TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
10 - Introduction			10 - Introduction
10.1 – General Requirements			10.1 – General Requirements
10.2 – Basic Rule			10.2 – Basic Rule
10.3 – Types of Benefits			10.3 – Types of Benefits
10.4 – Original Medicare, Part A and B, Covered Benefits			10.4 – Original Medicare, Part A and B, Covered Benefits
10.5 – Part D Rules for MA Plans	Eliminated (This is part D guidance)	New	10.5 – Hospice Coverage
10.6 – Anti-Discrimination Requirements	To proposed 10.6	10.6-10.10	10.6 – Federal Requirements Uniformly Required Independent of Plan Type
10.7 – Other Federal Requirements	To proposed 10.6		
10.8 – Confidentiality and Accuracy of Enrollee Records	To proposed 10.6		
10.9 – Benefit Requirements	To proposed 10.6		
10.10 – Uniformity	To proposed 10.6		
10.11 – Caps on Enrollee Financial Responsibility	To proposed 170		
10.12 – Multiple Plan Offerings and Benefit Caps	To proposed 10.7	From 10.12	10. 7 – Multiple Plan Offerings and Benefit Caps

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
10.13 – Clinical Trials	To proposed 10.8	From 10.13	10.8 – Clinical Trials
10.14 – Provider Qualifications	To proposed 190.2		
10.15 – Drugs that are Covered Under Part B Original Medicare	To proposed 10.9	From 10.15	10.9 – Drugs that are Covered Under Part B
10.16 – Original Medicare Covered Services with Benefit Periods	Paragraph in proposed 10.4		
10.17 – Waiting Periods - Exclusions That Are Not Present in Original Medicare	Paragraph in proposed 10.4		
10.18 – Access to Screening Mammography and Influenza Vaccine	Absorbed in proposed 50.3		
10.19 – Return to Home Skilled Nursing Facility (SNF)	To proposed 10.10	From 10.19	10.10 – Return to Home Skilled Nursing Facility (SNF)
10.20 – Chiropractic Services	Eliminated (This is part A/B guidance)		
10.21 – Therapy Caps and Exceptions	To proposed 10.11	From 10.21	10.11 – Therapy Caps and Exceptions
10.22 – Balance Billing	To proposed 180	Paragraphs from 30.4	10.12 transplant services
		Paragraph from 10.2	10.13 DMEPOS
10.23 – Skilled Nursing Facility (SNF) Coverage	Moved to proposed 10.14	From 10.23	10.14 SNF Coverage
10.24 – In Network Preventive Services	To proposed 50.3	Paragraph from 50.1	10.15 - No dollar limits on Provision of Part B drugs

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
20 – Ambulance, Emergency and Urgently Needed, and Post-Stabilization Care Services			20 – Emergency and Urgently Needed, and Post-Stabilization Care Services
20.1 – Ambulance Services			20.1 - Ambulance Services
20.2 – Definitions of Emergency and Urgently Needed Services	To proposed 20.2		20.2 – Definitions of Emergency and Urgently Needed Services
20.3 – MAO Responsibility	To proposed 20.3		20.3 – MAO Responsibility
20.4 – Stabilization of an Emergency Medical Condition	To proposed 20.4		20.4 – Stabilization of an Emergency Medical Condition
20.5 – Limit on Enrollee Charges for Emergency Services	Eliminated (Guidance In Call Letter)		
20.6 – Post-Stabilization Care Services	To proposed 20.5	From 20.6	20.5 – Post-Stabilization Care Services
20.7 – Services of Non–contracting Providers and Suppliers	To proposed 190.1		

30 – Supplemental Benefits			30 – Supplemental Benefits
30.1 – Definition of Supplemental Benefit			30.1 – Definition of Supplemental Benefit
30.2 – Anti-Discrimination and Anti-Steerage Requirements	To proposed 10.6	From 30.8	30.2 – Supplemental Benefits Extending Original Medicare Benefits
30.3 – Examples			30.3 – Examples of Items and Services Eligible as Supplemental Benefits
30.4 – Transportation Benefits		From 30.3	30.4 -- Items and Services Not Eligible as Supplemental Benefits

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4	
30.5 – Meals	To proposed 30.3
30.6 – Medical Supplies Associated with the Delivery of Insulin	Eliminated (This is Part D guidance)
30.7 – Part D Vaccine Administration	Eliminated (This is Part D guidance)
30.8 – Supplemental Benefits Extending Original Medicare Benefits	To proposed 30.2
30.9 – Benefits During Disasters and Catastrophic Events	To proposed 160

40 – Over-The-Counter (OTC) Benefits	
40.1 – Issues with Provision of OTC Benefits	Overlap with proposed 40.1
40.2 – OTC Under Part C and Under Part D	Eliminated (This is Part D guidance)
40.3 – Access to OTC Benefits	Overlap with 40.2
40.4 – Benefit Status	Eliminated (Duplicative)
40.5 – Specific or Packaged OTC Benefit	Eliminated (We only discuss the typical plan offering, packaged OTC)
40.6 – Payment Methods	Mentioned/paraphrased in 40.2
40.7 – Part B and D OTC Items	Eliminated (Duplicative)
40.8 – Disclosure Guidance Regarding OTC Benefits	Eliminated (Duplicative)
40.9 – CMS Table of OTC Items	Moved to 40.3

PROPOSED CHAPTER 4	
	40 – Over-The-Counter (OTC) Benefits
Resembles 40.1	40.1 - Overview of OTC Benefit
Resembles 40.3	40.2 – Access to OTC Benefits
From 40.9	40.3 – CMS Tables of Items and Their OTC Status

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
50 – Cost Sharing and Deductible Guidance			50 – Cost Sharing and Deductible Guidance
50.1 – Guidance on Acceptable Cost-Sharing			50.1 – Guidance on Acceptable Cost-Sharing
		From 10.25	50.2 - Cost Sharing for In Network Preventive Services
50.2 – Total Beneficiary Cost-sharing (TBC)	To proposed 50.3	From 50.2	50.3– Total Beneficiary Cost-sharing (TBC)
50.3 – Cost-Sharing Rules for RPPOs	To proposed 50.4	From 50.3	50.4 – Cost-Sharing Rules for RPPOs
		From 160	60 - Meaningful Plan Differences
		From 170	70 - Non-Renewal based on Low Enrollment
60 – Value-Added Items and Services (VAIS)	To proposed 80	From 60	80 – Value-Added Items and Services (VAIS)
60.1 - Definition	To proposed 80.1	From 60.1	80.1 - Definition and Requirements
60.2 – Examples of VAIS	To proposed 80.2	From 60.2	80.2 – Examples of VAIS
60.3 – Additional VAIS Requirements	Absorbed in 80.1		
70 – Information on Advance Directives	To propopsed 200		
70.1 – Definition	To proposed 200.1		
70.2 – Basic Rule	To proposed 200.2		
70.3 – State Law Primary	To proposed 200.3		
70.4 – Content of Enrollee Information and Other MA Obligations	To proposed 200.4		
70.5 – Incapacitated Enrollees	To proposed 200.5		
70.6 – Community Education Requirements	To proposed 200.6		
70.7 – MAO Rights	To proposed 200.7		
70.8 – Appeal and Anti-Discrimination Rights	To proposed 200.8		
80 – National and Local Coverage Determinations	To 90	From 80	90 – National and Local Coverage Determinations

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
80.1 – Overview	To 90.1	From 80.1	90.1 – Overview
80.2 – Local Coverage Determinations	To 90.2	From 80.2	90.2 – Local Coverage Determinations (LCDs)
80.3 – Definitions Related to National Coverage Determinations (NCDs)	To 90.3	From 80.3	90.3 – Definitions Related to National Coverage Determinations (NCDs)
80.4 – General Rules for NCDs	To 90.4	From 80.4	90.4 – General Rules for NCDs
80.5 – Creating New Guidance	To 90.5	From 80.5	90.5 – Creating New Guidance
80.6 – Sources for Obtaining Information	To 90.6	From 80.6	90.6 – Sources for Obtaining Information

90 – Benefits for Duration Different Than a Full Contract Year	
90.1 – Mid-Year Benefit Enhancements (MYBE)	Moved to paragraph in 30.1
90.2 – Multi-Year Benefits	Moved to paragraph in 30.1

100 – Benefits Outside of the Network and Service Area	
100 1– HMO Point of Service (POS)	Moved to 30.3 (Benefit list)
100.2 – Enrollee Information and Disclosure	Eliiminated (Marketing)
100.3 – Prompt Payment	Eliiminated (Generally true)
100.4 – POS-Related Data	Eliminated (Duplicative)
100.5 – Prohibition on PPO Point of Service (POS) Option	Eliminated (Definition of PPO)
100.6 – PPO Out-of-Network Coverage	To proposed 100
100.7 – The Visitor / Travel (V/T) Program	Moved to 30.3 (Benefit list)
100.8 – The Foreign Travel Benefit	Moved to 30.3 (Benefit list)

	100 PPO Out of Network Coverage

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4		*PROPOSED CHAPTER 4*	
			PART II - BENEFICIARY PROTECTIONS
110 – Access to and Availability of Services			110 – Access to and Availability of Services
110.1 – Access and Availability Rules for Coordinated Care Plans			110.1 – Access and Availability Rules for Coordinated Care Plans
		Paragraphs from 110.1	110.2 - Special rules for RPPOs
110.2 – Rules for All MAOs to Ensure Continuity of Care	Moved to proposed 110.3	From 110.2	110.3 – Rules for All MAOs to Ensure Continuity of Care
110.3– Access for Emergency, Urgently Needed Services and Dialysis	Eliminated (Duplicative)		
110.4 – Access and Plan Type			110.4 – Guidance on Access by Plan Type and Service
120 – Coordination of Benefits With Employer/Union Group Health Plans and Medicaid			120 – Coordination of Benefits With Employer/Union Group Health Plans and Medicaid
120.1 – General Rule			120.1 – General Rule
120.2 – Requirements, Rights, and Beneficiary Protection			120.2 – Requirements, Rights, and Beneficiary Protection
120.3 – Employer/Union Plans			120.3 – Employer/Union Plans
130 – Medicare Secondary Payer (MSP) Procedures			130 – Medicare Secondary Payer (MSP) Procedures
130.1 – Basic Rule			130.1 – Basic Rule
130.2 – Responsibilities of the MAO			130.2 – Responsibilities of the MAO
130.3 – Medicare Benefits Secondary to Group Health Plans (GHPs) and Large Group Health Plans (LGHPs) and in Settlements			130.3 – Medicare Benefits Secondary to Group Health Plans (GHPs) and Large Group Health Plans (LGHPs) and in Settlements
130.4 – Collecting From Other Entities			130.4 – Collecting From Other Entities
130.5 – Collecting From Other Insurers or the Enrollee			130.5 – Collecting From Other Insurers or the Enrollee
130.6 – Collecting From GHPs and LGHPs			130.6 – Collecting From GHPs and LGHPs
130.7 – MSP Rules and State Laws			130.7 – MSP Rules and State Laws
140 – MAO Renewal Options and Crosswalk			140 – MAO Renewal Options and Crosswalk
140.1 – Introduction			140.1 – Introduction

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4	
140.2 – New Plan	
140.3 – Renewal Plan	
140.4 – Consolidated Renewal Plan	
140.5 – Renewal Plan with a Service Area Expansion (SAE)	
140.6 – Renewal Plan with a Service Area Reduction and No Other MA Options Available	
140.7 – Renewal Plan with a Service Area Reduction When the MAO will Offer Another PBP in the Reduced Portion of the Service Area	
140.8 – Terminated Plan (Non–Renewal)	
140.9 – Crosswalk Table Summary	
150 – Service Area	
150.1 – Definitions	
150.2 – Factors That Influence Service Area Approvals	
150.3 – The “County Integrity Rule”	
160 - Meaningful Plan Differences	To proposed 60
170 - Non-Renewal based on Low Enrollment	To proposed 70

	PROPOSED CHAPTER 4
	140.2 – New Plan
	140.3 – Renewal Plan
	140.4 – Consolidated Renewal Plan
	140.5 – Renewal Plan with a Service Area Expansion (SAE)
	140.6 – Renewal Plan with a Service Area Reduction and No Other MA Options Available
	140.7 – Renewal Plan with a Service Area Reduction When the MAO will Offer Another PBP in the Reduced Portion of the Service Area
	140.8 – Terminated Plan (Non–Renewal)
	140.9 – Crosswalk Table Summary
	150 – Service Area
	150.1 – Definitions
	150.2 – Factors That Influence Service Area Approvals
	150.3 – The “County Integrity Rule”
From 30.9	
From 10.11	160 - Benefits During Disasters and Catastrophic Events
From 10.22	170 - Beneficiary Protections From Improper Referrals and Insolvency
	180 – Balance Billing
From 20.7	190 – Provider Guidance
From 10.2,10.14	190.1 Services for Which HMOs must Pay non-Contracted Providers
From 70	190.3 Provider Qualifications
From 70.1	200 – Information on Advance Directives

TAB 1: Crosswalk - Current Chapter and Proposed Chapter 4

CURRENT PUBLISHED CHAPTER 4	*PROPOSED CHAPTER 4*
From 70.2	200.1 – Definition
From 70.3	200.2 – Basic Rule
From 70.4	200.3 – State Law Primary
From 70.5	200.4 – Content of Enrollee Information and Other MA Obligations
From 70.6	200.5 – Incapacitated Enrollees
From 70.7	200.6 – Community Education Requirements
From 70.8	200.7 – MAO Rights
	200.8 – Appeal and Anti-Discrimination Rights