

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Drug and Health Plan Choice
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DATE: October 31, 2013

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

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SUBJECT: Release of Notice of Intent to Apply for Contract Year 2015 Medicare Advantage (Part C), Prescription Drug Benefit (Part D), and Medicare-Medicaid Plan Contracts through the Financial Alignment Demonstration, and Related CY 2015 Application Deadlines

CMS is pleased to announce the release of the Contract Year (CY) 2015 Notice of Intent to Apply (NOIA) web tool and key dates for the CY 2015 Medicare Advantage (Part C), Prescription Drug Benefit (Part D), and Medicare-Medicaid Plan 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 2015 application cycle key dates are as follows:

I. 2015 Application Activity Key Dates

CY 2015 Application Activity	Date
Notice of Intent to Apply (NOIA) deadline to ensure access to the CMS Health Plan Management System	November 14, 2013
CMS sends Notice of Intent to Apply confirmation e-mails to entities meeting the November 14 NOIA deadline to ensure timely HPMS access	November 27, 2013
CMS User ID connectivity form submissions must be received by this date to ensure user access to HPMS by January 10, 2014	December 05, 2013
CY 2015 applications posted on CMS websites	January 13, 2014
Final day to submit Notice of Intent to Apply for 2015	January 31, 2014
CY 2015 applications submission deadline	February 2014

II. Submitting a Notice of Intent to Apply

The CY 2015 NOIA should be completed by **5 p.m. Eastern Time on November 14, 2013**. CMS will continue to process NOIAs between November 14, 2013 and January 31, 2014. 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 2014; 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 2015 NOIAs are processed, but no later than **November 27, 2013** for those entities that submit a NOIA by November 14, 2013. **Entities must submit a NOIA for CY 2015 if any of the following actions are planned:**

- Offering a new product type (such as a MA-PD, or Medicare-Medicaid Plan)
- Transitioning an existing non- or partial network 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

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. Applicants seeking to offer a Medicare-Medicaid Plan through the Financial Alignment Demonstration will complete one NOIA per legal entity, regardless of the number of States or program types they intend to offer. CMS will generate distinct pending contract numbers for each State selected by a legal entity. Medicare-Medicaid Plan applicants for CY 2015 may only submit NOIAs for the HMO/HMOPOS plan type.

For CY 2015, three distinct websites have been set up to simplify the online tool for interested organizations. Hardcopies of the three web tool forms are attached to this memo as reference. The attachments identify the questions an organization must complete to correctly request a CY 2015 pending contract number for an initial/new contract application (Attachment A), service area expansion applications for existing organizations (Attachment B), and pending contract number for a Medicare-Medicaid Plan (Attachment C). 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:

- Medicare Advantage (Part C) and Medicare Prescription Drug Plan (Part D) – *see Attachment A*
- Medicare Advantage (Part C) and Medicare Prescription Drug Plan (Part D) Service area expansion (including adding a SNP to an existing contract) – *see Attachment B*

- Medicare-Medicaid Plan through the Financial Alignment Demonstration – *see Attachment C*

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 2015, 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 2014. Those entities will complete Service Area Expansion (SAE) applications to achieve the business goals of broadening the contract's service area, or adding Employer Group Waiver Plans or individual plans, to existing contracts. (Not applicable to Medicare-Medicaid Plans.)
- 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.
- All organizations seeking to offer a Medicare-Medicaid Plan will follow the same application timeline as Medicare Advantage and Part D.
- Current Private Fee-for-Service (PFFS) contractors with service areas transitioning to network-based coverage starting in CY 2015 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 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 2015 Applications

The CY 2015 Medicare Advantage, Part D Prescription Drug Benefit, and Employer/Union-Only Group Waiver Plan (Direct Contract or "Employer Series") Initial and Service Area Expansion, Special Needs Plan Applications, and Medicare-Medicaid Plan applications will be posted on the CMS web pages and in CMS's Health Plan Management System (HPMS) by January 13, 2014 and will be due on a date in February 2014, to be announced with the release of the 2015 applications.

All CY 2015 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 2015 contract). Submitting a NOIA does not bind that organization to

submit an application for CY 2015.

If you have questions about the CY 2015 Notice of Intent to Apply process, please contact Arianne Spaccarelli at 410-786-5715 or <mailto: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 2015 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 2014 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://vovici.com/wsb.dll/s/11dc4g54bdd>.

1) Applicant Organization's Legal Entity Information.

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.

Legal Entity Name: _____
Street Address 1: _____
Street Address 2: _____
City, State ZIP: _____

2) Select Parent Organization* from the pull down list provided in web tool.

* 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.

3) The legal entity identified above has 2014 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 2014 Part C or Part D contract with CMS

- 4) **CY 2015 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.**

Salutation _____
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 _____ (no dashes)
Extension, if applicable _____
Email Address _____

- 5) **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 2015 contract application type.**

A legal entity will not be assigned a new contract ID for products for which it currently contracts with CMS. In those cases, CMS requests that the legal entities expand their existing contract to meet their business needs by submitting a Service Area Expansion NOIA using the following link: <https://vovici.com/wsb.dll/s/11dc4g54bdb>. The exception to this requirement is that non-network PFFS transitioning to full network will be assigned a new contract ID.

- ☐ 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

- 6) **[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

- 7) **[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
- 8) **[Complete only if you answered PFFS or a CCP product in question 5] Is this applicant organized as a religious fraternal organization?**
- ☐ Yes
 - ☐ No
- 9) **[Skip only if you answered Employer/Union Direct in questions 5] Indicate the market type your organization intends to offer under this contract in CY 2015.**
- ☐ Individual Market Only
 - ☐ Individual Market & Employer/Union-Only Group Waiver
 - ☐ Employer/Union-Only Group Waiver Plan
- 10) **[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
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You have answered all required questions for the 2015 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 2015 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 2015

To ensure clear and timely communication with CMS, all entities applying to offer expanded CY 2015 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://vovici.com/wsb.dll/s/11dc4g54bdb>.

1) Provide existing contract ID under which a Service Area Expansion application will be submitted: _____

2) Select the Legal Entity associated with the contract ID provided in #1.

The legal entity is the organization with which CMS will contract, and is not the marketing name, or a "doing business as" (dba) name.

3) The contact for this 2015 service area application is:

- The same as the current HPMS application contact listed for this contract ID, or
- A person different from the current HPMS application contact will act as the application contact for this service area expansion

4) [Complete only if the 2015 application contact will be different from the current HPMS application contact] 2015 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.

Salutation _____
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 _____ (no dashes)
Extension, if applicable _____
Email Address _____

**5) Select all activity planned for this 2015 application:
(Check all that apply)**

- Service Area Expansion - at the contract level

- Expanding an Employer-Only Service Area
- Adding Part D benefits for the first time to an existing contract
- 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

6) Indicate the market type your organization intends to offer under this contract in 2015.

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

You have answered all required questions for the 2015 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 2015 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.

ATTACHMENT C: 2015 Notice of Intent to Apply Medicare-Medicaid Plan through the Financial Alignment Demonstration

To ensure clear and timely communication with CMS, all entities applying to offer new Medicare-Medicaid Plans through the Financial Alignment Demonstration in 2015 in the permissible States 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://vovici.com/wsb.dll/s/11dc4g54bdc>.

Organizations with more than one legal entity that will be applying for an MMP should complete one NOIA form for each distinct legal entity.

1) Applicant Organization's Legal Entity Information.

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.

Legal Entity Name: _____
Street Address 1: _____
Street Address 2: _____
City, State ZIP: _____

2) Select Parent Organization* from the pull down list provided in web tool.

* 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.

3) Application Contact Information.

Salutation _____
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 _____ (no dashes)
Extension, if applicable _____
Email Address _____

- 4) **Select the State or States in which you intend to offer a Medicare-Medicaid Plan HMO/HMOPOS in 2015. Entities will receive distinct pending contract numbers for each State selected.**

Select all that apply

- ☐ Idaho
- ☐ Rhode Island

You have answered all required questions for the 2015 Notice of Intent to Apply as a Medicare-Medicaid Plan through the Financial Alignment Demonstration.

If you need to submit notices under different legal entities for a 2015 MMP applications, after clicking the "Submit Notice of Intent to Apply" button, return to the NOIA online form by following the link in the memo announcing the MMP NOIA, or copy and paste this link in your browser: <https://vovici.com/wsb.dll/s/11dc4g54bdc>.

You will get a confirmation email after CMS manually reviews and processes your NOIA.