DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

MEDICARE-MEDICAID COORDINATION OFFICE

DATE: August 8, 2024

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
        Director, Models, Demonstrations, and Analysis Group
        Medicare-Medicaid Coordination Office

SUBJECT: Medicare-Medicaid Plan (MMP) Network Submission Guidance

---

As part of the contractual obligations for MMPs, and as referenced in Section VII (Provider Networks) of the Medicare-Medicaid Plan Reporting Requirements, MMPs must demonstrate an adequate contracted provider network sufficient to provide access to covered services in each demonstration. The purpose of this memorandum is to provide guidance for the 2024 MMP Annual Medicare Provider Network Submission.

The 2024 initial submission will be due in the CMS Health Plan Management System (HPMS) by 8pm Eastern Time (ET) on September 17, 2024.

For additional instructions, MMPs can refer to the CMS memorandum titled "Updated 2024 Medicare-Medicaid Plan Network Adequacy Criteria and Guidance" dated February 07, 2024, and issued through HPMS[1].

Network Submission

For purposes of the September 17, 2024, network submission, MMPs should include all contracted providers within and outside of the service area that will be available to serve the county's beneficiaries (even if those providers/facilities may be outside of the time and distance standards). After your organization submits the required health service delivery (HSD) tables,

---

[1] See the HPMS Memos Archive-Annual (Qtr1-2024) on the CMS website at: https://www.cms.gov/about-cms/information-systems/hpms/hpms-memos-archive-weekly/hpms-memos-wk-2-february-5-9

CMS-generated Automated Criteria Check (ACC) reports will be generated showing the provider and facility types that are meeting or failing to meet the MMP access standards.

The MMP HSD Criteria Reference Table can be found in the HPMS Network Management Module (NMM) and on the CMS website at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPApplicationandAnnualRequirements.html. The Medicare-Medicaid Plan Reporting Requirements can be found on the CMS website at https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPReportingRequirements.html.

Exception Process Timing

Following the September 17, 2024, submission of the MMP network tables, MMPs should review the ACC report. This report identifies the providers and/or facilities passing and failing to meet the MMP Medicare network standards. For those providers and/or facilities that are not meeting the MMP Medicare network standards, your organization may submit an exception request.

CMS will only consider exception requests that use the 2024 template and are submitted through the HPMS NMM by October 2, 2024. CMS will not accept exception request submissions using the Medicare Advantage application template or previous MMP exception request templates.

Exception Process

CMS, in collaboration with each respective state, will consider requests for exceptions to the required minimum number of providers and/or maximum time/distance criteria under limited circumstances. Each exception request must be supported by information and documentation as specified in the exception request template. The exception request template can be found by using the following path: HPMS>Monitoring>Network Management>Documentation>Template>MMP>MMP Exception Template.

Opportunity to Correct

For purposes of oversight and compliance, CMS will provide MMPs with an HPMS email notification indicating completion of the exception request review and the availability of updated ACC reports in HPMS. Based on those updated ACC reports, your organization will have an opportunity to submit corrected networks. CMS will notify your organization through an automated email of when the NMM gates will be open for that resubmission. After the opportunity to correct the MMP Medicare network submissions, CMS may issue compliance actions based on any remaining network deficiencies, and MMPs should update the respective

contract management teams or account managers, respectively, on efforts to correct any network gaps.

HPMS Path and Gate Openings

MMPs can locate the NMM in HPMS by using the following path: Monitoring>Network Management. To access the appropriate HSD templates, click Documentation and then Templates from the left-side drop down menu. The HPMS User Guide can be located using the following path: Monitoring>Network Management>Documentation>Guidance>User Guide, and will detail how to download, complete, and upload the correct HSD templates for your organization. The 2024 network event is MMP00015 September 2024 Annual Network Submission.

The gates for the MMP and Medicare Network submission in the HPMS/NMM will be open from 9am Eastern time on September 3, 2024, to 8pm Eastern time on September 17, 2024.

The gates for the MMP Medicare Network Exception Request submission in the HPMS/NMM will be open from 9 a.m. ET on September 18, 2024, to 8 p.m. ET on October 2, 2024.

Please submit any questions to the Medicare-Medicaid Coordination Office at MMCOCapsReporting@cms.hhs.gov.