

**HEALTH PLAN MANAGEMENT SYSTEM
(HPMS)**

***ONLINE APPLICATION
USER MANUAL***

JUNE 23, 2020

TABLE OF CONTENTS

INTRODUCTION	2
I. GETTING STARTED	4
ACCESS THE CONTRACT MANAGEMENT START PAGE AND SELECT A CONTRACT	4
TO ACCESS THE ONLINE APPLICATION MANUALS IN THE HPMS	6
II. COMPLETING BASIC CONTRACT MANAGEMENT.....	7
INTRODUCTION	7
CONTRACT SERVICE AREA	7
<i>New Contracts: Adding & Updating Proposed Service Area Data</i>	<i>8</i>
<i>Adding Counties/Zip Codes/Regions to an Existing Contract.....</i>	<i>14</i>
VIEW CURRENT SERVICE AREA DATA.....	22
III. COMPLETING THE ONLINE APPLICATION	25
INTRODUCTION	25
<i>Who Must Complete an Initial or Service Area Expansion Online Application?.....</i>	<i>25</i>
<i>When Must Initial or Service Area Expansion Online Applications Be Completed?</i>	<i>26</i>
<i>What Sections Must Be Completed?.....</i>	<i>26</i>
ENTER THE ONLINE APPLICATION SECTION.....	27
SUBMIT ATTESTATIONS	28
<i>Employer/Union-Only Group Waiver Plan Attestations</i>	<i>28</i>
<i>Medicare Advantage (MA) and Part D Attestations</i>	<i>31</i>
DOWNLOAD TEMPLATES	35
<i>Types of Downloadable Files.....</i>	<i>35</i>
<i>How to Download Templates.....</i>	<i>35</i>
UPLOAD FILES.....	36
<i>Pharmacy Lists (Home Infusion, Long-Term Care, Mail Order, Retail Pharmacy, I/T/U)</i>	<i>36</i>
<i>Medicare Advantage (MA) Supporting Files</i>	<i>39</i>
<i>Part D Supporting Files.....</i>	<i>41</i>
FINAL SUBMISSION.....	42
<i>Submit Final Application</i>	<i>42</i>
<i>View Submission History.....</i>	<i>49</i>
APPENDIX: CMS CONTACTS	50

INTRODUCTION

This manual provides instructions for how to complete and submit online the initial and service area expansion (SAE) applications and attestations for Medicare Advantage (MA) Plans and Medicare Prescription Drug Plans (PDPs), as well as the attestations for Employer/Union-Only Group Waiver Plans (EGWPs).

Important notes for applicants for:

- **Programs of All-Inclusive Care for the Elderly (PACE).** Please refer to the *Online Application User Manual for PACE* for all instructions for completing and submitting the initial and SAE applications and attestations for PACE. The instructions in this manual do not extend to PACE.
- **Special Needs Plans (SNPs) and State Medicaid Agency Contracts (SMACs).** Please refer to this manual and to the *Online Application User Manual for SNPs and SMACs*. Together they provide instructions for completing and submitting initial and SAE applications and attestations for the benefits an organization might offer.
- To access the manuals, see the “Access the Online Application Manuals in the HMPS” section in Chapter I below.

The Centers for Medicare & Medicaid Services (CMS) does not accept hard-copy applications. MA Organizations (MAOs) and PDP organizations must complete initial and SAE applications online in the Health Plan Management System (HPMS).

Included among applicants are (1) applicants for Employer/Union Direct Contracts and “Employer Series Only” contracts (i.e., contracts that offer Plans ONLY to employer groups, not individual Medicare beneficiaries); (2) existing Medicare sponsor organizations applying to offer Part D for the first time in the upcoming contract year; and (3) Employer/Union Direct Contract and “Employer Series” Plan sponsors (including organizations applying for “Employer Series Only” contracts) that must also complete EGWP attestations.

Applicants will use the HPMS Contract Management module—specifically the **Basic Contract Management** and **Online Application** sections—to complete applications.

- **Basic Contract Management.** Enables users to enter and maintain basic contract management data, such as organization marketing data, Part C and Part D–specific information, service area information, and contact information. See the *Basic Contract Management User Manual* for instructions on how to update basic contract management information.
- **Online Application.** Enables users to submit attestations, upload files, and submit the final application.

The HPMS is contract specific. Entities applying for multiple contract numbers must provide a separate submission in the HPMS for each contract number.

The HPMS Online Application functionality generally becomes available to users in January of each year.

NOTE: Screenshots in this manual are not intended to display complete functionality and are for demonstration purposes only.

I. GETTING STARTED

ACCESS THE CONTRACT MANAGEMENT START PAGE AND SELECT A CONTRACT

STEP 1

On the **HPMS Home Page**, select **Contract Management** in the top navigation bar, and click **Basic Contract Management** in the flyout menu (Figure I-1).



Figure I-1: HPMS Home Page

STEP 2

On the **Basic Contract Management Dashboard** (Figure I-2), enter the contract number or contract name. The auto-complete drop-down list displays the contracts which match the characters entered.

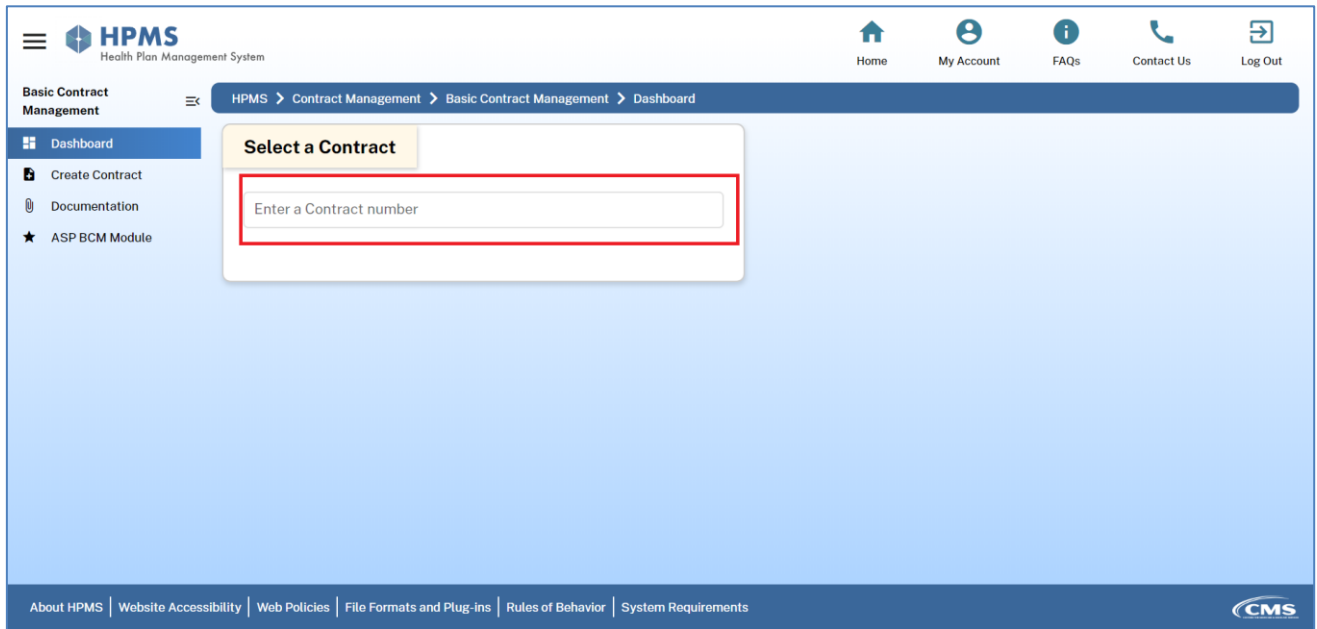


Figure I-2: Basic Contract Management Dashboard

STEP 3

Select the applicable contract number from the drop-down list.

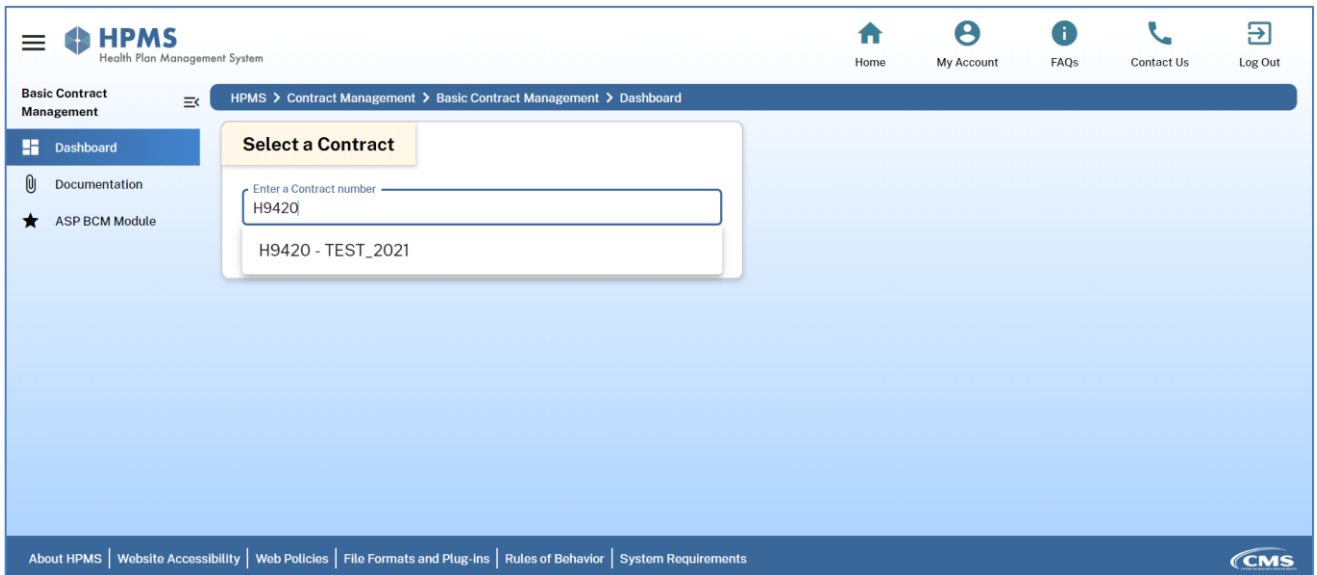


Figure I-3: Basic Contract Management Dashboard

STEP 4

On the **Contract Dashboard** (Figure I-4), data-entry links for the selected contract number display in the menu.

The screenshot shows the HPMS (Health Plan Management System) interface. The top navigation bar includes Home, My Account, FAQs, Contact Us, and Log Out. The breadcrumb trail is HPMS > Contract Management > Basic Contract Management > Dashboard. The left sidebar menu is expanded, with a red box highlighting the 'General Information' item. The main content area displays the following information:

- Select a Contract:** A search box containing 'H9420 - TEST_2021'.
- Contract Information:**
 - Contract Number: H9420
 - Contract Name: TEST_2021
 - Contract Status: Pending
 - Proposed Contract Effective Date: 01/01/2021
 - Organization Marketing Name: Test Organization
 - Parent Organization: CMC Care Holding Corp.
 - Contract Termination Date:
- Contract Attributes:**
 - Offers Employer-Only Plans: Yes
 - Offers Part D: Yes
 - Offers SNP Plans: Yes
 - Only Offers Employer Plans: No
 - Organization Type: Local CCP
 - Contract Plan Type: HMO/HMOPOS
- Contract Contacts:**
 - CEO - Senior Official for Contracting:**
 - Ms. Lisa Brubaker, 7700 Forsyth Blvd, St. Louis, MO 63105, 3144450091, lbrubaker@centene.com
 - Mr. Bruce Broussard, 500 West Main Street, 6th Floor - Humana Tower, Louisville, KY 40202, 5025803606, bbroussard@humana.com
 - Medicare Compliance Officer:**
 - Ms. Nicole Slee, 4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nslee@centene.com
 - Mr. Sean O'Reilly, 500 West Main Street, Floor 22, Louisville, KY 40202, 5024769797, Mohammad.Momin@softrams.com
 - Medicare Coordinator:**
 - Ms. Nicole Slee, 4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nslee@centene.com
 - Sean O'Reilly, 500 West Main Street, Louisville, KY 40202, 5024769797, HumanaMCO2@humana.com
 - General Contact:**
 - Ms. Nicole Slee, 4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nslee@centene.com
 - Sean O'Reilly, 500 West Main Street, Louisville, KY 40202, 5024769797, HumanaMCO2@humana.com
- CMS Contacts:**
 - CMS Account Manager:** PARUIA AHMED
 - Email:** paruia.ahmed@test.com

Figure I-4: Contract Dashboard

TO ACCESS THE ONLINE APPLICATION MANUALS IN THE HPMS

The current versions of Online Application user manuals are always available in the HPMS.

STEP 1

On the **Contract Management Start Page**, click **Online Application User Manual** in the “Documentation” section of the menu (Figure I-2). The manuals will be available in a zip file.

II. COMPLETING BASIC CONTRACT MANAGEMENT

INTRODUCTION

The **Basic Contract Management** section enables users to enter key data for their contract. Information that is required for an initial or service area expansion (SAE) application includes:

1. Basic contract information
2. Marketing information
3. Part C and/or Part D organizational function information
4. Service area information
5. Organization and Plan contact information
6. Special Needs Plan (SNP) data. Applicants should refer to the *Online Application User Manual for SNPs and SMACs*.
7. Programs of All-Inclusive Care for the Elderly (PACE) data. Applicants should refer to the *Online Application User Manual for PACE*.

In general, users can update data in the **Basic Contract Management** sections described below throughout the year, but fields must be complete for organizations to submit initial and SAE applications. For detailed instructions on completing fields in this HPMS module, refer to the *Basic Contract Management User Manual*.

CONTRACT SERVICE AREA

The contract service area defines the geographic area where the organization will provide contracted services. To begin the application process, organizations must identify the service area for the upcoming contract year. Users can enter service area data for initial and SAE applications only in January.

NOTE: Existing Medicare sponsor organizations seeking to make service area reductions (SARs) for the coming contract year must do so via the non-renewal process; SARs cannot be processed via the Contract Service Area webpages. To process a SAR, contact the CMS Account Manager. SARs include deleting a portion of an existing and approved service area and changing a portion of an existing approved service area from an Individual market to an Employer Only market.

New Contracts: Adding & Updating Proposed Service Area Data

There are two types of service areas that organizations may add: (1) a service area defined by county/zip code, and (2) a service area defined by region (PDPs and Regional Coordinated Care Plans). The steps for adding or updating the two types follow.

A. SERVICE AREA TYPE: COUNTY/ZIP CODE (IF APPLICABLE FOR A GIVEN ORGANIZATION TYPE) IF NO PENDING SERVICE AREA DATA HAS BEEN ENTERED:

STEP 1

If the organization intends to offer EGWPs and must identify certain counties/regions as Employer Only, complete the EGWP attestations before entering service area data. (See the EGWP Attestations section in Chapter III below.)

STEP 2

On the **Contract Management Start Page** (Figure II-1), click **Add Service Area Data** (or **Add SAE Data**, for SAE applicants) in the “Contract Service Area” section in the menu to advance to the **Update Contract Service Area** page (or SAE page for SAE applicants). Enter the service area information.

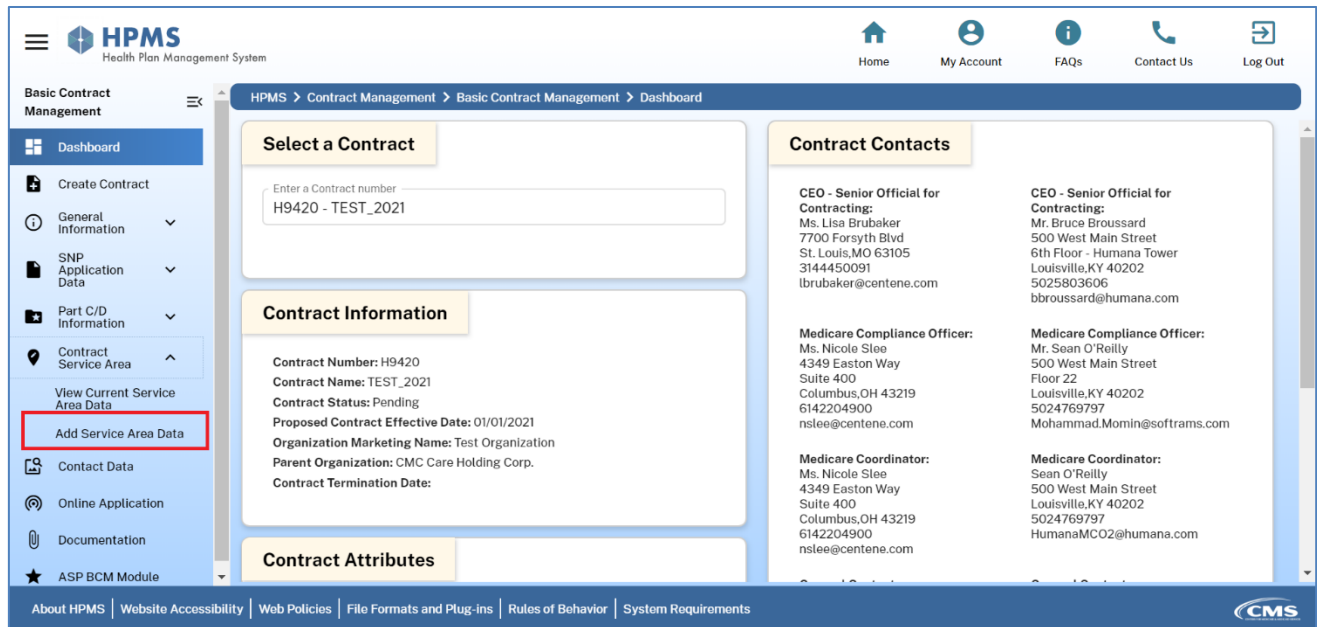


Figure II-1: Contract Management Start Page

WHEN UPDATING PREVIOUSLY ENTERED PENDING SERVICE AREA DATA:

STEP 1

When a pending service area exists in the HPMS, organizations can update (add or change) the contract service area before Final Submission. On the **Contract Management Start Page** (Figure II-1), in the menu under “Contract Service Area,” click **Update Service Area Data**.

STEP 2

The **Update Contract Service Area** page (Figure II-2) displays the pending service area for the contract. Organizations can redefine the service area at the county and zip code level.

The four possible **Service Area Counties** lists are:

1. **Full Individual and Employer.** The counties that organizations will cover in full for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans ONLY to employer groups.
2. **Full Employer.** The counties that organizations will cover in full only for EGWPs. This option is available only to organizations that completed an EGWP attestation. (See the Online Application section below.)
3. **Partial Individual and Employer.** The counties organizations will cover on the zip code level for the Individual Market and/or EGWPs, if applicable. This option is not available to organizations that offer Plans ONLY to employer groups.
4. **Partial Employer.** The counties that organizations will cover on the zip code level only for EGWPs. This option is available only to organizations that completed an EGWP attestation. (See the Online Application section below.)

The method for adding/dropping a county/zip code from the service area is similar across list types.

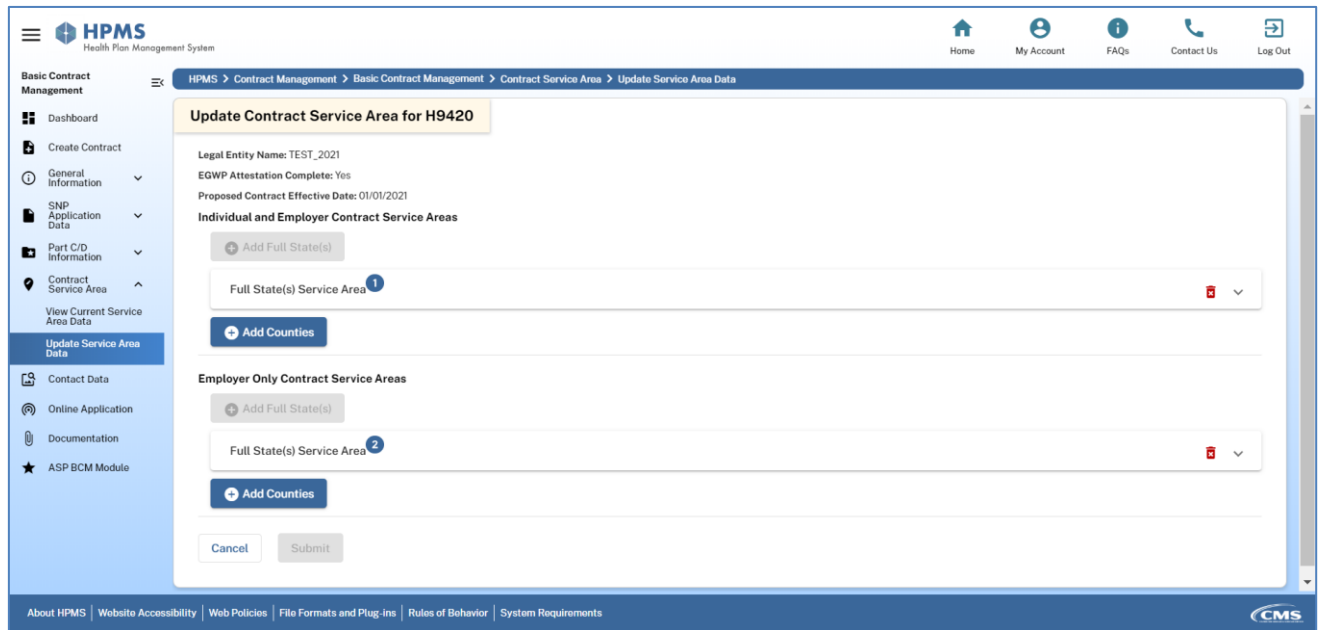


Figure II-2: Update Contract Service Area

STEP 2A: ADDING FULL COUNTIES

- As shown in **Add Full County** page (Figure II-3), to add a county:
 - Click **Add Counties**, the Counties Service Area [State] expansion panel displays.
 - Select a state from the first drop-down list and click **Add Full County(s)**.
 - The **Select Full County or Counties** list displays.
 - Click to select the states which need to be added in the service area and click **Submit** (Figure II-2).
 - A confirmation pop up **Confirm Service Area Update** (Figure II-9) appears displaying the service area information.
 - Confirm all entries are correct and click **Submit**. To make corrections click **Cancel**.
 - To download a .CSV file of the contract service area, click **Download .CSV**.

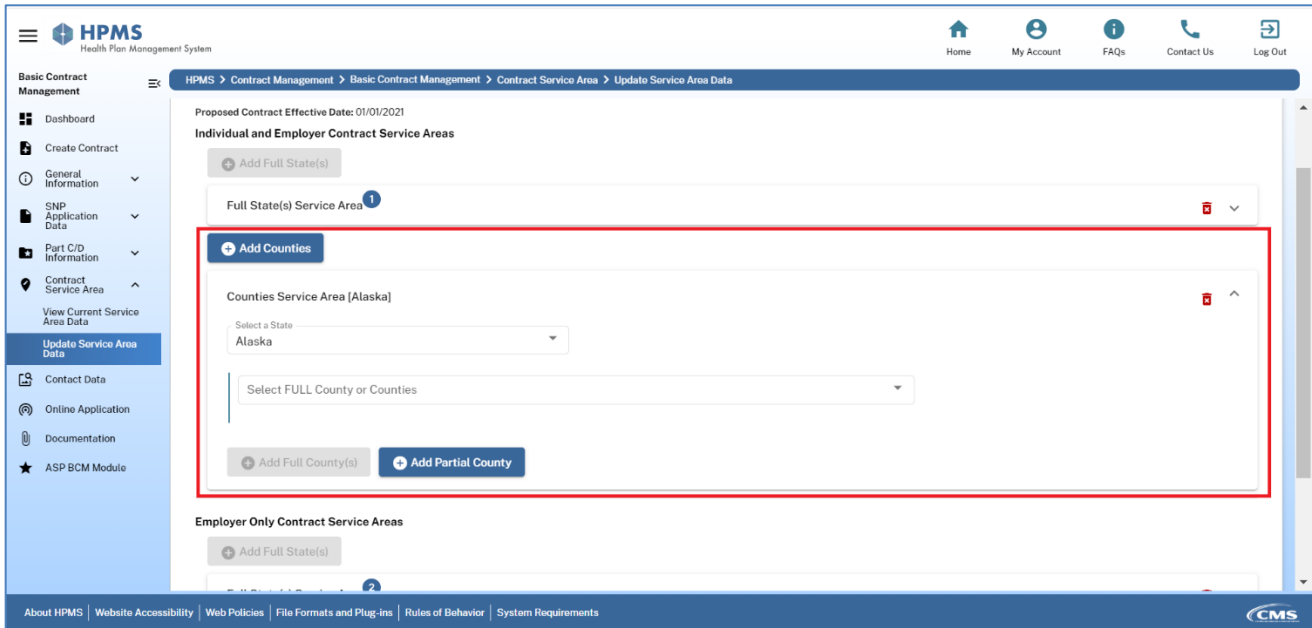


Figure II-3: Add Full County

NOTE: If the county appears in either Full list, users cannot add it to another list.

- To add ALL counties for a given state (applicable only to Full Individual and Employer or Full Employer), as shown in **Add All Counties** page (Figure II-4):
 - Click **Add Full State**, the Full State(s) Service Area expansion panel displays.
 - Select a state from the drop-down list. To add all states, click **Select All** (if applicable).
 - Once the state(s) are selected, all the counties within the states automatically display in the contract service area.
 - Click **Submit** (Figure II-2), a confirmation pop up **Confirm Service Area Update** (Figure II-9) displays the entire service area information.
 - Confirm all entries are correct and click **Submit**. To make corrections click **Cancel**.
 - To download a .CSV file of the contract service area, click **Download .CSV**.

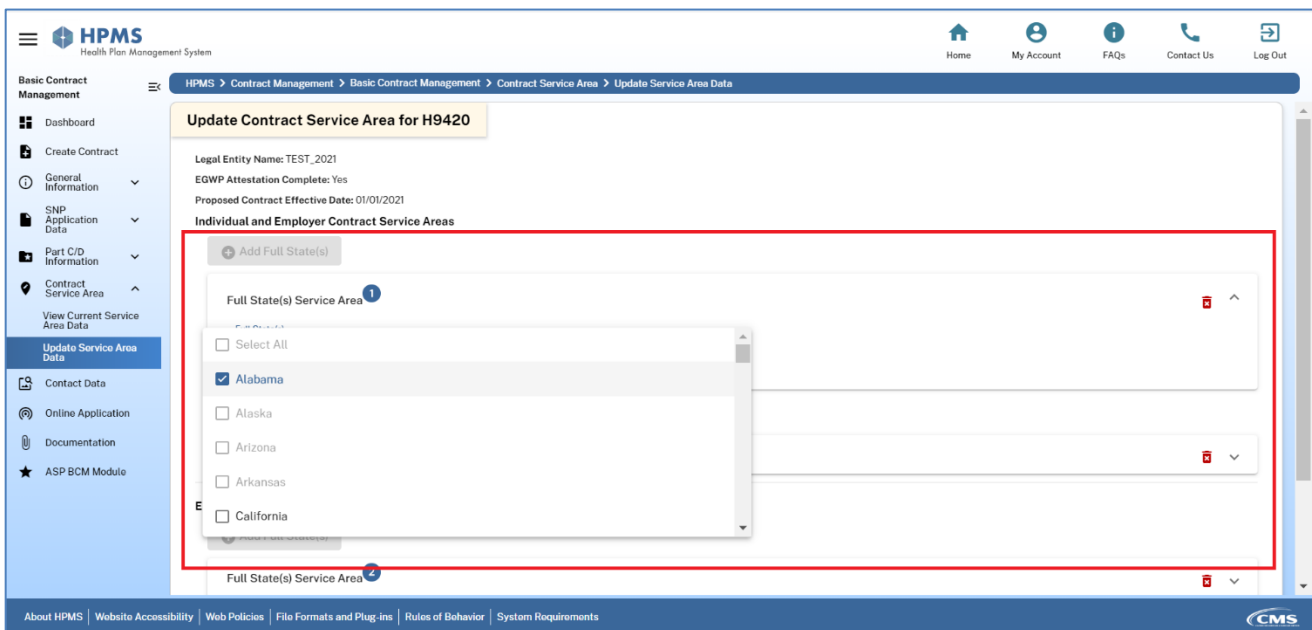


Figure II-4: Add All Counties

NOTE: The **Select All** functionality is available only to certain organization types with nationwide service areas. This action takes longer to complete, so wait until the system returns the user to the Contract Management Start Page before continuing.

STEP 2B: DROPPING PENDING COUNTIES

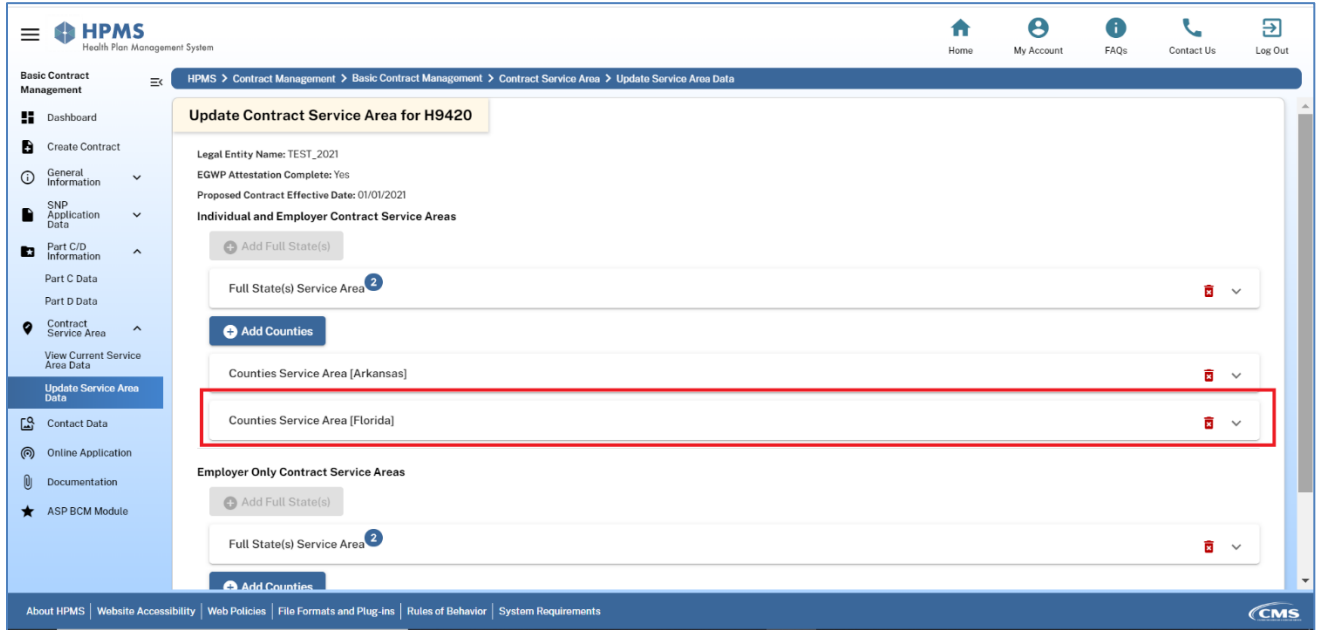


Figure II-5: Select State to Drop County

- Expand the expansion panel for the state (Figure II-5).

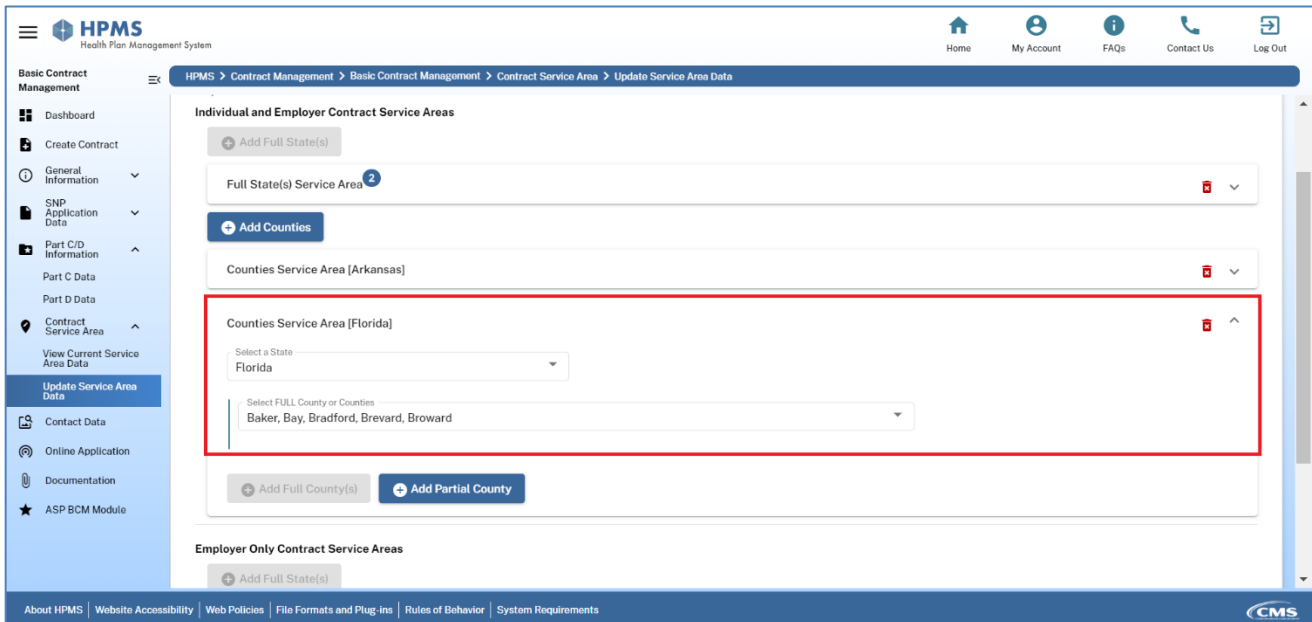


Figure II-6: Counties to be dropped

- Click the drop down Select Full County or Counties as shown in Figure II-6 and uncheck the counties to be dropped
- To drop all the counties for a particular state, click on the trash can icon appearing next to the Counties Service Area [State]
- Click **Submit** button in **Update Contract Service Area** page (Figure II-2), confirmation pop up **Confirm Service Area Update** (Figure II-9) appears displaying the entire service area information.
- Check if all the entries are correct and click **Submit**. To make corrections click **Cancel**
- To download a .CSV file of the contract service area, click **Download .CSV**.

NOTES:

- If the county appears in either Full list, users cannot add it to another list.
- Applicants may drop a pending county only prior to the Final Submission of the application.
- Users cannot drop a pending county unless it has been removed from affiliated SNP service areas. (Refer to the *Online Application Manual for SNPs and SMACs*.)

STEP 2C: ADDING ZIP CODES

Figure II-7: Add Partial County

- Expand the expansion panel for the state (Figure II-5) and click **Add Partial County** as shown in Figure II-7.
- Click the **Select Partial County** drop-down list.
- Select the county to which the zip code is being added.
- Click the **Select associated Zip Code(s)** drop-down list and select all the applicable zip codes from the multi select drop down as shown in Figure II-8.
- Click **Submit** (Figure II-2), a confirmation pop up **Confirm Service Area Update** (Figure II-9) appears displaying the entire service area information.

- Confirm the entries are correct and click **Submit**. To make corrections click **Cancel**.
- To download a .CSV file of the contract service area, click **Download .CSV**.

NOTE: If a zip code exists in either Partial list, users cannot add it to another list.

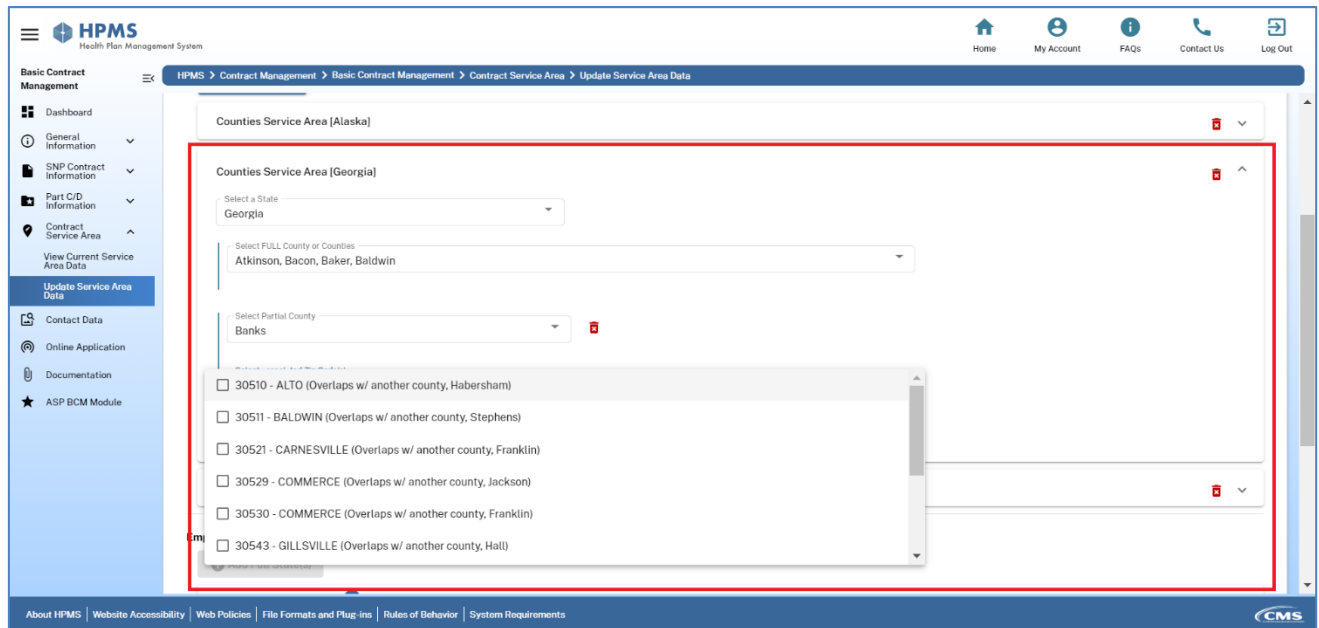


Figure II-8: Adding Zip Codes

STEP 2D: REMOVING PENDING ZIP CODES

- To remove a pending zip code from a pending partial county (i.e., in a Partial Individual and Employer or Partial Employer county list):
 - Expand the expansion panel for the state (Figure II-5) and click the drop-down list and select associated Zip Codes (Figure II-7).
 - Uncheck the zip codes to be dropped from the drop-down and click **Submit** (Figure II-2).
 - To remove all the zip codes for a county, click the Trash Can icon appearing next to the Select Partial County drop down (Figure II-8).
 - A confirmation pop up **Confirm Service Area Update** (Figure II-9) displays the entire service area information.
 - Confirm the entries are correct and click **Submit**. To make corrections click **Cancel**.
 - To download a .CSV file of the contract service area, click **Download .CSV**.

NOTE: An applicant may drop a pending zip code only prior to the Final Submission of the application.

STEP 3

On the **Confirm Contract Service Area Update** pop up (Figure II-9), after reviewing data, click **Submit**. To correct data, click **Cancel**. After clicking Submit, users will remain in **Update Contract Service Area Page** (Figure II-2) and a success message Service Area data submitted successfully is displayed in the screen.

NOTE: It is critical to verify the service area entered before clicking Submit. CMS will review applications based on the service area as it appears in the HPMS on the date of Final Submission.

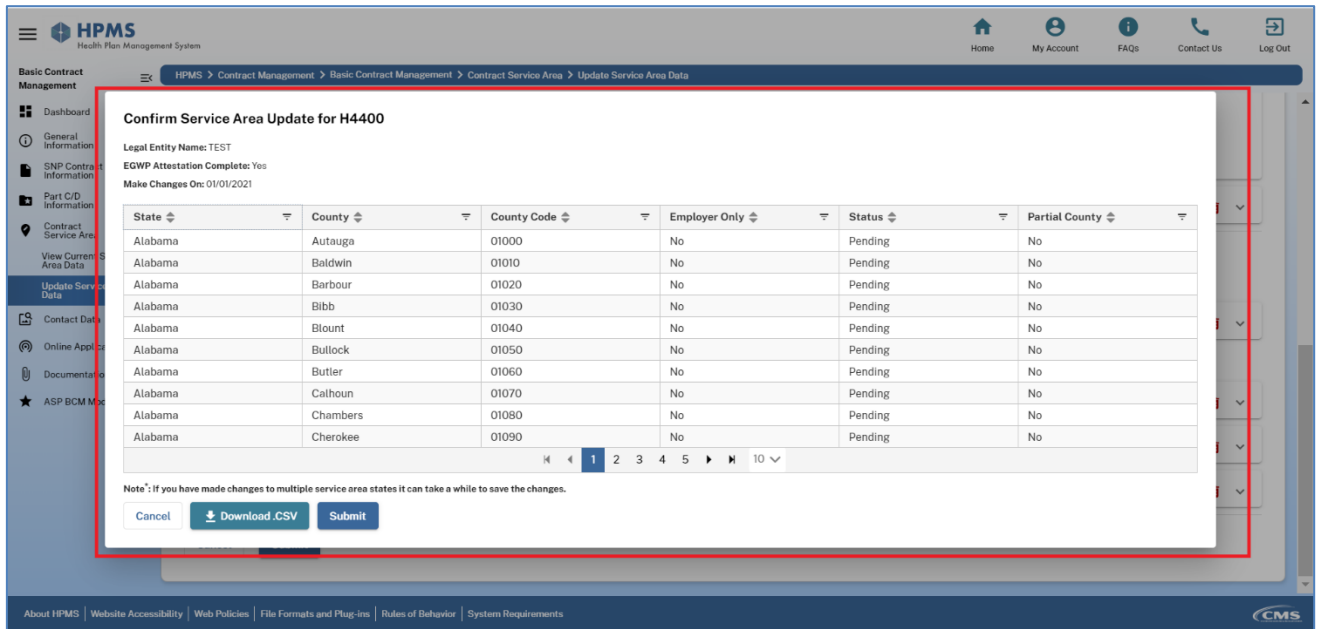


Figure II-9: Confirm Service Area Update

B. SERVICE AREA TYPE: REGIONAL (PDPs AND REGIONAL COORDINATED CARE PLANS)

The **Regional Service Area Type** applies to PDP and Regional Coordinated Care Plan (CCP) organization types. The regions for the two organizations that appear on the data entry page are different. The example screenshots below demonstrate the functionality for just PDPs. The functionality for Regional CCPs is the same, except where noted.

IF NO PENDING SERVICE AREA DATA HAS BEEN ENTERED:

STEP 1

If an organization intends to offer EGWPs and must identify certain counties/regions as Employer Only, it must complete the EGWP attestations before entering service area data. (See the EGWP Attestations section below.)

STEP 2

On the **Contract Management Start Page** (Figure II-1), in the menu under “Contract Service Area,” click **Add Service Area Data** to advance to the **Update Contract Service Area** page (Figure II-2). Enter service area information.

WHEN UPDATING PENDING SERVICE AREA DATA:

STEP 1

After entering a service area, but prior to Final Submission, users can update (add or change) contract service area data. Click **Update Service Area Data** in the “Contract Service Area” section of the menu to advance to the Update Service Area page. The page the user sees will depend on the contract. The page may appear as in Figure II-2 above, or when contracts are defined by region, as in Figure II-10 below. The two are navigable in similar ways.

STEP 2

The **Update Service Area** page for regions (Figure II-10) enables users to define the service area at a regional level.

Users can add regions to up to two service area–region lists:

1. **Individual and Employer Contract Service Areas** (if available). Regions the Plan will cover for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans ONLY to employer groups.
2. **Employer Only Contract Service Area** (if available). Regions the Plan will cover for EGWPs. This option is available only to organizations that completed an EGWP attestation. (See the Online Application section below).

The method for adding a region to / dropping a pending region from the service area is similar for the list types.

The screenshot shows the HPMS (Health Plan Management System) interface. The top navigation bar includes 'Home', 'My Account', 'FAQs', 'Contact Us', and 'Log Out'. The left sidebar menu is expanded to 'Add Service Area Data'. The main content area is titled 'Update Contract Service Area for S0753'. It displays the following information:

- Legal Entity Name: TEST_PDP_2021
- EGWP Attestation Complete: Yes
- Proposed Contract Effective Date:

There are two sections for adding regions:

- Individual and Employer Contract Service Areas**: Contains an 'Add Region' button.
- Employer Only Contract Service Areas**: Contains an 'Add Region' button.

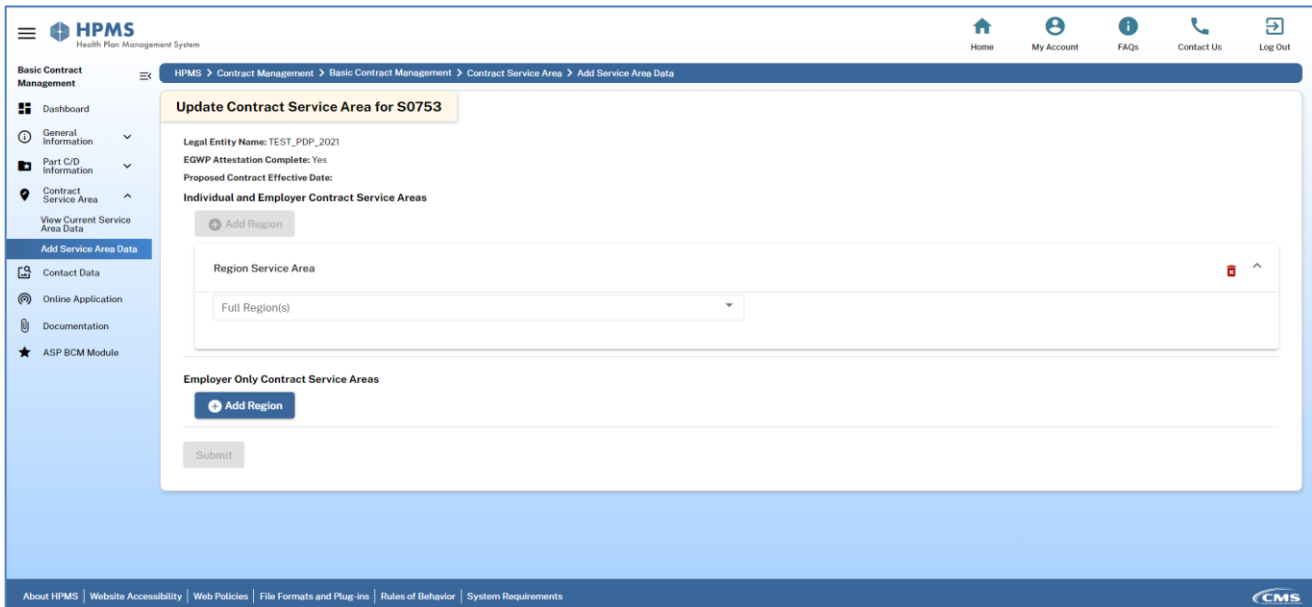
A 'Submit' button is located at the bottom of the form.

Figure II-10: Update Service Area (Regions)

STEP 2A: ADDING REGIONS

- Click **Add Region**, the expansion panel Region Service Area displays (Figure II-11).
- Expand the expansion panel and click the **Full Region(s)** drop-down.
- Select the region(s) to be added from the multiselect drop down (Figure II-12).

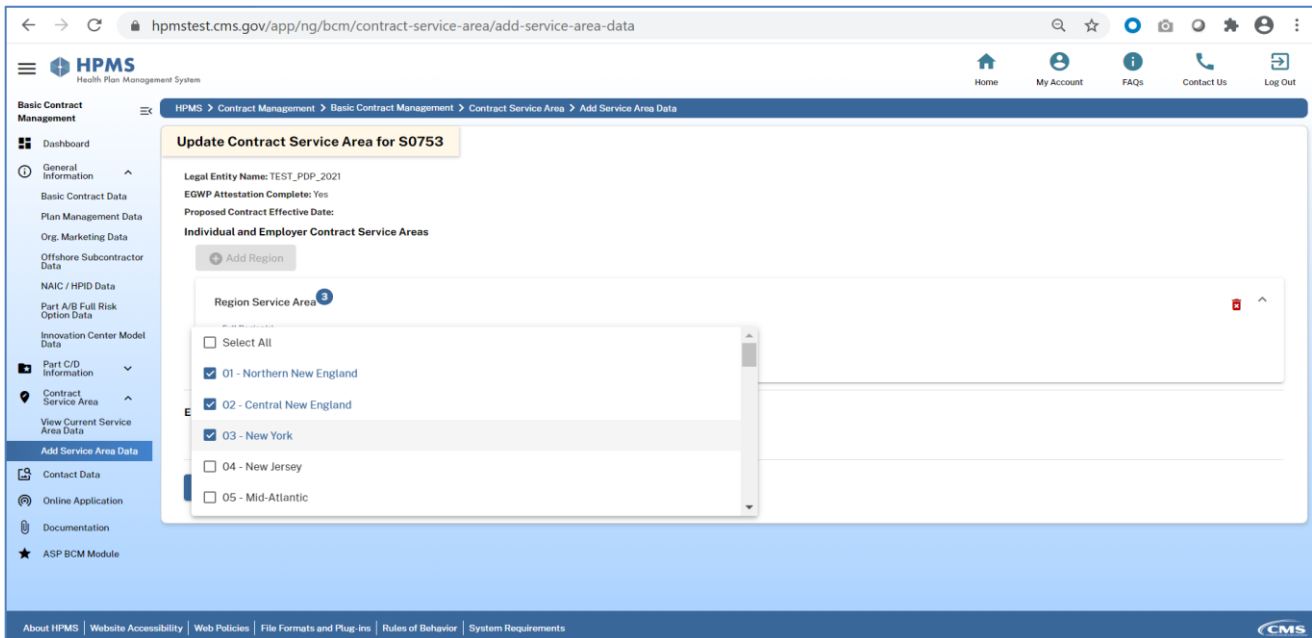
NOTE: Users cannot add the same region to both lists.



The screenshot shows the HPMS interface for updating contract service areas. The page title is "Update Contract Service Area for S0753". The breadcrumb trail is "HPMS > Contract Management > Basic Contract Management > Contract Service Area > Add Service Area Data". The left sidebar contains navigation options: Dashboard, General Information, Part C/D Information, Contract Service Area, Add Service Area Data (selected), Contact Data, Online Application, Documentation, and ASP BCM Module. The main content area displays the following information:

- Legal Entity Name: TEST_PDP_2021
- EGWP Attestation Complete: Yes
- Proposed Contract Effective Date:
- Individual and Employer Contract Service Areas
- + Add Region
- Region Service Area
- Full Region(s)
- Employer Only Contract Service Areas
- + Add Region
- Submit

Figure II-11: Add Region



The screenshot shows the HPMS interface for updating contract service areas, with the 'Region Service Area' dropdown menu expanded. The page title is "Update Contract Service Area for S0753". The breadcrumb trail is "HPMS > Contract Management > Basic Contract Management > Contract Service Area > Add Service Area Data". The left sidebar contains navigation options: Dashboard, General Information, Basic Contract Data, Plan Management Data, Org. Marketing Data, Offshore Subcontractor Data, NAIC / HPID Data, Part A/B Full Risk Option Data, Innovation Center Model Data, Part C/D Information, Contract Service Area, Add Service Area Data (selected), Contact Data, Online Application, Documentation, and ASP BCM Module. The main content area displays the following information:

- Legal Entity Name: TEST_PDP_2021
- EGWP Attestation Complete: Yes
- Proposed Contract Effective Date:
- Individual and Employer Contract Service Areas
- + Add Region
- Region Service Area
- Select All
- 01 - Northern New England
- 02 - Central New England
- 03 - New York
- 04 - New Jersey
- 05 - Mid-Atlantic

Figure II-12: Select Region

STEP 2B: REMOVING PENDING REGIONS

- Expand the expansion panel **Region Service Area** (Figure II-11), and click the **Full Region(s)** drop-down.
- Uncheck the regions that needs to be removed from the multiselect drop-down (Figure II-12).

NOTE: Applicants may drop a pending region only prior to the Final Submission of the application.

STEP 3

After changing the service area, click **Submit**.

STEP 4

- A confirmation pop up **Confirm Service Area Update** (Figure II-13) displays the entire service area information.
- Confirm the entries are correct and click **Submit**. If corrections are required, click **Cancel**.
- To download a .CSV file of the contract service area, click **Download .CSV**.
- A success message **Service Area data submitted successfully** is displayed in the screen.

NOTE: It is critical that users verify the service area entry before clicking Submit as CMS will review applications based on the service area shown in the HPMS on the date of Final Submission.

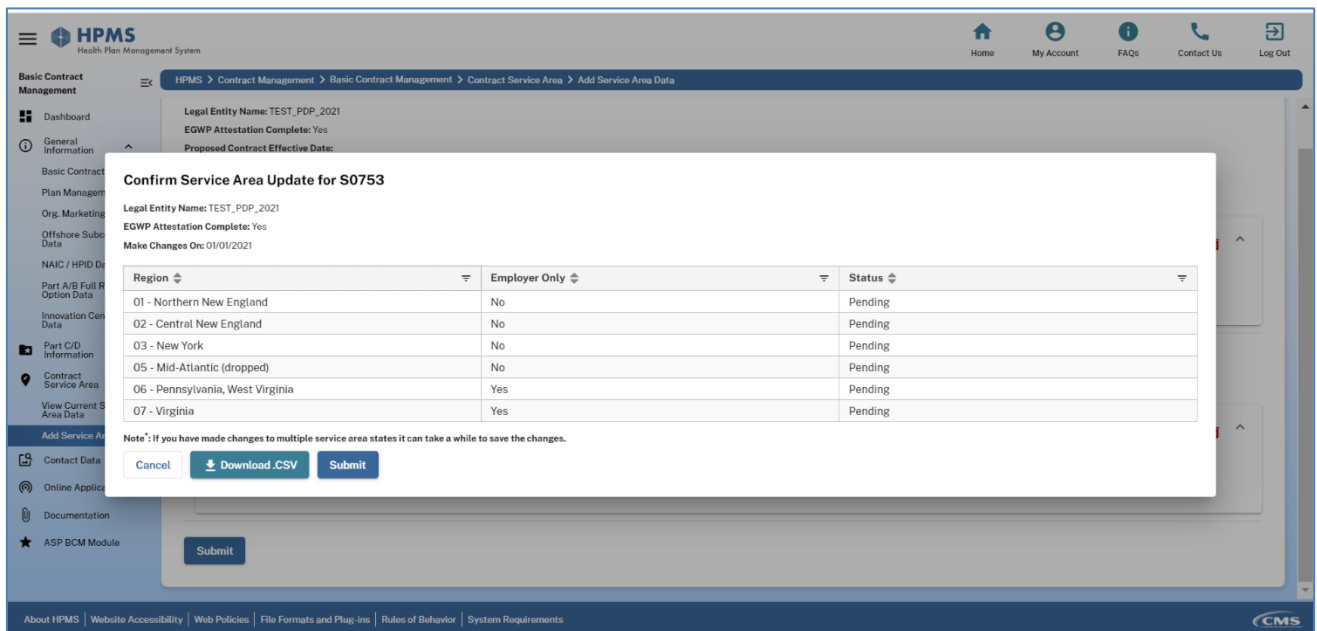


Figure II-13: Confirm Service Area Update for Regions

Adding Counties/Zip Codes/Regions to an Existing Contract

Users can expand two types of service areas: service area by county/zip code, and service area by region (PDPs and Regional Coordinated Care Plans).

A. EXPANSIONS FOR SERVICE AREA TYPE: COUNTY/ZIP CODE (IF APPLICABLE FOR A GIVEN ORGANIZATION TYPE)

Using the **Add/Update SAE** functionality, users can:

- Add new states, counties, partial counties (zip codes) to an existing service area;
- Change a partial county to a full county.
- Add zip codes to an existing partial county—the zip codes contained in the HPMS are as accurate as the latest monthly file received from the post office. The HPMS cannot allow zip codes that are not included in this file;
- Change existing Employer Only counties/zip codes to individual market counties/zip codes; and

STEP 1

On the **Contract Management Start Page** (Figure II-14), click **Add SAE Data*** (or **Update SAE Data** if a 2021 SAE has been entered) in the “Contract Service Area” section of the menu.

NOTE: The **Add SAE Data** (or **Update SAE Data**) link will display only during the application period. To view SAE data already entered, click **View Current Service Area Data**.

*The **Add SAE Data** link appears if no SAE application exists for 2021. After entering the service area for an SAE, the link will change to **Update SAE Data** to enable users to make further revisions during the application period.

The screenshot displays the HPMS (Health Plan Management System) interface. The top navigation bar includes the HPMS logo and links for Home, My Account, FAQs, Contact Us, and Log Out. The main content area is divided into several sections:

- Select a Contract:** A search box with the text "Enter a Contract number" and "H0001 - Test_Contract" entered.
- Contract Information:** A section containing the following details:
 - Contract Number: H001
 - Contract Name: Test_Contract
 - Contract Status: Active
 - Contract Effective Date: 03/01/1992
 - Organization Marketing Name:
 - Parent Organization:
 - Contract Termination Date:
- Contract Attributes:** A section listing various attributes:
 - Offers Employer-Only Plans: Yes
 - Offers Part D: Yes
 - Offers SNP Plans: Yes
 - Only Offers Employer Plans: No
 - Organization Type: Local CCP
 - Contract Plan Type: HMO/HMOPOS
- Contract Contacts:** A section listing contact information for:
 - CEO - Senior Official for Contracting: Ms. Lisa Brubaker, 7700 Forsyth Blvd, St. Louis, MO 63105, 3144450091, lbrubaker@centene.com
 - Medicare Compliance Officer: Mr. Christian Zorn, 21271 Burbank Blvd, Woodland Hills, CA 91367, 8186765531, christian.k.zorn@centene.com
 - Medicare Coordinator: Mr. Christian Zorn, 21271 Burbank Blvd, Woodland Hills, CA 91367, 8186765531, christian.k.zorn@centene.com
 - General Contact: Mr. Christian Zorn, 21271 Burbank Blvd, Woodland Hills, CA 91367, 8186765531, christian.k.zorn@centene.com
- CMS Contacts:** A section listing contact information for:
 - CMS Account Manager: TONI DUPLAIN, Email: toni.duplain2@test.com

The left sidebar contains navigation options: Dashboard, General Information, SNP Contract Information, Part C/D Information, Contract Service Area (with "Add SAE" highlighted in a red box), Contract Data, Online Application, Documentation, and ASP BCM Module. The bottom of the page features a footer with links for About HPMS, Website Accessibility, Web Policies, File Formats and Plug-ins, Rules of Behavior, and System Requirements, along with the CMS logo.

Figure II-14: Contract Management Start Page (SAE)

STEP 2

On the **SAE** page (Figure II-15), the existing service area (and SAE data already added) displays. If the service area covers counties in more than one state, a user has the option to select a specific state to view the existing service area for that state and to make changes.

Use these buttons to expand the service area on the SAE page (not every button will be available every time):

- **Add Service Area:** Enter a service area expansion into a new county.
- **Edit Icon:** If working with one county that already exists in the service area(active), click the edit icon appearing next to the county to expand the county from partial to full or from employer to individual, or to expand the zip codes in a partial county. This icon can also be used to make changes or edits to an SAE previously entered.
- **Expand All Full Employer to Full Individual (state name):** Click under the applicable state to expand all employer counties in the state to individual counties.
- **Expand All Full Employer to Full Individual:** Click to expand all counties in all states from employer to individual.

To drop the SAE changes or to drop the entire SAE, use the **Drop SAE** or **Drop Entire SAE** buttons. Users who drop the SAE will lose Online Application data, so users should complete the SAE data entry before completing the Online Application.

The screenshot displays the HPMS interface for Service Area Expansion. The breadcrumb trail is: HPMS > Contract Management > Basic Contract Management > Contract Service Area > Add Sae. The page title is "Service Area Expansion". There are two checkboxes: "Display Entire Service Area History" and "Display Only Pending Service Area". The "Legal Entity Name" is "Test_Contract" and "EGWP Attestation Complete" is "Yes". The "Effective Date for SAE" is "01/01/2021". A dropdown menu shows "Select a State" with "Arizona (Full)" selected. A button "Expand all Full Employer to Full Individual (Arizona)" is present. Below is a table with the following data:

State	County	County Code	Employer Only	Effective Date	Status	Full/Partial	Actions
Arizona	Apache	03000	Yes	01/01/2009	Active	Full	
Arizona	Cochise	03010	No	01/01/2007	Active	Full	
Arizona	Coconino	03020	Yes	01/01/2009	Active	Full	
Arizona	Gila	03030	Yes	01/01/2009	Active	Full	
Arizona	Graham	03040	Yes	01/01/2009	Active	Full	
Arizona	Greenlee	03050	Yes	01/01/2009	Active	Full	
Arizona	La Paz	03055	Yes	01/01/2009	Active	Full	
Arizona	Maricopa	03060	No	03/01/1992	Active	Full	
Arizona	Mohave	03070	Yes	01/01/2009	Active	Full	
Arizona	Navajo	03080	Yes	01/01/2009	Active	Full	

At the bottom of the table, there are three buttons: "Add Service Area(s)", "Expand all Full Employer to Full Individual", and "Drop SAE (All or Part)".

Figure II-15: Service Area Expansion (SAE)

STEP 2A: EXPAND ALL FULL EMPLOYER TO FULL INDIVIDUAL BUTTONS (EITHER BY STATE OR FOR ALL STATES)

If the user clicks the **Expand All Full Employer to Full Individual** buttons (either by state or for all states), the SAE expansions will save, and the user will return to the SAE page.

STEP 2B: ADD SERVICE AREA BUTTON

If the user chooses the **Add Service Area(s)** button (Figure II-15), the **Update SAE (Service Area Expansion)** page will load (Figure II-16). The counties can be added to four possible service area counties lists:

1. **Full Individual and Employer.** Counties the Plan will cover in full for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans ONLY to employer groups.
2. **Full Employer.** Counties the Plan will cover in full only for EGWPs. This option is available only to organizations that completed an EGWP attestation (see the Online Application section below).
3. **Partial Individual and Employer.** Counties the Plan will cover on the zip code level for the Individual Market and/or EGWPs, if applicable. This option is available to organizations that offer Plans ONLY to employer groups.
4. **Partial Employer** refers to counties the Plan will cover on the zip code level only for EGWPs. This option is available only to organizations that completed an EGWP attestation (see the Online Application section below).

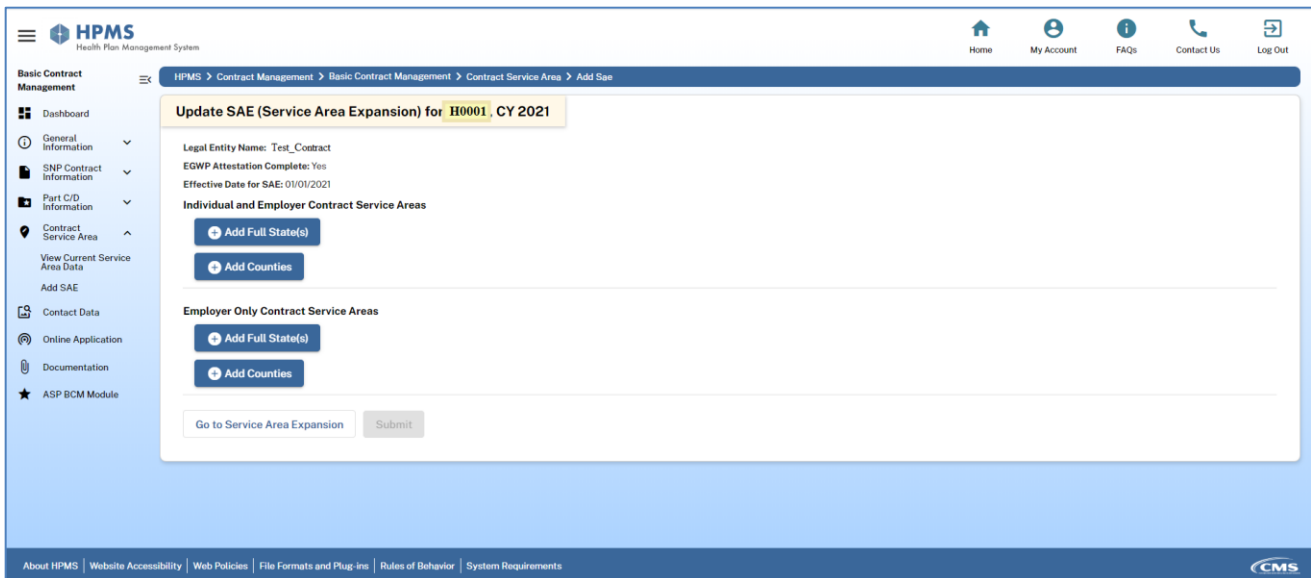


Figure II-16: Update SAE

The method for adding a county/zip code to the service area is similar across list types.

- To add a county, click **Add Counties** (Figure II-16):
 - The expansion panel **Counties Service Area** displays.
 - Expand **Counties Service Area** expansion panel and click the **Select a State** drop-down list (Figure II-17).
 - Select a **State** from the drop-down and click **Add Full County(s)**.
 - Select the county(ies) to add from the **Select Full County or Counties** multi-select drop-down list (Figure II-18).

Note: Only counties that can be added will appear in the counties list.

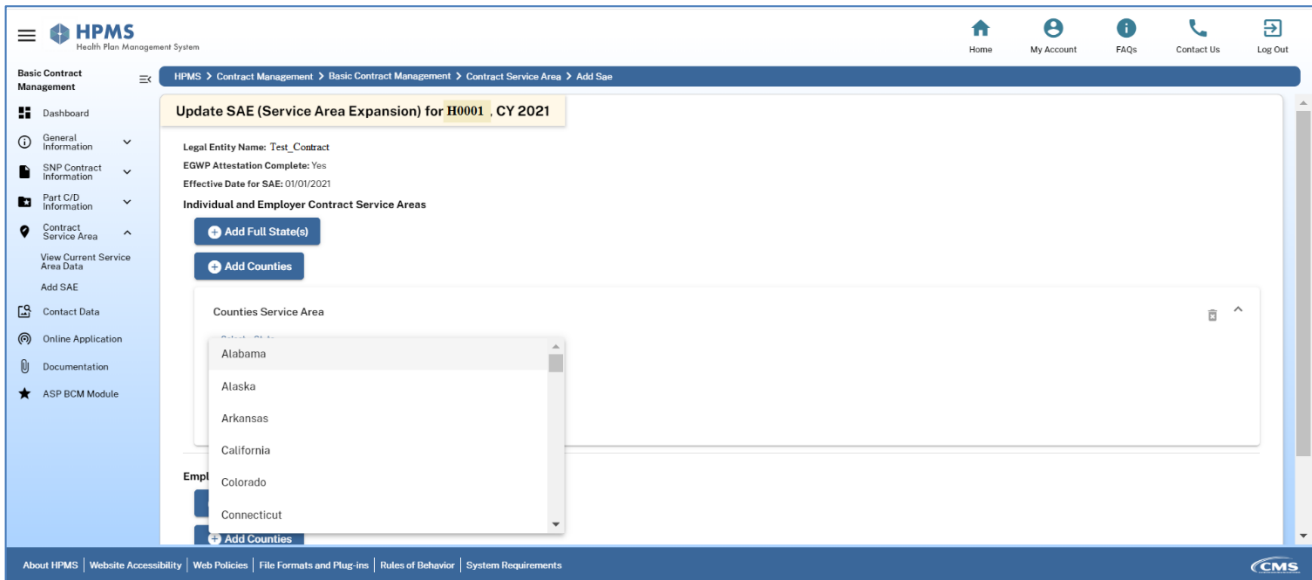


Figure II-17: Add County - Select State

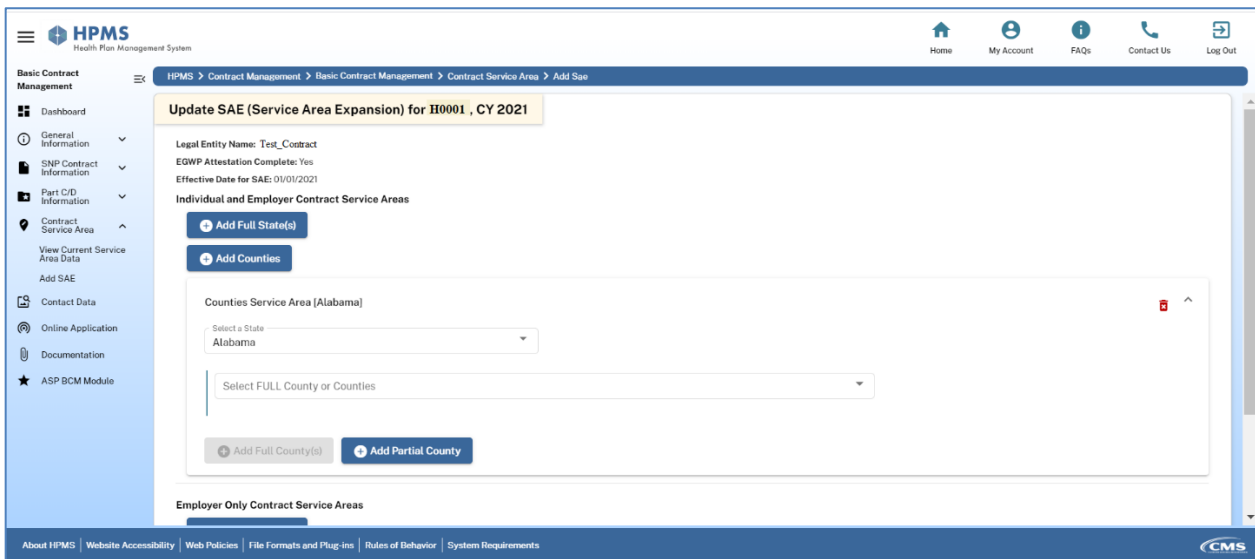


Figure II-18: Select Full County

- To add ALL counties for a given state (only applicable to Full Individual or Full Employer) (Figure II-19):
 - Click **Add Full State(s)**, the Full State(s) Service Area expansion displays.
Note: This is a one-time activity. Next time, when all the counties for a state need to be added, click the full state(s) drop down.
 - Click the **Full State(s)** multi-select drop-down list (Figure II-19).
 - Once the state is selected, all the counties of the state automatically get selected.

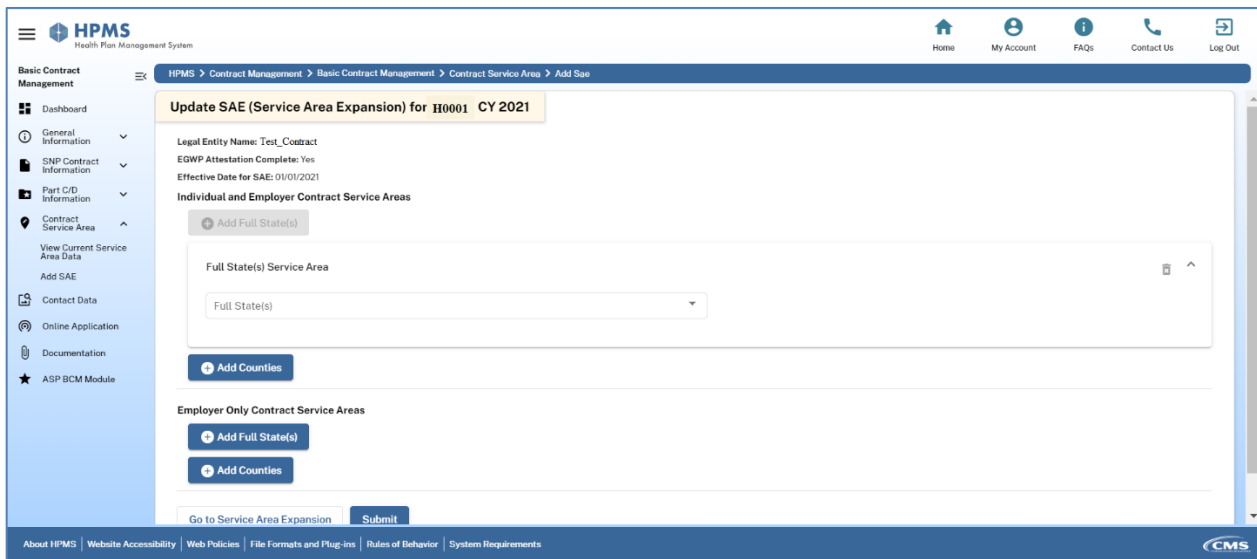


Figure II-19: Select All Counties (State)

- To add a zip code (if users wants to add a county as a Partial County list, they must add at least one zip code):
 - Click **Add County**, the **Counties Service Area** expansion panel displays.
 - Expand **Counties Service Area** expansion panel and click the **Select a State** drop-down list (Figure II-17).
 - Select a state from the drop-down and click **Add Partial County**.
 - Click the **Select Partial County** drop-down, a list of the available counties associated with the state display.
 - Select a county from the drop-down list and click the **Select associated Zip Codes** multi-select drop-down (Figure II-20).
 - Click to select the applicable zip codes which need to be added. Users cannot select all zip codes as this would constitute a full county.

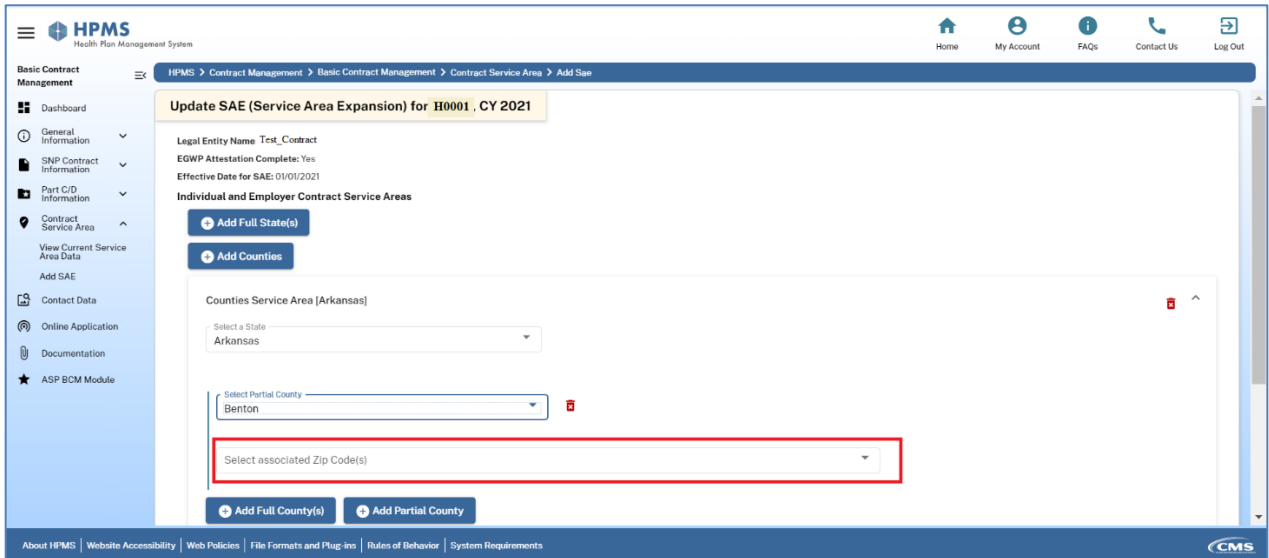


Figure II-20: Add Partial County

- After adding the full counties and the partial counties click on **Submit** button appearing in Update SAE page (Figure II-16)
 - A pop up **Confirm Service Area Update** (Figure II-21) message displays.
 - Verify all the service area information and click **Submit**.
 - To make corrections, click **Cancel**.
 - To download a .CSV version for the service area updates, click **Download .CSV**.

After clicking **Submit**, the user returns to Service Area Expansion page and a success message **Service Area Data Submitted Successfully** displays.

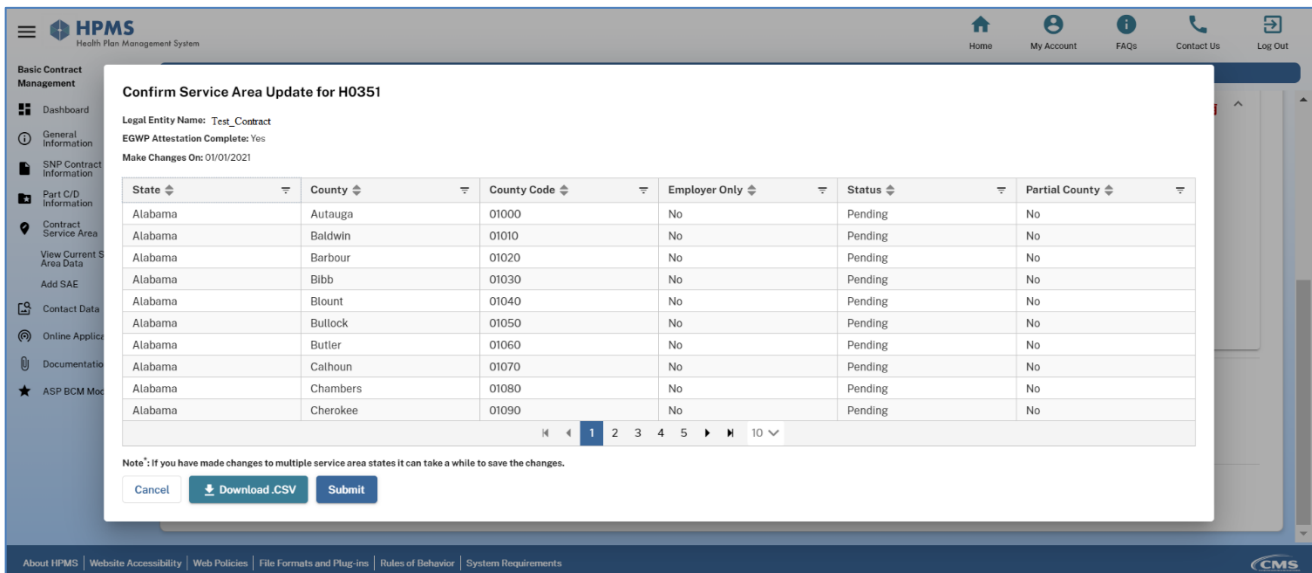


Figure II-21: Confirm Service Area Update

STEP 2C: Expand existing counties

If the user chooses to expand a given county, click on Edit icon appearing next to the county (Figure II-15). Upon click, Update SAE page for the county (Figure II-22) is displayed.

The screenshot displays the HPMS interface for updating a Service Area Expansion (SAE). The breadcrumb trail indicates the path: HPMS > Contract Management > Basic Contract Management > Contract Service Area > Update Sae. The main heading is "Update SAE (Service Area Expansion) for H0001 CY 2021".

Key information displayed includes:

- Legal Entity Name: KS PLAN ADMINISTRATORS, LLC
- EGWP Attestation Complete: Yes
- Proposed Effective Date for SAE: 01/01/2021

There are two main sections for adding counties:

- Individual and Employer Contract Service Areas:** This section has a "Counties Service Area [Florida]" header. It contains a "Select a State" dropdown menu with "Florida" selected, and a "Select FULL County or Counties" dropdown menu with "Baker" selected. Below these are two buttons: "Add Full County(s)" and "Add Partial County".
- Employer Only Contract Service Areas:** This section also has a "Counties Service Area [Florida]" header. It contains a "Select a State" dropdown menu with "Florida" selected. Below this are two buttons: "Add Full County(s)" and "Add Partial County".

At the bottom of the form, there are two buttons: "Go to Service Area Expansion" and "Submit".

Figure II-22: Update SAE (County)

The county can be added to four possible service area counties lists:

1. **Full Individual and Employer.** Counties the Plan will expand to cover in full for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans only to employer groups.
2. **Full Employer.** Counties the Plan will expand to cover in full only for EGWPs. This option is available only to organizations that completed an EGWP attestation (see the Online Application section below).
3. **Partial Individual.** Counties where the Plan will expand the zip code for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans only to employer groups.
4. **Partial Employer.** Counties for which the Plan will expand the zip code only for EGWPs. This option is available only to organizations that completed an EGWP attestation (see the Online Application section below).

- **To add a zip code to an existing partial county (Figure II-23):**
 - Click the **Select associated Zip Code(s)** multi-select drop down (Figure II-24)
 - Select the zip codes to be added.
 - Click **Submit**.

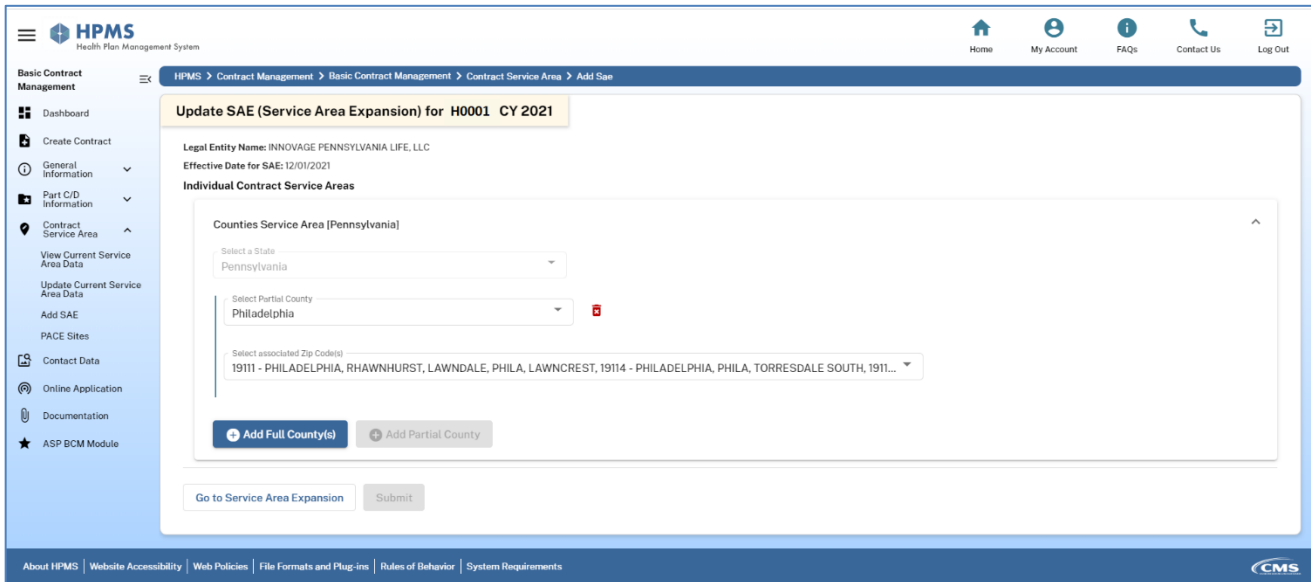


Figure II-23: Expand Active Partial County

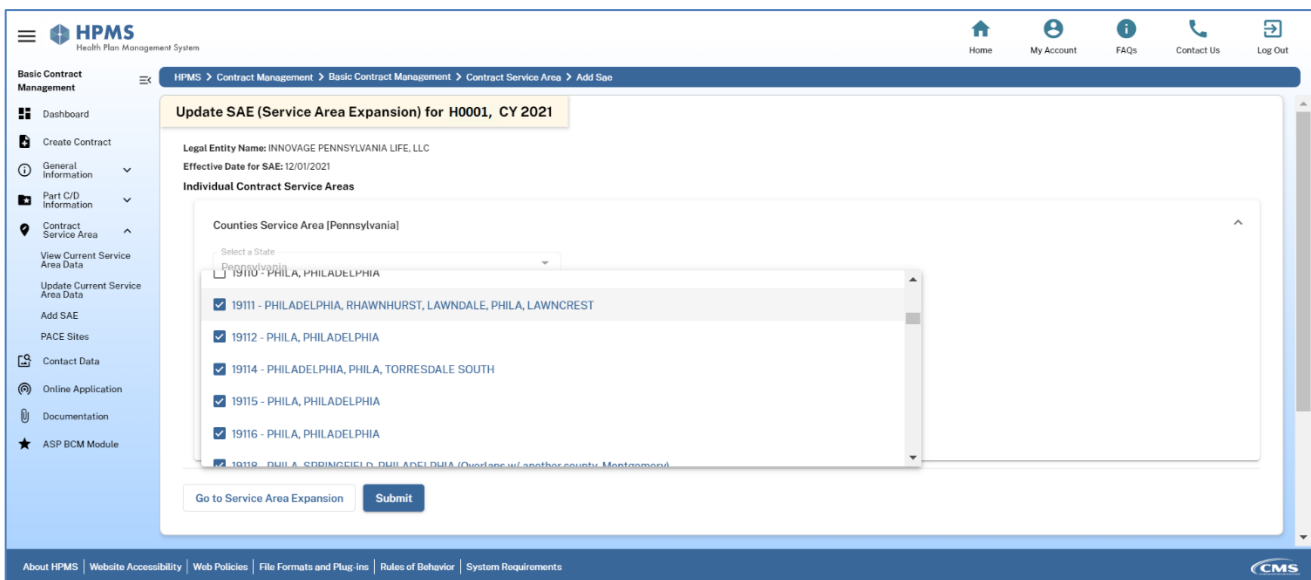


Figure II-24: Add Zip Codes

- **To expand an existing “Partial” to “Full” county (Figure II-23):**
 - Click the **Trash Can** icon appearing next to Select Partial County.
 - Click on **Add Full County**.
 - Click the **Select Full County or Counties** drop-down and select the county as shown in Figure II-25.
 - Note:* No other county appears in the drop-down list apart from the county which is being edited.
 - Click **Submit**.

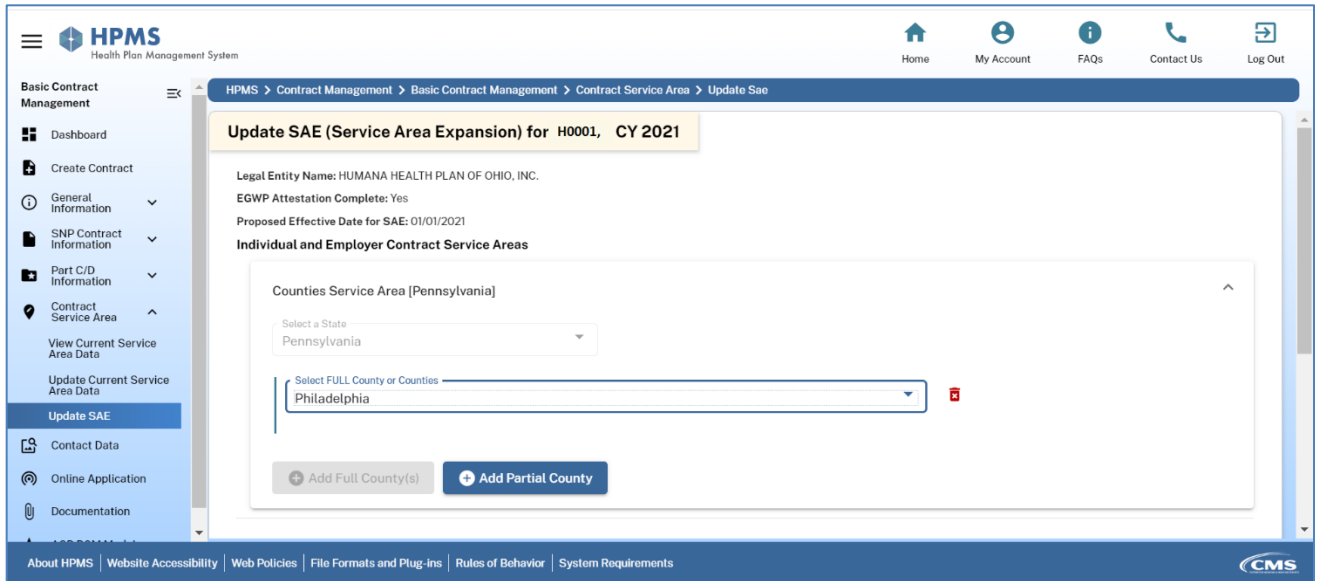


Figure II-25: Expand Partial to Full County

- **To expand from “Employer” to “Full Individual” county (Figure II-26):**
 - Click the **Trash Can** icon next to Employer Only Full County.
 - Click **Add Full County** in the Individual and Employer Contract Service Area section.
 - Click the **Select Full County or Counties** drop-down and select the county as shown in Figure II-25.
Note: No other county appears in the drop-down list apart from the county which is being edited.
 - Click **Submit**.

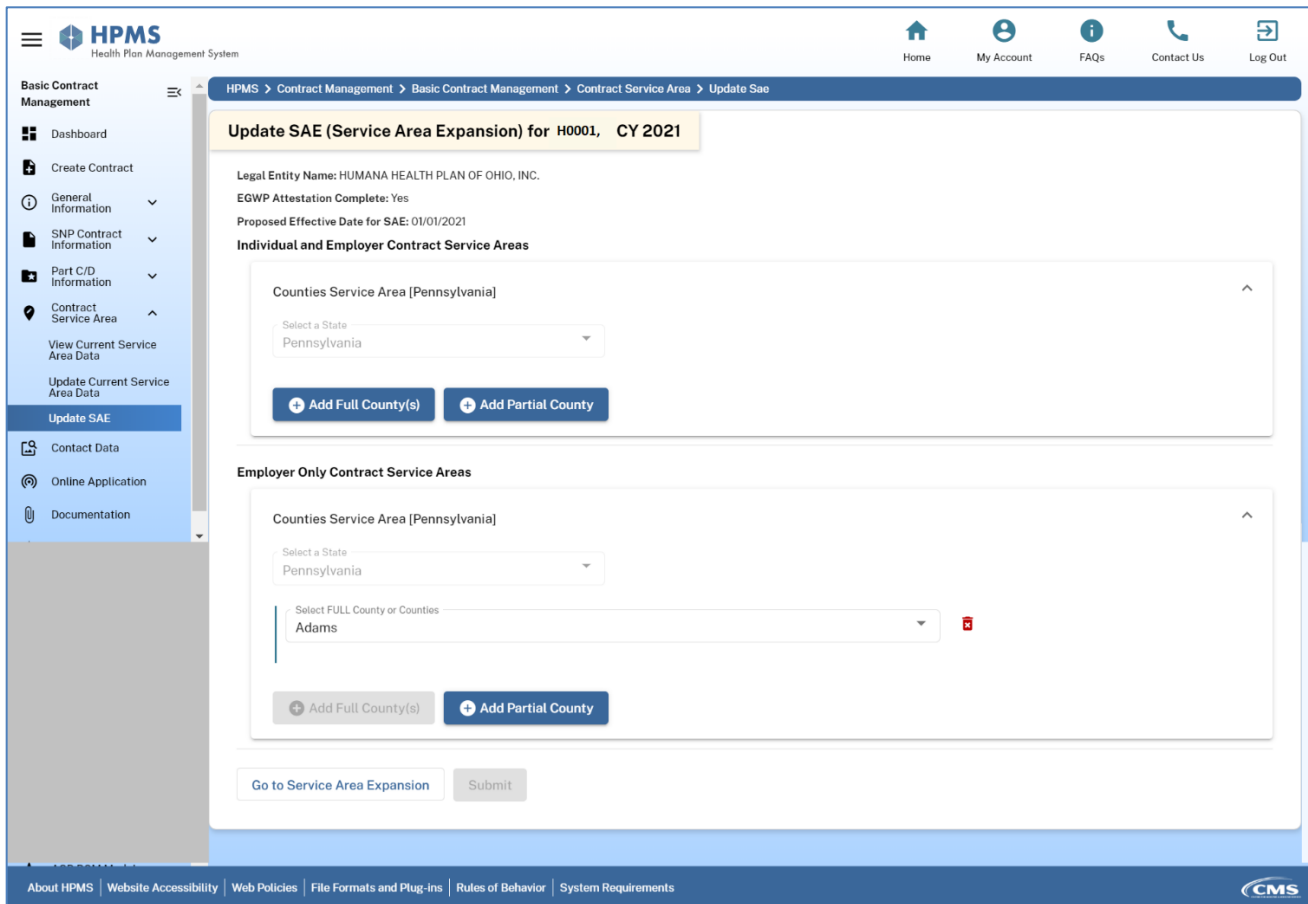


Figure II-26:Employer County to Individual County

After clicking Submit, a confirmation pop up displays the changes. Verify the changes and click **Submit**. To make corrections, click **Cancel**. To download a CSV file for the service area, click **Download .CSV**.

REGIONAL SERVICE AREA EXPANSIONS (PDPs AND REGIONAL CCPs)

Using the **Add/Update SAE** functionality, users can:

- Add regions to an existing service area.
- Change existing Employer Only regions to individual market regions.
- Change existing individual regions to Employer Only regions.

This type of service area expansion is applicable only to PDPs and Regional CCP organizations. The regions for the two organizations that will display on the data entry page are different. The screenshots below demonstrate the functionality only for PDPs. The functionality for Regional CCPs is the same, except as noted.

STEP 1

On the **Contract Management Start Page** (Figure II-14), click **Add SAE Data*** (or **Update SAE Data** if a 2021 SAE was already entered) in the “Contract Service Area” section of the menu to advance to the SAE page.

NOTE: The **Add SAE Data** (or **Update SAE Data**) link will display only during the application period. To view SAE data already entered, click **View Current Service Area Data**.

*The **Add SAE Data** link displays if no SAE application exists for 2021. After entering the service area for an SAE, the link will change to **Update SAE Data**, enabling users to make further revisions during the application period.

STEP 2

On the **SAE** page (Figure II-27), the existing service area (and any SAE data already added) will display.

- **Add Region:** Add an entire region for the SAE.
- **Edit icon:** Make change or edit to an SAE previously entered.

To drop the SAE changes or to drop the entire SAE, use the **Drop SAE** or **Drop Entire SAE** buttons.

NOTE: Users who drop the SAE will lose Online Application data, thus they should complete the SAE data entry before completing the Online Application.

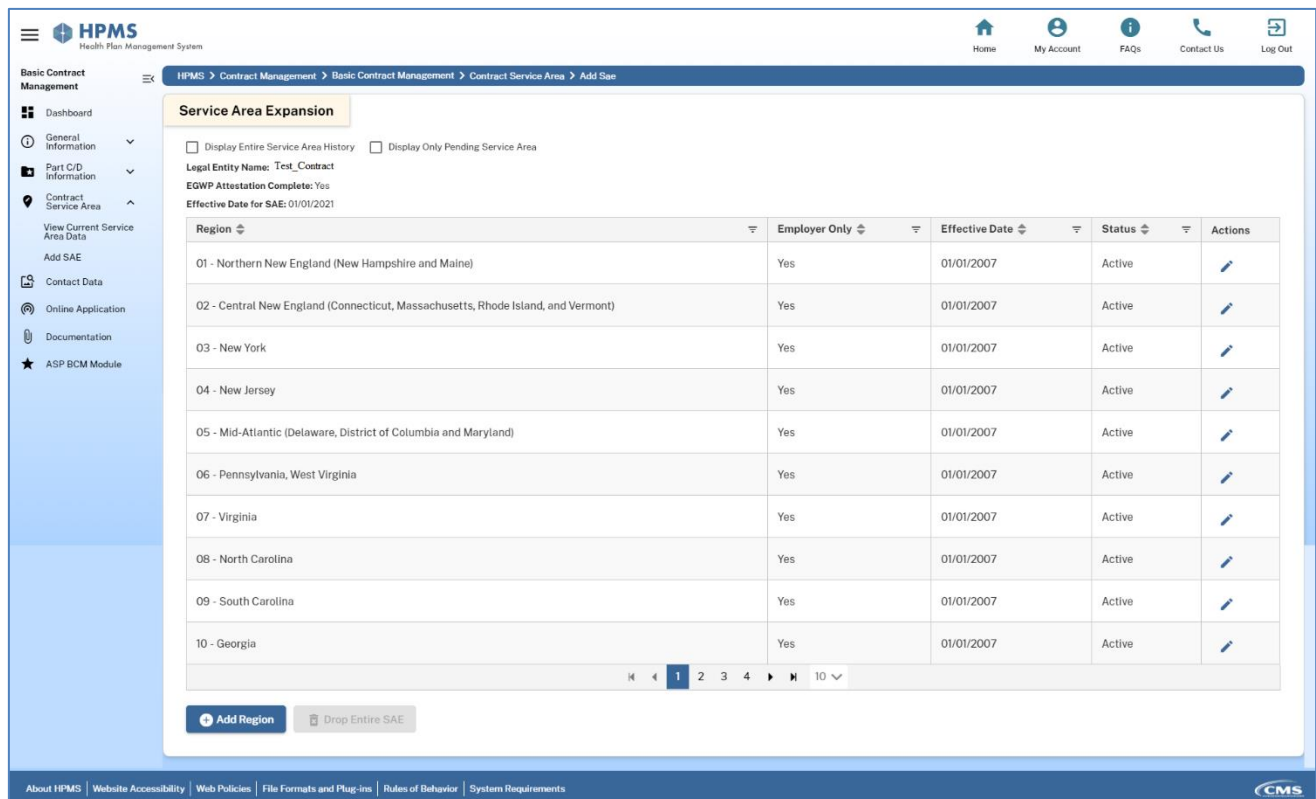


Figure II-27: Add SAE Region

STEP 2A: ADD REGION BUTTON

If a user clicks the **Add Region** button (Figure II-27), the user advances to **Update SAE for SXXXX** page (Figure II-28). Regions can be added to two possible service area– region lists:

- **Individual.** Regions to cover in full for the Individual Market and EGWPs, if applicable. This option is not available to organizations that offer Plans only to employer groups.
- **Employer.** Regions to cover in full for only EGWPs. This option is available only to organizations that completed an EGWP attestation. (See the Online Application section below.)

The method for adding a region to the service area is similar for the list types.

- To add a region (Figure II-28):
 - Click **Add Region**.
 - The Region Service Area expansion panel displays.
 - Click the **Full Region(s)** multiselect drop-down and select the region(s) to be added.
 - Click **Submit**.

Figure II-28: Update SAE Region

STEP 2B: EDIT ICON TO EXPAND REGION FROM EMPLOYER TO INDIVIDUAL OR INDIVIDUAL TO EMPLOYER

After clicking the **Edit** icon for a given region, a confirmation pop-up to confirm the move from Employer to Individual and Employer Service area appears along with action buttons **Confirm** and **Cancel**.

Click **Confirm** to expand the region. The change reflects in the service area grid and a success message displays.

VIEW CURRENT SERVICE AREA DATA

Confirm that the **Service Area Data** is correct before Final Submission of the application. If service area data does not match application information, the application will not meet CMS requirements.

On the **Contract Management Start Page** (Figure II-14), to view and confirm **County/zip code and regional data**, click **View Current Service Area Data** in the “Contract Service Area” section of the menu to advance to the **View Service Area** page.

A. SERVICE AREA TYPE: COUNTY/ZIP CODE (IF APPLICABLE FOR GIVEN ORGANIZATION TYPE)

STEP 1

On the **View Service Area** page (Figure II-29), users can browse applicable service area data. If a large number of counties are added across multiple states, by default the first state with counties will display. Select a state from the **Display State** dropdown to display the service area counties (and zip codes if applicable) for that state.

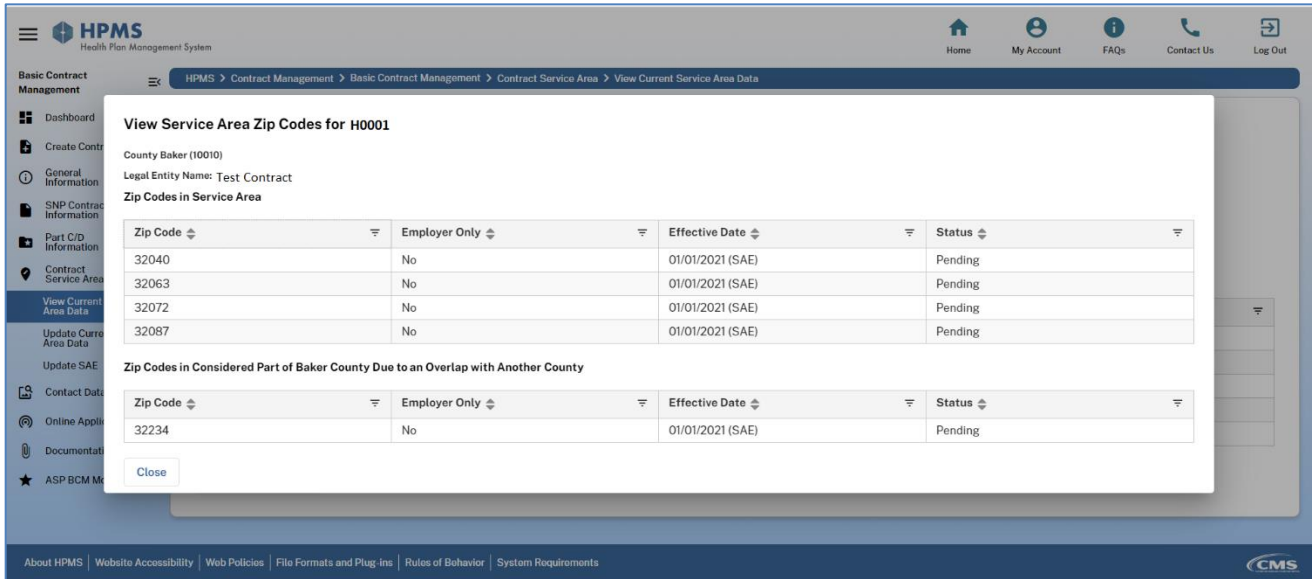


Figure II-29: View Service Area

To view zip codes in a county, click the **Full** or **Partial** link in the Full/Partial County column. As shown in Figure II-30, a pop-up window will display applicable zip codes in the county, including those that overlap with another county. When finished, click **Close**.

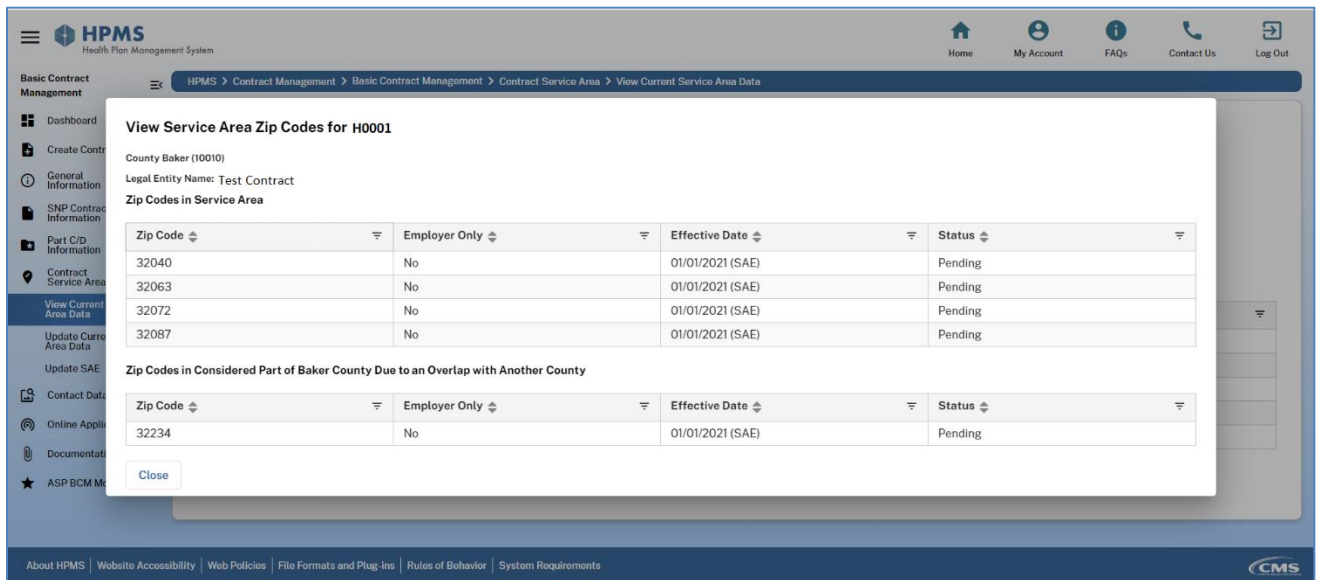


Figure II-30: View Zip Codes

B. SERVICE AREA TYPE: REGIONAL (PDPs AND REGIONAL CCPs)

This service area type is applicable only to PDP and Regional CCP organization types. The regions that will display on the page for the two organizations are different. The screenshot below demonstrates the functionality for PDPs, but functionality for both types is the same.

STEP 1

Browse applicable service area data on the **View Service Area** page (Figure II-31).

The screenshot displays the 'View Service Area for s0001' page in the HPMS. The page includes a navigation menu on the left, a breadcrumb trail at the top, and a table of service areas. The table has the following data:

Region	Employer Only	Effective Date	Status
01 - Northern New England (New Hampshire and Maine)	Yes	01/01/2010	Approved
02 - Central New England (Connecticut, Massachusetts, Rhode Island, and Vermont)	Yes	01/01/2012	Approved
03 - New York	Yes	01/01/2010	Approved
04 - New Jersey	Yes	01/01/2010	Approved
05 - Mid-Atlantic (Delaware, District of Columbia and Maryland)	Yes	01/01/2010	Approved
06 - Pennsylvania, West Virginia	Yes	01/01/2010	Approved
07 - Virginia	Yes	01/01/2010	Approved
08 - North Carolina	Yes	01/01/2010	Approved
09 - South Carolina	Yes	01/01/2010	Approved
10 - Georgia	Yes	01/01/2010	Approved

Figure II-31: View Service Area - Region

III. COMPLETING THE ONLINE APPLICATION

INTRODUCTION

WHO MUST COMPLETE AN INITIAL OR SERVICE AREA EXPANSION ONLINE APPLICATION?

These organizations must complete an Initial or an SAE Online Application:

- ✓ Organizations entering into a contractual arrangement with CMS for the first time.
- ✓ Existing Medicare sponsor organizations seeking a new contractual arrangement with CMS.
- ✓ Existing Medicare or Medicare-Medicaid (MMP) sponsor organizations expanding a current contractual arrangement with CMS.
- ✓ Existing Medicare sponsor organizations seeking to offer Part D for the first time in the upcoming contract year. (These organizations must complete a Part D Online Application.) This includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.

IMPORTANT NOTES FOR APPLICANTS FOR:

- **PACE** – Refer to the *Online Application User Manual for PACE* for online application instructions.
- **SNPs** – Refer to the *Online Application User Manual for SNPs and SMACs* for online application instructions for SNPs and SMACs.

WHEN MUST INITIAL OR SERVICE AREA EXPANSION ONLINE APPLICATIONS BE COMPLETED?

The Online Application process usually begins in January. Each year CMS lists the due dates for Online Applications in the annual Call Letter. Prior to the release of the annual Call Letter, the dates display in multiple places on www.cms.gov, including in the Medicare Advantage Master Application (<http://www.cms.gov/MedicareAdvantageApps/>), and in the Application Guidance section of the Prescription Drug Coverage Contract page (<http://www.cms.gov/PrescriptionDrugCovContra/>).

WHAT SECTIONS MUST BE COMPLETED?

In the HPMS, the Online Application data entry and upload requirements are completed in the **Basic Contract Management** and **Online Application** sections. The remainder of this section describes how to enter required items to complete the Online Application process.

Generally, applicants can complete data entry of the sections in any order and multiple users can enter data at the same time.

NOTES:

- While users may enter data in any order, if they Plan to define any of the pending service area as employer-only for the first time (as an initial applicant, or an SAE applicant for a contract that has not offered employer-only services in the past), users must first complete the EGWP Attestation (see EGWP Attestation section below).
- Many upload sections, such as Pharmacy Lists and Health Services Delivery (HSD) Tables (uploaded by MMP SAE applicants only), are linked to the service area. Ensure the service area information is accurate before uploading these files.

ENTER THE ONLINE APPLICATION SECTION

STEP 1

On the **Contract Management Start Page** (Figure III-1), click the **Online Application** link.

The screenshot shows the HPMS (Health Plan Management System) interface. The top navigation bar includes 'Home', 'My Account', 'FAQs', 'Contact Us', and 'Log Out'. The left sidebar contains a 'Basic Contract Management' menu with options like 'Dashboard', 'General Information', 'SNP Contract Information', 'Part C/D Information', 'Contract Service Area', 'Contact Data', 'Online Application' (highlighted with a red box), 'Documentation', and 'ASP BCM Module'. The main content area is titled 'Select a Contract' and shows details for contract 'H9420 - TEST_2021'. Below this, there are sections for 'Contract Information' and 'Contract Attributes'. The 'Contract Information' section lists: Contract Number: H9420, Contract Name: TEST_2021, Contract Status: Pending, Proposed Contract Effective Date: 01/01/2021, Organization Marketing Name: Test Organization, Parent Organization: CMC Care Holding Corp., and Contract Termination Date. The 'Contract Attributes' section lists: Offers Employer-Only Plans: Yes, Offers Part D: Yes, Offers SNP Plans: No, Only Offers Employer Plans: No, Organization Type: Local CCP, and Contract Plan Type: HMO/HMOPOS. The right side of the page features 'Contract Contacts' and 'CMS Contacts'. 'Contract Contacts' lists: CEO - Senior Official for Contracting: Ms. Lisa Brubaker (7700 Forsyth Blvd, St. Louis, MO 63105, 3144450091, lbrubaker@centene.com); Medicare Compliance Officer: Ms. Nicole Snee (4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nsnee@centene.com); Medicare Coordinator: Ms. Nicole Snee (4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nsnee@centene.com); General Contact: Ms. Nicole Snee (4349 Easton Way, Suite 400, Columbus, OH 43219, 6142204900, nsnee@centene.com); CEO - Senior Official for Contracting: Mr. Bruce Broussard (500 West Main Street, 6th Floor - Humana Tower, Louisville, KY 40202, 5022893606, bbroussard@humana.com); Medicare Compliance Officer: Mr. Sean O'Reilly (500 West Main Street, Floor 22, Louisville, KY 40202, 5024769797, Mohammad.Mominesoftrams.com); Medicare Coordinator: Sean O'Reilly (500 West Main Street, Louisville, KY 40202, 5024769797, HumanaMCO2@humana.com); General Contact: Sean O'Reilly (500 West Main Street, Louisville, KY 40202, 5024769797, HumanaMCO2@humana.com). 'CMS Contacts' lists: CMS Account Manager: PARUIA AHMED (Email: parui.ahmed@test.com). The footer contains links for 'About HPMS', 'Website Accessibility', 'Web Policies', 'File Formats and Plug-Ins', 'Rules of Behavior', 'System Requirements', and the CMS logo.

Figure III-1: Contract Management Start Page

The Contract Management Start Page displays (Figure III-2). Click **Submit Application Data** located in the left navigation menu.

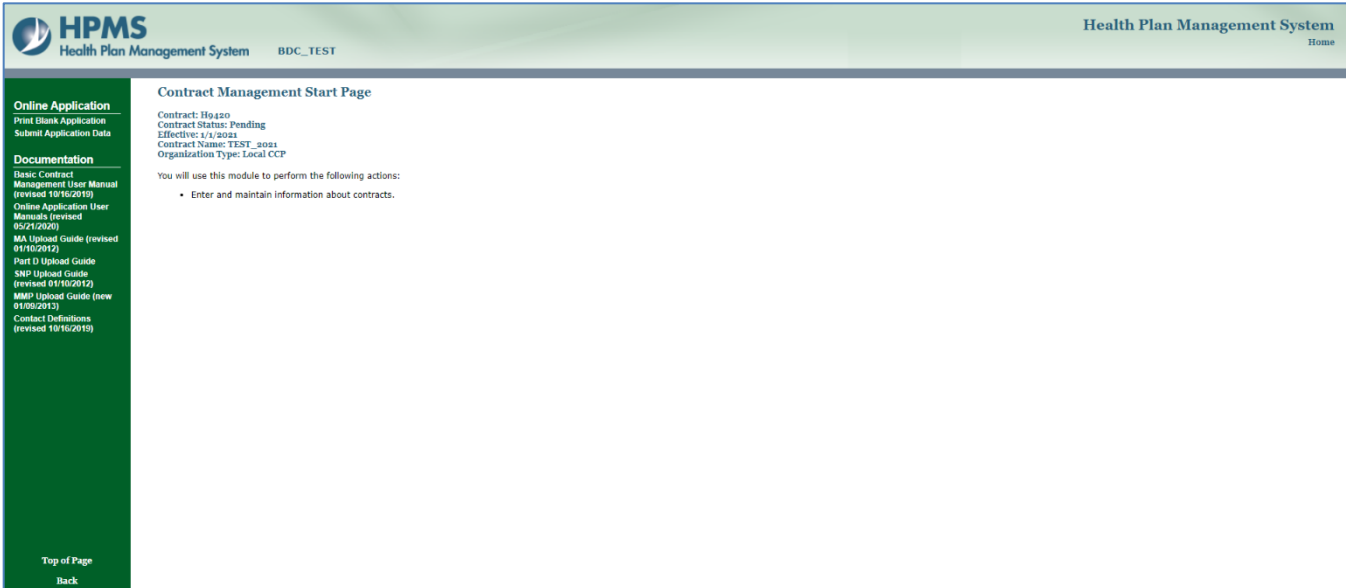


Figure III-2: Contract Management Start Page

On the **Online Application** page (Figure III-3), the menu is divided into five sections. The links that display vary based on an organization’s pending contract type. The sections are:

- **Submit Attestations.** Attestations that must be completed by a pending sponsor for application submission.
- **Download Templates.** Zip files containing the templates for preparing documentation for the respective applications. Applicants must use the templates provided.
- **Upload Files.** Enables users to upload files required for application submission.
- **HSD.** Enables MMP users to request, upload, and review reports on HSD exceptions.
- **Final Submission.** Enables users to Final Submit and to view and confirm the submission.

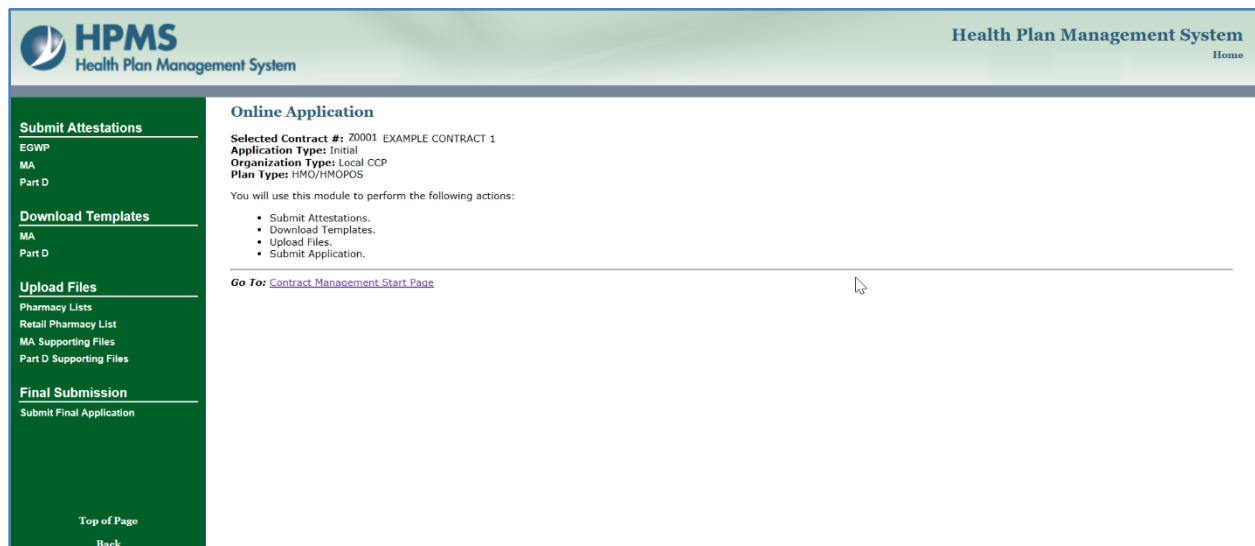


Figure III-3: Online Application Page

SUBMIT ATTESTATIONS

As part of the Online Application process, organizations are required to submit documentation (“attestations”) to CMS. The **Submit Attestations** functionality enables the applicant to attest to a variety of business processes. Users attest that the organization meets requirements and obligations and/or will maintain documentation to support its compliance.

EMPLOYER/UNION-ONLY GROUP WAIVER PLAN ATTESTATIONS

Users must complete an EGWP attestation if one of the following applies:

- The organization is an initial applicant and intends to offer EGWPs in the upcoming contract year.
- The organization has an active individual market–only contract in the current contract year and will offer EGWPs for the first time in the upcoming contract year.

EGWPs are also known as “800 series” or “Employer series” Plans. Applicants for New Employer/Union Direct Contract and “Employer Series Only” contracts (i.e., contracts offering Plans ONLY to employer groups) must complete the appropriate EGWP attestation.

NOTE: Private Fee-for-Service (PFFS) Plans can complete the EGWP attestations only if they are full network Plans.

STEP 1

On the **Online Application** page (Figure III-3), click **EGWP** in the “Submit Attestation” section of the menu.

STEP 2

On the **EGWP Attestation** page (Figure III-4), there are normally two sections:

- **EGWP Service Area (& Pharmacy Access Requirements**, if applicable).
- **Certification.**

Employer/Union Direct Contract MA organizations that also offer Part D have four sections:

1. **EGWP Service Area** for Part C,
2. **Certification** for Part C,
3. **EGWP Service Area & Pharmacy Access Requirements** for Part D, and
4. **Certification** for Part D.

Users must attest to each section by clicking the checkbox below it. Read each attestation section before checking the box.

PDP sponsors and MA organizations offering PFFS or Medicare Savings Account Plans will have an optional checkbox at the top of the **EGWP Attestation** page enabling the user to identify the contract as “Employer (800) Series Only” (i.e., offering only “Employer (800) series” Plans, and no Plans to individual Medicare beneficiaries).

- **THIS DESIGNATION IS OPTIONAL AND CAN BE UNCHECKED DURING THE APPLICATION PERIOD.** If unchecked, the user must re-certify the EGWP attestations.
- Users cannot make this designation if they entered an individual service area (county or region) in the contract service area.

Contract Management

Employer/Union-Only Group Waiver Plans (EGWPs) MAO "800 Series"

1.1 Attestations

EGWP Attestation for Contract 20001

1. EGWP Service Area

MSA Applicants:

- If Applicant is seeking to offer MSA "800 series" EGWPs may designate national service areas and provide coverage to employer group members wherever they reside (i.e., nationwide). Note that CMS has not issued any waiver permitting MAOs to offer non-calendar year MSA plans. Therefore, MAOs may only offer calendar year MSA plans.

Network PFFS Applicants:

- If Applicant is seeking to offer individual plans in any part of a state applicant may designate statewide service areas for its 800 series plan of the same type (i.e. HMO, PPO or PFFS) and provide coverage to employer group members residing anywhere in the entire state. Note all employer PFFS plans must be network based.

For Local CCP Applicants:

- If Applicant is seeking to offer individual plans in any part of a state may designate statewide service areas and provide coverage to employer group members residing anywhere in the entire state.

However, to enable employers and unions to offer CCPs to all their Medicare eligible retirees wherever they reside, an MAO offering a local CCP in a given service area (i.e., a state) can extend coverage to an employer or union sponsor's beneficiaries residing outside of that service area when the MAO, either by itself or through partnerships with other MAOs if it, is able to meet CMS provider network adequacy requirements and provide consistent benefits to those beneficiaries. Applicants who are eligible for this waiver at the time of application or who may become eligible at any time during the contract year are strongly encouraged to designate their service area broadly (e.g., multiple states, national) to allow for the possibility of enrolling members during the contract year if adequate networks are in place. **No mid-year service area expansions will be permitted.** Applicants offering both individual and "800 series" plans will be required to have Part C or D networks in place for those designated EGWP service areas outside of their individual plan service areas.

RPPO Applicants:

- Applicants offering individual plans in any region may provide coverage to employer group members residing throughout the entire region (i.e., RPPOs must have the same service area for its EGWPs as for its individual plans).

I certify that I am an authorized representative, officer, chief executive officer, or general partner of the business organization that is applying for qualification to offer EGWPs in association with my organization's Medicare Advantage (MA) contract with CMS. I have read, understand, and agree to comply with the above statement about service areas. If I need further information, I will contact one of the individuals listed in the instructions for this appendix.

{Entity MUST complete to be considered a complete application}

2. CERTIFICATION

Note: Any specific certifications below that reference Part D are not applicable to MAO Applicants applying to offer a MSA product because these entities cannot offer Part D under these contracts. Entities can offer Part D benefits through a separate standalone Prescription Drug Plan (PDP); however, a separate application is required to offer "800 series" PDPs.

All provisions of the 2015 Medicare Advantage Applications and the 2015 Solicitation for Applications for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors apply to all employer/union-group waiver plan benefit packages offered by MAOs except where the provisions are specifically modified and/or superseded by particular employer/union-only group waiver guidance, including those waivers/modifications set forth below.

For existing MAOs, this appendix comprises the entire "800 series" EGWP application for MAOs.

I, the undersigned, certify to the following:

1. Applicant is applying to offer new employer/union-only group waiver ("800 series") plans and agrees to be subject to and comply with all CMS employer/union-only group waiver guidance.
2. New MAO Applicants seeking to offer an EGWP ("800 series" plan) must submit and complete the entire EGWP application for MAOs which consist of: this appendix, along with the 2015 Medicare Advantage Application and the 2015 Solicitation for Applications for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors (if applicable).
3. Applicant agrees to restrict enrollment in its EGWPs to those Medicare eligible individuals eligible for the employer's/union's employment-based group coverage. (See 42 CFR section 422.106(d)(2))
4. Applicant understands and agrees that it is not required to submit a 2015 Part D bid (i.e., bid pricing tool) in order to offer its EGWPs. (Section 2.7 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
5. In order to be eligible for the CMS retail pharmacy access waiver of 42 CFR § 423.120(a)(1), Applicant attests that its retail pharmacy network is sufficient to meet the needs of its enrollees throughout the employer/union-only group waiver service area, including situations involving emergency access, as determined by CMS. Applicant acknowledges and understands that CMS reviews the adequacy of the Applicant's pharmacy networks and may potentially require expanded access in the event of beneficiary complaints or for other reasons it determines in order to ensure that the Applicant's network is sufficient to meet the needs of its employer group population. (See the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
6. MAO Applicants understand and agree that as a part of the underlying application, it submits Part D retail pharmacy network list, and other pharmacy access submissions (mail order, home infusion, long-term care, 1/7/1) in the 2015 Solicitation for Applications for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors for its designated EGWP service area at the time of application.
7. Applicant understands that its EGWPs are not included in the processes for auto-enrollment (for full-dual eligible beneficiaries) or facilitated enrollment (for other low income subsidy eligible beneficiaries)
8. Applicant understands that CMS has waived the requirement that the EGWPs must provide beneficiaries the option to pay their premiums through Social Security withholding. Thus, the premium withhold option will not be available for enrollees in 42 CFR § 422.64 and 42 CFR § 423.48 to submit information to CMS, including the requirements to submit information (e.g., pricing and pharmacy network information) to be publicly reported on <http://www.medicare.gov>, Medicare Prescription Drug Plan Finder ("MPDF") and the Medicare Options Compare. Applicant's EGWPs. (Sections 3.6.A10 and 3.2.A.2-A4 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
9. Applicant understands that dissemination/disclosure materials for its EGWPs are not subject to the requirements contained in 42 CFR § 422.80 or 42 CFR § 423.50 to be submitted for review and approval by CMS prior to use. However, Applicant agrees to submit these materials to CMS at the time of use in accordance with the procedures outlined in Chapter 9 of the Medicare Managed Care Manual (MMCM). Applicant also understands CMS reserves the right to review these materials in the event of beneficiary complaints or for any other reason it determines to ensure the information accurately and adequately informs Medicare beneficiaries about their rights and obligations under the plan. (See the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
10. Applicant understands that its EGWPs is not subject to the requirements regarding the timing for issuance of certain disclosure materials, such as the Annual Notice of Change/ Evidence of Coverage (ANOC/EOC), Summary of Benefits (SB), Formulary, and LIS rider when an employer's or union's open enrollment period does not correspond to Medicare's Annual Corresponded Election Period. For these employers and unions, the timing for issuance of the above disclosure materials should be appropriately based on the employer/union sponsor's open enrollment period. For example, the Annual Notice of Change/Evidence of Coverage (ANOC/EOC), Summary of Benefits (SB), LIS rider, and Formulary are required to be received by beneficiaries no later than 15 days before the beginning of the employer/union group health plan's open enrollment period. The timing for other disclosure materials that are based on the start of the Medicare plan (i.e., calendar) year should be appropriately based on the employer/union sponsor's plan year. (Section 3.14.A.11 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
11. Applicant understands that the dissemination/disclosure requirements set forth in 42 CFR § 422.111 and 42 CFR § 423.128 do not apply to its EGWPs when the employer/union sponsor is subject to alternative disclosure requirements (e.g., the Employee Retirement Income Security Act of 1974 ("ERISA")) and complies with such alternative requirements. Applicant complies with the requirements for this waiver contained in employer/union-only group waiver guidance, including those requirements contained in Chapter 9 of the MMCM. (Sections 3.14.A.1-2, 9 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
12. Applicant understands that its EGWPs are not subject to the Part D beneficiary customer service call center hours and call center performance requirements. Applicant has a sufficient mechanism is available to respond to beneficiary inquiries and provides customer service call center services to these members during normal business hours. However, CMS may review the adequacy of these call center hours and potentially require expanded beneficiary customer service call center hours in the event of beneficiary complaints or for other reasons in order to ensure that the entity's customer service call center hours are sufficient to meet the needs of its enrollee population. (Section 3.14.A.6 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
13. Applicant understands that its EGWPs is not subject to the requirements contained in 42 CFR § 422.64 and 42 CFR § 423.48 to submit information to CMS, including the requirements to submit information (e.g., pricing and pharmacy network information) to be publicly reported on <http://www.medicare.gov>, Medicare Plan Finder ("MPF") and the Medicare Options Compare. (Sections 3.8.A and 3.17.A.14 of the 2015 Solicitation for New Medicare Advantage Prescription Drug Plan (MA-PD) Sponsors)
14. In order to be eligible for the CMS service area waiver for Local CCPs that allows an MAO to extend coverage to employer group members outside of its individual plan service area, Applicant attests it has at the time of application or will have at the time of enrollment, Part C networks adequate to meet CMS requirements and is able to provide consistent benefits to those beneficiaries, either by itself or through partnerships with other MAOs. If Applicant is also applying to offer Part D, Applicant attests that such expanded service areas will have convenient Part D pharmacy access sufficient to meet the needs of these enrollees.
15. MSA employer/union-only group waiver plan Applicants understand that that they will be permitted to enroll members through a Special Election Period (SEP) as specified in Chapter 2, Section 30.4.A.1, of the Medicare Managed Care Manual (MMCM).
16. This Certification is deemed to incorporate any changes that are required by statute to be implemented during the term of the contract, and any regulations and policies implementing or interpreting such statutory provisions.
17. I have read the contents of the completed application and certify that the information contained herein is true, correct, and complete. If I become aware that any information in this appendix is not true, correct, or complete, I agree to notify CMS immediately and in writing.
18. I authorize CMS to verify the information contained herein. I agree to notify CMS in writing of any changes that may jeopardize my ability to meet the qualifications stated in this appendix prior to such change or within 30 days of the effective date of such change. I understand that such a change may result in termination of the approval.
19. I understand that in accordance with 18 U.S.C. § 1001, any omission, misrepresentation or falsification of any information contained in this appendix or contained in any communication supplying information to CMS to complete or clarify this appendix may be punishable by criminal, civil, or other administrative actions including revocation of approval, fines, and/or imprisonment under Federal law.
20. I acknowledge that I am aware that there is operational policy guidance, including the forthcoming Call Letter, relevant to this appendix that is posted on the CMS website and that it is continually updated. Organizations submitting an application in response to this solicitation acknowledge that they will comply with such guidance at the time of application submission.

I certify that I am an authorized representative, officer, chief executive officer, or general partner of the business organization that is applying for qualification to offer EGWPs in association with my organization's MA contract with CMS. I have read and agree to comply with the above certifications.

{Entity MUST check box to be considered a complete application.}

{Entity MUST create 800-series PBPs during plan creation and designate EGWP service areas.}

[Go To: Contract Management Start Page](#)

Figure III-4: EGWP Attestation

STEP 3

After clicking checkboxes for required sections (including the optional **Employer (800) Series Only**, if applicable), click **Submit** at the foot of the page to complete the attestation.

STEP 4

After an EGWP attestation is submitted, the attestation data becomes view-only and cannot be changed. The single exception is for organizations that have the option to designate an “Employer (800) Series Only” Plan. Users can change the selection of the optional “800 Series Only” designation checkbox during the application period, but after clicking the Final Application **Submit** button, this designation cannot be changed. (See the Final Submission section of Chapter III for instructions.)

STEP 5

After clicking Submit, the user will advance to the **EGWP Attestation Confirmation** page (Figure III-5), which will state that the Plan can now submit employer-only service area changes. Click **Done** to return to the **Online Application** page.

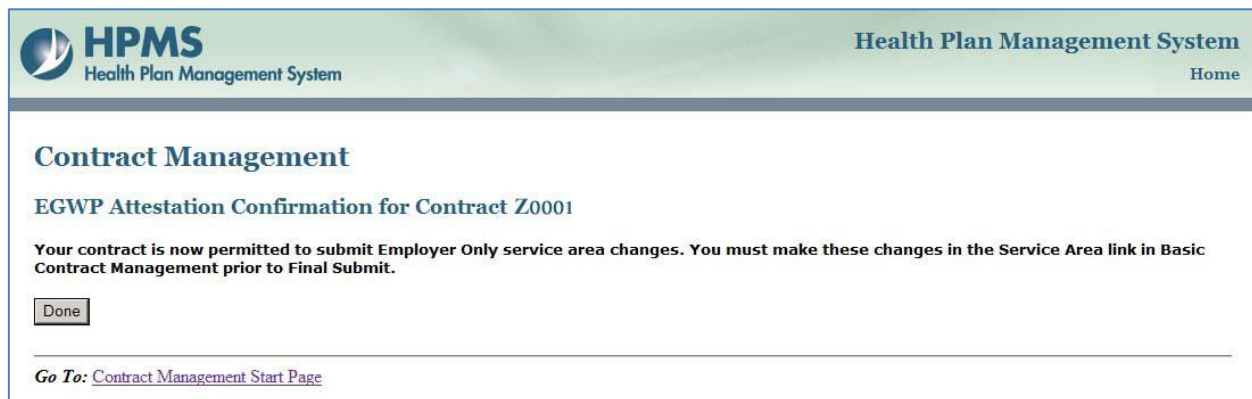


Figure III-5: EGWP Attestation Confirmation Page

MEDICARE ADVANTAGE (MA) AND PART D ATTESTATIONS

In addition to the EGWP Attestations link, the **Online Application** page provides the following links in the “Submit Attestation” section of the menu:

- **MA.** Applicable for organizations that wish to offer Medicare Part C. This includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.
- **Part D.** Applicable for organizations that wish to offer Medicare Part D benefits for the upcoming contract year. This includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.
- **PACE.** Applicants should refer to the *Online Application User Manual for PACE*.
- **SNP.** Applicants should refer to the *Online Application User Manual for SNPs and SMACs*.

Initial applicants (pending contracts) applying to offer MA and Part D benefits are required to complete the entire Attestations section for the benefit they wish to offer.

Applicants are not required to complete an entire Attestations section in one sitting. However, to avoid losing completed work, click **Save** each time data is entered. Applicants may change answers as many times as needed before clicking the Final Application **Submit** button. After clicking Final Application **Submit**, all answers will be locked and available as read-only. (See the Final Submission section of Chapter III for instructions.)

The example below provides the steps for completing and saving MA Attestations, but the process for MA and Part D Attestations is the same, except as noted.

STEP 1

On the **Online Application** page (Figure III-3), click **MA** in the “Submit Attestations” section of the menu.

STEP 2

On the **MA Attestations** page (Figure III-6), verify that the organization and Plan types sought by the organization under the pending contract number are the same as those that display on this page. If they are not, do not complete any of the application, and:

- For **MA**, contact the Division of Medicare Advantage Operations at their web portal: dmao.lmi.org and select the MA Applications tab.
- For **Part D**, send an email to drugbenefitimpl@cms.hhs.gov.

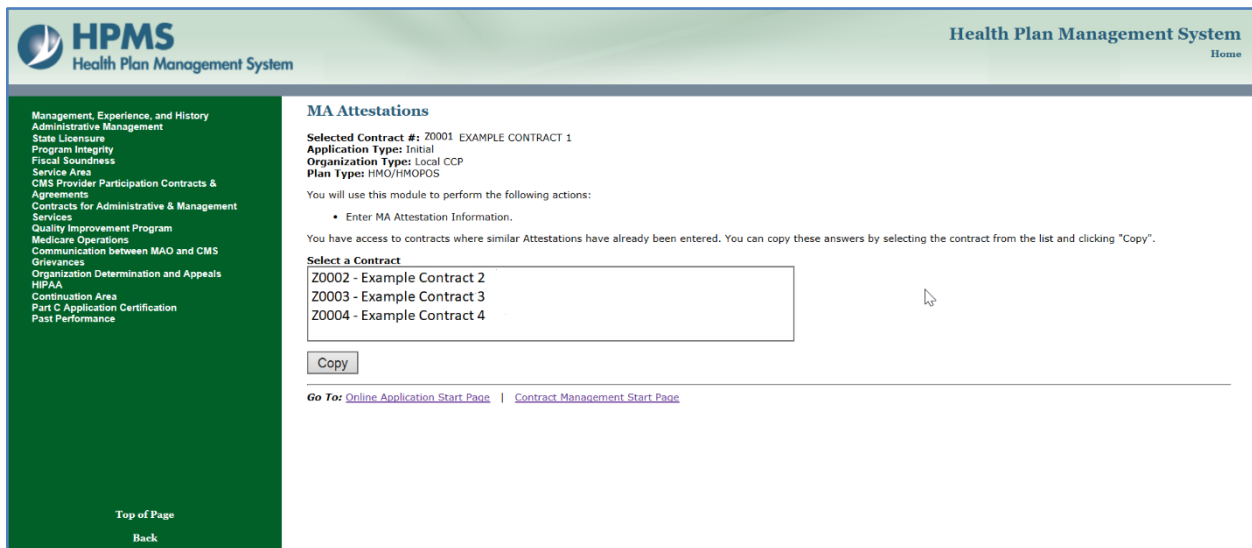


Figure III-6:MA Attestations

STEP 3

On the **MA Attestations** page (Figure III-6), users can choose to enter attestation information (1) by direct entry or (2) by using the **Copy** function.

For direct entry of data, click the link of an attestation in the menu (Figure III-6). To use the **Copy** function see Step 5.

NOTE: Part D Attestations do not have the **Copy** function.

STEP 4

On the **Enter MA Attestation Information** page (Figure III-7), after responding to questions,

click **Save**. The user will be returned to the **MA Attestations** page.

NOTE: All sections must be completed before Final Submission.

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a header with the HPMS logo and the text 'Health Plan Management System' and 'Home'. Below the header, the page title is 'MA Attestations' and the sub-header is 'Enter MA Attestation Information - Administrative Management'. The main content area contains the following information:

Selected Contract #: Z0001 EXAMPLE CONTRACT 1
Application Type: Initial
Organization Type: Local CCP
Plan Type: HMO/HMOPOS

Administrative Management

3.2 The purpose of the administrative management attestations is to ensure that MACs have the appropriate resources and structures available to effectively and efficiently manage administrative issues associated with Medicare beneficiaries. CMS requires that MA plans have sufficient personnel and systems to organize, implement, control, and evaluate financial and marketing activities, oversee quality assurance, and manage the administrative aspects of the organization. The following attestations were developed to implement the regulations of 42 CFR 422.503(b)(4)(ii) and 422.506(a)(4)(a).

1. Applicant attests that it has non-renewed or terminated a contract within the past two years as defined under 42 CFR 422.506(a). The past two-year period for this application cycle would begin if the applicant non-renewed or terminated after 12/31/2017. If the applicant only non-renewed a demonstration Medicare-Medicaid Plan contract after 12/31/2017, the applicant should attest No. <ul style="list-style-type: none">If the applicant attests "Yes," the applicant must upload a Two-Year Prohibition Waiver Request.	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. The applicant currently operates a CMS Cost contract under Section 1876 of the SSA in some or all of the intended service area of this application and agrees to close its Cost-Based Contract to new enrollment in any areas it is approved to operate an MA product in accordance with 42 CFR 422.503(b)(4)(vi)(G)(5). If the applicant does not currently operate a CMS Cost Contract under Section 1876 of the SSA in some or all of the intended service area of this application, the applicant should respond "N/A".	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
3. Applicant will adhere to all applicable Administrative Management regulatory requirements including but not limited to 42 CFR 422.503(b)(4).	<input type="radio"/> Yes <input type="radio"/> No

B. In HPMS, upload the Two Year Prohibition Waiver Request Upload document if you attested "Yes" to question 3.2.1.

Cancel Save

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-7: MA Attestation Information

STEP 5

If there are multiple contracts of the same type, users may copy information from the attestations for one contract to the attestations for another contract. To do so, on the **MA Attestations** page, select from the picklist a contract to copy from, and click **Copy** (Figure III-6). Do not use the **Copy** function unless all attestations and answers are identical.

After clicking Copy, the user will advance to a confirmation page (Figure III-8)

The screenshot shows the HPMS (Health Plan Management System) interface. At the top, there is a header with the HPMS logo and the text 'Health Plan Management System' and 'Home'. Below the header, the page title is 'MA Attestations' and the sub-header is 'Copy Attestation Answers Complete'. The main content area contains the following information:

The Attestation answers from Z0001 have been copied into Z0002.

Back

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-8: Confirmation Page

DOWNLOAD TEMPLATES

The **Download Templates** section of the menu enables users to download template files required for the application. Download and complete these templates.

Depending on the organization and application type, all files may not be applicable. Refer to the Read Me file or Word document in each template package for guidance for the particular application submission.

NOTE: Template files that require signatures must be uploaded as scanned versions with signatures.

TYPES OF DOWNLOADABLE FILES

The following are links for downloading templates:

1. **MA.** Applicable only for organizations that offer Part C, which includes applicants for Employer/Union Direct Contracts and “Employer (800) Series only” contracts.
2. **Part D.**
 - Applicable only for organizations that offer Part D, which includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.
 - Part D applicants must refer to the Part D Application Upload Read Me File contained in the Part D template package for guidance in determining which upload files are required for the type of application being submitted. Review each worksheet tab carefully.
3. **PACE.** Refer to the *Online Application User Manual for PACE*.
4. **SNP.** Refer to the *Online Application User Manual for SNPs and SMACs*.
5. **HSD Criteria Reference Tables.** Applicable only to MMP SAE applicants.
6. **MMP.**

HOW TO DOWNLOAD TEMPLATES

STEP 1

On the **Online Application** page (Figure III-3), click the appropriate link(s) in the “Download Templates” section of the menu.

STEP 2

In the pop-up window, click the **Save** dropdown, and choose **Save as**.

Select a file location and click **Save**.

STEP 3

Unzip the file. Then, identify and complete the template files applicable to the application.

UPLOAD FILES

Each application requires that supporting documentation files be uploaded along with the attestations. This section describes how to upload these files.

It is strongly recommended that users refer to the read-me files included in the MA and Part D download template packages for important guidance related to the preparation and upload of the needed files.

PHARMACY LISTS (HOME INFUSION, LONG-TERM CARE, MAIL ORDER, RETAIL PHARMACY, I/T/U)

Initial and SAE applicants whose contracts offer Part D must complete the appropriate **Pharmacy Lists** section in the HPMS. This includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.

IMPORTANT:

- Enter the service area data prior to uploading the pharmacy lists (see the Contract Service Area section above).
- Use the templates provided in the “Download Templates” section (Figure III-3) for the pharmacy lists. Failure to use these templates will prohibit the applicant from properly uploading the pharmacy lists and completing Part D Applications. Templates must be saved as .txt files.

STEP 1

As mentioned above, before uploading a file, users must complete data entry in the downloaded **Pharmacy Template** files (see Figure III-9 for an example of a template). Users may re-upload the pharmacy lists files as often as needed before clicking the final application **Submit** button.

	A	B	C	D	E	F	G	H	I	J
1	NPI Number	Pharmacy Name	Pharmacy Street	Pharmacy City	Pharmacy State	Pharmacy ZIP	Pharmacy Network Type (P=Preferred; N=Nonpreferred)	Chain (Y=Yes or N=No)	Independent (Y=Yes or N=No)	RP.1 Group Purchasing (Y=Yes or N=No)
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										

Figure III-9: Pharmacy Template

The LTC, HI, and I/T/U pharmacy lists must include pharmacies for the organization’s entire service area. Thus, organizations applying to expand an existing contract must include the existing and pending service areas in the LTC, HI, and I/T/U pharmacy lists.

STEP 2

After completing data entry in the pharmacy template, save the data. If there are multiple pharmacy networks, users can enter up to three network lists using tabs A, B, and C. Refer to the corresponding application sections, or the **Part D Application Upload Read Me File** for the naming conventions for each pharmacy list. The user is now ready to upload the completed spreadsheets to the HPMS.

STEP 3

On the **Online Application** page (Figure III-3), click **Pharmacy Lists** in the “Upload Files” section of the menu.

STEP 4

On the **Upload Pharmacy Lists** page (Figure III-10) for the contract, users can upload files containing the pharmacy lists by selecting the radio button next to the desired list.

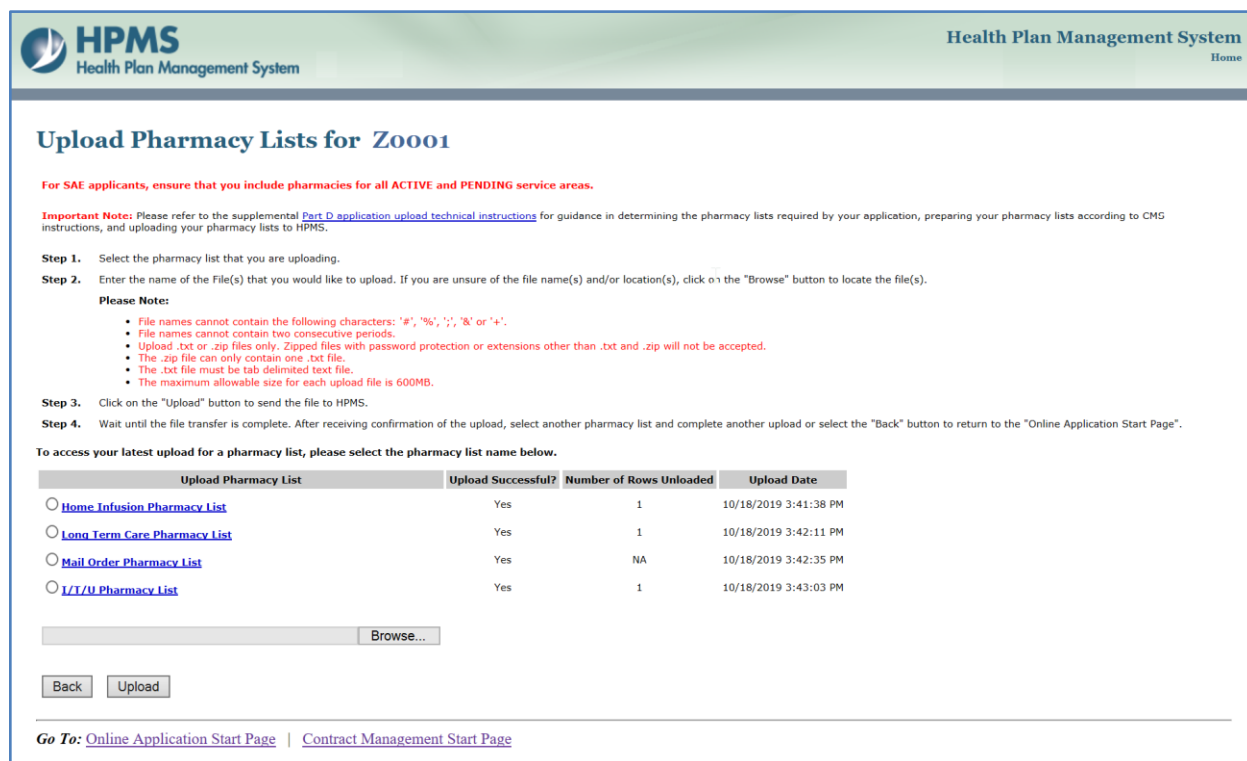


Figure III-10: Upload Pharmacy List

STEP 5

Enter the name of the file to upload for the selected pharmacy list. If unsure of the file name/location, click **Browse** to locate the file.

STEP 6

After selecting the file to upload, click **Upload**.

STEP 7

The **Home Infusion Pharmacy List Upload/Unload Page** will display and identify the upload as “Failed” or “Successful.” Note that this is not an indicator of whether the pharmacy list passed the Part D application review.

If the upload fails (Figure III-11), correct the errors noted, and re-upload. If the upload is successful, the Upload/Unload Status will be “Successful” (Figure III-12).

Follow the same procedure to upload other pharmacy lists.

NOTE: Once a file is uploaded, users can select the pharmacy list name to access the most recent file uploaded for that pharmacy list.



The screenshot shows the HPMS interface for the Home Infusion Pharmacy List Upload/Unload Page for Z0001. The status is "Failed". A table shows 1 row with data and 0 blank rows. An error message states: "The data (Row = 3, Column = 7) is not complete. States Licensed is a required field." A "Back" button is visible.

Upload/Unload Status	✗ Failed
Total Number of Rows with Data	1
Total Number of Blank Rows	0

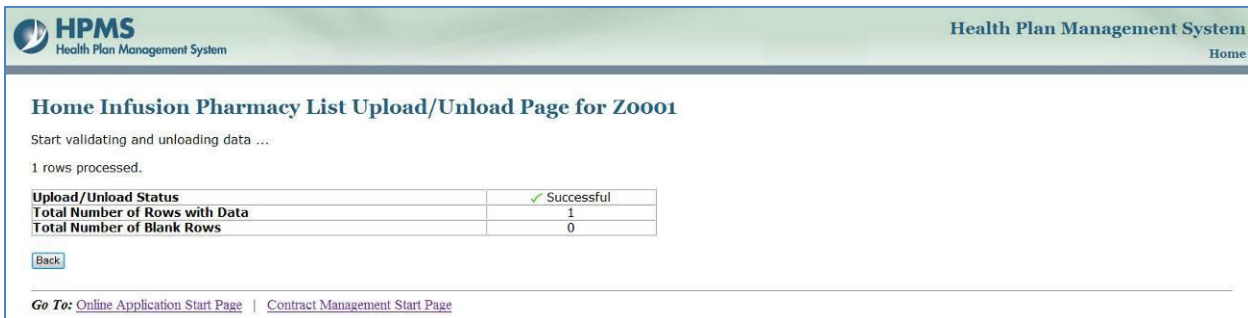
You must correct the following errors and resubmit your data:

- The data (Row = 3, Column = 7) is not complete. **States Licensed** is a required field.

[Back](#)

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-11: Upload Failure



The screenshot shows the HPMS interface for the Home Infusion Pharmacy List Upload/Unload Page for Z0001. The status is "Successful". A table shows 1 row processed, 1 row with data, and 0 blank rows. A "Back" button is visible.

Upload/Unload Status	✓ Successful
Total Number of Rows with Data	1
Total Number of Blank Rows	0

[Back](#)

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-12: Upload Successful

MEDICARE ADVANTAGE (MA) SUPPORTING FILES

The **MA Supporting Files** link is applicable for organizations applying to offer Part C, which includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.

A Miscellaneous Section has been added as an Upload option. This section enables users to upload files not covered in the other assigned sections.

IMPORTANT:

- Download (see the Download Templates section above) and complete entry of required supporting documentation files prior to upload.
- Uploaded files must be zipped (.zip extension).
- Refer to the **Part C Application Upload Read Me File** (within the MA templates zip file provided in the “Download Templates” section) to identify which MA supporting files should be uploaded in a particular section. If a document must be re-uploaded, re-upload **all** documents required for that section. Failure to do so will result in failure to meet CMS application criteria.
- Users may re-upload the MA supporting files as often as needed before clicking final application **Submit**.

STEP 1

On the **Online Application** page (Figure III-3), click **MA Supporting Files** in the “Upload Files” section of the menu.

STEP 2

On the **Upload MA Supporting Files** page (Figure III-13), a number of sections require an upload of supporting documentation. Refer to the **Part C Application Upload Read Me File** to determine the requirements for the application submission.

HPMS Health Plan Management System Health Plan Management System Home

Upload MA Supporting Files for Z0001

Important Note: Please refer to the supplemental [MA application upload technical instructions](#) for guidance in determining the MA supporting files required by your application, preparing these files according to CMS instructions, and uploading these files to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain the following characters: '#', '%', ':', ';', '&' or '*'.
- File names cannot contain two consecutive periods.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xlsx, .txt, or .pdf will be accepted.
- The maximum allowable size for each upload file is 600MB.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

MA Supporting File Section: To access your latest MA Supporting File upload(s), please select the MA Supporting File section name below.

Experience & Organization History	<input type="text"/>	<input type="button" value="Browse..."/>
Administrative Management	<input type="text"/>	<input type="button" value="Browse..."/>
State Licensure	<input type="text"/>	<input type="button" value="Browse..."/>
Fiscal Soundness	<input type="text"/>	<input type="button" value="Browse..."/>
Service Area	<input type="text"/>	<input type="button" value="Browse..."/>
Part C Application Certification	<input type="text"/>	<input type="button" value="Browse..."/>

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-13: Upload MA Supporting Files

STEP 3

Next to each section name, enter the name of the file to upload or click **Browse** to locate the file.

NOTE: Upload non–password–protected zip files only. Files with password protection or extensions other than .zip are not accepted. Within the zipped file, only files with a .doc, .xlsx, .txt, or .pdf extension are accepted.

STEP 4

Click **Upload** to send the file(s) to the HPMS. Wait until the file transfer is complete.

STEP 5

After receiving confirmation of the upload, select another section to complete another upload, or click **Back** to return to the **Online Application** page.

NOTES:

- Once a file is uploaded, the user can click the section title to download the most recent file uploaded for that section.
- To delete an uploaded file, click the corresponding **Delete Uploaded File** button.

PART D SUPPORTING FILES

The **Part D Supporting Files** link is applicable for organizations applying to offer Part D. This includes applicants for Employer/Union Direct Contracts and “Employer (800) Series Only” contracts.

IMPORTANT:

- Download (see the Download Templates section above) and complete entry of required supporting documentation files prior to upload.
- Uploaded files must be zipped (.zip extension).
- Refer to the **Part D Application Upload Read Me File** (within the **Part D** templates zip file provided in the “Download Templates” section) to identify which Part D supporting files should be uploaded in which section. If a document must be re-uploaded, re-upload **all** documents required for that section. Failure to do so will result in failure to meet CMS application criteria.
- Users may re-upload the Part D supporting files as often as needed before clicking **Submit Final Application**.

STEP 1

On the **Online Application** page (Figure III-3), click **Part D Supporting Files** in the “Upload Files” section of the menu.

STEP 2

On the **Upload Part D Supporting Files** page (Figure III-14), several sections require that supporting documentation be uploaded. Consult the instructions in the attestation section of the Part D application or the **Part D Application Upload Read Me File** to determine which uploads are needed for the contract and the naming convention for each file.

Upload Part D Supporting Files for Z0001

Important Note: Please refer to the supplemental [Part D application upload technical instructions](#) for guidance in determining the Part D supporting files required by your application, preparing these files according to CMS instructions, and uploading these files to HPMS.

Step 1. Enter the name of the File(s) that you would like to upload. If you are unsure of the file name(s) and/or location(s), click on the "Browse" button to locate the file(s).

Please Note:

- File names cannot contain the following characters: '#', '%', ':', ';', '&' or '+'.
• File names cannot contain two consecutive periods.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xlsx, .txt, or .pdf will be accepted.
- The maximum allowable size for each upload file is 600MB.

Step 2. Click on the "Upload" button to send the file to HPMS.

Step 3. Wait until the file transfer is complete. After receiving confirmation of the upload, you may complete another upload or select the "Back" button to return to the "Online Application Start Page".

Part D Supporting File Section: To access your latest Part D Supporting File upload(s), please select the Part D Supporting File section name below.

Contracting	<input type="text"/>	<input type="button" value="Browse..."/>
Program Integrity	<input type="text"/>	<input type="button" value="Browse..."/>
Retail Pharmacy	<input type="text"/>	<input type="button" value="Browse..."/>
License/Solvency	<input type="text"/>	<input type="button" value="Browse..."/>
Attestation Waiver Requests	<input type="text"/>	<input type="button" value="Browse..."/>

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-14: Upload Part D Supporting Files

STEP 3

Next to each section name, enter the name of the zip file to upload or click **Browse** to locate the file.

REMINDER: The Part D pharmacy lists are uploaded via the **Pharmacy Lists** link within the "Upload Files" section of the Online Application module (see the **Pharmacy Lists** section above).

NOTE: Upload non–password–protected zip files only. Files with password protection or extensions other than .zip are not accepted. Within the zipped file, only files with a .doc, .xlsx, .txt, or .pdf extension are accepted.

STEP 4

Click **Upload** to send the file(s) to the HPMS. Wait until the file transfer is complete.

STEP 5

After receiving confirmation of the upload, select another section for which to complete another upload, or click **Back** to return to the **Online Application** page.

NOTES:

- Once a file has been uploaded, a user can select the section title to download the most recent file uploaded.
- To delete an uploaded file, click the corresponding **Delete Uploaded File** button.

FINAL SUBMISSION

After completing all sections of the Online Application (i.e., completed attestations, downloaded templates, and uploaded files), and completing all required data in the Basic Contract Management section, the user is ready to submit the Online Application.

SUBMIT FINAL APPLICATION

STEP 1

On the **Online Application** page (Figure III-3), click **Submit Final Application** in the “Final Submission” section of the menu.


STEP 2A

On the **Final Submission** page, if data is missing, it will be described in the “Required Data is Missing for” box (Figure III-15). If Basic Contract Management data is missing, refer to the *Basic Contract Management Online User Manual* for instructions for entering data. If Online Application data is missing, refer to the appropriate section above for instructions.

STEP 2B

On the **Final Submission** page, if data is complete (Figure III-16), the user can submit the application. It is strongly recommended that before doing so, the user:

- Verify that the service area noted on the Contract Service Area page in the HPMS matches the service area in the supporting files (i.e., Pharmacy Access reports and HSD tables).
- Click links to review answers to attestation questions for accuracy (attestations can be saved/printed).
- Click links to quality-check uploaded files.



Health Plan Management System
Home

Final Submission for Z0001

Attestations:

MA Attestation Sections Updated:

Section	Last Updated
Management, Experience, and History	10/18/2019 15:37:53
Administrative Management	10/18/2019 15:37:53
State Licensure	10/18/2019 15:37:54
Program Integrity	10/18/2019 15:37:54
Fiscal Soundness	10/18/2019 15:37:54
Service Area	10/18/2019 15:37:54
CMS Provider Participation Contracts & Agreements	10/18/2019 15:37:54
Contracts for Administrative & Management Services	10/18/2019 15:37:54
Quality Improvement Program	10/18/2019 15:37:54
Medicare Operations	10/18/2019 15:37:54
Communication between MAO and CMS	10/18/2019 15:37:54
Grievances	10/18/2019 15:37:54
Organization Determination and Appeals	10/18/2019 15:37:54
HIPAA	10/18/2019 15:37:54
Continuation Area	10/18/2019 15:37:54
Past Performance	10/18/2019 15:37:54

Review all of your latest answers to the [MA Attestation](#) questions.

Part D Attestation Sections Updated:

Section	Last Updated
Organization and Plan Type	10/18/2019 15:38:04
Applicant Experience, Contracts, Licensure, and Financial Stability	10/18/2019 15:38:20
Benefit Design	10/18/2019 15:38:40
Pharmacy Access	10/18/2019 15:39:13
Enrollment and Eligibility	10/18/2019 15:39:19
Complaints Tracking	10/18/2019 15:39:24
Medicare Plan Finder	10/18/2019 15:39:28
Grievances	10/18/2019 15:39:33
Coverage Determinations	10/18/2019 15:39:37
Coordination of Benefits	10/18/2019 15:39:43
Tracking Out-of-Pocket Costs	10/18/2019 15:39:48
Medicare Secondary Payer	10/18/2019 15:39:54
Marketing/Beneficiary Communications	10/18/2019 15:39:59
Reporting Requirements	10/18/2019 15:40:06
Data Exchange Between Part D Sponsor and CMS	10/18/2019 15:40:15
Health Insurance Portability and Accountability Act	10/18/2019 15:40:22
Prohibition on Use of SSN or Medicare Beneficiary Identifier number on Enrollee ID Cards	10/18/2019 15:40:29
Record Retention	10/18/2019 15:40:34
Claims Processing	10/18/2019 15:40:47
Premium Billing	10/18/2019 15:40:51
PDE Records	10/18/2019 15:40:42
CAHPS Administration	10/18/2019 15:40:55

Review all of your latest answers to the [Part D Attestation](#) questions.

To view latest uploads submitted to CMS, click on each Section link for the Upload Type.

Upload Type	Section
Pharmacy Lists	Home Infusion Pharmacy List (10/18/2019 3:41:38 PM)
	I/7/U Pharmacy List (10/18/2019 3:43:03 PM)
	Long Term Care Pharmacy List (10/18/2019 3:42:11 PM)
	Mail Order Pharmacy List (10/18/2019 3:42:35 PM)
Retail Pharmacy List	Retail Pharmacy List (10/18/2019 3:47:04 PM)
MA Supporting Files	Experience & Organization History (10/18/2019 3:46:45 PM)
	Administrative Management (10/18/2019 3:46:45 PM)
	State Licensure (10/18/2019 3:46:45 PM)
	Fiscal Soundness (10/18/2019 3:46:45 PM)
	Service Area (10/18/2019 3:46:45 PM)
	Part C Application Certification (10/18/2019 3:46:45 PM)
Part D Supporting Files	Contracting (10/18/2019 3:47:27 PM)
	Program Integrity (10/18/2019 3:47:27 PM)
	Retail Pharmacy (10/18/2019 3:47:27 PM)
	Licensure/Solvency (10/18/2019 3:47:27 PM)
	Attestation Waiver Requests (10/18/2019 3:47:27 PM)

YOU MUST CLICK FINAL SUBMIT TO MAKE YOUR APPLICATION SUBMISSION OFFICIAL.

Once you click Final Submit, you will receive a confirmation number. Please be sure to print the confirmation screen for your records.

Clicking Final Submit and obtaining a confirmation number means CMS HAS received your application submission.

Failure to click Final Submit and obtain a confirmation number means CMS has not received your application submission.

Click on "Submit" to mark your online application as a final submission (you will no longer be able to make any changes to your online submission).

[Go To: Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-16: Final Submission Page

STEP 3

If information is correct, click the **Submit** button to Final Submit the application.

NOTE: After clicking Submit, users cannot make changes to the service area or the Online Application.

STEP 4

The user will advance to the **Submission Confirmation Page** (Figure III-17). This page includes a submission confirmation number. **Keep this number for future reference.** Use the confirmation number to view submission history.

Click **Print** to print and retain confirmation information.

Submission Confirmation Page for Z0001

CONFIRMATION NUMBER: 13916

This page serves as confirmation that CMS has received the documentation your organization has submitted to CMS (through HPMS) in support of its application for qualification for a 2021 Medicare contract. This confirmation makes no representation concerning CMS' determination regarding the accuracy or completeness of your application submission.

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

This page provides general information regarding your organizations latest submission for the 2021 contract year. Please reference the confirmation number above to view attestations/documentation affiliated with this submission. To view this information at a later date, go to HPMS>Contract Management>Basic Contract Information>Select Contract Number>Online Application>View Confirmation History Page.

If you have found an error and it is prior to a CMS-established submission deadline please contact the HPMS Help Desk.

Submitting Application Contract Number (Initial or SAE) or SMAC Submission: Z0001

Legal Entity Name: EXAMPLE CONTRACT 1

Confirmation Date: 10/18/2019 04:13:19 pm

MA Application

Attestations - latest answers

Section	Last Updated
Management, Experience, and History	10/18/2019 15:37:53
Administrative Management	10/18/2019 15:37:53
State Licensure	10/18/2019 15:37:54
Program Integrity	10/18/2019 15:37:54
Fiscal Soundness	10/18/2019 15:37:54
Service Area	10/18/2019 15:37:54
CMS Provider Participation Contracts & Agreements	10/18/2019 15:37:54
Contracts for Administrative & Management Services	10/18/2019 15:37:54
Quality Improvement Program	10/18/2019 15:37:54
Medicare Operations	10/18/2019 15:37:54
Communication between MAO and CMS	10/18/2019 15:37:54
Grievances	10/18/2019 15:37:54
Organization Determination and Appeals	10/18/2019 15:37:54
HIPAA	10/18/2019 15:37:54
Continuation Area	10/18/2019 15:37:54
Past Performance	10/18/2019 15:37:54

MA Supporting Files Uploads

Section	Last Updated
Experience & Organization History	10/18/2019 3:46:45 PM
Administrative Management	10/18/2019 3:46:45 PM
State Licensure	10/18/2019 3:46:45 PM
Fiscal Soundness	10/18/2019 3:46:45 PM
Service Area	10/18/2019 3:46:45 PM
Part C Application Certification	10/18/2019 3:46:45 PM

Part D Application

Attestations - latest answers

Section	Last Updated
Organization and Plan Type	10/18/2019 15:38:04
Applicant Experience, Contracts, Licensure, and Financial Stability	10/18/2019 15:38:20
Benefit Design	10/18/2019 15:38:40
Pharmacy Access	10/18/2019 15:39:13
Enrollment and Eligibility	10/18/2019 15:39:19
Complaints Tracking	10/18/2019 15:39:24
Medicare Plan Finder	10/18/2019 15:39:28
Grievances	10/18/2019 15:39:33
Coverage Determinations	10/18/2019 15:39:37
Coordination of Benefits	10/18/2019 15:39:43
Tracking Out-of-Pocket Costs	10/18/2019 15:39:48
Medicare Secondary Payer	10/18/2019 15:39:54
Marketing/Beneficiary Communications	10/18/2019 15:39:59
Reporting Requirements	10/18/2019 15:40:06
Data Exchange Between Part D Sponsor and CMS	10/18/2019 15:40:15
Health Insurance Portability and Accountability Act	10/18/2019 15:40:22
Prohibition on Use of SSN or Medicare Beneficiary Identifier number on Enrollee ID Cards	10/18/2019 15:40:29
Record Retention	10/18/2019 15:40:34
Claims Processing	10/18/2019 15:40:47
Premium Billing	10/18/2019 15:40:51
PDE Records	10/18/2019 15:40:42
CAHPS Administration	10/18/2019 15:40:55

Part D Supporting Files Uploads

Section	Last Updated
Contracting	10/18/2019 3:47:27 PM
Program Integrity	10/18/2019 3:47:27 PM
Retail Pharmacy	10/18/2019 3:47:27 PM
Licensure/Solvency	10/18/2019 3:47:27 PM
Attestation Waiver Requests	10/18/2019 3:47:27 PM

Pharmacy Lists Uploads

Section	Last Updated
Home Infusion Pharmacy List	10/18/2019 3:41:38 PM
Long Term Care Pharmacy List	10/18/2019 3:42:11 PM
Mail Order Pharmacy List	10/18/2019 3:42:35 PM
I/T/U Pharmacy List	10/18/2019 3:43:03 PM

Retail Pharmacy Uploads

Section	Last Updated
Retail Pharmacy List	10/18/2019 3:47:04 PM

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-17: Submission Confirmation Page

VIEW SUBMISSION HISTORY

After uploading data and receiving a confirmation number for the upload, users can view the submission.

STEP 1

On the **Online Application** page (Figure III-3), click **View Confirmation History** in the “Final Submission” section of the menu.

STEP 2

On the **Select Confirmation Number** page (Figure III-18), select a confirmation number. Click **Next** to advance to the **Submission Confirmation History** page.

HPMS Health Plan Management System

Health Plan Management System Home

Select Confirmation Number for Z0001

Select a confirmation number from the list below:

- 13916 (10/18/2019 4:13:19 PM)

Back Next

Go To: [Online Application Start Page](#) | [Contract Management Start Page](#)

Figure III-18: Select Confirmation Page

STEP 3

Review the information. Click **Print** to print the information. Afterward, either click the **Back** button to review the history for another confirmation number or click a **Go to** link at the foot of the page.

APPENDIX: CMS CONTACTS

NAME	CONTACT INFORMATION	AREA OF RESPONSIBILITY
Greg Buglio	410-786-6562 gregory.buglio@cms.hhs.gov	Technical assistance with HPMS Basic Contract Management module.
Sara Walters	410-786-3330 sara.walters@cms.hhs.gov	Technical Assistance backup with HPMS Basic Contract Management Module.
DMAO Web Portal	https://dmao.lmi.org	Questions related to MA applications.
Arianne Spaccarelli	410-786-5715 arianne.spaccarelli@cms.hhs.gov	Questions related to the Part D application and Employer/Union Direct and EGWP applications.
HPMS Help Desk	1-800-220-2028 hpms@cms.hhs.gov	Technical Assistance with HPMS.
HPMS User Access Team	hpms_access@cms.hhs.gov	Questions related to HPMS user access.