

MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: December 11, 2015

TO: Programs of All-Inclusive Care for the Elderly (PACE) Organizations

FROM: Kathryn A. Coleman, Director

SUBJECT: 2016 PACE Application Guidance

Initial PACE applications:

The Centers for Medicare & Medicare Services (CMS) is pleased to announce the release of the electronic PACE application for all new organizations under the PACE program. Beginning in 2016, the initial PACE application will be web-based in the Health Plan Management System (HPMS). A copy of the 2016 initial PACE application is posted on the CMS web page at the following link <https://www.cms.gov/Medicare/Health-Plans/pace/Overview.html>.

Service Area Expansion (SAE) applications:

CMS is working to implement the SAE application electronically. Until it is automated, however, current PACE organizations that want to file a SAE application must submit their SAE application using the current submission process. The SAE submission process instructions are provided in attachment A. Please note that the quarterly submission window for SAEs varies by quarter. A copy of the SAE application is also posted on the CMS web page at the following link <https://www.cms.gov/Medicare/Health-Plans/pace/Overview.html>.

Further guidance and key dates for initial and SAE applications are provided below.

Guidance for Initial PACE Applications:

Notice of Intent to Apply (NOIA) for Initial Applicants:

Initial applicants must complete the NOIA to ensure timely access to CMS systems, including HPMS. CMS uses the NOIA information to generate a pending contract number, which the applicant needs to request access to HPMS. An example of the NOIA data collection form for organizations interested in applying under the PACE program is attached to this memo (see attachment B). CMS will only accept the NOIA data collection form electronically through the PACE portal at: <https://dmao.lmi.org> (this is a website URL not an email address). Once on the webpage, follow the instructions below:

1. Click on the “PACE” tab.
2. At the bottom of the page click on “Submit PACE Question.”
3. Complete the required fields-
 - For “Category” select PACE Organization Application.

- For “Issue” type Notice of Intent to Apply.
4. Upload/Attach the NOIA data collection form (in PDF format).

Please also note the following:

- P.O. boxes will not be accepted as a valid address for application purposes.
- Submitting a NOIA does not bind the organization to submit an initial PACE application for 2016.

Requesting Access to CMS Computer Systems for Initial Applicants:

New applicants will need their pending contract ID number to request access to CMS computer systems. Instructions for downloading and completing the Request for Access to CMS Computer Systems form are in attachment C. Once the request has been reviewed and approved CMS will provide new applicants their CMS User ID to access HPMS.

INITIAL Application	2016 Dates
NOIA submission for new PACE organizations to ensure timely access to CMS systems, including HPMS.	1 st quarter – By January 31, 2016 2 nd quarter - April 1 to April 30, 2016 3 rd quarter - July 1 to July 31, 2016 4 th quarter - October 1 to October 31, 2016
Request HPMS access as a new user	1 st quarter – By January 31, 2016 2 nd quarter - April 1 to April 30, 2016 3 rd quarter - July 1 to July 31, 2016 4 th quarter - October 1 to October 31, 2016
HPMS window open to complete Initial PACE application	1 st quarter – February 1 st to March 31, 2016 2 nd quarter – May 1 st to June 30, 2016 3 rd quarter – August 1 st to September 30, 2016 4 th quarter – November 1 st to December 30, 2016
Initial PACE application 2016 submission deadlines – the applicant will be able to hit “Final Submit” on this date.	1 st quarter - March 31, 2016 2 nd quarter – June 30, 2016 3 rd quarter – September 30, 2016 4 th quarter – December 30, 2016
SAE Application	
2016 SAE application submission windows	1 st quarter - January 4 to January 8, 2016 2 nd quarter – June 30, 2016 3 rd quarter – September 30, 2016 4 th quarter – December 30, 2016

Please note that an applicant must hit “Final Submit” when submitting an initial application, on the quarterly submission deadline, for the application to be considered by CMS.

Training:

CMS will provide a recorded webinar training on how to complete the electronic initial application and will announce when the training is posted on the CMS website. The recorded webinar will provide potential new PACE organizations with an overview of how to complete the electronic initial application and submission process. Once it is available, new PACE applicants and other interested parties should download and review this webinar prior to completing and submitting an initial PACE application.

If you have questions about this guidance or the 2016 NOIA process contact the PACE portal at: <https://dmao.lmi.org> (this is a website URL not an email address). Once on the webpage click on the “PACE” tab, and at the bottom of the page click on “Submit PACE Question.”

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

Attachment A: PACE SAE Submission Process Instructions

Instructions	
How to submit	All SAE applications are to be submitted to CMS Central Office. Send in a zipped file to DMAOHPMSEmails@cms.hhs.gov
What to submit	The SAE application can be found at: https://www.cms.gov/Medicare/Health-Plans/pace/Overview.html
Complete application	Incomplete applications will not be accepted. A complete application includes: <ul style="list-style-type: none"> • State administering agency (SAA) certification pages and SAA signature • Cover sheet with the appropriate signatures • Table of Contents for the Narrative part • Narrative part, with each question answered and divided into chapters • Table of Contents for Documents section • Documents section, arranged by chapters
How to label the files in the Documents sections	Each chapter's documents should be consolidated into a single pdf file. Please use the following naming convention: "Organization Name_Ch [Number] _Documents.pdf".
SAA signature page	SAA signature page is required.
Submission Date	The date of submission is the date the applicant emails the complete application in a zipped file to CMS. CMS will send a reply email confirming receipt of the application submission. Note: Incomplete applications will not be accepted and will need to be resubmitted during a future application timeframe. See above under "Complete Application" for a list of requirements for a complete application.
File Size	The CMS mail server will not accept an attachment greater than 25 MB. If your zip file exceeds that size, please separate your zip files into two zip files and send separately.
HPMS Contract Number (H#)	For service area expansion applications, please include the H# in the "Subject" line.
Receipt Confirmation	CMS will send an email confirming receipt of an application. This does not replace the "Completeness Letter" which is part of the application review process.

Attachment B: Notice of Intent to Apply Data Collection Form, applicable only for Initial Applicants:

CENTERS FOR MEDICARE AND MEDICAID SERVICES	
PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY	
NOTICE OF INTENT TO APPLY (NOIA) DATA COLLECTION FORM	
Organization's Legal Entity Name: Trade Name (if different):	
Parent Organization:	Organization's Mailing Address:
Application Contact's Name and Title: Application Contact's Mailing Address: Application Contact's Phone Number: Application Contact's Email:	
CEO or Executive Director's Name and Title: CEO or Executive Director's Mailing Address: CEO or Executive Director's Phone Number: CEO or Executive Director's Email:	

Attachment C: Request for Access to HPMS and CMS Computer Systems, applicable only for Initial Applicants:

Requesting HPMS Access for a New User:

If the initial PACE applicant does not have an active CMS user ID with access to HPMS, the applicant must follow these steps to obtain a CMS user ID:

- Download the Request for Access to CMS Computer Systems form from:
<http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf>
- Complete the form as follows:
 - Section 1 – Check “New” as the type of request.
 - Section 2 – Check “Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only” and complete the data entry fields, where applicable.
 - Section 3 – Enter all active and pending contract number(s) for which you need access.
 - Section 4 – Check the first row beneath the "Default Non-CMS Employee" row (i.e., place a check in the Connect box of the third row). On the blank line beside your check mark, write "HPMS_P_CommlUser".
 - Section 5 – State briefly the type of consultant or electronic signature access required in HPMS.
 - Section 6 – Leave blank.
 - Sign and date the Privacy Act Statement on page 3 of the form. Enter your name and Social Security Number at the top of page 3. This step is critical to ensuring the successful processing of your request.
- Submit the original (not a copy) user access form via traceable carrier to:
CMS
Attention: HPMS Access
7500 Security Boulevard
Mailstop C4-18-13
Baltimore, MD 21244-1850
- On each individual’s form, please ensure that it includes an original signature/date, social security number, and the contract number(s) for which the user needs HPMS access.

Your user ID request will not be processed without completing these steps.