

**REVISIONS TO CMS MA/MA-PD APPLICATIONS FOR 2007**

**APPLICATION TYPE**

| # | <u>Document Section</u> | <u>Revision</u>   | <u>Type of Revision</u> | <u>APPLICATION TYPE</u>      |                                |   |                                |                               |
|---|-------------------------|---|-------------------------|------------------------------|--------------------------------|---|--------------------------------|-------------------------------|
|   |                         |   |                         | <u>Coordinated Care Plan</u> | <u>Private Fee-For-Service</u> | <u>Regional Preferred Provider Organization</u> | <u>Medical Savings Account</u> | <u>Service Area Expansion</u> |
| 1 | Guidelines              | Added Internet address for Payment Information form   | Addition                | X                            | X                              | X   | X                              | X                             |
| 2 | Guidelines              | Revised statutory citations to reference the Social Security Act instead of the Balanced Budget Act               | Revision                | X                            | X                              | X   | X                              | X                             |
| 3 | Guidelines              | Decreased the number of hard copy submissions required  | Deletion                | X                            | X                              | X   | X                              | X                             |
| 4 | Guidelines              | Deleted section on Capacity Waivers   | Deletion                | X                            | X                              | X   | X                              | X                             |
| 5 | Guidelines              | Revised list of reference materials   | Revision                | X                            | X                              | X   | X                              | X                             |
| 6 | Guidelines              | Revised instructions for completing the State Certification Form  | Revision                | X                            | X                              | X   | X                              | X                             |
| 7 | Guidelines              | Revised instructions for completing HSD Tables to clarify that RPPO applicants do not need to complete HSD tables | Clarification           | X                            | X                              | X   | X                              | X                             |
| 8 | Guidelines              | Deleted instructions for completing Benefits Table  | Deletion                | X                            | X                              | X   | X                              | X                             |
| 9 | Guidelines              | Insert Essential Hospital Table Instructions  | Addition                |                              |                                | X   |                                |                               |

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|----|--|---|-------------------------|------------------------------|--------------------------------|--|--------------------------------|-------------------------------|
|    |  |   |                         | <u>Coordinated Care Plan</u> | <u>Private Fee-For-Service</u> | <u>Preferred Provider Organization</u> | <u>Medical Savings Account</u> | <u>Service Area Expansion</u> |
| 10 | Guidelines                             | Deleted instructions for completing Enrollment Projections Worksheet  | Deletion                | X                            | X                              | X                                      | X                              | X                             |
| 11 | Guidelines                             | Revised Onsite Documentation Guidance to clarify that Financial Documentation is only required for initial applications reviews | Clarification           | X                            | X                              | X                                      | X                              |                               |
| 12 | Application-Cover Sheet                | Added elements to clarify applicant's product offerings   | Addition                | X                            | X                              | X                                      |                                | X                             |
| 13 | Application-General Information        | Revised Enrollment Summary Description table  | Clarification           | X                            | X                              | X                                      | X                              | X                             |
| 14 | Application-General Information        | Deleted Capacity Waiver section   | Deletion                | X                            | X                              | X                                      |                                | X                             |
| 15 | Application-General Information        | Revised Key Management Staff table to reflect currently used titles and roles   | Revision                | X                            | X                              | X                                      | X                              | X                             |
| 16 | Application-Organizational Contractual | Added language on requirement to provide conflict of interest information   | Addition                | X                            | X                              | X                                      | X                              |                               |

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| #                       | <u>Document Section</u>           | <u>Revision</u>   | <u>Type of Revision</u> | Regional              |                         |                                 |                         |                        |
|                         |                                   |   |                         | Coordinated Care Plan | Private Fee-For-Service | Preferred Provider Organization | Medical Savings Account | Service Area Expansion |
| 17                      | Application-HSD                   | Added request for information on patterns of care through use of geo-access maps or other methods.          | Addition                | X                     |                         | X                               |                         | X                      |
| 19                      | Application-HSD                   | Added request for access standards to include both drive times and distances.                               | Addition                |                       |                         | X                               |                         |                        |
| 20                      | Application-HSD                   | Added request for access standards to include percentage of beneficiaries that will meet the given standard | Addition                |                       |                         | X                               |                         |                        |
| 21                      | Application - Essential Hospitals | Added language describing criteria for designating a hospital as essential.                                 | Addition                |                       |                         | X                               |                         |                        |
| 22                      | Application-Special Needs Plans   | Added language to clarify SNP regulatory requirements.  | Addition                | X                     |                         | X                               |                         | X                      |
| 23                      | Application-Medicare              | Added language to clarify Marketing regulatory requirements.  | Clarification           | X                     | X                       | X                               | X                       | X                      |
| 24                      | Application-Prescription Drug     | Added language to clarify distinction between Pt. C & Pt. D applications                                    | Clarification           | X                     | X                       | X                               |                         | X                      |

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|    |                                 |  |                         | <u>Coordinated Care Plan</u> | <u>Private Fee-For-Service</u> | <u>Preferred Provider Organization</u> | <u>Medical Savings Account</u> | <u>Service Area Expansion</u> |
| 25 | Exhibits-State Cert Form        | Deleted PSO option from question 2   | Deletion                | X                            | X                              | X                                      | X                              | X                             |
| 26 | Exhibits-State Cert Form        | Deleted PSO, Network MSA, and "with POS Benefit" options from question 3                         | Deletion                | X                            | X                              | X                                      | X                              | X                             |
| 27 | Exhibits-State Cert Form        | Deleted request for geographical areas where entity is licensed                                  | Deletion                | X                            | X                              | X                                      | X                              | X                             |
| 28 | Exhibits-State Cert Form        | Divided Financial Solvency information and State Licensure information into 2 separate questions | Clarification           | X                            | X                              | X                                      | X                              | X                             |
| 29 | Exhibits-State Cert Form        | Simplified Financial Solvency and State Licensure questions                                      | Clarification           | X                            | X                              | X                                      | X                              | X                             |
| 30 | Exhibits-Benefits Table         | Deleted Benefits Table   | Deletion                | X                            | X                              | X                                      | X                              | X                             |
| 31 | Exhibits-Enrollment Projections | Deleted Enrollment Projections Worksheet   | Deletion                | X                            | X                              | X                                      | X                              | X                             |

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|          |                                     |  |                         | <u>Coordinated Care Plan</u> | <u>Private Fee-For-Service</u> | <u>Regional Preferred Provider Organization</u> | <u>Medical Savings Account</u> | <u>Service Area Expansion</u> |
| 32       | Exhibits-<br>Essential<br>Hospitals | Added Essential Hospital Designation Table as a mechanism for gathering standardized information on hospitals which the applicant seeks to have designated as essential. | Addition                |                              |                                | X   |                                |                               |