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

Notice of Non-Compliance

March 28, 2022

H7119

Mr. Kenneth Nunez
Medicare Compliance Officer
785 Elkridge Landing Road
Suite 300
Linthicum Heights, MD 21090

Via Email: knunez@pphealthplan.com

RE: Failure to have a sufficient provider network

Dear: Mr. Nunez

The Centers for Medicare & Medicaid Services (CMS) is issuing this Notice of Non-Compliance (NONC) to Provider Partners Health Plan of Ohio, Contract ID H7199, for its failure to have a sufficient provider network.

Federal regulations at 42 C.F.R. §422.112(a)(1) require MA organizations to maintain and monitor a provider network that provides adequate access and meets the population served. Additionally, 42 C.F.R. §422.112(a)(10) requires MA organization's networks meet the prevailing community pattern of care which is determined by the number and distribution of health care providers, as well as the time and distance for member access to health care providers.

In determining whether an organization has a sufficient provider network, CMS has identified provider and facility specialty types that must meet CMS' published number, time, and distance standards for each county outlined in 42 C.F.R. §422.116. CMS provides the Health Plan Managemnt System (HPMS) Network Management Module, which allows organizations to determine whether their current network meets CMS requirements.

CMS reviews one-third of MA organization's networks each year. Provider Partners Health Plan of Ohio was selected for a review in 2021. Organizations whose networks were reviewed were required to submit Health Service Delivery (HSD) tables into CMS' HPMS by June 25, 2021. CMS reviewed Provider Partners Health Plan of Ohio's HSD tables in June 2021 and determined your network was insufficient. Initial failures were communicated to your organization on July 6,

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2021 at which time Provider Partners Health Plan of Ohio was provided the opportunity to submit exception requests. Your organization did not submit exception requests. Following the review of the submitted HSD tables CMS determined that Provider Partners Health Plan of Ohio still failed to meet CMS' network adequacy requirements. The review identified a total of five failures for four provider and facility types in four counties. Provider types that failed to meet CMS' requirements included ENT/Otolaryngology, nephrology, occupational therapy and plastic surgery.

The above findings support a determination by CMS that Provider Partners Health Plan of Ohio failed to comply with the requirements at 42 CFR §422.112. Please take the necessary steps to ensure that your organization secures additional providers to meet CMS' network adequacy requirements.

Please be aware that this letter will be included in the record of your organization's past Medicare contract performance. This letter is considered a Part C issue with beneficiary impact. CMS notes that we are issuing this compliance notice based exclusively on information requested for review purposes, therefore, this issue is not considered to be self-disclosed by your organization.

If you have any questions about this notice, please contact Amber Casserly at (410) 786-5530 or Amber.Casserly@cms.hhs.gov and copy your account manager.

Sincerely,

Timothy D. Roe

Timothy G. Roe

cc via email:
Scott Beach, Philadelphia Regional Office
Christine Reinhard, Part C Compliance Lead
Amber Casserly, DMAO