the location of network areas for plan year 2023.

<sup>&</sup>lt;sup>1</sup> Unlike other PFFS plans, non-employer PFFS plans operating in network areas may not meet access standards under section 1852(d)(4) of the Act by establishing payment rates that are at least the rates that apply under Medicare FFS and having providers deemed to be contracted as described in § 422.216(f). *See* section 1852(d)(5)(A) of the Act (42 U.S.C. § 1395w-22(d)(5)(A)).