

110.5 – Special Rules for RPPOs

(Rev. 121, Issued: 04-22-16, Effective: 04-22-16, Implementation: 04-22-16)

110.5.1 -- Access through Non-contracted Providers

(Rev. 121, Issued: 04-22-16, Effective: 04-22-16, Implementation: 04-22-16)

Situations may arise where an MA plan cannot establish contracts with providers that meet Medicare access requirements in portions of an RPPO's defined service area. In such cases, RPPOs may meet Medicare access requirements by demonstrating to CMS' satisfaction that there is adequate access to all plan-covered services through arrangements other than through contracted provider (42 CFR §422.112(a)(1)(ii)). Enrollees who receive plan-covered services in non-network areas of an RPPO must be covered at in-network cost-sharing levels for the enrollee.

110.5.2 – Essential Hospitals

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42 CFR §422.112(c) describes the requirements for an RPPO to apply to CMS to designate a non-contracting hospital as an essential hospital. If CMS approves the application and the hospital continues to meet the requirements at §422.112(c) then the essential hospital is “deemed” to be a network hospital of the RPPO and normal in-network inpatient hospital cost-sharing levels (including the catastrophic limit described in 42 CFR §422.101(d)(2)) apply to all enrollees accessing covered inpatient hospital services in that hospital.