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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

NOTICE OF NON-COMPLIANCE

June 1, 2021

Contract ID: H6351

Ms. Alexandria Perry-Ingram
Medicare Compliance Officer
Liberty Advantage, LLC
2334 South 41st Street
Wilmington, NC 28403

VIA EMAIL: APerryIngram@libertyhcare.com

RE: Failure to Meet Network Adequacy Standards

Dear Ms. Perry-Ingram:

The Centers for Medicare & Medicaid Services (CMS) is issuing this notice of non-compliance to Liberty Advantage, LLC, (Liberty) which operates Medicare Advantage Prescription Drug Plan (MA-PD) contract H6351, regarding the plan's failure to meet CMS' network adequacy requirements.

Pursuant to Federal regulations at 42 C.F.R. § 422.116, Medicare Advantage (MA) organizations must maintain an adequate contracted provider network that is sufficient to provide access to covered services. 42 C.F.R. § 422.116(a) details the standards of what constitutes an adequate contracted provider network. MA organizations must meet both maximum time and distance standards, and contract with a specified minimum number of each provider and facility specialty type.

In January, 2020, CMS notified your organization that Liberty's network was selected for a triennial audit. Liberty was required to submit Health Service Delivery (HSD) tables to CMS in June, 2020. CMS reviewed your organization's HSD tables, notifying your organization of deficiencies on July 9, 2020. Following the review, CMS provided your organization the opportunity to submit Exception Requests, which CMS would either approve or deny. Although your organization was offered the opportunity to submit exceptions, none were submitted. CMS' final determinations were provided to Liberty on October 9, 2020.

Your organization failed to meet CMS requirements for minimum number of providers and failed to meet the time and distance requirement. CMS requires that at least 90% of the eligible beneficiaries residing in large metro and metro counties, and at least 85% of the eligible beneficiaries residing in micro, rural, or Counties with Extreme Access Considerations (CEAC) counties have access to each of the provider specialty types within a specified time and distance

to the beneficiary's home.

CMS's final review has determined that your organization's network is deficient in the following areas:

Minimum Number of Providers
Your organization failed to meet the minimum number of providers requirement in eight (8) counties. Eighteen (18) specialties failed to meet the current network standards, resulting in a total of twenty-six (26) failures among these eight (8) counties (across multiple specialty types).

Time and Distance Requirements
Your organization failed to meet CMS' time standards for three (3) specialties. In addition, you failed to meet the distance requirement in fourteen (14) counties, affecting twenty-six (26) specialties. Twenty-five (25) of the twenty-six (26) specialties failed in two (2) or more counties, resulting in a total of eighty-seven (87) distance failures.

Based on the above information, CMS has determined that your organization is out of compliance with Part C requirements for failure to meet CMS's network adequacy requirements. In the future, please ensure that your organization meets both minimum number of providers and the time and distance requirements for each specialty (provider and facilities).

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance. This notice of non-compliance is considered a Part C issue with beneficiary impact. CMS notes that we are issuing this compliance notice based exclusively on information that we obtained from sources other than the plan's own self-disclosure.

If you have any questions about this notice, please contact Amber Casserly at Amber.Casserly@cms.hhs.gov and copy your account manager.

Sincerely,

Timothy G. Roe, Director
Division of Surveillance, Compliance, and Marketing
Medicare Drug & Health Plan Contract Administration Group
Centers for Medicare & Medicaid Services

cc via email:

Christine Reinhard, Part C Compliance Lead, CMS Baltimore
Amber Casserly, CMS Baltimore
Francetta Crowley, Account Manager, CMS Atlanta