

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



CENTER FOR BENEFICIARY CHOICES

TO: All Medicare Advantage, Cost, Demonstration, and Prescription Drug Plan Organizations

FROM: Cynthia Tudor, Ph.D., Director
Medicare Drug Benefit Group

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Medicare Advantage Group

DATE: January 17, 2008

SUBJECT: ACTION - Health Plan Management System (HPMS) Access

CMS has identified a significant number of pending Contract Year (CY) 2009 contract numbers that are not yet associated with plan users in HPMS. Contract numbers that were newly generated for CY 2009 **must** have plan users assigned in HPMS in order to complete critical contracting tasks, such as to enter contact information, enter basic organization information, and complete the online Medicare Advantage and Part D applications by **March 10, 2008**. Part D formularies, which are due in April, must also be submitted electronically via HPMS. These examples are simply a few of the more time-sensitive contracting activities for which an organization needs HPMS access immediately.

Organizations making an initial application (for both stand-alone Prescription Drug Plan (PDP) sponsors and Medicare Advantage (MA) organizations) or expanding a service area for 2009 must submit their applications through the HPMS system. Organizations that do not comply with HPMS application submission requirements must wait until the start of the 2010 contracting cycle to submit a new application.

CMS assumes that organizations that have submitted Notices of Intent, but do not have current HPMS plan user assignments, will not be submitting 2009 applications. If this assumption is incorrect, organizations must follow the instructions in this memorandum to be qualified to submit an application.

Please read the instructions below carefully if your organization still requires access to HPMS. We will expedite your requests as much as possible, but the user access process takes some time due to CMS standard operating procedures and volume.

Requesting Contract Number Associations for Current HPMS Users

- If your organization already has individuals with HPMS access, but one or more new contract numbers need to be associated with these users, please send an e-mail to hpms_access@cms.hhs.gov with the following information:
 - User name and user ID of the active HPMS users
 - Organization name
 - Existing contract number(s) for which the user has access
 - Contract number(s) for which these current HPMS users need access

Note: CMS recommends that an organization send a consolidated request on behalf of its HPMS users, where appropriate.

Requesting HPMS Access for New Users

- If there are no individuals in your organization with HPMS access, please download a copy of the Application for Access to CMS Computer Systems form at: <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”. Complete the other data entry fields, as appropriate.
 - Section 3 – Enter the 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 that you require HPMS.
 - Section 6 – Leave blank.
 - Sign and date the Privacy Act Statement on page 3 of the form. Also 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.
- Send the completed form to the attention of Lori Robinson via an expedited mail service as soon as possible:

ATTENTION: Lori Robinson
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mail Stop: C4-14-21
Baltimore, MD 21244

- 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 request will **not** be processed without completing these steps.

Please send any questions regarding this memo to hpms_access@cms.hhs.gov. Thank you for your prompt attention.