



DATE: January 17, 2017

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

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SUBJECT: 2017 Programs of All-Inclusive Care for the Elderly Application Guidance

Initial and SAE PACE applications:

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the release of the PACE application and key dates for the 2017 Programs of All-Inclusive Care for the Elderly (PACE) application cycle. Beginning in 2017, all PACE applications, both initial and service area expansion (SAE) applications, will be submitted via the Health Plan Management System (HPMS). A copy of the 2017 PACE application is posted on the CMS web page at the following link:

<https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>

Guidance for Initial PACE Applications:

Initial applicants must complete the Notice of Intent to Apply (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. The NOIA data collection form for organizations interested in applying under the PACE program is attached to this memo (see attachment A). CMS will only accept the NOIA data collection form electronically through the PACE portal at: <https://dmao.lmi.org> (note, 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 –
 - a. For "Category" select PACE Organization Application.
 - b. For "Issue" type Notice of Intent to Apply.
4. Upload/Attach the NOIA data collection form (in PDF format).

Please note the following:

- P.O. boxes will not be accepted as a valid address for application purposes.
- Submitting an NOIA does not bind the organization to submit an initial PACE application for 2017.

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 obtaining a CMS User ID and password are in Attachment B. Once the request has been reviewed and approved, CMS will provide new applicants their CMS User ID to access HPMS.

Application Steps	Application Submission Dates	Submission Deadlines
NOIA submission for new PACE organizations to ensure timely access to CMS systems, including HPMS.	1 st quarter 2 nd quarter 3 rd quarter 4 th quarter	January 1 to January 31, 2017 April 1 to April 28, 2017 July 1 to July 31, 2017 October 1 to October 31, 2017
Request HPMS access as a new user	1 st quarter 2 nd quarter 3 rd quarter 4 th quarter	By January 31, 2017 April 1 to April 30, 2017 July 1 to July 31, 2017 October 1 to October 31, 2017
Initial and SAE Application Submission Dates -- Please note that when submitting an application an applicant must hit "Final Submit" on the quarterly submission deadline by 5:00 pm EST for the application to be considered by CMS.	1 st quarter 2 nd quarter 3 rd quarter 4 th quarter	March 31, 2017 June 30, 2017 September 29, 2017 December 29, 2017

Reminders

State Readiness Reviews (SRR) - All initial applications and any SAE application that includes the addition of a new PACE center require a SRR of the new center. The SRR must be submitted with either the initial submission of the application or submitted in response to the subsequent request for additional information. If the required SRR is not submitted the application will be denied.

Part D Applications and Bid Submissions – Applicants must submit a Part D application in HPMS simultaneously with the initial PACE application. A copy of the PACE Part D application is posted on the CMS web page at the following link:

https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ApplicationGuidance.html

As an initial PACE applicant, please be aware of the Part D bid submission requirements. A PACE applicant should submit a Part D bid and supporting documentation in HPMS at the same time it submits the response to the request for additional information. If the application is approved prior to the first Monday in June, the new PACE organization must submit its renewal bid for the following Contract Year into HPMS by the first Monday in June to meet the bid submission deadline. If however, the initial application is not approved until after the first Monday in June, the new PACE organization will submit its renewal bid for the following Contract Year within 90 days of the approval of the initial application and execution of the PACE program agreement.

Change of Ownership (CHOW) – A PACE CHOW may require the submission of a PACE application for CMS to determine if the acquiring organization is qualified and meets the requirements under 42 CFR Part 460 Subpart B. Existing PACE organizations seeking to change the ownership of their contract must notify CMS and follow the guidance per the February 18, 2016 HPMS memo titled, “Guidance on Notification Requirements for Programs of All-Inclusive Care for the Elderly Organization Change of Ownership.”

Training

PACE Application Training

Tuesday, January 24, 2017 2:00-3:30 p.m.

Toll Free dial in: 1-844-396-8222

Access code: 903 051 241

Event address for attendees:

<https://meetings-cms.webex.com/meetings-cms/onstage/g.php?MTID=e80dd83bfc853bfe23e1a5210ab6ca1c9>

To join the session, all attendees **must first** click on the appropriate link and sign in using their email address. Once logged in, wait for dial-in instructions to appear.

The training presentation will be recorded and posted on the CMS website at the following link: <https://www.cms.gov/Medicare/Health-Plans/PACE/Overview.html>

If you have questions about this guidance or the 2017 NOIA process, contact the PACE portal at: <https://dmao.lmi.org>. 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: Notice of Intent to Apply Data Collection Form for Initial PACE 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 B: Instructions for Obtaining CMS User ID and Password

IMPORTANT: You will need a CMS User ID and password to complete the 2017 PACE application.

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:

1. User Name(s)
2. CMS User ID(s)
3. Current Contract Number(s)
4. Pending Contract Number(s)

Otherwise, complete the CMS User ID application by clicking on the following link: <http://www.cms.hhs.gov/AccessToDataApplication/>. Be sure to indicate, where asked, all contract numbers that must be affiliated with the CMS User ID.

Completed CMS User ID forms should be returned to CMS by the suggested timeframes in the memorandum to ensure timely processing.

Return completed CMS User ID forms to:

CMS
7500 Security Blvd
Mailstop C4-18-13
Baltimore, MD 21244
Attn: Lori Robinson

CMS will provide you with additional technical instructions on accessing HPMS, including its website address, once your User ID has been processed.

Questions

PACE applications: Send an email by going to <https://dmao.lmi.org/> and clicking on the PACE tab. Please note: this is a webpage, not an email address.

Part D applications: Please contact Arianne Spaccarelli (PartD_Applications@cms.hhs.gov or 410-786-5715).

HPMS application process: Please contact Greg Buglio (410-786-6562 or Gregory.Buglio@cms.hhs.gov).

Please send an email to hpms_access@cms.hhs.gov for questions related to HPMS user access.