



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
Medicare Advantage Group

7500 Security Boulevard
Baltimore, Maryland 21244

DATE: April 27, 2006

TO: Medicare Advantage Organizations

FROM: David A. Lewis /s/
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SUBJECT: Rules for Submitting Provider Specific Plans

Attached is guidance on submitting provider specific plans to CMS during the renewal process. CMS defines a provider specific plan as a MA plan that limits plan members to a subset of contracted providers located within a plan's service area. MA organizations that wish to offer provider specific plans must submit their proposal to their CMS Central and Regional Office Plan Manager on or before **May 6, 2006** to be effective in CY 2007.

The guidance also details the formatting requirements that MA organizations need to follow when submitting provider specific plans and discusses the enrollment options available to beneficiaries not enrolled in the MA organization's renewal plan.

Equally important, MA organizations are responsible for notifying CMS of significant changes to plan networks and how these changes impact on the organization's ability to meet CMS access and availability standards. These changes and a complete description of the proposed plans should be included in the submittal. Marketing materials for provider specific plans can be submitted beginning **June 6, 2006**.

Finally, MA organizations that that wish to offer new mid-year provider plans must meet the requirements for new mid-year plans described in the 2007 Call Letter in addition to the attached guidance. If you have questions, please be in touch with your Central or Regional Office Plan manager.