

**2016 High Level Summary of Change or Crosswalk of Changes for  
PRA Package CMS 10237: Part C - MA and 1876 Cost Plan Expansion Application**

<b>Revision/Clarification</b>	<b>Purpose of the Revision/Clarification</b>	<b>2014 Part C Application</b>	<b>Application Section</b>	<b>Category of Comment</b>	<b>Level of Applicant Burden</b> <i>I = Increases burden</i> <i>D – Decreases burden</i> <i>N – No Change</i>
<b>TECHNICAL CHANGES</b>					
1. Edits to entire document including the addition of missing words, clarifying language, capitalization, deletion of missing spaces, and final dates	To maintain a consistent format and provide accurate timeframes and instructions.	Entire Document	All Sections	N/A	N
<b>SUBSTANTIVE CHANGES</b>					
2. Revised attestation #3 to section 3.1 of application: The Applicant attests that it has at least 5,000 individuals enrolled for the purpose of receiving health benefits from the organization; or it has at least 1,500 individuals enrolled for purposes of receiving health benefits from the organization and the organization primarily serves individuals residing outside of urbanized areas as defined in §412.62(f). <u>If the Applicant attests No, the organization must submit a Minimum Enrollment Waiver Request by uploading</u>	This attestation was revised because we are removing the option for the applicant to select Not Applicable (N/A). The only acceptable attestation response to this attestation will be either “yes” or “no.” If an applicant meets the requirement as set forth in §422.514(a), then they would select “yes.” If an applicant is unable to meet the requirements set forth in §422.514(a), then they will	Section 3 - Attestations	3.1 Experience & Organization History	60-day	N

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<p><u>the Minimum Enrollment Waiver Request Upload Document and any supporting documentation.</u></p> <p><u>Note: The Applicant may count members enrolled in other risk based health insurance products offered by the organization (e.g., commercial, Medicaid).</u></p> <p><u>Note: Your Minimum Enrollment Waiver Request will only be considered once you have met ALL application requirements.</u></p>	<p>select “no”. If the applicant selects “no” to attestation #3 then the organization must submit a Minimum Enrollment Waiver Request by uploading the Minimum Enrollment Waiver Request Upload Document and any supporting documentation. If the applicant selects “no” and does not upload this document then they will receive a “NOT MET” for failure to upload a Minimum Enrollment Waiver Request.</p>				
<p>3. Added Minimum Enrollment Waiver Upload Document</p>	<p>The Minimum Enrollment Waiver Request Upload Document is being provided to applicants to complete in support of their Minimum Enrollment Waiver Request. It contains five questions, four of which require an</p>	<p>Section 3 - Attestations</p>	<p>3.2 Experience &amp; Organization History</p>	<p>60-day</p>	<p>N</p>

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	affirmative response. All five questions request supporting explanation/documentation if applicable (if the applicant responds “yes” to a question we request that they provide support for the affirmation). CMS considers this as no change in burden due to the fact that it helps the applicant understand and complete the section accurately.				
4. Added language to the Payment Information Form section stating that the Payment Information form and supporting documentation must be submitted to CMS by the date the Completed Applications are due to CMS.	No language was provided in the application informing applicants of when the Payment Information Form and supporting documentation was due.	Section 1 – General Information	1.7 D Payment information form	60-day	N
5. Deleted the upload requirements for the applicant to complete and upload the “CMS Contract Sample Matrix,” the “CMS Provider Contract Required Provision	The upload requirements were removed from section 3.9 because CMS will no longer request a sample of Provider Participation Contracts &	Section 3.9 and Section 8.3	CMS Provider Participation Contracts and	60-day	D

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Matrix” and the provider contracts that CMS would name during the application review process.	Agreements for review. CMS will still require applicants to complete the attestations in this section. CMS continues to hold the MAO responsible for the compliance of its providers and subcontractors with all contractual, legal, regulatory, and operational obligations.		Agreements		
6. Deleted the upload requirements for the applicant to complete and upload the “CMS Administrative/Contracting Required Provision Matrix,” and “executed administrative management contracts or letters of agreement for each contractor or subcontractor (first tier, downstream, and related entities).”	The upload requirements were removed from section 3.10 because CMS will no longer be reviewing Contracts for Administrative and Management Services.	Section 3.10 and Section 8.4	Contracts for Administrative and Management Services	60-day	D
7. Deleted attestation number 5 “Applicant has submitted and received CMS approval for an initial or service area expansion application during at least one of the past two (2) Medicare Advantage application	This attestation was deleted because the upload requirement for applicants to submit “executed administrative management contracts or letters of agreement for each contractor or	Section 3.10	Contracts for Administrative and Management Services	60-day	D

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review cycles.”	subcontractor (first tier, downstream, and related entities).”				
<b>HSD INSTRUCTIONS, TABLES AND EXCEPTION PROCESS</b>					
1. Deleted the requirement to collect the CMS Certification Number (CCN) from the MA Facility and HSD instructions. The CCN verifies the facility is Medicare certified and for what type of service.	CMS no longer needs to collect the CCN number.	MA Facility Table and HSD Instructions	N/A	60-day	D
<b>APPENDIX I: Solicitations for Special Needs Plan (SNP) Proposal</b>					
1. Removed “C-SNP, D-SNP and I-SNP Proposal application” sections	To be consistent with the electronic application which does not require this information.	APPENDIX I: Solicitations for Special Needs Plan (SNP) Proposals	APPENDIX I: sections 1, 4 and 7	60-day	N

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2. Removed C-SNP, D-SNP and I-SNP Service area sections	To be consistent with the electronic application which does not require this information.	APPENDIX I: Solicitations for Special Needs Plan (SNP) Proposals	APPENDIX I: sections 2, 5, and 8	60-day	N
3. Removed C-SNP upload document	To be consistent with the electronic application which does not require this information.	APPENDIX I: Solicitations for Special Needs Plan (SNP) Proposals	APPENDIX I: section 13	60-day	N