



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

DEC - 3 2015

Administrator
Washington, DC 20201

Reid B. Blackwelder, MD, FAAFP
American Academy of Family Physicians
1133 Connecticut Avenue, N.W., Suite 1100
Washington, DC 20036-4305

Dear Dr. Blackwelder:

Thank you for your letter about the frequency of updates to health plan issuers' provider directories for health plans being offered to Medicare Advantage and Marketplace enrollees.

With respect to Marketplaces, the 2016 Notice of Benefit and Payment Parameters (80 FR 10750; February 27, 2015) (2016 Payment Notice) established that, starting in 2016, a qualified health plan (QHP) issuer must publish an up-to-date, accurate, and complete provider directory. This provider directory must include information on which providers are accepting new patients, the provider's location, contact information, specialty, medical group, and any institutional affiliations, in a manner that is easily accessible to plan enrollees, prospective enrollees, the state, the Exchange, the Department of Health and Human Services and Office of Personnel Management. As discussed in the preamble to the 2016 Payment Notice, we require issuers to update directories at least monthly and encourage issuers to work with their providers to ensure that their directories are as current and accurate as possible. We understand that there may be some administrative time associated with updating directories, but believe it is necessary for consumers to be fully informed about network access.

Additionally, for 2016, QHP issuers that participate in the Federally-facilitated Marketplaces (FFMs) will make provider directory data available in a format to allow for machine readability. A machine-readable file will increase transparency by allowing software developers to access this information to create innovative and informative tools to help enrollees better understand plans' networks. QHP issuers must update the provider directories in a machine-readable format not less than monthly.

Protecting consumer access to health care providers is of utmost importance to us, and recently in the proposed Notice of Benefit and Payment Parameters for 2017 (80 FR 75487; November 20, 2015), we asked states to establish a provider network adequacy standard for health plans in the FFMs, subject to minimum criteria that we will establish at a later date, with a default time and distance standard otherwise. We are also evaluating additional efforts to support transparency and informed consumer decision-making as it relates to provider network adequacy, and are requesting comment on whether designating network strength – for instance, indicating whether a plan has a broad number of doctors or health facilities in their network to choose from or not – could improve the consumer experience in future years.

With respect to Medicare Advantage, CMS regulations (42 CFR § 422.111 and 42 CFR § 422.112) require Medicare Advantage organizations (MAOs) to disclose provider directories in a clear, accurate and standardized form and to maintain and monitor the network of providers and

to provide adequate access to covered services. As indicated in our 2016 Medicare Advantage and Part D Rate Announcement and Call Letter (issued on April 6, 2015) and further outlined in our Medicare Marketing Guidelines, MAOs should have regular, ongoing communications (at least quarterly) with providers to ascertain their availability and whether they are accepting new patients, in addition to confirming the listed street address, and phone number, or other changes that affect availability.

We share your concerns regarding the need to provide plan members access to timely and accurate provider directories. Our expectation is for MAOs to establish the most effective method of communication for their contracted provider community in order to achieve our shared goal of accurate provider directories.

Thank you for sharing your comments regarding updates to provider directories and we appreciate the American Academy of Family Physician's comments on ensuring that patients have accurate information on the plans' provider participation. Please do not hesitate to contact me with any additional comments.

Sincerely,



Andrew M. Slavitt
Acting Administrator