

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: October 20, 2016

TO: Current and Future Medicare Advantage Organizations and Prescription Drug Plan Sponsors

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SUBJECT: Release of Notice of Intent to Apply for Contract Year 2018 Medicare Advantage (Part C) and Prescription Drug Benefit (Part D) and Related CY 2018 Application Deadlines

CMS is pleased to announce the release of the Contract Year (CY) 2018 Notice of Intent to Apply (NOIA) web tool and key dates for the CY 2018 Medicare Advantage (Part C) and Prescription Drug Benefit (Part D) application cycle. As described in detail below, the first required action by interested organizations to participate in this process (the Notice of Intent to Apply) is rapidly approaching. The CY 2018 application cycle key dates are as follows:

I. 2018 Application Activity Key Dates

CY 2018 Application Activity	Date
Notice of Intent to Apply (NOIA) deadline to ensure access to the CMS Health Plan Management System	November 14, 2016
CMS sends Notice of Intent to Apply confirmation e-mails to entities meeting the November 15 NOIA deadline to ensure timely Health Plan Management System (HPMS) access	November 30, 2016
CMS User ID connectivity form submissions must be received by this date to ensure user access to HPMS by January 10, 2017	December 2, 2016
CY 2018 applications posted on CMS websites	January 10, 2017

CY 2018 Application Activity	Date
Final day to submit Notice of Intent to Apply for 2018	January 27, 2017
CY 2018 applications submission deadline	February 15, 2017

II. Submitting a Notice of Intent to Apply

The CY 2018 NOIA should be completed by **5 p.m. Eastern Time on November 14, 2016**. CMS will continue to process NOIAs between November 14, 2016 and January 27, 2017. Please note that CMS cannot guarantee that applicants submitting a NOIA after November 14 will have access to the online application when released in January 2017; therefore, be advised that those entities may not have the full period of time to complete their applications.

CMS will send confirmation emails to organizations once the CY 2018 NOIAs are processed, but no later than **November 30, 2016** for those entities that submit a NOIA by November 14, 2016. **Entities must submit a NOIA for CY 2018 if any of the following actions are planned:**

- Offering a new product type (such as a MA-PD or PDP)
- Transitioning an existing non- or partial network Private Fee for Service (PFFS) to a full network PFFS (a pending contract ID will be issued)
- Expanding the service area of an existing contract (SAE)
- Expanding only an employer-only service area
- Adding prescription drug benefits to an existing contract for the first time
- Adding Employer Group Waiver Plan (EGWP) market to an existing individual-only service area for the first time
- Adding individual market to an existing EGWP-only service area for the first time
- Adding or expanding the service area of a Special Needs Plan (SNP)

An organization seeking to offer a new product type or an expansion of an existing Medicare Advantage or Prescription Drug Plan must complete a separate NOIA for each unique application it intends to submit.

For CY 2018, two distinct websites have been set up to simplify the online tool for interested organizations. Hardcopies of the two web tool forms are attached to this memo as reference. The attachments identify the questions an organization must complete to correctly request a CY 2018 pending contract number for an initial/new contract application (Attachment A) and SAE applications for existing organizations (Attachment B). CMS will only accept NOIAs submitted electronically through the appropriate online web tool. Organizations must use the following links to access and complete the NOIA web tools:

- New/Initial Medicare Advantage (Part C) and Medicare Prescription Drug Plan (Part D) – <https://cms.gov.wufoo.com/forms/mdndlj011h7bfg/> (Attachment A)

- Medicare Advantage (Part C) and Medicare Prescription Drug Plan (Part D) Service area expansion (including adding a SNP to an existing contract) – <https://cms.gov.wufoo.com/forms/msr2j1c1185ibj/> (Attachment B)Wn

III. CMS Processing of Notices of Intent to Apply and Confirmations

CMS will review and process the NOIA submission, and for entities seeking to offer a new product type in 2018, CMS will use the information submitted to generate pending contract IDs. Organizations' requests for separate contract numbers will only be accommodated when an existing contract is not allowed to be expanded based on CMS policy.

Please also note the following:

- New contract numbers will not be issued to existing legal entities for product types they currently contract with CMS to offer in 2017. Those entities will complete SAE applications to achieve the business goals of broadening the contract's service area, or adding EGWP or individual plans, to existing contracts.
- P.O. boxes will not be accepted as a valid address for application purposes. Processing will be delayed for all NOIAs that contain a P.O. Box for the mailing address of the legal entity while CMS attempts to collect the street address for the legal entity.
- All EGWP (Direct Contract or "Employer Series") service area expansions will follow the same application timeline as the individual market applications.
- Current PFFS contractors with service areas transitioning to network-based coverage starting in CY 2018 must file a single NOIA for those areas that are transitioning. The network-based PFFS areas will be assessed under a new contract number. Non-network PFFS plans (those plans that cover county(ies) not identified by CMS as being a county that must have network-based PFFS coverage) may continue to operate under their current contract numbers.

IV. CY 2018 Applications

The CY 2018 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 web pages and in HPMS by January 10, 2017 and will be due on February 15, 2017.

All CY 2018 Medicare applications and supporting documentation will be submitted electronically via the HPMS. To ensure timely access to CMS systems, including HPMS, applicants must complete the NOIA online and the CMS User ID connectivity form (required for entities seeking a new 2018 contract). Submitting a NOIA does not bind that organization to submit an application for CY 2018.

If you have questions about the CY 2018 Notice of Intent to Apply process, please contact Arianne Spaccarelli at 410-786-5715 or email Arianne.Spaccarelli@cms.hhs.gov

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

ATTACHMENT A: Notice of Intent to Apply for a New/Initial CY 2018 Medicare Advantage (Part C) and Prescription Drug Benefit (Part D) Contract

To ensure clear and timely communication with CMS, all entities applying to offer new CY 2018 products must notify CMS of their intent to apply to offer such a plan by completing this Notice of Intent to Apply (NOIA) form online at <https://cms.gov.wufoo.com/forms/mdndlj011h7bfg/>

- 1) **Select Legal Entity Name for Applicant Organization from the pull down list provided in web tool.** Applicants whose legal entity is not listed will have the opportunity to select ‘Other,’ and provide the name.
- 2) **Applicant Organization’s Address** NOTE: Organizations must provide street addresses for the location of the Legal Entity. PO boxes are not acceptable and CMS will only process NOIAs with a street address.

Street Address 1: _____

Street Address 2: _____

City, State ZIP: _____

- 3) **Select Parent Organization* from the pull down list provided in web tool.** NOTE: CMS considers a parent organization to be the legal entity that owns a controlling interest in a contracting organization. More specifically, for Part C and D reporting purposes, the parent organization is the “ultimate” parent, or the top entity in a hierarchy (which may include other parent organizations) of subsidiary organizations which is not itself a subsidiary of any corporation. Applicants whose parent organization is not listed will have the opportunity to select ‘Other,’ and provide the name,

- 4) **The legal entity identified above has 2017 contracts (with or without EGWPs or SNPs) with CMS as follows (check all that apply):**

- MA-PD HMO/HMOPOS
- MA-PD Local PPO (LPPO)
- MA-PD Regional PPO (RPPO)
- MA-PD PSO
- MA-PD PFFS (with Part D)
- Medicare Advantage Only - PFFS
- Medicare Advantage Only – MSA
- 1876 Cost Plan with Part D
- 1876 Cost Plan no Part D
- PDP
- Employer/Union Direct PFFS no Part D
- Employer/Union Direct PFFS with Part D
- Employer Direct MA-PD LPPO
- Employer Direct PDP
- Not Applicable - Legal Entity does not hold a 2017 Part C or Part D contract with CMS

5) **CY 2018 Application Contact Information.** This person must be an employee of the applicant, the applicant's parent organization, or a subsidiary of the applicant's parent organization.

First Name _____

Last Name _____

Title _____

Address 1 _____

Address 2 _____

City _____

State Abbreviation _____ ZIP Code _____ Either 5 or 9 digit ZIP code (no dashes)

Direct Telephone _____

Email Address _____

6) **Select the type of NEW Medicare contract application for which your organization will apply. Check ONLY one; organizations must submit separate Notices of Intent to Apply for each CY 2018 contract application type.**

- MA-PD HMO/HMOPOS
- MA-PD Local PPO
- MA-PD Regional PPO
- MA-PD PSO
- MA-PD PFFS (with Part D)
- Medicare Advantage Only – PFFS
- Medicare Advantage Only – MSA
- PDP
- Employer/Union Direct Contract PFFS no Part D
- Employer/Union Direct Contract PFFS with Part D
- Employer/Union Direct Contract MA-PD LPPO
- Employer/Union Direct Contract PDP

7) **[Complete only if you selected PFFS in both questions 3 & 5] Are you transitioning some or all of an existing non-network or partial network PFFS contract to a FULL network PFFS as a result of the MIPPA regulatory requirements?**

- Yes
- No

8) [Complete only if answered “PFFS” in question 5 and “No” in question 6] Indicate the network structure your organization intends to offer under this contract.

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

9) [Complete only if you answered PFFS or a CCP product in question 5] Is this applicant organized as a religious fraternal organization.

- Yes
- No

10) Indicate the market type your organization intends to offer under this contract in CY 2018.

- Individual Market Only
- Individual Market & Employer/Union-Only Group Waiver
- Employer/Union-Only Group Waiver Plan

11) [Complete only if you intend to offer a new Coordinated Care Plan (CCP)] Which, if any, SNP application(s) will your organization apply for? (Check all that apply)

- Chronic Condition SNP (C-SNP)
- Dual Eligible SNP (D-SNP)
- Institutional SNP (I-SNP)
- The CCP application will not include a SNP application

You have answered all required questions for the 2018 Notice of Intent to Apply.

NOTE: Once you click "Submit Notice of Intent to Apply Responses Now" you will not be able to return to this specific 2018 Notice of Intent to Apply.

ATTACHMENT B: Notice of Intent to Apply to Expand an Existing Medicare Advantage (Part C) and Prescription Drug Benefit (Part D) Contract for CY 2018

To ensure clear and timely communication with CMS, all entities applying to offer expanded CY 2018 products must notify CMS of their intent to apply to offer such a plan by completing this Notice of Intent to Apply (NOIA) form online at <https://cms.gov.wufoo.com/forms/msr2j1c1185ibj/>

1) Contract Number Organization Wishes to Expand: _____

2) The contact for this 2018 service area application is:

- The same as the current HPMS application contact listed for this contract ID, or
- Different from the current HPMS application contact.

3) [Complete only if the 2018 application contact will be different from the current HPMS application contact] 2018 Application Contact Information. This person must be an employee of the applicant, the applicant's parent organization, or a subsidiary of the applicant's parent organization.

First Name _____

Last Name _____

Address 1 _____

Address 2 _____

City _____

State Abbreviation _____ ZIP Code _____ Either 5 or 9 digit ZIP code (no dashes)

Direct Telephone _____ (no dashes)

Extension, if applicable _____

Email Address _____

**4) Select all activity planned for this 2018 application:
(Check all that apply)**

- Expanding individual market service area
- Expanding an employer-only service area
- Adding Part D benefits to existing contract for the first time
- Adding Employer Group Waiver (EGWP) for first time to an existing contract
- Adding individual market to an existing EGWP-only contract
- Adding or Expanding the service area of a D-SNP
- Adding or Expanding the service area of a I-SNP

- Adding or Expanding the service area of a C-SNP

5) Indicate the market type your organization intends to offer under this contract in 2018.

- Individual Market Only
- Individual Market & Employer/Union-Only Group Waiver
- Employer/Union-Only Group Waiver Plan

You have answered all required questions for the 2018 Notice of Intent to Apply.

NOTE: Once you click "Submit Notice of Intent to Apply Responses Now" you will not be able to return to this specific 2018 Notice of Intent to Apply.

If your organization has additional Notices of Intent to Apply (for service area expansions under existing contracts, including adding Part D drug benefits, SNPs and employer group waiver plans), you must complete one Notice of Intent to Apply for each unique contract ID under which you will apply.