09/14/2009

# High-Level Summary of Part C Application Revisions from 6/26/2009 to 8/26/2009 Comment Period

| Revision | Purpose of the Revision | 2011 Part C Application | Application Section | Category | Level of Applicant Burden *I = Increases burden* *D – Decreases burden* *N – No Change* |
|---|---|---|---|---|---|
| **General Information and Instructions** | | | | | |
| 1. Verified URL links | URL verification will ensure that applicants have access to the most current reference cited. | Section 1- General Information | 1.2- Types of MA Products<br><br>1.3- Important References<br><br>1.4- Technical Support<br><br>1.6- Submit Intent to Apply<br><br>1.7- Additional Information | Internal Comment | N |
| 2. Deleted the "PSO" application type | CMS does not accept PSO applications; these organizations must apply as HMOs. | Section 1- General Information | 1.2- Types of MA Products | Internal Comment | N |
| 3. Updated contact information for regional staff<br>• Advised applicants that they should contact Central Office for application guidance while preparing the application and the Regions only for very specific things in response to their deficiency letters. | Updated contact information for regional staff will ensure that the applicant has the most current information. Additionally, the format for the regional office contact information was standardized to ensure readability. | Section 1- General Information | 1.4- Technical Support | Internal Comment | N |
| 4. Revised language in the HPMS instructional section | Revised HPMS instructions will help the applicant better understand the expectations of this data system.<br><br>The revised language says, "Applicants must promptly enter organizational data into HPMS and keep the system accurate. This ensures that CMS has | Section 1- General Information | 1.5- Health Plan Management System (HPMS) | Internal Comment | N |

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| | timely information and is able to provide guidance to the appropriate contacts within the organization." | | | | |
| 5. Revised language in the Submit Intent to Apply instructional section | Revised language in the "Submit Intent to Apply" instructional section will help the applicant better understand the process.<br><br>The revised language adds the word, "contract number" to the phrase "MAO number." | Section 1- General Information | 1.6- Submit Intent to Apply | Internal Comment | N |
| 6. Revised language to the Withdrawing a Pending Initial and Service Area Application Requests section<br>• The language in the section was revised to say, "Applicant organizations seeking to withdraw an entire pending application or seeking to withdraw counties from a pending application's service area must submit a written request to such effect on the organization's letterhead and signed by an authorized corporate official by May 21, 2010 (tentative date). Zip code withdrawal requests must likewise be requested through a written | Revised language in this instructional section will help the applicant better understand the process, especially as it relates to withdrawing zip codes. | Section 1- General Information | 1.9- Withdrawing a Pending Initial and Service Area Application Requests | Internal Comment | N |

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| request by an authorized official, though must be submitted to CMS by April 5, 2010 (tentative due date for an organization's response to the application deficiency email). Additionally, any applicant seeking to withdraw zip codes (rendering their application a "partial-county" request) must also submit through HPMS a partial county justification as explained in the application instructions." | | | | | |
| 7. Revised language and format of the application | Revised language in the Overview (section 2.1) and Types of Application (section 2.5) instructional sections will help the applicant better understand the expectations of the application. | Section 2 - General Instructions | 2.1- Overview<br><br>2.5- Types of Applications | Internal Comment | N |
| 8. Revised Chart 1 to include "MSA Demo" column under the SAE Application type | Revisions to Chart 1 will ensure the applicant understands which sections of the Part C Application to complete. | Section 2 - General Instructions | 2.6- Chart of Required Attestations by Type of Applicant | Internal Comment | N |
| **Attestations** | | | | | |
| 9. Deleted duplicative attestations that require the applicant to upload required information into the HPMS<br><br>• Attestations will be | In efforts to streamline the application process and minimize burden to the applicant, CMS deleted Attestations that require the applicant to upload specific required information into the HPMS. | Section 3- Attestations | 3.9- CMS Provider Participation Contracts & Agreements<br><br>3.10- Contracts for | Internal Comment | D |

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| streamlined to read:<br>• "Applicant attests that all contracts within this provision meet all requirements and CMS regulations under 42 CFR 422.504…"<br>• "Applicant agrees that all provider and supplier contracts or agreements contain CMS required contract provisions that are described in the [insert title of the upload template] Matrix template." | | | Administrative & Management Services<br><br>3.13 - Medicare Operations<br><br>3.29- MSA Demonstration Addendum | | |
| 10. Deleted duplicative attestation<br>• Section 3.9A Attestation # 8 was deleted<br>• Section 3.13A Attestation #12 was deleted<br>• Section 3.14 Attestation #2 was deleted<br>• Section 3.14 Attestation #1 was revised to include the following: Identify the amounts payable by those payers; Coordinate its benefits or amounts payable with the benefits or amounts payable by the primary payers." | CMS reviewed duplicative attestations and deleted those that were redundant. This will help streamline the application process. | Section 3- Attestations | 3.9- CMS Provider Participation Contracts & Agreements<br><br>3.13A- Medicare Operations<br><br>3.14- Working Aged Membership | Internal Comment<br><br>Public Comment | D |

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| 11. Revised attestation language for grammatical errors and stylistic standardization | CMS strives to ensure consistent and grammatically correct language through the application. | Section 3- Attestations | 3.10- Contracts for Administrative & Management Services<br><br>3.11- Health Services Management & Delivery<br><br>3.12- Quality Improvement Program<br><br>3.13B- Medicare Operations | Internal Comment<br><br>Public Comment | N |
| 12. Revised language in all attestations to include the phrase "has submitted in the HPMS", where applicable | Revised language will help the applicant better understand the expectations for each attestation. This will reinforce CMS' desire to have the applicant attest that s/he has submitted the required information in the HPMS system. | Section 3- Attestations | Throughout the document | Internal Comment | N |
| 13. Deleted attestations and instructions that required the submission of maps | CMS will no longer require applicants to submit maps. The maps will be generated by CMS based on data submission from the applicant. | Section 3- Attestations | Throughout the document | Internal Comment | D |
| 14. Revised the legal language of the attestations to ensure clarity<br><br>• Section 3.5 Attestation #3's note will be revised to say, "These requirements cannot be delegated to a subcontractor (first tier, | Language revisions will help the applicant better understand the purpose of the attestations. | Section 3- Attestations | 3.5- Compliance Plan<br><br>3.20- HIPAA | Internal Comment | N |

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| downstream, and related entities). The applicant's compliance officer must be an employee of the applicant…"<br>15. Section 3.20 Attestation #7 will be revised to say, "Applicant agrees not to use any part of an enrollee's Social Security Number (SSN) or Medicare ID Number on the enrollee's identification card" | | | | | |
| 16. Revised language to the State Licensure section<br>• CMS revised Attestation #4 to read, "For states or territories whose license(s) renew after the first Monday in June, Applicant agrees to submit the new license promptly upon issuance. Applicant must upload into the HPMS no later than the final upload opportunity a copy of its completed license renewal application or other documentation that the State's renewal process has been followed (e.g., invoice from payment of renewal fee) to document that the renewal process is being completed in a timely | Revised language will help the applicant better understand the expectations for each attestation. | Section 3- Attestations | 3.3A – State Licensure | Internal Comment | N |

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| manner.<br>• Section 3.3A Sub-Section B is revised to require the applicant to submit the following documents in the HPMS system: State Licensing Certificate (executed copy)<br>o CMS State Certification Form (signed and dated by appropriate State officials)<br>o State Corrective Plans / State Monitoring Explanation (as applicable)<br>o State Approval for d/b/a<br>• Duplicative notes were also removed | | | | | |
| 17. Deleted duplicative note sections that are already presented in the attestations<br>• Deleted the "Note" section since it repeats attestation #1 in section 3.5A<br>• Deleted the "Note" section since it repeats attestation #3 in section 3.8A | The removal of duplicative notes will help streamline the application process. | Section 3- Attestations | 3.3A- State Licensure<br><br>3.8A- Service Area | Internal Comment | N |

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| | | | | | |
| 18. Revised format for several sections of the application<br>• Added subpart B to the Fiscal Soundness attestation topic (3.7)<br>• Re-bulleted section 3.3A and 3.3B | Applications that have a standard format will help the applicant easily navigate each section with greater ease. | Section 3-Attestations | 3.3- State Licensure<br><br>3.7- Fiscal Soundness | Internal Comment | N |
| 19. Revised language for the CMS Provider Participation Contracts & Agreements attestations<br>• Inserted the word “currently” into the attestations for 3.9A<br>• Revised the “Note” section to read, “As part of the application process, Applicants will need to provide signature pages for provider contracts that the CMS reviewers select. Reviewers will provide specific instructions during the application review.” | Language revisions will streamline the application process and provide clearer guidance to the applicant. The addition of the word “currently” will help reemphasize this requirement for all of the attestations in this section. | Section 3-Attestations | 3.9A- CMS Provider Participation Contracts & Agreements | Internal Comment | N |
| 20. Revised language in the introductory paragraph for the Contracts for Administrative & Management Services attestation topic<br>• CMS deleted the sentence that starts with: "Effective January…42 CFR 422.504(g)(1)." | Revised language will help the applicant better understand the purpose of this attestation topic. | Section 3-Attestations | 3.10- Contracts for Administrative & Management Services | Internal Comment | N |

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| | | | | | |
| 21. Added an exhibit to the Contracts for Administrative & Management Services attestation to demonstrate the Delegated Business Function Table | A visual representation of the Delegated Business function Table will help the applicant understand what this requirement will look like in the HPMS. | Section 3-Attestations | 3.10- Contracts for Administrative & Management Services | Internal Comment | N |
| 22. Revised language for the Health Services Management & Delivery section<br>• Section 3.10 table is revised. CMS deleted the sentence that starts with: "For all CCP…network." | Revised language will help streamline the application process and ensure that the applicant understands the purpose of this section. | Section 3-Attestations | 3.11- Health Services Management & Delivery | Internal Comment | N |
| 23. Revised language to the Communications between Medicare Advantage Organization and CMS section.<br>• Section 3.17 Attestation #5 now reads, "Applicant will submit enrollment, disenrollment and change transactions to CMS within 7 calendar days to communicate membership information to CMS each month." | Revised language will help the applicant better understand the purpose and timelines associated with the attestation. | Section 3-Attestations | 3.17- Communications between Medicare Advantage Organization and CMS | Internal Comment | N |

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| 24. Revised the subtitle for section 3.23 Access Standards to "RPPO Access Standards" | Revised subtitle section will help applicants understand that section 3.23 is only for RPPO applicants. | Section 3- Attestations | 3.23- RPPO Access Standards | Internal Comment | N |
| 25. Deleted the internal medicine category for section 3.23 | CMS recognizes the importance of categorizing different medical specialties appropriately. This revision will help applicants more easily answer the required attestations. | Section 3- Attestations | 3.23- RPPO Access Standards | Internal Comment | N |
| **HSD Instructions and Tables** | | | | | |
| 26. Revised HSD instructions, deleting technical language; guidance relating to technical language will be given at the training session and/or through the user guide | By deleting overly technical terms, the applicant will more clearly understand the HSD instructions. Moreover, the training session in October and user guide will provide the applicant with the necessary background information to complete the HSD tables. | HSD Instructions | | Internal Comment | N |
| 27. Provide additional training and guidance regarding HSD processes at the training session in October | CMS will provide training and guidance to process questions in October to provide detailed information. It is not appropriate to address these issues directly to the application. | HSD Instructions | | Public Comment | N |
| 28. Deleted HSD headers and requirements for tabs from the tables | The deletion of HSD headers will help streamline the automation process. This will aid applicants as they complete the HSD tables. | HSD Tables | All HSD Tables | Internal Comment | N |
| 29. Revised the term "gerontology" in HSD Table one to refer to "geriatrics" | The revision of the term geriatrics will help the applicant better understand the expectations of this area of medicine. | HSD Tables | HSD 1 | | N |

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| | Geriatrics is a branch of medicine that deals with the diseases of the elderly, and is a sub specialty of Internal Medicine requiring Board certification. On the other hand, gerontology is the scientific study of the process of aging and the problems of aging and is multidisciplinary. Social Workers, psychologists, Registered Nurses can obtain a PHD in gerontology and be considered | | | | |
| 30. Revised language to ensure that applicant will name the individual facility name and not the parent organization | This revision will help minimize the discrepancy between naming the individual facility or the parent organization. | HSD Tables | HSD 3 | Internal Comment | D |
| 31. Inserted a new column in HSD 2 to for contracted Hospitals | This revision to the HSD instructions require applicants to provide the NPI number for their contracted hospitals on HSD 2 when indicating which hospital their contracted physicians are privileged. This data is already collected on HSD 3. Therefore we do not expect this change to result in any significant administrative burden. The collection of this data will increase the efficiency and accuracy of our data processing and analysis. | HSD Instructions | HSD 2 | Internal Comment | N |
| **Uploads** | | | | | |

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| 32. Added a regulatory citation to Contracts for Administrative & Management Services Matrix | The addition of a regulatory citation will help the applicant refer back to an original reference document for additional questions. | Upload Templates | 4.3 | Internal Comment | N |
| 33. Revised the title of the upload documents to ensure they are consistently reference throughout the application | Consistent document naming will help the applicant more easily navigate the application. | Upload Templates | Throughout the document | Internal Comment | N |
| 34. Revised language in the Contracts for Administrative & Management Services Matrix template upload<br>• Recommend changing the word "should" to "must" since this is a requirement of the application. All applicants must provide the completed matrix. | Language revisions will help ensure that the applicant completes the requirements of the application. | Upload Templates | 4.3 | Internal Comment | N |
| 35. Revised the layout for the State Certification template upload; the instructions will now precede the form. | In efforts to streamline the application, CMS moved the instructions prior to the actual form. | Upload Templates | 4.5 | Internal Comment | N |

| Appendix I - Solicitations for Special Needs Plan Proposal | | | | | |
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| 36. Deleted pre-populated responses from the SNP application | In efforts to streamline the application, CMS removed pre-populated responses that might otherwise confuse the applicant. | Appendix 1 - Solicitations for Special Needs Plan Proposal | Appendix 1 | Internal Comment | N |
| 37. Revised instructions for the uploads section | Revised instructional language will ensure that these sections clearly identify which uploads needs to be completed and which ones are in place for guidance. | Appendix 1 - Solicitations for Special Needs Plan Proposal | Appendix 1 | Public Comment | N |
| 38. Revised language for the note for the D-SNP Service Area section<br>• The note now reads, "Applicant's proposed service area **must be equal to or less than** the counties included in the approved or pending State Medicaid Agency(ies) contract(s)." | This language revision will more clearly explain CMS' intentions. | Appendix 1 - Solicitations for Special Needs Plan Proposal | Appendix 1 | Public Comment | N |
| 39. Additional guidance to Models of Care will be conducted | CMS will conduct training and publish guidance on the SNP model of care that will clarify CMS expectations. | Appendix 1 - Solicitations for Special Needs Plan Proposal | Appendix 1 | Public Comment | N |

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| 40. Revised the Provider Network attestations<br>• The attestation will be separated into two attestations. The first attestation will answer the question, "does the enrollee contact in or out of network providers to schedule services" while the second will answer the question, "is the beneficiary required to notify the plan and/or inter disciplinary team?" CMS recognizes that plans may do one or the other but not both.<br>• CMS will require credentialing every 3 years, not annually, consistent with NCQA requirements. | The separation of attestations will provide additional clarification and help the applicant more clearly understand the purpose of each attestation.<br><br>CMS will follow NCQA requirements. | Appendix 1 - Solicitations for Special Needs Plan Proposal | Appendix 1 | Public Comment | N |
| **Appendix II - Employer/Union-Only Group Waiver Plans (EGWP) MAO "800 Series"** | | | | | |
| 41. Revised legal language to say, "No **other types** of plans will be offered to individual Medicare beneficiaries under this contract number." | This language revision will more clearly explain CMS' intentions. | Appendix II - Employer/Union-Only Group Waiver Plans (EGWP) MAO "800 Series" | Appendix 2 | Internal Comment | N |
| 42. Revised language to include a new paragraph with additional detail<br>• Additional information will be provided to say, "Applicant | Additional information will provide the applicant with greater detail and guidance to ensure that the applicant provides the required information. | Appendix II - Employer/Union-Only | Appendix 2 | Public Comment | N |

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| understands that dissemination/disclosure materials for its EGWPs are not subject to the requirements contained in 42 CFR 422.80 or 42 CFR 423.50 to be submitted for review and approval by CMS prior to use. Applicant also understands CMS reserves the right to review these materials in the event of beneficiary complaints or for any other reason it determines to ensure the information accurately and adequately informs Medicare beneficiaries about their rights and obligations under the plan. (Section 3.14.A.1 of the 2011 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)." | | Group Waiver Plans (EGWP) MAO "800 Series" | | | | |