



Spotlight: Key Upcoming Medicare Dates and Deadlines for Dual Eligible Special Needs Plans and Medicare-Medicaid Plans

The *Integrated Care Resource Center* summarizes key annual Medicare Advantage (MA) contract year (CY) dates in a new reference [tool](#) for states implementing integrated Medicare and Medicaid programs. These key dates pertain to submission timelines and operational activities for Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMPs) that are aligned with the MA annual calendar published by the Centers for Medicare & Medicaid Services (CMS) in April of each year (see p.65 of the [CY 2016 Final Call Letter](#)).

States contracting with D-SNPs or MMPs should be aware of the following upcoming deadlines and related CMS guidance for these plans:

Medicare Advantage Organization Submission of Notice of Non-Renewals. June 1, 2015 is the date by which D-SNPs deciding not to renew their MA contracts must notify CMS in writing. D-SNPs can elect to voluntarily not renew their contract with CMS, and they may implement service area reductions as an alternative to a non-renewal of their contract. States can ask D-SNPs for copies of any notices of non-renewals or service area reductions submitted to CMS to proactively manage any situations where a D-SNP may be exiting a market or service area. CMS issued instructions to D-SNPs on submission of CY 2016 Non-Renewals and Service Area Reductions in a May 4, 2015 [HPMS memo](#).

State Medicaid Agency Contracts to CMS. D-SNPs are required to submit a State Medicaid Agency Contract (SMAC or "MIPPA contract") to CMS no later than July 1, 2015 for each state they seek to operate in for CY 2016. This is required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Affordable Care Act, and states have the option of contracting with all, some, or none of the D-SNPs seeking to operate in the state. States should be aware of this deadline and work with D-SNPs in advance to determine the scope of service and financial responsibility that D-SNPs must assume. To qualify as a fully integrated dual eligible SNP (FIDE), D-SNPs must also upload a FIDE SNP matrix via CMS' Health Plan Management System (HPMS) by July 1 (see [Guidance for Submitting State Medicaid Agency Contracts](#) for more information).

MMP Guidance on Submission of Plan Benefit Packages (PBP). On April 13, 2015, CMS issued guidance on requirements and enhancements to plan PBP software for CY 2016 to allow for more integrated benefit data entry by MMPs. CMS had made enhancements to fields in the PBP software used by MMPs to enter required data about maximum plan benefit coverage, cost sharing, authorization, and referral requirements. See p.3 of the [MMP PBP guidance](#) for a list of CY 2016 PBP software enhancements. MMP PBP submissions that integrate Medicare, Medicaid, and demonstration-specific benefits for CY 2016 are due no later than June 1, 2015.

D-SNP submission of PBP and Bid Pricing Tool (PBT). All MA organizations, including D-SNPs, must submit a PBP and completed PBT via HPMS no later than June 1, 2015. States using Medicare bid and PBP information to establish payment rates for Medicaid cost-sharing and services covered under an integrated D-SNP contract should be aware of this deadline. Additionally, D-SNPs must tailor their PBP

and bids so they are consistent with any state requirements. CMS includes guidance on D-SNP submission of bid, PBP, and associated plan service area information in the [final call letter](#).

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The ***Integrated Care Resource Center*** is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit <http://www.integratedcareresourcecenter.com>.

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