

**MEDICARE ADVANTAGE ORGANIZATION/  
PRESCRIPTION DRUG PLAN SPONSOR/  
COST PLAN SPONSOR**

**2007 Application for Service Area Expansions for  
Employer/Union-Only Group Waiver Plans (EGWPs)  
January 27, 2006**

**PUBLIC REPORTING BURDEN:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0936. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS/EPOG, 7500 Security Boulevard, C1-22-06, Baltimore, Maryland 21244-1850.

**BACKGROUND:**

The Medicare Modernization Act (MMA) provides employers and unions with a number of options for providing prescription drug coverage to their Medicare-eligible retirees. Under Part D of the MMA, those options include making special arrangements with Medicare Advantage Organizations (MAOs) and Section 1876 Cost Plans to purchase customized benefits, including drug benefits, for their retirees; purchasing benefits from sponsors of prescription drug-only plans (PDPs); and directly contracting with CMS to become Part D plan sponsors themselves (direct contract arrangements). (Please note that for Section 1876 Cost Plans, Part D coverage is an optional supplemental benefit; CMS' employer group waiver authority applies only to Part D, *not* to Parts A or B.) Each of these approaches involves the use of CMS waivers authorized under Sections 1857(i) or 1860D-22(b) of the Social Security Act (SSA). Under this authority, CMS may waive or modify requirements that "hinder the design of, the offering of, or the enrollment in" employer-sponsored group plans.

This application is to be used for Prescription Drug Plan (PDP) Sponsors, Medicare Advantage Organization (MAO) Sponsors, and Cost Plan Sponsors seeking to expand the service area for their existing employer/union-only group waiver plans (EGWPs). Please follow the application instructions below and submit the required material in support of your application to offer EGWPs. (Please note that EGWP Sponsor Applicants are required to submit a separate application to participate in the non-group market.)

**APPLICATION INSTRUCTIONS:**

This document is **ONLY** to be completed by existing non-group entities that have previously offered EGWPs. New non-group entities and non-group entities that have not previously offered EGWPs should not complete this application.

A separate application must be completed for *each contract number* for which the EGWP Sponsor is applying to expand the service area.

**SUBMISSION OF APPLICATION MATERIALS:**

**Submit three (3) hard copies (an original and two duplicates) of each application to:**

Centers for Medicare & Medicaid Services (CMS)  
Mail Stop: C1-22-06  
Attn: 2007 EGWP SAE Application (Contract #: XXXXX)  
7500 Security Blvd  
Baltimore, MD 21244-1850

Applications must be received by **5:00 P.M. EST March 20, 2006**.

**In order for CMS to receive your application in a timely manner, please note that Federal Express and the US Postal Service possess CMS Security Clearance. Applications mailed**

**through other carriers that lack CMS Security Clearance may be delayed due to clearance processing.**

**ASSISTANCE:**

If you have any questions about this application, please contact:

Marye Isaacs by email at [Marye.Isaacs@cms.hhs.gov](mailto:Marye.Isaacs@cms.hhs.gov) or by phone at 410-786-3276 or  
Sara Walters by email at [Sara.Walters@cms.hhs.gov](mailto:Sara.Walters@cms.hhs.gov) or by phone at 410-786-3330 or  
Karen Levin by email at [Karen.Levin@cms.hhs.gov](mailto:Karen.Levin@cms.hhs.gov) or by phone at 410-786-5445.

<b>Submit One Service Area Expansion Application For Each Contract Number:</b>		
Contract Number: (H#/R#/S#): _____  Type of Employer/Union-Only Group Waiver Plan (EGWP):  PDP <input type="checkbox"/> MA-PD <input type="checkbox"/> MA-Only <input type="checkbox"/> Cost Plan <input type="checkbox"/>  (Note: MA Organizations can check both MA-Only and MA-PD )		
<b>ENTITY NAME:</b>	<b>MAILING ADDRESS:</b>	
<b>NAME OF PARENT ORGANIZATION, IF ANY:</b>		
<b>EMPLOYER GROUP WAIVER CONTACT PERSON:</b>		
<b>NAME OF INDIVIDUAL:</b>	<b>E-MAIL:</b>	
<b>TITLE:</b>	<b>FAX NUMBER:</b>	
<b>ADDRESS:</b>	<b>TELEPHONE NUMBER:</b>	
I certify that all information and statements made in this application are true, complete and current to the best of my knowledge and belief and are made in good faith.		
<b>TITLE OF AUTHORIZED REPRESENTATIVE:</b>	<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b>	<b>DATE:</b>



