

Revisions to MAQI Qualifying Arrangement Form - CMS-10673

Issue #	Page #	Section	Action to be Performed	Changes to the Form	Reason for the Change
1	1	Purpose.	Maintain “may” as opposed to changing to “will”.	Maintained the word “may” instead of changing to “will” in the first paragraph on two areas in the purpose section for clarification.	Revised for clarification purposes.
2	1	Purpose.	Add a language as a third paragraph in the purpose section to support an independent evaluation activities.	Added this language as a third paragraph: “A federally mandated independent evaluation will be conducted of the MAQI demonstration. Evaluation activities are aimed at understanding the effects of the MAQI Demonstration. You may be contacted to provide additional information.”	Revised to clarify data/information needed to support evaluation activities.
3	1	Deadlines.	Change the submission period from Oct. 8 – Nov. 8, 2018 to Oct. 24 – Nov. 21, 2018.	Changed the 30 day submission period to: October 24 – November 21, 2018.	Revised to align the submission period with MAQI Timeline.
4	2	MAQI Participation Identifying Information.	Delete the first statement in Section 1: A1 and maintained the second sentence.	Deleted “Are you reporting on behalf of more than one MAQI participant? [Y/N] If yes,” and maintained “Complete this section for each MAQI participant for whom you are reporting.”	Revised for clarification purposes.
5	2	MAQI Participation Identifying Information.	Change “MAQI Participant” to “Applicant” in Section 1: A2.	Changed MAQI Participant to “Applicant”.	Revised for clarification purposes.
6	5	Quality Measure Use.	Add an Evaluation question to the end of “Quality Measure use” to support evaluation activities.	<p>Added this language as a new paragraph to support evaluation activities:</p> <p><u>Past Payment Arrangements (for informational purposes only).</u></p> <p>In 2017, did you participate in any Medicare Advantage plan with requirements similar to those described above? [Y/N] (This information will not</p>	Revised to clarify data/information needed to support evaluation activities.

Issue #	Page #	Section	Action to be Performed	Changes to the Form	Reason for the Change
				be used to determine eligibility for the MAQI demonstration.)	
7	7	Certification Statement – Third Party ...	Modify the second sentence so it does not reference “section 1. A or B” of the form.	Changed the reference “section 1. A or B” of the form to a statement ... “the MAQI participant identifying information section of this form”.	Revised for clarification purposes.
8	7	Certification Statement – For a third Party submitting ...	Modify the second sentence for clarity.	Changed the “authorize [insert Third Party Name] to submit this Form on my behalf.” to “am authorized to submit this Form on behalf of the MAQI Participant.”	Revised for clarification purposes.
9	9	PRA Disclosure Statement	Add the OMB four digit approval number and the expiration date.	Will need to add OMB approved number and the expiration date in the PRA Disclosure Statement.	Edit to include the OMB approved number and the expiration date as required by OMB.
10	1	Top right corner of the Form	Fill in the OMB approved number and the expiration date.	Fill in the OMB approved four digit number and the expiration number on the top right corner of the form.	To display the OMB approved number and the expiration date as required by OMB.