

## HIGH LEVEL SUMMARY OF KEY CHANGES BETWEEN THE 2008 PART C APPLICATIONS AND THE 2009 PART C APPLICATION.

\*Includes changes from the 2008 Part C applications.

\*The Industry comments received during the 60 or 30 day comment period created no substantive changes to the 2009 MA application. However CMS internal policy changes created substantive changes.

### FORMAT, STRUCTURE, SUBMISSION CHANGES:

<u>In the 2008 Application</u>	<u>For 2009 Application</u>	<u>Justification for Change</u>
CMS requested all application material to be submitted in hard copy form.	All application materials will be submitted through HPMS.	Automation- Increases document integrity, controls for human error and promote application reviewer consistency.
The guidelines and all 5 Part C applications (CCP Initial, PFFS initial, MSA Initial, RPPO Initial, and a SAE application) were separate documents.	All applications and guidelines have been consolidated into one Master Application.	The creation of a Master Application eliminates the duplication of questions, and materials, makes it easier to manage and update applications, and it will simulate the application automation module that is being developed in the Health Plan Management System (HPMS).
The applications were divided by specialty sections.	The Master application has been redesigned and divided into 6 major parts: General Information, Initial, Service Area Expansion, Special Needs Plans, Instructions for Completing forms, Summary of Requested Documents, and CMS Regional Office Contact.	Easier for automation; Allows application to identify the sections pertaining to a specific application.
The applications contained many open ended questions and requests for a narrative description.	Revised the application format. The format of the application has been changed (for the most part) to a question and attestation formation.	Easier to automate, decreases the amount of time applicant will spend in completing and submitting the application, and expedites the application review process.

**SUBSTANTIVE CHANGES:**

<b><u>In the 2008 Application</u></b>	<b><u>For 2009 Application</u></b>	<b><u>Justification for Change</u></b>
Organizations were allowed to offer new SNP plans	<b>Special Needs Proposal (SNP) Section (Part 4):</b> Insert a note stating that CMS is not accepting any Special Needs Plans (SNP) proposals. The application system in CMS' HPMS will not be available to applicants to upload SNP proposal applications.	On December 29, 2007, the President signed into law the Medicare, Medicaid, and SCHIP Extension Act of 2007 [42 U.S.C. 1395w-21(b)(1) and (2) of the Social Security Act]. Section 108 of the statute extended the SNP enrollment authority to December 31, 2009, with a moratorium on all SNPs and SNP enrollment expansion. The statute precludes the designation of MA plans to SNPs after January 1, 2008. In addition, the statute does not allow further SNP enrollment expansion for the 2009 MA contracting year except in the SNPs' service areas which were open for enrollment on January 1, 2008.
-----	<b>SNP Section (Part 4):</b> Added language requesting that applicants include all information in the proposal and not in attachments.	This will expedite CMS review of the SNP proposal.
-----	<b>SNP Section (Part 4):</b> Added the Pre-enrollment verification.	This policy is new for 2009.
CMS requested applicant to list reason why a beneficiary is not part of the targeted enrollment.	<b>SNP Section (Part 4):</b> Deleted the element pertaining to the applicant listing reasons why a beneficiary is not part of the targeted enrollment.	This information is not vital to the approval or denial of a SNP proposal.
	<b>SNP Section (Part 4):</b> CMS combine the separate model of care sections into a new model of care section.	This change was needed to stream line the application.
-----	<b>HIPAA Section:</b> Data use Attestation.	This Data Use Attestation was created ensure the current and potential Medicare managed care organizations restrict its use and disclosure of Medicare data obtained from CMS to purposes

		directly related to the administration of the Medicare managed care/and or outpatient prescription drug benefits for which it has contracted with CMS to administer.
	<b>HIPAA Section:</b> Created an attestation concerning a Medicare managed care organization agreement to report any offshore contracting/subcontracting activities to CMS by the last day in September of any given year.	This attestation was created in response to request from the General Accounting Office (GAO) and a report that GAO. GAO-06-676.
The term “subcontractor” was not defined.	<b>Through document:</b> Include the words (first tier, downstream, and related entities) in parenthesis behind the word subcontractor.	The CMS-4124-FC regulation (Compliance Rule) gave definition to the word subcontractor.
-----	<b>Compliance Plan Section:</b> Added language requiring the MAO to extend compliance training to subcontractors (first tier, downstream and related entities), and all compliance plans to include voluntary self-reporting of fraud or misconduct.	The CMS-4124-FC regulation (Compliance Rule) mandated these changes.
	<b>Contracts Agreements Section:</b> Added language that extends CMS audit provision to include medical records and documentation involving transactions related to CMS contract with the MA organization. Also include language authorizing CMS the right to inspect subcontractor’s books, contracts, records, medical records or any documentation related to the Part C contract.	The CMS-4124-FC regulation (Compliance Rule) mandated these changes.

**STREAMLINING CHANGES:**

<b><u>In the 2008 Application</u></b>	<b><u>For 2009 Application</u></b>	<b><u>Justification for Change</u></b>
<b>General Information:</b> Summary Table	Deleted	CMS is no longer collecting this information. This information is not vital to the application approval or denial process.
<b>General Information: Key Management:</b> Request for Management tables outlining the chain of command	Deleted	We are longer collection this information. Reviewer can request this information through site visits.
<b>General Information: Key Management :</b> Resumes of Key management staff	Deleted	CMS is no longer collecting this information. This information is not vital to the application approval or denial process.
<b>General Information: Key Management:</b> Communication reports that show the coordination between physicians, the board, the Medical Director, and key management.	Deleted	CMS is no longer collecting this information. This information is not vital to the application approval or denial process.. Such information can be collected on during site visits.
<b>General Information: Communication with CMS:</b> Written description of applicant' management information system	Deleted	CMS is no longer collecting this information. This information is not vital to the application approval or denial process.
<b>Organizational and Contractual:</b> Written description of applicant's organization under state law	Deleted	CMS is no longer collecting this information. This information is not vital in determining the approval of denial of an application.
<b>Health Services Management:</b> Written description of applicant 's record keeping system	Deleted	CMS is no longer collecting this information through the application process. Such information can be gathered during a site or monitoring visit.
<b>Health Services Management:</b> Copies of tools used for assessing enrollee's health care needs.	Deleted	CMS is no longer collecting this information. This information is not vital to the application approval or denial process.

<p><b>Marketing:</b> Submission policies and procedures for sales staff.</p>	<p>Deleted</p>	<p>CMS is no longer collecting this information through the application process. Such information can be gathered during a site or monitoring visit.</p>
<p><b>Marketing:</b> Written descriptions of enrollment and disenrollment procedures.</p>	<p>Deleted</p>	<p>CMS is no longer collecting this information through the application process. Such information will be collected during a site visit or monitoring visit. CMS has created a series of attestation questions concerning Enrollment and Disenrollment.</p>
<p><b>Marketing- Claims:</b> List of claim denial codes</p> <p><b>SNP Section:</b> <b>Model of Cal sections</b></p>	<p>Deleted</p> <p>Combined the separate model of care sections into 1 section.</p>	<p>CMS is no longer collecting this information. This information is not vital to the application approval or denial process.</p> <p>This change was made to eliminate duplication of information.</p>