DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Beneficiary Choices
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

PLAN OVERSIGHT AND ACCOUNTABILITY GROUP

Date: March 29, 2006

To: All Organizations with Pending Contract Numbers

From: Cynthia Moreno, Director, Plan Oversight and Accountability Group

Subject: HPMS Access

CMS is in receipt of your application for a contract for Contract Year 2007. Please review the following guidance regarding access to the Health Plan Management System (HPMS).

First, please verify that your organization has access to HPMS. Much of the work necessary for successful completion of the application, formulary, and bid processes is accomplished via HPMS. Access to HPMS may be obtained by having individual users within your organization submit an application for a CMS issued user ID.

For organizations that currently have access to HPMS for an existing contract number, but need additional access to one or more pending contract numbers, please request this access via e-mail to Don Freeburger (Don.Freeburger@cms.hhs.gov) and Neetu Jhagwani (Neetu.Jhagwani@cms.hhs.gov). In the e-mail request, please include the following information:

1. The organization name
2. The organization's existing contract number
3. A list of the current HPMS users (by user ID) requesting access
4. The pending contract number(s) to which each user ID needs to be affiliated

For organizations without current HPMS access, you must submit the Application for Access to CMS Computer Systems form for each individual in the organization who will require such access. This application form is attached. Please read the following instructions for completing and submitting this form:

1. Section 1: Check "New" as type of request.
2. Section 2: Complete information in section 2. Place a check in the appropriate box next to **"Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only."**
3. Section 3: Write in the contract number(s) for which access is needed.

4. Section 4: Place a check in the first row beneath the "Default Non-CMS Employee" row. On the associated blank line, write "HPMS_P_CommlUser."
5. Section 5: Write the justification for your request in section 5 of the form.
6. Section 6: Please do **not** complete section 6 of the form.
7. Sign the Privacy Act Statement on page 3 of the form. Be sure to include your Social Security number.
8. Send the original form (not a copy) to:
    CMS
    7500 Security Blvd.
    Baltimore, MD 21244
    Attn: Yvette Cooper
    Mail Stop: C4-14-21

To expedite the process, you may consider sending the original access forms to CMS via an overnight or next-day delivery service.

If your organization included the Application for Access to CMS Computer Systems form with your Notice of Intent or application, and you have not yet received your HPMS user ID(s), please contact Don Freeburger at 410-786-4586 or don.freeburger@cms.hhs.gov to verify receipt.

Thank you.