



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: June 30, 2015

TO: PACE Organizations and State Administering Agencies

FROM: Kathryn A. Coleman
Director

SUBJECT: Revised Instructions for Submitting an Initial Application or a Service Area Expansion Application under the Programs of All-Inclusive Care for the Elderly

The purpose of this memo is to provide additional instructions for submitting an initial application or a service area expansion (SAE) to the Centers for Medicare & Medicaid Services (CMS) under the Programs of All-Inclusive Care for the Elderly (PACE). This guidance supersedes all previous application guidance. These changes will be incorporated into a future update to Chapter 17 of the *PACE Manual* and are effective immediately.

There are two quarterly application timeframes for the remainder of Calendar Year 2015, as follows:

July 6, 2015 to July 10, 2015
October 5, 2015 to October 9, 2015

Previously, CMS permitted new PACE organizations to submit their Part D application at the time of initial application or after the PACE application was submitted. Now CMS requires the Medicare Part D application be submitted with the initial application. The Part D application for new PACE organizations for contract year 2015 can be found at:

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

Below are the instructions for submitting an initial or service area expansion application in the PACE program. We have added the last three items in the chart in response to questions received during the last quarterly submission window.

	Instructions
How to submit	<p>All applications are to be submitted to CMS Central Office.</p> <p>Initial applications: Send in a zipped file to John.Hebb@cms.hhs.gov and Kelley.Ordonio@cms.hhs.gov.</p> <p>SAE applications: Send in a zipped file to John.Hebb@cms.hhs.gov and Kelley.Ordonio@cms.hhs.gov.</p>
What to submit	<p>The initial PACE application and service area expansion application can be found at: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/integrating-care/program-of-all-inclusive-care-for-the-elderly-pace/pace-4-states.html .</p> <p>The Medicare Part D application for new PACE organizations for contract year 2015 can be found at: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxContracting_ApplicationGuidance.html.</p>
Complete application	<p>Incomplete applications will not be accepted. A complete application includes:</p> <ul style="list-style-type: none"> • *SAA certification pages and SAA signature • Cover sheet with the appropriate signatures • Table of Contents for the Narrative part • Narrative part, with each question answered and divided into chapters • Table of Contents for Documents section • Documents section, arranged by chapters • *Medicare Part D application <p>*required for complete initial application</p>
How to label the files in the Documents sections	<p>Each chapter's documents should be consolidated into a single pdf file. Please use the following naming convention: "Organization Name_Ch [Number]_Documents.pdf".</p>

State administering agency (SAA) signature page	SAA signature page is required for both initial PACE applications and SAE applications.
Medicare Part D Application for New PACE Organizations	Effective immediately the Medicare Part D application for new PACE organizations must be submitted with the initial application. Submit the Part D application in the initial PACE application zipped file described above using the following naming convention: "Organization name_Part D application.pdf".
SAA certification pages-[Initial PACE applications only]	Completed and signed SAA certification pages are required for initial PACE applications, and must include the Medicaid capitation rates.
Submission Date	The date of submission is the date the applicant emails the complete application in a zipped file to CMS. CMS will send a reply email confirming receipt of the application submission. Note: Incomplete applications will not be accepted and will need to be resubmitted during a future application timeframe. See above for a list of requirements for a complete application.
File Size	The CMS mail server will not accept an attachment greater than 25MB. If your zip file exceeds that size, please separate your zip files into two zip files and send separately.
HPMS Contract Number (H#)	For service area expansion applications, please include the H# in the "Subject" line.
Receipt Confirmation	CMS will send an email confirming receipt of an application. This does not replace the "Completeness Letter" which is part of the application review process.

If you have any questions concerning this guidance, please submit them to the PACE mailbox: <https://dmao.lmi.org/>.