

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 10, 2008

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

**FROM:** Teresa DeCaro, Acting Director, Medicare Drug and Health Plan Contract Administration Group  
Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit and C & D Data Group

**RE:** Posting of the 2010 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 November 18, 2008

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For the 2010 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 2009 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/or the CMS User ID connectivity form.

The 2010 Medicare Advantage, Part D Prescription Drug Benefit, and Employer/Union-Only Group Waiver Plan (Direct Contract or “800 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) January 6, 2008 and will be due no later than 11:59 P.M. EST on February 26, 2009.

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 2010 applications.

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 2010 contract year. Please also note the following:

- Existing MA-PD sponsors seeking to only add a special needs plan and not expand their existing service area will not receive a new contract number; however, such sponsors should still complete the Notice of Intent to Apply Form.
- To the extent your organization is participating through a demonstration that is expiring at the end of 2009, you will need to submit a notice of intent to apply that corresponds to the type of contract your organization is converting to for the 2010 contract year.
- For the 2010 contract year all Employer/Union-Only Group Waiver Plan (Direct Contract or “800 Series”) service area expansions will follow the same application timeline as the individual market applications.

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 2010 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 2010 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. Organizations must use the following link to access and complete the Notice(s) of Intent to Apply: <https://vovici.com/wsb.dll/s/11dc4g3795f>.

The 2010 Notices of Intent to Apply should be completed by 5 p.m. EST on **November 18, 2008**. 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 completing their application(s). CMS will send confirmation emails to organizations once the 2010 Notices of Intent to Apply are processed, but no later than November 26, 2008.

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/AccessstoDataApplication/>. Completed CMS User ID forms should be returned to CMS no later than December 8, 2008 to ensure timely processing. Be sure to indicate where asked 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 your pending contract number. 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](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)

If you have questions on the 2010 Notice of Intent to Apply process, please contact the following individuals:

Marla Rothouse at 410-786-8063 or [Marla.Rothouse@cms.hhs.gov](mailto:Marla.Rothouse@cms.hhs.gov)  
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 2010

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/11dc4g3795f>.

## 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 "800 SERIES") PRODUCTS

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 "800 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 18, 2008. Organizations that submit notices of intent to apply forms are not obligated to submit an application to CMS.

Note: Responses must be completed for each field prior to moving to the next page. CMS strongly recommends printing responses prior to moving to the next page as there is no option to print the entire Notice of Intent to Apply after submitting your responses.

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

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

### 2) 2010 Application Contact Information.

Salutation (Dr., Mr., Mrs., Ms., etc.) \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State (Abbreviation) \_\_\_\_\_  
ZIP Code (Enter 5 or 9-digit ZIP Code with no dashes) \_\_\_\_\_  
Direct Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_

3) Select the type of Medicare contract request (check ONLY one, multiple new contracts must submit separate NOI forms).

- **PDP** (for those applicants that wish to sell only prescription drug benefits (Part D) only to the individual market and, if applicable, the employer group market) **[Skip to #10]**
- **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.) **[Skip to #4]**
- **MA-PD** (those applicants that wish to offer a Medicare Advantage (Part C) and Part D benefits to individual and, if applicable, the employer group market) **[Skip to #5]**
- **Adding Special Needs Plan to an existing contract - No Service Area Expansion** **[Skip to Special Needs Plan Note]**
- **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) **[Skip to #8]**
- **800-series Only PDP, non-network MA PFFS, or MSA sponsor** (for those entities that wish to ONLY sell to the employer group market) **[Skip to #11]**
- **Service Area Expansion** (SAE of an existing contract) **[Skip to #12]**
- **Adding Part D benefits and/or EGWP for the first time to an existing contract - No Service Area Expansion** **[Skip to #17]**

**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)
- MSA Demonstration

**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 Demo--Continuing Care Retirement Community

**6) 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 MAO)

**7) Indicate plan types you intend to offer. [complete only if #6 is Direct Contract PFFS MAO]**

- Medicare Advantage Only
- Medicare Advantage Prescription Drug Plan

**8) Indicate the network structure your organization intends to offer. [complete only if #4, #5 or #6 is PFFS, Direct PFFS, MSA or MSA Demo]**

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

**9) Is this applicant organized as a religious fraternal organization? [complete only if answer to #3 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) application in addition to an individual market application? [complete only if answer to #3 is PDP, MA-PD, or MA-only]**

- Yes
- No

**11) 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. [complete only if #3 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

**12) Provide the existing contract number for the 2010 Service Area Expansion application. [complete only if answer to #3 is SAE]**

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**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
- MSA
- MSA Demo
- PDP
- Cost Plan

**15) Provide the existing contract number. [complete only if answer #3 adding Part D benefits and/or EGWP for the first time to an existing contract – no service area expansion].**

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

**16) Does your organization currently offer Part D benefits under this contract? [complete only if answer #3 adding Part D benefits and/or EGWP for the first time to an existing contract – no service area expansion].**

- Yes
- No

**17) Does your organization intend to submit a Part D application for your existing CMS contracted service area? [complete only if answer #3 is adding Part D and/or EGWP for first time under an existing contract]**

- Yes
- No
- Not Applicable

**18) Does your organization intend 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 #3 is Existing Contractor adding Part D and/or EGWP for first time]**

- Yes
- No
- Not Applicable

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**Special Needs Plan Note:**

**[Applies only when #3 is Adding Special Needs Plan to an existing contract - No Service Area Expansion]**

**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, no additional information 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 will end with the following screen]

You have answered all required questions for the Notice of Intent to Apply for 2010.

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 Notice of Intent to Apply for 2010.**

Thank you.

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

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