

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard, Mail Stop C4-22-04
Baltimore, Maryland 21244-1850



CENTERS FOR BENEFICIARY CHOICES

DATE: October 31, 2007

TO: Current and Future Medicare Advantage Organizations and Part D Sponsors

FROM: David A. Lewis, Director, Medicare Advantage Group
Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group
Brenda J. Tranchida, Director, Employer Policy and Operations Group

SUBJECT: Posting of the 2009 Notice of Intent to Apply to Expand Service Area or Become a New Part C Medicare Advantage, Part D Prescription Drug Benefit and Employer/Union-Only Group Waiver Plan (Direct Contract or “800 Series”) Sponsor: Deadline December 3, 2007

For the 2009 contract year, the Medicare Advantage, Part D Prescription Drug Benefit, and Employer/Union-Only Group Waiver Plan (Direct Contract or “800 Series”) Sponsor applications will be paperless. Each application will be completed through the CMS Health Plan Management System (HPMS). As a result of the fully electronic submission process and restrictions on access to HPMS, every initial applicant as well as those current contractors seeking to expand their organization’s 2008 service area must complete a Notice of Intent to Apply and/or the CMS User ID connectivity form.

Submitting a Notice of Intent to Apply does not bind that organization to submit an application for the following year. However, without a pending contract number and/or a completed CMS User ID connectivity form an organization will not be able to access the appropriate modules in HPMS to complete any of the required 2009 applications. Please note that an organization must complete separate Notices of Intent to Apply for each new initial product and/or service area expansion it is seeking to offer for the 2009 contract year.

In an effort to streamline the Notice of Intent to Apply process, this year the forms will be completed through an on-line web tool. A hardcopy of the web tool form is attached to this memo as a reference for applying organizations. The attachment identifies which questions an organization will need to complete to correctly request a 2009 pending contract number for an initial application and/or ensure appropriate access to a service area expansion application for an existing organization. Every entity applying for 2009 will need to complete the first 4 questions of the web tool. Depending on how an entity answers question #4, the

web tool will automatically direct the applicant to the appropriate questions. This web tool link can be found on the <https://vovici.com/wsb.dll/s/11dc4g2dbb1>

The 2009 Notices of Intent to Apply should be completed by 5 p.m. EST on **December 3, 2007**. Organizations that do not complete the NOI by this date may experience delays in being assigned a contract number(s), which will lessen the amount of time they can use HPMS for submitting their application(s). CMS will send confirmation emails to organizations once the 2009 Notices of Intent to Apply are processed.

All initial applicants and existing Medicare contractors will need CMS User IDs and passwords to access HPMS. Initial applicants can find the CMS User ID application by clicking on the following link: <http://www.cms.hhs.gov/AccessstoDataApplication/> Completed CMS User ID forms should be returned to CMS no later than December 18, 2007 to ensure timely processing. Be sure to indicate where asked all contract numbers which must be affiliated with the CMS User ID. Return completed CMS User ID forms to:

CMS

7500 Security Blvd

Mailstop C4-14-21

Baltimore, MD 21244

Attn: Lori Robinson

If you are an existing Medicare contractor/HPMS user and would like to connect a pending contract number to current CMS User IDs, include the following information in an email to hpms_access@cms.hhs.gov:

1. User Name(s)
2. CMS User ID(s)
3. Current Contract Number(s)
4. Pending Contract Number(s)

If you have questions on the 2009 Notice of Intent to Apply web tool, please contact the following individuals:

Marla Rothouse at 410-786-8063 or Marla.Rothouse@cms.hhs.gov

Linda Anders at 410-786-0459 or Linda.Anders@cms.hhs.gov

If you have questions related to HPMS user access, please send an email to hpms_access@cms.hhs.gov.

Attachment: Notice of Intent to Apply for 2009

NOTE: CMS will only accept Notices of Intent to Apply through our web tool. This form must be completed by clicking on the following link:

<https://vovici.com/wsb.dll/s/11dc4g2dbb1>.

You must complete a separate NOI for each new product line or service area expansion your organization is seeking for the 2009 contract year. We will NOT accept faxed, mailed, or other hard copy submissions of this information.

Notice of Intent to Apply for 2009

NOTICE OF INTENT TO APPLY

FOR NEW OR EXISTING CONTRACTORS SEEKING TO OFFER NEW PART C, NEW PART D, OR NEW EMPLOYER/UNION-ONLY GROUP WAIVER PLAN(EGWP) (DIRECT CONTRACT OR "800 SERIES) PRODUCTS OR EXISTING SPONSORS SEEKING TO EXPAND THEIR CURRENT SERVICE AREA

Due to the automation of the Part C, Part D and EGWP applications, all organizations seeking to offer new product lines must complete this Notice of Intent to Apply. If you are an existing contractor and only seek to expand your current service area(s), you will need to complete this form as well.

To ensure clear and timely communication with CMS, all entities applying to offer new Part C, Part D, or Employer/Union-Only Group Waiver Plan (Direct Contract or "800 Series" plan) products must notify CMS of their intent to apply to offer such a plan by completing the attached Notice of Intent to Apply form and submitting it to CMS by 5:00 p.m. EST on December 3, 2007. Organizations that submit notices of intent to apply forms are not obligated to submit an application to CMS.

Note: This survey requires the completion of each field prior to moving to the next page.

1) Applicant Organization's Legal Entity Name

Legal Entity Name _____
Street Address (**NO Post Office Boxes**) _____
City, State, Zip Code _____

2) PROVIDE THE INFORMATION BELOW FOR THE PERSON WHO WILL ACT AS THE MAIN CONTACT

Name of Individual: Salutation (Mr., Ms., Dr., etc) _____
Title: _____
Address of Individual: (*Street, City, State, Zip – No Post Office Boxes*): _____
Direct Telephone Number: _____

Fax Number: _____
Email Address: _____

3) PROVIDE THE INFORMATION BELOW FOR THE PERSON WHO WILL ACT AS A BACKUP FOR THE MAIN CONTACT

Name of Individual: Salutation (Mr., Ms., Dr., _____
etc)
Title: _____
Address of Individual: (*Street, City, State,* _____
Zip – No Post Office Boxes): _____
Direct Telephone Number: _____
Fax Number: _____
Email Address: _____

4) Type of Medicare Contract Request (check ONLY one, multiple new contracts must submit separate NOI Forms):

- PDP (for those PDPs that wish to sell to the individual market and, if applicable, the employer group market)
- MA-PD (those applicants that wish to offer a Medicare Advantage (Part C) and Prescription drug benefits (Part D) to individual and, if applicable, the employer group market)
- MA-only (for those applicants that will offer MA plans without offering Part D benefits to the individual market and, if applicable, the employer group market)
- Employer/Union Direct Contract PFFS MAO or PDP Sponsor (Employers and Unions who wish to directly contract with Medicare to offer benefits to their retirees only)
- 800-series Only PDP, non-network MA PFFS, or MSA sponsor (for those entities that wish to ONLY sell to the employer group market)
- SAE (Service Area Expansion of an existing contract)
- Existing Contractors - No Service Area Expansion (adding Part D for the first time and/or adding EGWP for the first time)

5) Select the product type represented by this notice form. [only complete if answer to #4 is MA-only]

- PFFS (no Part D)
- Medical Savings Account (MSA)
- MSA Demonstration

6) Select the product type represented by this notice form. [only complete if answer to #4 is MA-PD]

- HMO/HMOPOS
- PFFS
- Regional PPO
- PSO
- Local PPO

7) Identify the states(s) applicant intends to serve. [only complete if answer to #4 is PDP]

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington

- West Virginia
- Wisconsin
- Wyoming

8) Of the states selected above, indicate the: [only complete if answer #7]

Number of Licenses Held	
Number of Licensure Waivers to be Requested	

9) Is this applicant organized as a religious fraternal organization? [only complete if answer to #4 is MA-only or MA-PD]

- Yes
- No

10) Does your organization intend to submit an employer/union-only group waiver plan (i.e., 800 series plan) application in addition to an individual market application? [only complete if answer to #4 is PDP, MA-PD or MA-only]

- Yes
- No

11) Please indicate the Type of Employer/Union Direct Contract Plan Sponsor you intend to be (you may only select one): [only answer if #4 is Employer /Union Direct Contract MAO PFFS or PDP Sponsor]

- Direct Contract Prescription Drug Plan Sponsor
- Direct Contract Private Fee-For-Service Medicare Advantage Organization (PFFS MAO)

12) If you are a Direct Contract PFFS MAO Applicant, please indicate plan types you intend to offer: [only answer if #11 is answered as Direct Contract PFFS MAO]

- Medicare Advantage Only
- Medicare Advantage Prescription Drug Plan

13) Applicants seeking to offer PFFS, Direct PFFS, MSA or MSA Demonstration indicate the network structure your organization intends to offer. [only complete if answer to #5, #6, or #11 is PFFS, Direct PFFS, ESRD I Demo, MSA or MSA Demo]

- Full Medical Network
- Partial Medical Network
- No Medical Network

14) Please indicate what type of product you intend to offer. Note that you will offer Employer/Union-Only Group Waiver Plans (i.e., 800 series plans) only, no plans will be offered to individual beneficiaries. [only complete if answer to #4 is 800-series Only, PDP, non-network MA-PFFS, or MSA sponsor]

- Non-network Private Fee-For-Service (PFFS) Medicare Advantage Only
- Non-network PFFS Medicare Advantage Prescription Drug Plan
- Prescription Drug Plan
- Regular Medical Savings Account
- Demonstration Medical Savings Account

15) Does your organization seek to link all user id information from an existing contract to the new pending contract number? [complete unless #4 is answered as an SAE or Existing Contractor]

- Yes
- No
- Not Applicable

16) Please provide the existing contract ID number: [complete only if answer to #15 is Yes]

17) Please provide existing contract number. [complete only if answer to #4 is SAE]

18) Indicate whether your organization intends to submit an employer/union-only group waiver plan (i.e., 800 series plan) application in addition to your individual market SAE application? [complete only if answer #17]

- Yes
- No

19) What type of plan do you currently offer: [complete only if answer #18]

- CCP: (HMO/HMOPOS, POS, Regional PPO, Local PPO)
- PFFS
- MSA
- MSA Demo
- PDP
- Cost Plan

20) Identify the new states(s) you intend to expand your service area into. [complete only if answer to #19 is PDP]

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida

- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

21) Of the new states selected above, indicate the: [complete only if answer #20]

Number of Licenses Held	
Number of Licensure Waivers to be Requested	

22) As a PFFS applicant seeking to expand its service area, does your organization intend to offer Part D for the first time? [complete only if answer to #19 is PFFS]

- Yes
- No

23) As a Cost Plan seeking to expand its service area, does your organization intend to offer Part D for the first time? [complete only if answer to #19 is Cost Plan]

- Yes
- No

24) As an existing organizations not seeking to expand its CMS contracted service area and wishing to offer employer/union-only group waiver plans (i.e., 800 series plans), and/or Part D benefits for the first time, please provide the existing contract number. [complete only if answer to #4 is Existing Contractor]

25) For Cost Plan & PFFS existing contractors:

As an existing contractor not seeking to expand its CMS contracted service area expansion, does your organization intend to submit a Part D application for your existing CMS contracted service area? [complete only if answer #24]

- Yes
- No
- Not Applicable

26) As an existing contractor not seeking to expand its CMS contracted service area, please indicate whether your organization intends to submit an employer/union-only group waiver (i.e., 800 series) plan application for your existing CMS contracted service area? [complete only if answer #25]

- Yes
- No