

## PACE Part D Waiver Request

\_\_\_\_\_ (*name of PACE organization*) would like to request a waiver of section 423.265(b) of the Medicare Prescription Drug Benefit final rule pertaining to the June 6, 2005 Part D bid submission deadline. CMS approval of this request will improve coordination between Part D and PACE requirements.

I agree to submit the CY 2006 Part D bid to CMS via HPMS no later than July 1, 2005.

H NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please mail this request to the following address:

Centers for Medicare and Medicaid Services (CMS)

Brenda Hudson

Attn: Part D PACE Waiver Request

Mail Stop: C5-05-27

7500 Security Boulevard

Baltimore, MD 21244-1850

In addition, a copy of this request should also be sent to:

Centers for Medicare and Medicaid Services (CMS)

Marietta Mack

Attn: Part D PACE Waiver Request

Mail Stop: S2-04-05

7500 Security Boulevard

Baltimore, MD 21244-1850

A copy of this request must also be sent to both the State Administering Agency as well as the organizations CMS PACE Team Lead.