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



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: April 21, 2015

TO: PACE Organizations

FROM: Kathryn A. Coleman

Director

SUBJECT: Updated Instructions for Submitting Section 903 BIPA Waiver Requests in the

PACE Program

The purpose of this memo is to provide updated instructions to PACE organizations for submitting Benefits Improvement and Protection of 2000 (BIPA) waivers requests to the Centers for Medicare & Medicaid Services (CMS) and State Administrative Agencies (SAA).

Section 903 of BIPA provides CMS flexibility in exercising the waiver authority provided under sections 1894(f)(2)(B) and 1934(f)(2)(B) of the Social Security Act. Section 903 allows for specific modifications or waivers of certain regulatory provisions to meet the needs of PACE organizations. CMS established a process for submission and approval of waiver requests as specified in a subsequent interim final rule issued in 2002.

Section 903 BIPA waiver requests must be submitted to the SAA. As a first step in the waiver request process, CMS encourages PACE organizations to reach out to their SAA prior to preparing formal requests, so the state is aware of the forthcoming request and PACE organizations have knowledge of any state law, regulation, or other requirement in advance of their submission. The waiver request may be included as a part of a PACE application or independent of a PACE application. Waiver requests submitted in conjunction with a PACE application should use the naming convention "waiver request" and be included as separate documents in the PACE application zip file.

All waiver submissions must include the following:

- 1. Information identifying the submitted document(s) as a waiver request;
- 2. The regulatory provision to be waived;
- 3. Specific reason(s) for requesting the waiver;
- 4. Policies and procedures put into place by the PACE organization to ensure participant care will not be compromised by the waiver, if applicable;
- 5. Point of contact for waiver; and,
- 6. PACE Waiver Crosswalk (Attachment A) indicating that the PACE organization has provided all necessary information, if applicable.
- 7. Whether the waiver request has been previously submitted.

The most commonly requested waivers involve requests for the inclusion of Community-Based Physicians and Nurse Practitioners on the Interdisciplinary Team. Please refer to the attached checklist for supporting documentation that should accompany these types of requests.

Once a waiver request is submitted to the SAA, it will be reviewed by the SAA and forwarded to CMS. CMS will approve or deny the waiver request within ninety (90) days of the date of from the SAA.