

REVISIONS TO CMS MSA APPLICATION FOR 2007

#	Document Section	Revision	Type of Revision
1	p.17, Enrollment & Disenrollment	Change to: Describe how you will ensure that individuals will enroll in your MSA plan only during their Initial Coverage Election Period (ICEP) or the Annual Coordinated Election Period (ACEP).	Revision
2	p.17, Enrollment & Disenrollment	Add: "Describe how you will ensure that individuals disenroll only during their appropriate election periods (SEP or AEP)".	Addition
3	p.17, Enrollment & Disenrollment	Should reword and renumber section (Membership section says "II" but should read "III") on limited enrollment. We need to include a question asking them to address "the working aged." Enrollment policy provided us with the language to insert.	Addition/Revision
4	pgs. 16-17, Enrollment section	Enrollment policy suggests some wording be changed, deleted and some language be revised. See attached document for specific changes.	Revision
5	p. 4	Need to "Minimum Enrollment Waiver Request" section.	Addition
8	p.8, Geographic Area	Change current reg citation - 422.502 (f)(2) to the correct reg citation - 422.504(f)(2)(iii).	Revision
9	p. 4 of the MA Application Guidelines Document	Currently contains two sections that are titled "Important Note for Current HPMS Users." Please delete the second duplicate section as it is incomplete. The first section of the same title should be used.	Deletion

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10	p. 14 of Old Application & p. 17 of Revised Application - Medicare Marketing, Enrollment section, (question B of the Old Application).	Delete the question: "Indicate what the monthly MSA premium amount (which is the amount the plan requires to offer original Medicare benefits, analogous to the plan basic bid) will be and also the amount of the deductible and the beneficiary supplemental premium (MSAs are prohibited from offering Part D coverage), if any, will be." This information would not be available during the application process. It would not become available until after bids are completed.	Deletion
11	p. 8, Guidelines Document, "Information for Applicants."	Need to add the following information: "MSAs cannot offer mandatory supplemental benefits - see 42 CFR 422.103 (a). Optional supplemental benefits are health services not covered by Medicare that are purchased at the option of the MA enrollee and paid for in full directly by (or on behalf of) the Medicare enrollee in the form of premiums or cost-sharing. These services can be grouped or offered individually".	Addition
12	p. 10, #7, Guidelines Document, "General instructions" Section	Sentence reads "...MA organizations must submit a bid for each MA Plan (other than an MSA plan) for the upcoming year..." We need to Delete "Other than an MSA Plan."	Deletion
13	p. 23, Guidelines Document, "Instructions for Administrative/Management Services Agreement Matrix"	We need to Add: "Including MSA arrangements with entities offering MA MSA accounts in accordance with 1853(e)(2) of the Act."	Addition

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14	p. 5, I A 3, MSA application	Delete "Other than an MSA Plan." Change wording to "or other type of commercial tax-favored health plan or a Medicare Advantage Medical Savings Account (MSA) plan. State the number of enrollees in each plan. Also provide a description of the commercial and/or Medicare plan(s).	Deletion/Revision
15	p. 8, MSA application	Need to Add language "and if you are requesting a capacity limit."	Addition
16	p. 13, MSA application, "Contracts for Management Services" table	Added language "(including outside MSA trustees or custodians)."	Addition
17	p. 15, "Medicare Health Benefits" Section	This info is in the bid pricing tool and PBP, which is submitted much after the application. Delete this section and revise to ask the following questions: "How will you communicate information to enrollees on how to access health care from contracted and non-contracted providers? Explain how you will communicate to enrollees the coverage of services before the deductible is met and after the deductible is met? Explain any differences in costs if a contracted network is or is not used. Explain how you will communicate the difference in cost if the contracted network is used or not. How will you ensure that appropriate risk-adjustment data is collected and reported to CMS?"	Deletion/Revision
18	p. 17-18, IV, B. "Medicare Marketing Material" Section	3. After "Claims payment/denial notices" ADD " (coverage/denial notices)" 5. After "Authorization/referral forms" ADD" – where applicable".	Addition

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19	In the old App, Medicare Health Benefits, p. 12	Need to delete section on "Emergency & Urgently Needed Care" because this does not apply to MSA plans.	Deletion
20	p. 15, "Medicare Health Benefits" Section, "On-Site Documentation" Section	2. After "Policy manual of procedures for health professionals" Need to ADD" – where applicable"	Addition
21	p. 15, "Medicare Health Benefits" Section, "On-Site Documentation" Section	4. After "Authorization and referral forms for commercial and Medicare, if different" Need to ADD "and where applicable."	Addition
22	p. 16, "Marketing Strategy," I.C.	C. "Submit policies and procedures for informing staff on changes in provider (DELETE "and pharmacy") networks"	Deletion
23	p. 17, "Enrollment & Disenrollment" Section	e. Add "FEHB"	Addition
24	p. 17, "Enrollment & Disenrollment" Section, A, 1, f.	Need to Add: "Note that such individuals are excluded from enrollment in an MA MSA plan. Also note that should an MA MSA plan enrollee become working aged after enrollment, disenrollment is required."	Addition
25	p. 9, Continuation Area	Need to ADD "Continuation Area" Section to show same as CCP application.	Addition
26	p. 14, "Compliance Plan" Section	Need to ADD section to show same as CCP application.	Addition
27	p. 2, MSA Application	Need to Add the following question, "Does Applicant Currently Operate an 1876 Cost Plan?"	Addition
28	p. 2, MSA Application	Delete request for "Signature, Board Chairman"	Deletion
29	p. 17, MSA Application	Need to insert "Claims" Section	Addition