| **Revision** | **Purpose of the Revision** | | **2013 Part C Application** | **Application Section** | **Category of Comment** | **Level of Applicant Burden**  *I = Increases burden*  *D – Decreases burden*  *N – No Change* | | |
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| **GENERAL INFORMATION AND INSTRUCTIONS** | | | | | | | |
| 1. Editorial Changes | Clarification | All Sections | | All Sections | Internal | N | | |
| 2. Revised section 2.4: New and expanding SNPs must complete and timely submit a separate SNP proposal. Existing SNPs that require re-approval under the NCQA SNP Approval process should only submit their Model of Care written narrative and Model of Care Matrix Upload Document. These SNPs will not be required to submit any other portion of the MA application or SNP proposal, unless specifically noted (e.g., in the instructions for submission of contracts with State Medicaid Agencies). Please refer to s for specific instructions and details.  Existing Dual Eligible SNPs will need to submit a signed and executed State Medicaid Agency Contract in HPMS without submitting any other portion of the SNP proposal unless the existing D-SNP is changing its D-SNP subtype or applying for a Service Area Expansion. | Clarification from PRA comment | General Information | | Section 2.4 | 30 day | N | | |
| **ATTESTATIONS** | | | | | | | |
| **HSD TABLES or INSTRUCTIONS** | | | | | | | | |
| None |  | |  |  |  |  | | |
| **TEMPLATES** | | | | | | | |
| None |  | |  |  |  | |  |
| **SNP APPLICATION SECTION** | | | | | | | |
| Revised Instructions to read:  **Specific Requirements for Dual-Eligible SNPs:**  All 2013 Applicants seeking to offer a dual-eligible SNP must have a contract with the State Medicaid Agency(ies) from each state in which the SNP operates. This requirement applies to all initial, service area expansion and renewal dual-eligible SNP applicants. The State Medicaid agency contract must contain at least each of the contractual terms specified in 42. C.F.R. § 422.107 (c) and listed in the “2013 D-SNP State Medicaid Agency Contract Matrix Upload Document,” which is a separate document included in the application packet. This contract must specify a period of performance of at least January 1, 2013 through December 31, 2013. Additionally, under the contract the MA organization must retain responsibility for providing, or contracting for benefits to be provided, for individuals entitled to receive medical assistance under Title XIX. Please note that State Medicaid agencies are not required to enter into contracts with MA organizations for dual-eligible SNPs.  Existing Dual Eligible SNPs will need to submit a signed and executed State Medicaid Agency Contract in HPMS without submitting any other portion of the SNP proposal unless the existing D-SNP is changing its D-SNP subtype or applying for a Service Area Expansion | Revision/Clarification in response to PRA comment. | | Appendix 1: SNP Proposal | SNP Instructions | 30day | N | |