

**TIMELINE OF KEY ACTIVITIES FOR THE MEDICARE ADVANTAGE
APPLICATION REVIEW PROCESS**

Activity	Description	Due Date
Application Submission	MAG is anticipating approximately 700 MA applications and 900 special needs plan (SNP) Proposals. This is a two-fold increase over the volume received last year.	March 12
Application Intake	This process involves receipt, logging and tracking all applications into the Health Plan Management System (HPMS), and the assignment of each application to a review team. Precise coordination between 10 Regional offices (RO) and various Central Office (CO) components is of the essence. The above functions are currently manual and paper driven processes, which are scheduled to be automated in 2008.	March 12-16 (1 week)
Application Review	This process involves an intensive review of all applications. Multiple review teams (between RO and CO) evaluate all applications for completeness and appropriate evidence that each requirement is met. Complex analyses are provided in the following areas: provider network, contracting, financial solvency, clinical assessments for SNP model of care. Review teams request from the applicant additional or missing information and conduct on site visits as necessary. Typically, an application has some incomplete information, and reviewers work closely with applicants by providing technical assistance to ensure that appropriate evidence is submitted. Reviewers also work closely with state agencies for state licensure issues. (Note: Many new applicants are completing the state licensure process as the application review continues).	March 19-May 18 (8 weeks)
Conditional Approval and Notice of Intent to Deny Letters	This process involves developing and issuing conditional approval letters or notice of intent to deny letters to applicants. The letters are individualized and specifically identify application deficiencies or conditional approval language. Reviewers continue to provide technical assistance during the review process which allows applicants to cure deficiencies in accordance to MA regulations. Note: It is CMS' goal to approve all applications before BID submission, which is June 4 .	May 21- June 1 (2 weeks)
Appeals Process	Applicants that have been deemed by CMS as not being qualified to enter into a contract with CMS under the Medicare Advantage program have the right to request reconsideration from CMS. An applicant must file its request for reconsideration within 15 days from the date of notice of the initial determination. If the denial stands, than the applicant can appeal to a hearing officer within 15 days from CMS notice that the denial is upheld. A favorable redetermination is necessary by July 15 to qualify for a contract effective January 1 of the upcoming year.	June 4- July 15th (1 month)
Bid Review and Approval	This process involves evaluating cost-sharing charges in all plan benefit packages, negotiating high cost-sharing charges with MA applicant, evaluating explanatory notes in plan benefit packages, and establishing a pricing benchmark for each MA region. All bids should be approved by mid August. Note: This process is happening simultaneously with application appeals process. Information on approved bids is due mid August to print the Medicare & You Handbook.	June -August (2 months)
Contracts Signed	All applicants that have been approved for a Medicare managed care contract must submit signed contracts and benefit attestations to CMS. CMS will execute and mail the contracts back to the applicants by late September.	September (3 weeks)