

# Key 2023 Medicare Advantage Dates

The Integrated Care Resource Center (ICRC) developed this calendar of key Medicare Advantage (MA) dates, using a larger calendar of Medicare Advantage and Part D prescription drug plan dates developed by the Centers for Medicare & Medicaid Services (CMS), to assist states and health plans in the implementation of integrated care programs for people dually eligible for Medicare and Medicaid.<sup>1</sup> The complete and updated list of MA and Part D Prescription Drug plan (PDP) dates, which is updated by a variety of CMS business on an ongoing basis, is available at <https://hpms.cms.gov/app/ng/home/>. To view or download the full calendar, scroll to the bottom of the webpage and click “Download the Calendar.”

Date	Event
January 1, 2023	MA contract year starts and enrollment effective date.
January 1- March 31, 2023	Annual Medicare Advantage (MA) Open Enrollment Period, during which an individual can enroll in, disenroll from, or change Medicare Advantage plans, including Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMPs).
January 11, 2023	MA application for following Calendar Year (CY) released on CMS website (for new applications or service area expansions).
January 11, 2023	Model of Care (MOC) renewal submission period begins for D-SNPs, Institutional Special Needs Plans (I-SNPs) and Chronic Condition Special Needs Plans (C-SNPs) with MOC approvals ending December 31, 2023.
January 20, 2023	Final day for plans to submit Notices of Intent to Apply (NOIAs) to CMS for CY2024. <sup>2</sup>
Early February 2023	CMS releases Advance Notice of Methodological Changes for CY2024 for MA and Part D payment rates and policies.
February 15, 2023	Model of Care (MOC) renewal submissions due for D-SNPs, I-SNPs and C-SNPs with MOC approvals ending December 31, 2023.
February 15, 2023	CY2024 initial and service area expansion applications for MA and Part D plans, including D-SNPs, due to CMS.
March 22, 2023	Parent Organization designation updates from MA Organizations (MAOs) and sponsors due to CMS. <sup>3</sup>
April 2023	CMS releases guidance for D-SNP look-alikes about CY2023 transitions and POVER transactions. <sup>4</sup>
April 2023	Plan Creation Module, Plan Benefit Package (PBP) module, and Bid Pricing Tool software released in the CMS Health Plan Management System (HPMS); organizations interested in offering a MA, PDP, or MMP product in CY2024 must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by June 5. <sup>5</sup>
Early April 2023	Deadline for MA organizations to submit full contract consolidation requests for CY2024.
Early April 2023	Release of guidance regarding CY 2023 renewal options, including crosswalks.
April 3, 2023	CMS releases Announcement of CY2024 MA Capitation Rates and Part C and Part D Payment Policies.

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<b>May 2023</b>	Release of CY2024 model templates for MA plan Annual Notice of Change, Evidence of Coverage, LIS rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, pharmacy directory, and member identification cards. Plans are able to begin uploading these documents into HPMS for CMS review in July. <sup>6</sup>
<b>May-July 2023</b>	Release of final state-specific MMP and D-SNP CY2024 models in selected states; ANOC/EOC (Member Handbook), Summary of Benefits, Formulary, Provider and Pharmacy Directory, Member ID card, and other integrated member material models.
<b>May- August 2023</b>	MA organizations with D-SNP look-alike plans submit CY2023 transition plans to CMS on May 5. CMS issues preliminary approval/rejection of these transitions on May 26. MA organizations then notify CMS of their transitions via HPMS in June, and CMS issues approval letters for transitions and POVER process in mid-August.
<b>June 2023</b>	CMS conducts triennial provider network adequacy reviews for active MA plans, including D-SNPs. <sup>7</sup>
<b>June 1, 2023</b>	Submission period begins for plans to submit CY2024 marketing materials to CMS for review via the HPMS Marketing Module.
<b>June 5, 2023</b>	Deadline for all Medicare plans (MA and Part D) to submit CY2024 bids and formulary files; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
<b>June 6-7, 2023</b>	Initial submission period begins for MA organizations to request crosswalk exceptions for CY2024.
<b>June 7, 2023</b>	CMS releases CY2024 D-SNP module for D-SNPs to upload required State Medicaid Agency Contracts (SMACs) and Contract Matrices in HPMS. D-SNPs must upload CY2024 SMACs into HPMS by July 3.
<b>Early June - Late August 2023</b>	Completion of CMS's CY2024 bid review and approval, to include pricing, PBPs, and formularies. Deadline for MAOs/Part D sponsors to submit attestations, contracts, initial actuarial certifications, and final actuarial certifications.
<b>July-August, 2023</b>	Release of state-specific marketing guidance for MMPs.
<b>July 3, 2023</b>	D-SNP applicants must submit SMACs and contract matrices to CMS in HPMS.
<b>July 5-7, 2023</b>	Second submission period begins for Plans/Part D sponsors to request crosswalk exceptions in HPMS.
<b>Late July 2023</b>	CMS releases the Part D national average monthly bid amount, the Medicare Part D base beneficiary premium, the Part D regional low-income premium subsidy amounts, the MA regional PPO benchmarks, and the de minimus amount.
<b>No Later than July 29, 2023</b>	MA organizations that receive, on or before this date, a termination notice from CMS with an effective date of December 31, 2023, must issue notices to their Medicare enrollees at least 90 days prior to the effective date of the termination.
<b>August-September 2023</b>	Plan preview periods of Part C & D Star Ratings in HPMS. <sup>8</sup>
<b>August 25, 2023</b>	CMS notifies all D-SNPs of final determinations of integration status and sanctions based on CY2024 SMACs.

## Key 2023 Medicare Advantage Dates

Date	Event
<b>August 31, 2023</b>	CY2024 contract execution deadline.
<b>Mid-September, 2023</b>	All CY2024 MA and PDP contracts fully executed by both parties (Part C/Part D Sponsor and CMS).
<b>September 30, 2023</b>	Deadline for all MA, MA-PD, MMP, PDP, and cost-based plans (including those not offering Part D and those that do offer Part D) to send the standardized Annual Notice of Change (ANOC) and LIS rider to current enrollees.
<b>October 1, 2023</b>	MA and PDP plan marketing begins for CY2024.
<b>October 2, 2023</b>	Deadline by which enrollees of non-renewing PDPs, MA plans, MA-PD plans, MMPs, and cost-based plans must receive final, personalized beneficiary non-renewal notification letters.
<b>October 2, 2023</b>	Plans submit transactions for approved crosswalk exceptions according to the End-of-Year Enrollment and Payment Systems Processing Information HPMS memo.
<b>Early-Mid October, 2023</b>	Medicare Advantage and Part D plan Star Ratings released on Medicare.gov.
<b>Mid-October, 2023</b>	CMS releases CY2025 Notice of Intent to Apply (NOIA) for new contracts or contract extensions.
<b>October 15, 2023</b>	Deadline for all MA, MA-PD, MMP, PDP, and cost-based plans (including those not offering Part D and those that do offer Part D) to send the following documents (or notification, if permitted) to current enrollees: Evidence of Coverage (EOC); abridged or comprehensive formularies; and provider/pharmacy directories.
<b>October 15, 2023</b>	Annual Election Period begins. Medicare beneficiaries can enroll in MA or Part D plans for CY2024.
<b>October 27, 2023</b>	Plan-submitted rollover transactions must be complete (if required) according to the End-of-Year Enrollment and Payment Systems Processing Information Memo.
<b>November 11, 2023</b>	CY2025 NOIA deadline to ensure access to HPMS for new MA or PDP contracts or plans that wish to expand their service areas.
<b>December 7, 2023</b>	End of the Annual Election Period.

## ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by **Mathematica** and the **Center for Health Care Strategies**. For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).

## ENDNOTES

<sup>1</sup> The dates in this calendar are for 2023 Medicare Advantage and Prescription Drug Plan activities. The exact dates of activities in future years are subject to change.

<sup>2</sup> CMS requires organizations planning to offer Medicare Part D or MA plans (including D-SNPs and MMPs) to submit a Notice of Intent to Apply if they would like to offer a new plan in 2024 or if they would like to expand the service area of an existing plan.

<sup>3</sup> This is required of all MAOs, but is especially important for D-SNPs that wish to be designated as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) or a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) in 2024. To qualify as a FIDE SNP, a single legal entity must hold both a Medicare Advantage D-SNP contract with CMS and a Medicaid managed care organization contract with the state Medicaid agency. To qualify as a HIDE SNP, a MAO must demonstrate that Medicaid benefits are covered by either: (1) the same legal entity as the D-SNP; or (2) the same parent company as the D-SNP. For more information about FIDE SNPs and HIDE SNPs, see ICRC's tip sheet on D-SNP definitions at <https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023>.

<sup>4</sup> CY2022 notice available at <https://www.cms.gov/files/document/cy22dsnplookaliketransitionhpmsmemo508clean.pdf>.

<sup>5</sup> States interested in requiring plans to cover certain benefits, including supplemental benefits, will want to have discussions with plans well in advance of the June 5 deadline.

<sup>6</sup> To help ensure that these documents represent state policies regarding Medicare-Medicaid integration and accurately describe Medicaid benefits, states may want to review draft templates before plans submit them to CMS.

<sup>7</sup> These network adequacy reviews do not apply to MMPs.

<sup>8</sup> States can use the Part C and D measures in the MA star ratings to assess the quality and performance of MA plans operating in their state. Note that the star ratings are assigned at the contract level, not at the individual plan level. A single MA contract may include more than one type of SNP as well as non-SNP MA plans. For more information, see the ICRC tip sheet "How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance." Available at: <https://www.integratedcareresourcecenter.com/sites/default/files/MA%20Star%20Ratings%20Guide.pdf>