

# ESSENTIAL HOSPITAL DESIGNATION TABLE

Please complete this form with the indicated information about each hospital that applicant seeks to have designated as essential. The attestation on the following page must be completed and submitted with the completed chart.

Hospital name and address (including county)	Contact person and phone	NPI Number	CCN	Hospital Type (42 CFR 422.112(c)(1))	Method by which offer was communicated (42 CFR 422.112(c)(3))	Date(s) offer refused/how refused (42 CFR 422.112(c)(3))	Why hospital is needed to meet RPPO's previously submitted access standards (42 CFR 422.112(c)(2))	Demonstration that no other competing Medicare participating hospital is available for reasonable enrollee referral (42 CFR 422.112(c)(4))
Happy Care Medical Center  123 Happy Street, City, State 12345  ABC County	Any Body, CFO  (123) 456-7890			Acute Care	2 Letter Offers followed by 2 phone calls  (NOTE: RPPO must also provide copies of the letters or emails sent to the hospital)	Letter dated 8/02/16. Confirmed by phone call with CFO  (NOTE: RPPO must also provide copies of letters or emails sent from the hospital)	The RPPO must demonstrate that the hospital is needed to meet access standards at 42 CFR 422.112(a). The RPPO may submit documentation such as: <ul style="list-style-type: none"> <li>County/Countries for which the hospital will provide services in;</li> <li>County type designation (pursuant to the HSD reference file);</li> <li>Description of geography of county or counties for which the hospital will provide services;</li> <li>Demonstration that network access standards cannot be met, such as organization's internal mapping results;</li> <li>Description of the location of the hospital to include the total travel time and distance for enrollees and the increased travel time and distance over the network adequacy criteria.</li> </ul>	The RPPO must demonstrate that no other Medicare participating hospital is available within a reasonable travel time/distance for enrollees. The RPPO may submit documentation such as: <ul style="list-style-type: none"> <li>Description of beneficiary utilization patterns, including claims</li> <li>Description of the overall landscape of Medicare participating acute care hospitals potentially available in the county or counties for which the hospital will provide services, to include the total travel time and distance for a beneficiary to receive access at each facility.</li> </ul>

## REGIONAL PREFERRED PROVIDER ORGANIZATION (RPPO) ESSENTIAL HOSPITAL ATTESTATION

The Organization named below attests that it made a good faith effort consistent with Section 1858(h) of the Social Security Act (the Act) and 42 CFR 422.112(c)(3) to contract with each hospital identified by the Organization in the attached chart at rates no less than current Medicare inpatient fee-for-service amounts and that, in each case, the hospital refused to enter into a contract with the Organization.

CMS is authorized to inspect any and all books or records necessary to substantiate the information in this attestation and the corresponding designation requests.

The Organization agrees to notify CMS immediately upon becoming aware of any occurrence or circumstance that would make this attestation inaccurate with respect to any of the designated hospitals.

I possess the requisite authority to execute this attestation on behalf of the Organization.

Name of Organization: \_\_\_\_\_

Printed Name of CEO: \_\_\_\_\_

Signature: \_\_\_\_\_

Medicare Advantage RPPO Application/Contract Number(s):

R# \_\_\_\_\_

**NOTE: This attestation form must be signed by any organization that seeks to designate one or more hospitals as “essential.”**