INDUSTRY COMMENTS PART C-2009 APPLICATION COMMENT MATRIX (60-day comment period)

ORG. NAME	COMMENT Number	Page Number	Part	Section Number/ Header	Comment	Suggestion (Insert, Delete, or Revise)	CMS RESPONSE (ACCEPT, DENY, CLARIFY, UNDER CONSIDERATION)
Coventry	**1**	7	1	5. Health Plan Management System (HPMS)	We applaud CMS' decision to move to electronic submission of the MA applications for 2009. We believe this is a great step forward in simplifying the application process while creating a more streamlined, efficient approach for Medicare Advantage organizations.		No response is required.
Coventry	**2**	28	2	1.13.2 Enrollment, Disenrollment, and Eligibility	Element 19 -	Delete "disembroils" and insert "disenrolls"	Accept.
Coventry	**3**	39	3	3.1.B Access to Services	Include more information on what CMS is looking for in this element. A verb appears to be missing after "will" and prior to "CMS'"	insert "implement" after will	Accept. We have revised this sentence to read as The word "a description on how the applicant will **implement**….CMS's …
Coventry	**4**	40	2	3.3.5 Payment provisions	We would appreciate the addition of clarifying language around what CMS expects in this element.		We have deleted this element, and used clarifiying language in the other 4 elements.
Coventry	**5**	49	2	5.1.5.3.a Health Services Delivery		Delete "that is" after Policies	Accept.
Coventry	**6**	56	4	1 General Guidance for Special Needs Plans	March 10, 2007 date is confusing; perhaps this was meant to be March X 2008.	Clarify date	Accept. This date has been corrected. The date now reads: March 10, 2008
Coventry	**7**	55	4	1 General Guidance for Special Needs Plans	We encourage CMS to consider moving to a more fully automated process for the SNP application process in the future.		CMS will consider automating the SNP proposal section for the 2010 application season.
AHIP	**8**	-	-	-	We recommend that CMS provide a streamlined application process to address the circumstance in which a Cost Plan that also has a contract as a Part D Plan sponsor decides to non-rene its Cost Plan contract and apply to become a MA-PD sponsor. Under such a process, where the information provided in the Cost Plan's previous approved Part D application continues to be correct, we recommend that the organization be permitted to complete only the Medicare Advantage application (Part C application), and provide through an attestation confirmation that the information in the previous Part D application remains accurate. We also recommend that the organization be permitted to request to request continuation of some or all waivers approved for the existing Part D contract based upon an attestation that the circumstances supporting the waiver (2) still apply. We believe this approach would permit CMS to ensure that organization continues to meet the qualifications for its Part D contract through a process that avoids duplicative work for both the organization and CMS.		For 2009 this would require development of a new "conversion" application. This comment has been forwarded to the appropriate divisions within CMS and we will take this under advisement for 2010.

United/Ovations	**9**	All	All	All	Ability to test an HPMS application upload prior to the time the Final Applications are released in order to determine resource and staffing needs.	Since the 2009 applications are now to be entered into HPMS for the first time, we would like to request the ability to enter a "test" application in Nov. or Dec of 2007 in order to determine the amount of time it will take to upload an application and to determine the number of resources/FTE's that will be needed in order to meet the CMS deadline once the Final 2009 Applications are made available and the HPMS gates are opened.	Deny. Applications will be posted on January 23, 2008 with submissions due six weeks later on March 10, 2008. During that six weeks, applicants have access to technical assistance for both HPMS uploads and application content, and have multiple opportunities to submit during this period. Most fundamentally the timelines for the release of the HPMS module is too tight to accomodate this.
United/Ovations	**10**	All	All	All	United's Master Application	In the past United has been CMS approved to submit a Master Application each year which included those responses which would be the same in each of our individual applications. Examples include but are not limited to Legal 1 tables, Business Integrity Disclosure Statements (if any) Position Descriptions, Organization charts, Audited Financial Statements, Delegated Administrative Services/Management Contracts and the corresponding matrix. We would like to be able to continue to submit these documents once for all our applications to which they pertain rather than to submit them individually for every contract number.	For 2009 this would require a major redesign of the pending automation module in HPMS which will take months to create. This comment has been forwarded to the appropriate divisions within CMS and we will take this under advisement for 2010.
United/Ovations	**11**	8	1	General MA Instructions	CMS only permits Yes and No answers to questions. Opportunity should be given to provide additional information where the answer is not an unqualified yes.	Revise	Deny.
United/Ovations	**12**	10	1	Protecting Confidential Information	The application discusses when information is considered exempt from production under FOIA. The application misstates the relevant regulation at 45 CFR 5.65(b)(4). The regulation requires only that disclosure "may" impair the government's ability to collect information, not that it "is likely to" impair the collection. Further, the regulation also precludes disclosure where disclosure would impair other government interest. This rational is absent from the application	Revise and Insert	Accept. We have deleted the references "likely to" and replaced it with "might".
United/Ovations	**13**	21	2	1.10 Contracts for Amin. & Mgmt Services	Some attestations are worded as if the functions are entirely delegated whereas we may have both owned and some delegation of certain functions.	Reword attestations to be similar to Attestations 1 and 6 which speak to any or a portion of that function being delegated rather than it will be entirely delegated.	Accept. The attestions now reads as "all or a portion of".

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United/Ovations	**14**	26	2	Medicare Operations Question 5 - bullet Point 8	This bullet point requires that call center provide service to non-English speaking and hearing impaired beneficiaries. The language with respect to providing service to non-English speaking beneficiaries as written is too broad. We are required to take "reasonable steps" to provide service to non-English speaking. Accordingly, our call center will provide service to non-English speaking in accordance with CMS regulations and established policy	We suggest revision to state: "Call center provides service to non-English speaking consistent with applicable laws and regulations and established policy.	Accept.
United/Ovations	**15**	39	2	Section 3.1 B. Access to Services	Second paragraph: a word is missing. "…a description on how the applicant will….CMS's ...	Revise	Accept. The word "implement" was missing. We have revised this sentence to read "…a description on how the applicant will **"implement"**….CMS's …
United/Ovations	**16**	40	2	MSA Question 1	Question asks whether the applicant operates a commercial HSA account. Does CMS want to know more broadly about our HSA experience, which might be by others than the applicant?	Revise	Deny. CMS simply wants to know if the applicant currently operates health savings account plans or MSA plans. The response would be YES or NO.
United/Ovations	**17**	41	4.3.1	Claims System & Payment Question 1	We must attest that we will use a claims system that has been tested. The question is vague as to whether the system needs to be tested prior to going live or prior to the application. The underlined langauge should be changed to that will have been. Also delete the word has. This change is significant because our current system has an issue paying as Medicare pays.	Revise	Accept. This question has been revised to state that "the system must be tested prior to submitting the application".
United/Ovations	**18**	44, 51	3	CCP State Licensure Question 2; RPPO Question 4.	CMS asks us to certify whether we are under "some type of supervision" by the State. This is vague. Suggest question be limited to corrective action plan or special monitoring by the state.	Revise	Accept. The language now reads "some type of supervision (i.e., correction action plan, special monitoring, etc…).
United/Ovations	**19**	55-89	4	Solicitation for Special Needs Plan Proposal Plan	Adding previously approved SNP(s)under Existing Medicare CCP Contract - Service Area Unchanged	Revise requirements so that if the Applicant is planning to add any of its already approved baseline SNPs to an Existing Medicare CCP contract -Service Area Unchanged , a SNP proposal does not need to be submitted	Deny. However, CMS will consider this for the 2010 application cycle
United/Ovations	**20**	55-89	4	Solicitation for Special Needs Plan Proposal Plan	Including previously approved SNP(s) as part of a Service Area Expansion (SAE) Application	Revise requirements so that if the Applicant is planning to add any of its already approved baseline SNPs as part of a 2009 Service Area Expansion Application, , a SNP proposal does not need to be submitted	Deny. However, CMS will consider this for the 2010 application cycle
United/Ovations	**21**	55-89	4	Solicitation for Special Needs Plan Proposal Plan	Including previously approved SNP(s) as part of seeking a New Medicare Coordinated Care Plan	Revise requirements so that if the Applicant is planning to add any of its already approved baseline SNPs to a 2009 New Application seeking a new contract number , a SNP proposal does not need to be submitted	Deny. However, CMS will consider this for the 2010 application cycle

United/Ovations	**22**	77	SNP Proposal	C.2.b "Provide the procedure the applicant will utilize to verify eligibility of the severe or disabling chronic condition(s) for enrollment in the SNP."	CMS states in the NOTE section just below this question that no CMS files exist which can determine SNP eligibility. Additionally, this NOTE directs the MAO to obtain a release to verify a condition or to submit a chronic illness pre-qualification tool for approval. However, this note does not fully contemplate ESRD-only SNPs for 2 reasons. First, per the CMS May 1, 2007, Memo - "Bidding, Enrollment and Payment Policies for Exclusive ESRD SNPs in 2008," MAOs may accept a copy of the 2728 form as proof of ESRD status for enrollment into an ESRD-only SNP. Additionally, CMS maintains an ESRD flag which could be utilized to verify that a member has ESRD. If an ESRD flag is present, ESRD-only SNPs could be allowed to accept this as proof of the illness when used in conjuction with the pre-qualifcation tool. Current guidance does not support utilization of the ESRD flag for this purpose.	That CMS incorporate special guidance/question/or instruction for ESRD-only SNPs which acknowledges, per previous guidance, that a 2728 may serve as an alternative form of proof of eligibilty for ESRD-only SNPs. Additionally, CMS should allow ESRD-only SNPs the option to accept the CMS ESRD flag as confirmation of ESRD when used in conjuction with the pre-qualification tool. ESRD-only SNPs would therefore have 3 ways to detemine/confirm plan eligiblity: 1) note from provider; 2) 2728 form; 3) pre-qualification tool w/post-enrollment verifcation by provider OR CMS ESRD flag. These options would be in-line with the capability of CMS systems.	Accept in part: The organization may use the 2728 form as an alternative form of proof of eligibility for ESRD SNPs. However, we do not agree a plan can use the CMS flag to confirm. The ESRD flag in our system is not an eligibility flag, but rather more of a payment flag. The ESRD flag does not capture whether the individual has ESRD at that particular point in time. Per the May 31, 2007 guidance on the Pre-enrollment Verification option, if the plan chooses to use a pre-enrollment qualification tool, the plan must conduct post-enrollment confirmation with the enrollee's physician or other provider. If the plan simply used the pre-enrollment tool + used the flag, the physician/provider confirmation of the status could be skipped entirely. We maintain that verification by a provider of the individual's ESRD status is necessary.
HealthNet	23	many	many	many	Please do a universal spell check and change "disembroil-ed-s-ing" to "disenroll-ed-s-ing	Revise both Part C & D	Accept.
HealthNet	24	3	TOC	Part 2	There is no "section 3" moves from Section 2 to Section 4.	Revise	Accept. This TOC has been corrected.
HealthNet	25	3	TOC	Part 4	Please add "attachment J" page ref 94	Insert	Accept.
HealthNet	26	3	TOC	Part 4	Please be consistent in use of "Part" and "Section"	Revise	Clarification. For 2009 we chose not to automate or change the format of the SNP proposal section due to time, therefore this section appear is written differently.
HealthNet	27	4	TOC	Part 6	Please add it to the TOC with title and page numbers	Revise	Deny. Part 6 is just a summary of all the documents/files CMS requested for submissioin thoughout the entire application.
HealthNet	28	13	2	Section 1.3 State Licensure	At question 1, bullet 1, please clarify use of "and/or" when requesting state vs. CMS certification.	Revise and clarify	Clarification. Some states refuse to complete the state certification form, there fore (in such situation) we request that the application submit a copy of its state licensure.
HealthNet	29	18	2	1.9 A. Provider Contracts & Agreements	This section of the Part D applications has an adequacy check. Will the same be true of this section?	Clarify	Deny. An adequacy check is not required in the Part C applications.
HealthNet	30	40		4. Medical Savings Accounts	First Note - "can not" should be "cannot"	Revise	Accept.
HealthNet	31	44	3	1.2 State Licensure	Question 1, second bullet - please make your instruction conform to the same instruction on page 13, 1.3, question 1, bullet 1.	Revise	Accept.

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HealthNet	32	46	3	1.3 Provider Contracts & Agreements	B, C, D & E - As in other sections, shouldn't these be updated through HPMS? (Reference Part 2, Section 1.9) Also, B & E are new - Does CMS use "appendix" and "attachment" interchangeably? If so, please use the same term throughout the document.	Revise and clarify	Clarification/ Accept revision. Items B, C, D, & E are not new documents. You will submit these documents via HPMS. CMS has provided you a template. However will will make the language in 1.3 consistent with the language in Part 2 section 1. We delete all references to "appendix".
HealthNet	33	51	3	2.1 State Licensure RPPO	At question 1, bullet 1, please clarify use of "and/or" when requesting state vs. CMS certification.	Revise	Clarification. Some states refuse to complete the state certification form, there fore (in such situation) we request that the application submit a copy of its state licensure
HealthNet	34	56	4	1. General Guidance on completing SNP Proposal	First paragraph, line 3, Did CMS intend the date to be March 10, 2008?	Revise	Accept.
HealthNet	35	58	4	1. General Guidance on completing SNP Proposal	May multiple SNPs be submitted on the same proposal, I.e. All Dual, Full Dual, Chronic and Institutional, without the use of a crosswalk?	Clarify	Deny: It is not clear what the commenter is asking. In the SNP proposal each type of SNP has a distinct template that must be completed so an applicant cannot submit three different types of SNPs in the same template. If the MAO is submitting a request for a Dual eligible SNP and would like a SNP for a full and an all dual SNP they need to follow the instructions at the beginning of Section IV. If the MAO wants to submit SNP proposals across multiple contracts the SNP solicitation contains explicit instructions in Section II. D and to utilize this process the MAO must complete a crosswalk.
HealthNet	36	103	5	2.4 Instructions for CMS Provider	Column Explanations, 1. Member Physicians, acronym for Doctors of Osteopathic Medicine should be "(D.O.)"	Revise	Accept.
Gorman Health Group	37	6		CMS Supporting Statement to OMB	The budget amount for CMS review shows an amount of $3000 for site visits to applicants. Will this site visit review actual operational readiness? If so, what is the latest date that site visits will occur to allow for a determination that a health plan demonstrates operational readiness so that marketing can begin on time for the annual election period?		Clarification. CMS is considering many factors in determing site visists for the 2009 application season and contract year.
Gorman Health Group	38				Will these site visits be limited to new plans only or will other factors be considered for making site visits?		Clarification. CMS is considering many factors in determing site visists for the 2009 application season and contract year.