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High-Level Summary of 2012 Part C Application Revisions from 60 day to 30 day Comment Period

Revision	Purpose of the Revision	2011 Part C Application	Application Section	Category	Level of Applicant Burden <i>I = Increases burden D – Decreases burden N – No Change</i>
General Information and Instructions					
1. High level edits to entire document including addition of missing words, capitalization, deletion of missing spaces and renumbering.	Clarity	Entire document	All Sections	Internal Comment	N
2. Changed “By responding “Yes”, the Applicant is committing that its organization complies with the relevant requirements as of the date the application is submitted to CMS” to “By responding “Yes”, the Applicant is committing that its organization complies with the relevant requirements as of the date the application is submitted to CMS, unless a different date is stated by CMS.” per CMS request.	Clarification that applicants are allowed to answer "NO" to any attestation within the Part C application. As part of the application review process, applicants are also given the opportunity cure any CMS defined application deficiencies.	Section 2- Instructions	2.1 Overview	Public Comment	N
Attestations					
3. Changed “MA plan” to “managed care product”.	To help streamline the application process and eliminate duplication.	Section 3- Attestations	3.3A.1- State Licensure	Internal Comment	N
4. Deleted reference to question numbers and replaced them with the words “the corresponding question”..	To streamline the application so that the electronic and paper applications will match. To avoid duplicating the same question for each type of applicant.	Section 3- Attestations	3.3 B, C, D, E, F, G – State Licensure	Internal Comment	N

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5. Added clarifying language: This attestation applies to the CCP Initial, RPPO Initial, PFFS Initial (network and non-network) and MSO Initial (network and non-network) plans.	To help applicants understand which sections of the application applies to their plan type.	Section 3-Attestations	3.5 A.1 – Compliance Plan	Internal Comment	N
6. Added clarifying instructions: This upload is required for PFFS Initial non-network application and MSA Initial non-network.	To help applicants understand which upload is required for its plan type.	Section 3-Attestations	3.5 B – Compliance Plan 3.5 C – Compliance Plan	Internal Comment	N
7. Removed “on site”.	Clarification.	Section 3-Attestations	3.9 CMS Provider Participation Contracts & Agreements #4	Public Comment	N
8. Added language “accept”.	To clarify the sentence.	Section 3-Attestations	3.13.B Eligibility, Enrollment, and Disenrollment	Internal Comment	N
9. Removed “and time”.	Clarification.	Section 3-Attestations	3.15 Claims	Public Comment	N
10. Reworded #2 to read “Applicant will ensure that all claims are processed promptly and in accordance with CMS regulations and guidelines.”	Clarification.	Section 3-Attestations	3.15 Claims, #2	Public Comment	N
11. Changed “MSA and MSA Demo Plans” to “MSA applicants”.	To update application to show expiration of MSA Demo Plans.	Section 3-Attestations	3.24, A. Access to Services	Internal Comment	N
12. Changed “MSA and MSA Demo Plans” to read “MSA Plans”.	To update application to show expiration of MSA Demo Plans.	Section 3-Attestations	3.25, A. Claims Processing	Internal Comment	N
13. Changed “(MSA and MSA Demo)” to read “(MSA)” in Header.	To update application to show expiration of MSA Demo Plans.	Section 3-Attestations	3.27, A. General Administration/Management Header.	Internal Comment	N

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HSD Instructions and Tables					
14. Revised 2012 HSD Instructions to display correct specialty coding as needed.	To update codes as needed.	HSD Instructions Part C-HSD Tables		Public Comment	N
15. Reduce the number of circumstances that an organization can request an exception under CMS HSD Exceptions process. The following items were eliminated: <ul style="list-style-type: none"> • There is an insufficient number of providers/facilities/beds in the county to meet the established minimum criteria for that provider/facility type. • No providers/facilities in the county that meet the specific time and distance standards in service area. 	CMS believes the pattern of care exception encompasses all of the other types – not intended to limit exceptions, just to eliminate confusion.	HSD Instructions		Internal Comment	N

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Uploads					
None					
Appendix I - Solicitations for Special Needs Plan Proposal					
16. Added the following paragraph: "All SNPs (new and existing) are required to submit a new SNP proposal".	CMS has believes having this information will help us better evaluation the quality of health care being offered across all SNPs.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Appendix 1 – Instructions	Internal Comment	I
17. Added "(Note: If an updated contract or contract amendment will be needed for the application year, applicant should go to question #3.)"	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Appendix 1, Section 6. D-SNP State Medicaid Agency(ies) Contract(s)	Public Comment	N
18. Language modified – "Assures maintenance and sharing of health care records in accordance to CMS regulations and policies.	Language modification to clarify.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Section 11 – Staff Structure and Care Management Roles #24.	Public Comment	N
19. Language modified – "Conducts targeted medical chart reviews as needed".	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Section 11 – Staff Structure and Care Management Roles #41.	Public Comment	N
20. Revised language to "Applicant has a network of providers and facilities through employed, contracted, or non contracted arrangements with	Clarification.	Appendix 1 - Solicitations for Special	Appendix 1, Provider Network and Use of Clinical Practice Guidelines, Item #1.	Public Comment	N

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specialized clinical expertise pertinent to the targeted special needs population. The provider network includes.”		Needs Plan Proposal			
21. Revised language to”Applicant provides access through contracted or employed relationships to a network of providers and facilities having specialized clinical expertise pertinent to the targeted special needs population. The provider network has the capability to...”	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Appendix 1, Clinical Practice Guidelines, Item # 18	Public Comment	N
22. Modified language to read: “Applicant has a mechanism in place that allows beneficiaries to notify the plan/and or interdisciplinary team for assistance in obtaining necessary services.”	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Section 11 Provider Network and Use of Clinical Practice Guidelines. Item #45	Public Comment	N
23. Change title of second section entitled “Health Risk Assessment” to “Health Risk Assessment to Communication Systems”.	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Second Section entitled “Health Risk Assessment” now entitled “Health Risk Assessment to Communication Systems”.	Public Comment	N
24. Changed “additional services” to “care management services”.	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Section 11, “Care Mgmt for the Most Vulnerable Subpopulations” Item #2.	Public Comment	N
25. Modified language to: “Applicant communicated the results of its model of care evaluation to all stakeholders as identified by CMS and SNP”	Clarification.	Appendix 1 - Solicitations for Special Needs Plan Proposal	Section 11 “Performance and Health Outcome Measurement”, Item #29	Public Comment	N

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<p>26. Added the following language to Section 14: "Note: Complete this section if the applicant is currently in contract negotiations with the State to amend or update an existing contract for the application year."</p>	<p>Clarification.</p>	<p>Appendix 1 - Solicitations for Special Needs Plan Proposal</p>	<p>Section 14 Heading</p>	<p>Public Comment</p>	<p>N</p>
<p>27. Added clarifying language to hard copy. "In order to optimally serve dual beneficiaries, applicants that provide both Medicare and Medicaid services as well as those that coordinate the Medicare and Medicaid services should be aware of the Medicaid network adequacy included access standards. Therefore, The description must contain....."</p>	<p>Clarification of instruction.</p>	<p>Part C, MA Application, Appendix I, SNPs</p>	<p>Section 14, #7 – State Medicaid Agency Contract Upload</p>	<p>Public Comment</p>	<p>D</p>
<p>28. Added a new line #27 "For each special needs plan, Applicants agrees to disseminate the results of the transitions of care analysis to the interdisciplinary care team." Also added Yes/No choice.</p>	<p>To show the importance of the requirement that all interdisciplinary team members are made aware of all transition activity and decisions.</p>	<p>Part C, MA Application, Appendix I, SNPs</p>	<p>Section 12 – Quality Improvement Program Requirements Item #27.</p>	<p>Public Comment</p>	<p>N</p>
<p>29. Added "(If Applicant is contracting with LTC Facilities)" after Instruction to provide a list of contracted long-term care facilities and added "(if applicable) next to Medicaid #" 30. Added an additional row for Applicant to designate "Name of Contracted LTC Facilities", "Medicare Provider # (if applicable)" and Facilities Address"</p>	<p>Clarification of Instruction.</p>	<p>Part C, MA Application, Appendix I, SNPs</p>	<p>Section 16 – I SNP Upload Document Item #2.</p>	<p>Public Comment</p>	<p>N</p>

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Appendix II - Employer/Union-Only Group Waiver Plans (EGWP) MAO "800 Series"

None

Appendix IV - Medicare Cost Plan Service Area Expansion Application

31. CMS requested change to "managed care product."	Consistency in language throughout document.	Appendix IV	8.2: Medicare Cost Plan Service Area Expansion Application Section A Item 1	Internal Comment	N
32. Change citation 422.412 to 417.412.	Correctness.	Appendix IV	8.1 Introduction	Public comment	N
33. Change citation 422.412 to 42 CFR 417.404.	Correctness.	Appendix IV	8.2 State Licensure	Public Comment	N
34. Deleted reference to question numbers and replaced them with the words "the corresponding question".	Consistency between electronic and paper applications.	Appendix IV	8. Appendix IV: Medicare Cost Plan Service Area Expansion Application 8.2, A. State Licensure	Internal Comment	N
35. Deleted "Further guidance is provided in Medicare Managed Care manual."	There is no guidance in the Managed Care Manual.	Appendix IV – Cost Plans	8.5, provision A.1 Contracts for Administrative & Management Services	Public Comment	N
36. Deleted "Part C" from the question.	Medicare cost plans are not Part C plans.	Appendix IV	8.5 Contracts for Administrative & Management Services Item #8	Public Comment	N
37. Removed entire sections 8.3, Cost Plans do not have a County Integrity Rule.	Does not apply to cost plans.	Appendix IV Medicare Cost Plan	8.3, Cost Plan Service Area	Public Comment	D

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		Service Expansion Application			
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