

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Drug and Health Plan Choice  
7500 Security Boulevard, Mail Stop C4-22-04  
Baltimore, Maryland 21244-1850



**CENTER FOR DRUG AND HEALTH PLAN CHOICE**

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**DATE:** October 22, 2010

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

**FROM:** Cynthia Tudor, Ph.D.  
Director, Medicare Drug Benefit and C & D Data Group

Danielle Moon, J.D., M.P.A.  
Director, Medicare Drug & Health Plan Contract Administration Group

**SUBJECT:** Release of 2012 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 “Employer” (800) Series) Sponsor; and Related 2012 Application Deadlines.

CMS is pleased to announce the release of the 2012 Notice of Intent to Apply web-tool and key dates for the 2012 Medicare Advantage and Part D Application cycle. As described in detail below, the first required action by sponsors to participate in this process (the Notice of Intent to Apply) is rapidly approaching. The 2012 application key dates are as follows:

<b>2012 Application Activity</b>	<b>Date</b>
Notice of Intent to Apply deadline	November 12, 2010
CMS sends Notice of Intent to Apply confirmation e-mails no later than	November 30, 2010
CMS User ID connectivity form deadline	December 2, 2010
2012 applications posted on CMS website	January 4, 2011
2012 applications submission deadline	February 24, 2011

Submitting the 2012 Notice of Intent to Apply and Application Process

For the 2012 contract year, the Medicare Advantage, Prescription Drug Benefit, and Employer/Union-Only Group Waiver Plan (Direct Contract or “Employer 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, current contractors seeking to expand their organization’s 2011 service area, and current contractors only adding a Special Needs Plan

(SNP) to their existing contract and service area must complete a Notice of Intent to Apply and the CMS User ID connectivity form as applicable. Submitting a Notice of Intent to Apply does not bind that organization to submit an application for 2012. However, without a pending contract number and completed CMS User ID connectivity form, if applicable, an organization will not be able to access the appropriate modules in HPMS to complete any of the required 2012 applications.

#### Notice of Intent to Apply

The 2012 Notices of Intent to Apply should be completed by **5 p.m. EST** on **November 12, 2010**. CMS will send confirmation emails to organizations once the 2012 Notices of Intent to Apply are processed, but no later than **November 30, 2010**.

CMS will only accept Notices of Intent to Apply submitted electronically through its on-line web tool. Organizations must use the following link to access and complete the Notice of Intent to Apply web tool:

<https://vovici.com/wsb.dll/s/11dc4g46d3e>

A hardcopy of the web tool form is attached to this memo as a reference for applying organizations. The attachment identifies those questions an organization must complete to correctly request a 2012 pending contract number for an initial application and/or ensure appropriate access to a service area expansion application for an existing organization. The assignment of contract numbers is done according to CMS rules. Organizations' requests for separate contract numbers will only be allowed when an existing contract may not be expanded based on CMS policy.

Every entity applying for 2012 will need to complete the first 3 questions of the web tool. Depending on how an entity answers question #3, the web tool will automatically direct the applicant to the appropriate questions.

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 2012 contract year. Please also note the following:

- P.O. Boxes will not be accepted. CMS will not process any Notices of Intent to Apply that contain a P.O. Box for the mailing address of the legal entity.
- Existing MA-PD sponsors seeking to only add a SNP and not expand their existing service area will not receive a new contract number; however, such sponsors must still complete the Notice of Intent to Apply online.
- For the 2012 contract year all Employer/Union-Only Group Waiver Plan (Direct Contract or "Employer Series") service area expansions will follow the same application timeline as the individual market applications.

- Current Private Fee-for-Service contractors with service areas transitioning to network-based coverage starting in 2012 must file a single Notice of Intent to Apply for those areas that are transitioning. The network-based PFFS areas will be assessed under a new contract number. Non-network PFFS areas (those not identified by CMS as being a county that must have network-based PFFS coverage) may continue to operate under the current contract number.

#### CMS User IDs

All initial applicants and existing Medicare contractors will need CMS User IDs and passwords to access HPMS. Having submitted the Notice of Intent to Apply, initial applicants can find the CMS User ID application by clicking on the following link:

<http://www.cms.hhs.gov/AccessToDataApplication/>. Completed CMS User ID forms should be returned to CMS no later than **December 2, 2010** to ensure timely processing. Be sure to indicate where indicated all contract numbers which must be affiliated with the CMS User ID. Note that you will not be able to submit this form until CMS provides you with a pending contract number. Return completed CMS User ID forms to:

CMS  
7500 Security Blvd  
Mailstop C4-18-13  
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](mailto:hpms_access@cms.hhs.gov):

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

#### CY 2012 Applications

The 2012 Medicare Advantage, Part D Prescription Drug Benefit, and Employer/Union-Only Group Waiver Plan (Direct Contract or "Employer Series) Initial and Service Area Expansion and Special Needs Plan Applications will be posted on the CMS webpage and in CMS' Health Plan Management System (HPMS) by **January 4, 2011** and will be due no later than **11:59 P.M. EST on February 24, 2011**.

If you have questions on the 2012 Notice of Intent to Apply process, please contact Linda Anders at 410-786-0459 or [Linda.Anders@cms.hhs.gov](mailto:Linda.Anders@cms.hhs.gov)

If you have questions related to HPMS user access, please send an email to [hpms\\_access@cms.hhs.gov](mailto:hpms_access@cms.hhs.gov).

## Attachment: Notice of Intent to Apply for 2012

### FOR NEW OR EXISTING CONTRACTORS SEEKING TO EXPAND OR OFFER NEW PART C, NEW PART D, OR NEW EMPLOYER/UNION-ONLY GROUP WAIVER PLAN (EGWP) (DIRECT CONTRACT OR "Employer Series") PRODUCTS

NOTE: CMS will only accept electronic submissions of this form. You must access and submit the form on-line at <https://vovici.com/wsb.dll/s/11dc4g46d3e>.

To ensure clear and timely communication with CMS, all entities applying to offer new or expanding Part C, Part D, Employer/Union-Only Group Waiver Plan (Direct Contract or "Employer Series" plan) products, or adding a Special Needs Plan to an existing contract must notify CMS of their intent to apply to offer such a plan by completing the attached Notice of Intent to Apply form online and submitting it to CMS by 5:00 p.m. EST on November 12, 2010. Organizations that submit notices of intent to apply forms are not obligated to submit an application to CMS.

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1) **Applicant Organization's Legal Entity Information.**

Legal Entity Name \_\_\_\_\_  
Street Address 1 \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State (Abbreviation) \_\_\_\_\_  
ZIP Code (Either 5 or 9-digit ZIP Code with no dashes) \_\_\_\_\_

**Note: PO Boxes will not be accepted.**

2) **2012 Application Contact Information.**

Salutation (Dr., Mr., Mrs., Ms., etc.) \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State (Abbreviation) \_\_\_\_\_  
ZIP Code (Either 5 or 9-digit ZIP Code with no dashes) \_\_\_\_\_  
Direct Telephone \_\_\_\_\_  
Extension (if applicable) \_\_\_\_\_  
Email Address \_\_\_\_\_

- 3) **Select the type of Medicare contract request (check ONLY one; multiple new contracts require the submission of separate Notice of Intent to Apply forms).**
- a) **PDP [Skip to #11]**  
PDP - Applicants that wish to sell only prescription drug benefits (Part D) to the individual market and, if applicable, the employer group market
- b) **MA-only Organization [Skip to #4]**  
MA-only Organization - Applicants that will offer Medicare Advantage (Part C) plans WITHOUT offering Part D benefits to the individual market and the employer group market, if applicable
- c) **MA-PD [Skip to #5]**  
MA-PD - Applicants that wish to offer a Medicare Advantage (Part C) AND Part D benefits to individual and if applicable, the employer group market
- d) **Adding Special Needs Plan to an existing contract [Skip to “Special Needs Plan Note”]**  
SNP - Applicants adding a Special Needs Plan to an existing contract OR expanding a SNP into a contract’s previously approved service area - No Contract Level Service Area Expansion
- e) **Employer/Union Direct Contract PFFS MA/MAPD or PDP [Skip to #7]**  
Employer/Union Direct Contract PFFS MAO or PDP sponsor - Employers and Unions intending to directly contract with Medicare to offer benefits to their retirees only
- f) **Employer-series Only PDP [Skip to the “Conclusion”]**  
Employer-series Only PDP - Applicants that will ONLY sell to the employer group market
- g) **Service Area Expansion [Skip to #12]**  
SAE - Service Area Expansion of an existing contract of any type (includes expanding from individual-only to individual AND employer markets, or expanding from employer-only to employer AND individual markets)
- h) **Adding Part D benefits or Employer Group Waiver Plan (EGWP) for the first time to an existing contract [Skip to #16]**  
Adding Part D benefits or Employer Group Waiver Plan (EGWP) for the first time to an existing contract - No Service Area Expansion
- 4) **Select the product type represented by this Notice of Intent to Apply. [Complete only if answer to #3 is MA-only]**
- PFFS (no Part D)
  - Medical Savings Account (MSA)
- 5) **Select the product type represented by this Notice of Intent to Apply. [Complete only if answer to #3 is MA-PD]**
- HMO/HMOPOS

- PFFS (with Part D)
  - Regional PPO
  - PSO
  - Local PPO
- 6) **Are you transitioning some or all of an existing non-network or partial network PFFS contract to a network PFFS as a result of the MIPPA regulatory requirements? [Complete only if answer to #4 or #5 was PFFS]**
- Yes – Provide existing contract number: \_\_\_\_\_
  - No
- 7) **Indicate the Type of Employer/Union Direct Contract Plan sponsor you intend to be. [Complete only if #3 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) Full Network (MA-only or MA-PD)
- 8) **Indicate plan types you intend to offer. [Complete only if #7 is Direct Contract PFFS MAO]**
- MA-only
  - MA-PD
- 9) **Indicate the network structure your organization intends to offer. [Complete only if #4 MSA or # is “No – not transition an existing non-network PFFS...”]**
- Full Medical Network
  - Partial Medical Network
  - No Medical Network
- 10) **Is this applicant organized as a religious fraternal organization? [Complete only if answer to #3 is MA-only or MA-PD]**
- Yes
  - No
- 11) **Does your organization intend to submit an employer/union-only group waiver plan (i.e., Employer Series) application in addition to an individual market application? [Complete only if answer to #3 is PDP, MA-PD, or MA-only]**
- Yes
  - No
- 12) **Provide the existing contract number for the 2012 Service Area Expansion application. [Complete only if #3 is SAE]**

Existing contract number: \_\_\_\_\_

- 13) **Indicate the market type your organization intends to apply for under this contract. [Complete only if answer to #3 is SAE]**
- Individual Market Only
  - Individual Market & Employer/Union-Only Group Waiver
  - Employer/Union-Only Group Waiver plan
- 14) **What type of plan do you currently offer under this contract? [Complete only if answer #3 is SAE ]**
- CCP: (HMO/HMOPOS, POS, Regional PPO, Local PPO)
  - PFFS Full Network
  - MSA
  - PDP
  - Cost Plan
- 15) **Provide the existing contract number. [Complete only if answer #3 adding Part D benefits or EGWP for the first time to an existing contract].**
- Existing contract number: \_\_\_\_\_
- 16) **Does your organization currently offer Part D benefits under this contract? [Complete only if answer #3 adding Part D benefits or EGWP for the first time to an existing contract]**
- Yes
  - No
- 17) **Does your organization intend to submit a Part D application for your existing CMS contracted service area? [Complete only if answer #16 is “No”]**
- Yes
  - No
- 18) **Does your organization intend to submit an employer/union-only group waiver (i.e., Employer Series) plan application for your existing CMS contracted service area? [Complete only if answer #3 is Existing Contractor adding Part D or EGWP for first time]**
- Yes
  - No
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**Special Needs Plan Note:**

**[Applies only when #3 is Adding Special Needs Plan to an existing contract]**

**Special Note to MA-PD sponsors intending to only add special needs plan:**

**As your organization only intends to add a Special Needs Plan (SNP) to an existing contract, only the existing contract number is needed for the Notice of Intent to Apply.**

**Provide the existing contract number: \_\_\_\_\_**

**You will not receive a new contract number for this SNP.**

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**CONCLUSION:**

[All Responses conclude with the following screen]

**You have answered all required questions for the 2012 Notice of Intent to Apply.**

**CMS recommends reviewing your responses (click "previous page") and printing each page prior to submitting your responses.**

**NOTE: Once you click "Submit 'Notice of Intent to Apply' Responses Now" you will not be able to return to this specific 2012 Notice of Intent to Apply.**

**Thank you.**

**(Click "Submit Notice of Intent to Apply" button to submit your responses.)**

[Submit 'Notice of Intent to Apply' Responses Now](#)