

**2018 High Level Summary of Change or Crosswalk of Changes for
PRA Package CMS 10237: Part C - MA and 1876 Cost Plan Expansion Application**

Revision/Clarification	Purpose of the Revision/Clarification	2017 Part C Application	Application Section	Category of Comment	Level of Applicant Burden <i>I = Increases burden</i> <i>D – Decreases burden</i> <i>N – No Change</i>
TECHNICAL CHANGES					
1. Edits to MA Part C & 1876 Cost Plan Expansion Application, HSD Instruction MA Provider and Facility HSD Tables and Exception Request Template including the addition of missing words, clarifying language, capitalization, deletion of missing spaces, grammar and final dates.	To maintain a consistent format and provide accurate timeframes and instructions.	MA Part C & 1876 Cost Plan Expansion Application, HSD Instructions, MA Provider and Facility HSD Tables, and Exception Request Template	All Sections	N/A	N

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SUBSTANTIVE CHANGES					
1. Chart of Required Attestations by Type of Applicant - Revised chart in Section 2.8 to indicate fiscal soundness attestation based upon application type. The chart indicates that under attestation topic “Fiscal Soundness” section 3.7A applies to both Initial and Service Area Expansion (SAE) applicants and section 3.7B applies to Initial applicants only.	The chart was revised to provide the applicants with clarification in identifying fiscal soundness requirements.	Section 2 Instructions	2.8 Chart of Required Attestations by Type of Applicant	30 day	N

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2. Revised language in section 2.9 Health Services Delivery (HSD) Tables Instructions to clarify the information the applicants will need to provide related to the HSD related documents submitted during the Part C application process.	CMS clarified the instructions for applicants regarding the submission and process for HSD tables and Exception Requests based upon public comments received in response to the 60 day comment period.	Section 2 Instructions	2.9 Health Services Delivery (HSD) Tables Instructions	30 day	N
3. Administrative Management - Revised language in section 3.2 Administrative Management to clarify the information in regards to the 2 year ban for applicants that have non-renewed or terminated contracts within the past 2 years.	CMS clarified the information for the 2 year ban period and inserted the date for 2 year period for the current application cycle.	Section 3 Attestations	3.2 Administrative Management	60 day	N

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4. State Licensure - Added a new attestation to section 3.3 #6 requesting the applicant to attest that their license automatically renews, rather than one that will expire without renewal. In 30 day package deleted #7 attestation as it was combined with # 6.	CMS clarified the information regarding licensure requirements which should reduce the number of deficiencies related to licenses that automatically renew after the applications are due.	Section 3 Attestations	3.3 State Licensure	30 day	I

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5. Fiscal Soundness- Updated fiscal soundness attestation in section 3.7B to reflect this attestation applies to Initial applicants only, inserted regulatory cite 42 CFR §422.504(a) (14) in attestation and clarification related to CMS expectation for SAE applicants accuracy of response to the attestation.	CMS clarified the information related to the fiscal soundness requirements.	Section 3 Attestations	3.7 Fiscal Soundness	30 day	N

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6. CMS Provider Participation Contracts & Agreements - Deleted attestations #5, #6, and #7 to Section 3.9 of the application.	CMS removed the attestations due to duplicative and redundant language.	Section 3 Attestations	3.9 CMS Provider Participation Contracts & Agreements	60 day	D
7. Health Services Management and Delivery - Revised attestation #5 - Applicant has verified that contracted providers included in the MA Facility Table are Medicare certified, if applicable, and the applicant certifies that it will only contract with Medicare certified providers in the future.	CMS clarified the information for applicants regarding Medicare certification requirements based upon public comments received in response to the 60 day comment period. Medicare certification is only required for applicable providers and facilities.	Section 3 Attestations	3.11 Health Services Management and Delivery	30 day	N

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8. Health Service Delivery – Two attestations added #9 and #10 for RPPO applicants related to network requirements and contracting agreements .In addition RPPO upload template added to section 4.6. In the 30 day package attestation #9 was revised to include regulatory cite.42 CFR 422.112(a)(1)(ii).	CMS clarified the information for RPPO applicants regarding the network requirements and contract agreements. The volume of RPPO applicants has been extremely minimal in previous application cycles.	Section 3 Attestations	3.11 Health Services Management and Delivery	30day	I
9. Revised attestation #11 in Section 3.14 Eligibility, Enrollment, and Disenrollment to include an additional option for beneficiaries to make a disenrollment request by calling 1-800-MEDICARE.	CMS clarified the information regarding options for disenrollment request to include a third option. In previous versions two options were listed.	Section 3 Attestations	3.14 Eligibility, Enrollment, and Disenrollment	60 day	N

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10. State Licensure - Added a new attestation to 8.1 #4 requesting the applicant to attest that their license automatically renews, rather than one that will expire without renewal.	CMS clarified the information for applicants regarding licensure requirements which should reduce the number of deficiencies related to licenses that automatically renew after the applications are due.	Section 8 APPENDIX IV: Medicare Cost Plan Service Area Expansion Application	8.1 State Licensure	30 day	I

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1. HSD Instructions - Revised the HSD Instructions to reflect the deletion of: <ul style="list-style-type: none"> • Description of MA Provider Types • Description of MA Facility Types • CMS Certification Number (CCN) from MA Facility Table - Column Explanations 	CMS clarified the information for applicants regarding updates to HSD instructions.	HSD Instructions	N/A	60 day	N
2. MA Facility Table - Deleted the requirement to collect the CMS <i>Certification Number (CCN)</i> column from the MA Facility Table.	CMS no longer collects this information.	MA Facility Table	N/A	60 day	D

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3. Exception Request Template - Revised the Exception Request Template in the 30 day package to include instructions and/or descriptions of the content for each section within the form.	CMS clarified the information for applicants related to the Exception Request template to reflect instructions and/or descriptions of content within the form based upon public comments received in response to the 60 day comment period.	Exception Request Template	N/A	30 day	N

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APPENDIX I: Solicitations for Special Needs Plan (SNP) Application					
1. I-SNP Upload Documents - Revised required signature on I-SNP upload from CEO to Authorized Representative and Title.	CMS revised the signature authority for upload document to include both CEO and COO based upon feedback from the previous application cycle.	Appendix I: SNP Applications	5.15 I-SNP Upload Documents	60 day	N
2. Model of Care Matrix Upload – Changed the title to Model of Care Matrix Upload Document for Initial Application and Renewal and revised the matrix document to reflect the regulatory requirements related to each component of the Model of Care (MOC).	CMS clarified the information for applicants related to the regulatory requirements in the development of the MOC.	Appendix I: SNP Applications	5.17 Model of Care Matrix Upload Document	30 day	N