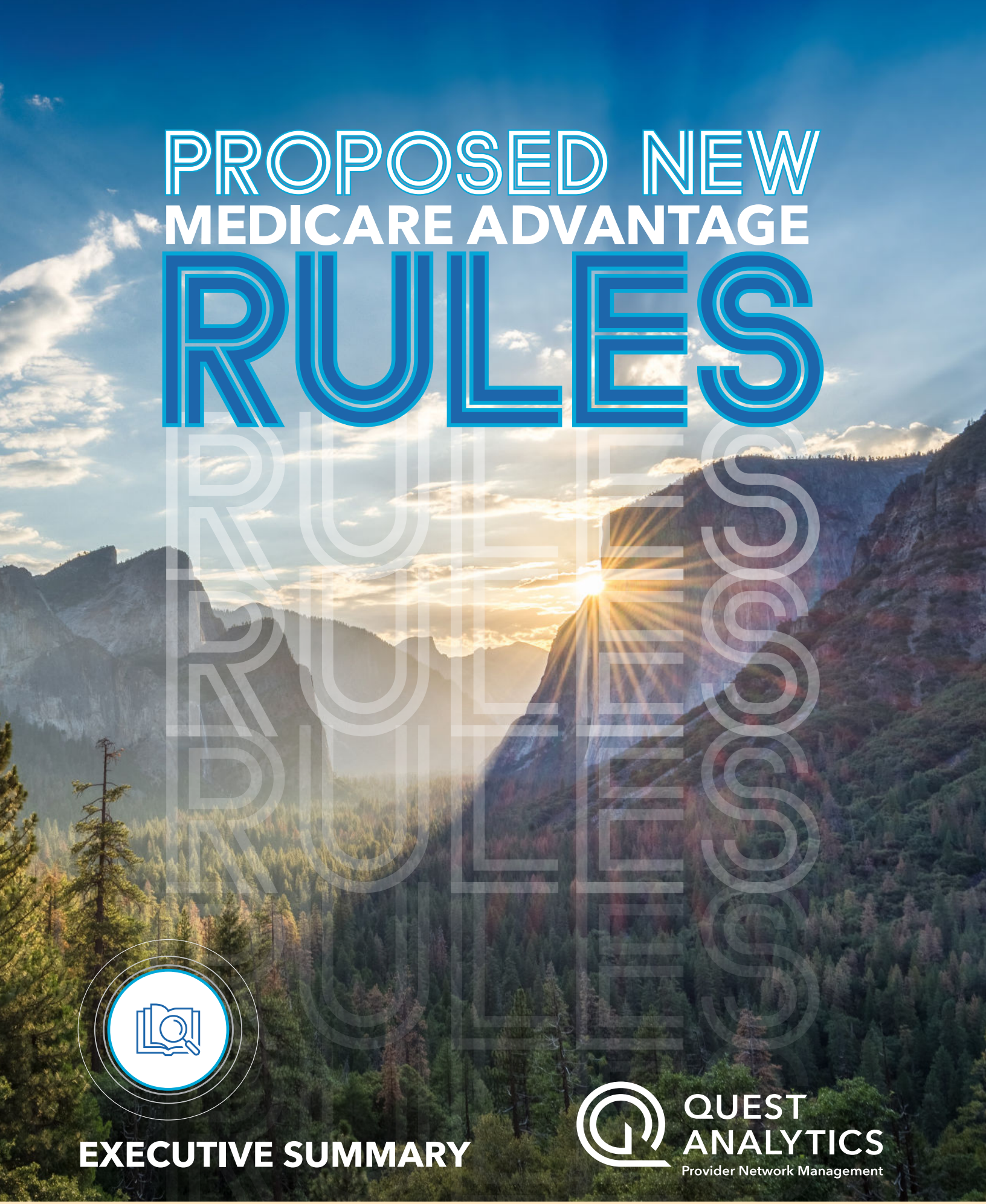
PROPOSED NEW
MEDICARE ADVANTAGE
RULES
EXECUTIVE SUMMARY
QUEST ANALYTICS
Provider Network Management

CHANGES TO NETWORK ADEQUACY AND PROVIDER DIRECTORIES

OVERVIEW

In the Proposed 2024 Medicare Advantage rule, the Centers for Medicare & Medicaid Services (CMS) proposed to revise regulations governing Medicare Advantage (MA or Part C), the Medicare Prescription Drug Benefit (Part D), Medicare cost plans and Programs of All-Inclusive Care for the Elderly (PACE).

In this executive summary, we discuss the **provisions of the proposed rule that relate to network adequacy and provider directories.**

Adds new **Behavioral Health Specialty Types** to the list of health care providers and facilities in the network adequacy standards.

Three New Specialty Types for Behavioral Health Services

Eligible for **Telehealth Credit**

New Provider Directory Data Elements

Cultural And Linguistic Capability Information

Medications for Opioid Use Disorders (MOUD) – **Waivered Providers**

EXPANDING BEHAVIORAL HEALTH SPECIALTIES

GENERAL ACCESS TO SERVICES STANDARDS

CMS proposes policies to strengthen network adequacy requirements and reaffirm the responsibility of Medicare Advantage Organizations (MAOs) to provide behavioral health services. To do this, CMS proposes to add three new behavioral health specialty types to the list of health care providers and facilities in the network adequacy standards.

THREE NEW SPECIALTY TYPES

1. Clinical Psychology
2. Clinical Social Work
3. Prescribers of Medication for Opioid Use Disorder

   This would be a new category that includes providers with a waiver under the Controlled Substances Act (CSA).

   ### Two Specialty Types

   1. MOUD-Waivered providers
   2. Opioid Treatment Programs (OTPs)

CMS also proposes to evaluate these specialty types using the **time, distance and minimum provider standards** in CMS' network adequacy reviews.

NETWORK ADEQUACY CRITERIA

CMS proposes to evaluate the new behavioral health specialty types using Medicare Advantage Network Adequacy standards:

- Maximum Time and Distance
- Minimum Number of Providers in Each County Type
- Minimum Ratios

MAXIMUM TIME AND DISTANCE STANDARDS*

Provider/ Facility Type	Large Metro		Metro		Micro		Rural		CEAC	
	Max Time	Max Distance	Max Time	Max Distance	Max Time	Max Distance	Max Time	Max Distance	Max Time	Max Distance
Clinical Psychology	20	10	45	30	60	45	75	60	145	130
Clinical Social Work	20	10	30	20	50	35	75	60	125	110
Prescribers of Medication for Opioid Use Disorder (including MOUD Waivered Providers and/or OTPs)	20	10	30	20	50	35	75	60	110	100

MINIMUM RATIOS*

Minimum Ratio	Large Metro	Metro	Micro	Rural	CEAC
Clinical Psychology	0.15	0.15	0.13	0.13	0.13
Clinical Social Work	0.25	0.25	0.22	0.22	0.22
Prescribers of Medication for Opioid Use Disorder (including MOUD Waivered Providers and/or OTPs)	0.03	0.03	0.03	0.03	0.03

*This is in addition to the current requirements for psychiatry and inpatient psychiatric facilities

TELEHEALTH CREDITS

The new behavioral health specialty types would be eligible for the 10% Telehealth Credit if the health plan's contracted network of providers includes one or more telehealth providers of that specialty type that provide additional telehealth benefits for covered services.

CARE COORDINATION

ACCESS TO SERVICES § 422.112

Currently, MAOs offering coordinated care plans must ensure continuity of care and integration of services through arrangements with contracted providers.

Current Language:

Specialty care…The MA organization arranges for specialty care outside of the plan provider network when network providers are unavailable or inadequate to meet an enrollee's medical needs.

CMS proposes to require MAOs offering coordinated care plans to arrange for any medically necessary covered benefit outside of the plan provider network, but at in-network cost sharing, **when an in-network provider or benefit is unavailable or inadequate to meet an enrollee's medical needs.**

CMS notes that it currently monitors health plans compliance with this policy through account management activities, complaint tracking and reporting, and auditing activities. These oversight operations alert CMS to any issues with access to care, and CMS may require health plans to address these matters if they arise. If finalized, CMS intends to continue these oversight operations to ensure health plan compliance with the proposed regulation.

PROVIDER DIRECTORY

CMS proposes to codify existing best practices and introduce new provider directory **data elements** for MAOs.

NEW DATA ELEMENTS

CULTURAL AND LINGUISTIC CAPABILITIES

CMS proposes to mirror the Medicaid provider directory requirements by requiring health plans to list each of its provider's **cultural and linguistic capabilities**, including languages* offered by the provider or a skilled medical interpreter at the provider's office.

CMS notes that "cultural and linguistic capabilities" refers to the capabilities of a provider (or skilled medical interpreter at the provider's office) to deliver culturally and linguistically appropriate services (CLAS), which are defined by the Department of Health and Human Services (HHS) Office of Minority Health as "services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs."

CMS states that this proposal is **consistent with the health equity objectives** of CMS' first strategic pillar "Advance Equity" under the 2022 CMS Strategic Plan.

Culturally and Linguistically Appropriate Services (CLAS):

"Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs."

– Defined by the HHS Office of Minority Health

*Includes American Sign Language

MEDICATIONS FOR OPIOID USE DISORDERS (MOUD) – WAIVERED PROVIDERS

CMS proposes to require health plans to **identify certain providers** in their provider directories who have obtained a waiver under section the Controlled Substances Act (CSA) from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) to treat patients with medications for opioid use disorder (MOUD) (for example, methadone, buprenorphine, naltrexone, naloxone or Suboxone) and who are listed on SAMHSA's Buprenorphine Practitioner Locator (BPL).

Specifically, CMS proposes to add the phrase "notations for MOUD-Waivered Providers who are listed on the Substance Abuse and Mental Health Services Administration's Buprenorphine Practitioner Locator" to the provider directory requirements.

For the MAO to flags the provider in its provider directory, the provider must

1. possess a waiver currently approved by SAMHSA and the DEA.
2. have a valid and active "X-number" from the DEA in order to administer, dispense or prescribe MOUD.
3. be listed on SAMHSA's BPL (have allowed their practice location to be disclosed publicly).

CMS notes that for more information on how providers can become MOUD-Waivered Providers, see the SAMHSA website.

CMS proposes MAOs identify these providers in their provider directories by **including notations next to the provider's listing** indicating that the provider is able to treat patients with MOUD.

At this time, CMS has not made referencing the actual waiver in the provider directory a requirement to provide the necessary notices to the enrollee. However, the MAO would need to determine which providers in their network currently have the waiver, have the valid and active "X-number" and are listed in SAMHSA's BPL in order to know which providers to flag in the provider directory as able to treat patients with MOUD.

The provider directory would need to include language to indicate the meaning of the MOUD-Waivered Providers notation, which is that these providers have completed the training so that they may administer, dispense, or prescribe MOUD in an office setting and have agreed to be publicly identified, but that such notations are not inclusive of all providers who may do so.

COLLECTION OF DATA GUIDANCE

CMS advises that health plans that do not currently collect data on their contracted providers' cultural and linguistic capabilities or their status as a MOUD-Waivered Provider may do so by using the same means and methods by which they already collect other information from contracted providers for inclusion in provider directories. Also, CMS advises that health plans would **use SAMHSA's BPL to identify approved providers** who have allowed their practice location to be disclosed. CMS expects this proposed provision to impose an additional minimal amount of information collection requirements (that is, reporting, recordkeeping or third-party disclosure requirements) on organizations in terms of the updating of their existing processes related to provider directories, such as a template, related software and the added data points for providers.

CMS notes that these proposed changes are in response to comments received in response to the January 2022 Medicare RFI.

CMS OVERSIGHT & REVIEWS

If finalized, CMS intends to **monitor health plan compliance** with the proposed new requirements described above through

- periodic online provider directory reviews.
- as CMS deems necessary.
- other activities that are consistent with CMS' existing compliance monitoring regarding provider directory requirements.

Comments to the rule are due to CMS February 13, 2023. CMS will likely finalize the rule by April 2023. We'll keep you updated as we learn more information.

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