

List of Targeted Services Selected by CMS

Applicable Calendar Year: {CMS will enter the applicable calendar year}

Number	Name of Service	Brief Description of Service (if applicable)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Enter information for each policy or document containing internal coverage criteria into a new worksheet.

- This includes criteria used by the organization (parent), by all FDIRs, and criteria used by both the organization and FDIRs.

For the purposes of the Analysis of Internal Coverage Criteria, "service" is meant to include all Medicare services, items and Part B drugs.

Source Policy/Document Name or Identifier	Insert Name of Medlineplus Service
Service Name	Enter the unique name, number, and/or other identifier assigned to the internal or external policy or document (provided for the Medlineplus service)
MA Jurisdiction(s) and/or FOR Name(s)	Enter the name(s) of the MA Organization and/or FOIs that utilize the information coverage content
Applicable MAC Paragraph(s)	Enter the applicable MAC paragraph(s) or enter All if criteria is applicable nationwide
Date Coverage Criteria Last Updated	Insert in MM/DD/YYYY format the date the coverage criteria were last revised for any reason

Part 2. The *Medicare Advantage Organization (MAO)* must enter the internal coverage criteria contained in the policy or document identified in Part 1. As a reminder, each policy or document contains criteria must be entered in a new worksheet. If your policy contains criteria applicable to both Medicare members and other types of members (e.g., commercial), only enter internal coverage criteria applicable to your Medicare members. If your internal coverage criteria policies also contain CMS requirements (e.g., from sources such as statutes, regulations, NCDs, LCDs) do not enter those requirements.

Columns A through E: These columns must be completed by the MAO. See each column for guidance.

Column F: This column will be completed by CMS, once columns A through E are completed by the Medicare Advantage Organization and the workbook is returned to CMS.

Column G: This column must be completed by the MAO if the criteria is selected by CMS (in column F).

Column A	Column B	Column C	Column D	Column E	Column F	Column G
To be completed by the AMAA (if necessary) Unique Identifier The first 120 unique identifiers are pre-populated. Enter additional unique and sequential numeric identifiers for each criterion if there are more than 120 criteria.	To be completed by the AMAA Internal Coverage Criterion Language Enter the language for each unique internal coverage criterion. Enter each unique internal coverage criterion in a single line .	To be completed by the AMAA If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(3)(I)(A), (B) or (C). Enter A, B, or C. Example: A	To be completed by the AMAA For internal coverage criterion that is interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(3)(I)(A) Insert the <u>exact</u> language from the Medicare rule (e.g., NCD or LCD) that is being interpreted or supplemented. If internal coverage criterion is not interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(3)(I)(A), enter NA. Example (from NCD 210.2): There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer	To be completed by the AMAA If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(3)(I)(B), identify the applicable Medicare rule (i.e., statute, regulation, NCD, LCD, etc.). If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(3)(I)(C), enter "NA." Example: NCD 210.2	To be completed by CMS Internal Coverage Criterion Selected for Review by CMS Check and enter "X" if the criterion is selected.	To be completed by the AMAA upon CMS request In each row, enter all additional sources that were relied upon to create the internal coverage criterion. If there are multiple sources for a single internal coverage criterion, list all sources for the applicable criterion in a single cell. Each citation must be clear and specific, and include information that links directly to the portion of the evidence that supports the applicable criterion (page number, paragraph number, etc.) such as Smith, 2022, para. 3). Organization may use AMAA style citations, but any format is acceptable as long as it links directly to the applicable evidence. If the citation does not lead directly to the supporting evidence <u>OR</u> if CMS cannot access the applicable evidence, CMS may require submission of the appropriate citation, and/or submission of the applicable text from the supporting evidence. Enter NA if there is no direct source that supports this criterion.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						