

Key 2020 Medicare Dates

This calendar of key Medicare dates was developed to assist states and health plans in the implementation of integrated Medicare and Medicaid programs for people dually eligible for Medicare and Medicaid.¹ For a calendar showing all Medicare Advantage and Prescription Drug plan dates for calendar year 2020 and early 2021, see: <https://www.cms.gov/files/document/cy-2021-medicare-parts-c-and-d-annual-calendar-2132020.pdf>.

Date	Event
January 1	Contract year starts and enrollment effective date.
January 1	Low Income Subsidy (LIS) Medicare Part D reassignment for dually eligible individuals, or movement of LIS Medicare beneficiaries from their current Medicare Prescription Drug Plan (PDP) or terminating Medicare Advantage Prescription Drug Plan (MA-PD) to another PDP.
January 1- March 30	Annual Medicare Advantage (MA) Open Enrollment Period, during which an individual can enroll in, dis-enroll from, or change Medicare Advantage plans, including Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMPs).
January 7	MA application for following Calendar Year (CY) released.
January 8	Model of Care (MOC) renewal submission period begins for Special Needs Plans (SNPs) and MMPs with approvals ending December 31, 2020.
January 24	Final day to submit Notice of Intent to Apply (NOIA) to CMS for 2021. ²
February 6	Advance Notice of Methodological Changes for CY 2021 for MA Capitation Rates and proposed rule on Part C and Part D Payment Policies.
February 12	Deadline for Dual Eligible Special Needs Plans (D-SNPs) meeting a high level of integration, as determined by the Centers for Medicare & Medicaid Services (CMS), to submit a request to CMS to offer additional supplemental benefits.
February 12	MA and Part D plan applications for 2021 due to CMS.
February 12	MOC renewal submissions due for Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs) with MOC approvals ending as of December 31, 2020.
March 16	Parent Organization designation updates from MA Organizations (MAOs) and sponsors due to CMS (instructional memo released in February 2020). ³
Mid-March	MedPAC and MACPAC reports to Congress released.
April 6	2021 Final Announcement of MA Capitation Rates and MA/Part D Payment Policies released.
April 10	Plan Creation Module, Plan Benefit Package (PBP) module, and Bid Pricing Tool software released in the Health Plan Management System (HPMS); organizations interested in offering a MA, PDP, or MMP product must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by June 1. ⁴

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Date	Event
Spring	Updated CY 2020 Medicare Part C and D star ratings released. ⁵
May-July	Release of CY 2021 model templates for Final Annual Notice of Change, Evidence of Coverage, LIS rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, pharmacy directory, member identification card and other MMP-specific models. Plans are able to begin uploading these documents for CMS review in July. ⁶
Early May	Deadline for MA and Part D plans to notify CMS of intention to non-renew counties or reduce service area at the contract level.
Late May	2021 D-SNP module released for D-SNPs to upload required State Medicaid Agency Contracts (SMACs) and Contract Matrix.
June	CMS conducts provider network adequacy reviews for MA plans, including D-SNPs. ⁷
June 1	Deadline for all Medicare plans (MA and Part D) to submit CY 2021 bids; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
June 1	Organizations interested in offering a MA, Part D, or MMP product must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits.
Mid-June	MedPAC and MACPAC reports to Congress released.
July 6	D-SNP applicants must submit SMACs and contract matrix to CMS.
No Later than July 29	MA organizations that receive, on or before this date, a termination notice from CMS with an effective date of December 31, 2020, must issue notices to their Medicare enrollees at least 90 days prior to the effective date of the termination.
Late July	Part D national average monthly bid amount (NAMBA) and the Part D regional low-income premium subsidy amounts released.
July-August	Release of state-specific marketing guidance for MMPs.
Late August	D-SNPs notified by CMS of final determinations of integration status and sanctions based on CY 2021 SMACs.
Mid-September	CMS fully executes MA and PDP contracts with plans.
September 30	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.
October 1	MA and Medicare Part D marketing begins for CY 2021.
October 2	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.
Early/Mid October	CY 2021 Medicare Part C and D Star Ratings released on or around October 8, 2020.

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Date	Event
Mid-October	CMS releases CY 2022 Notice of Intent to Apply (NOIA) for new contracts or contract extensions. CMS releases the CY 2021 Landscape files, identifying approved and sanctioned MA plans.
October 15	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.
October 15 – December 7	Annual Coordinated Election Period, Medicare-only beneficiaries can enroll in MA or Part D plans for 2021.
November 11	2022 NOIAs due for new MA or PDP contracts or extensions.
December 7	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.

ENDNOTES

¹ The dates in this calendar are for 2020 Medicare activities. The exact dates of activities in future years is subject to change.

² 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 2021, or if they would like to expand the service area of an existing plan.

³ This is required of all MAOs, but will be especially important for D-SNPs that wish to be designated as a Fully Integrated D-SNP (FIDE SNP) or a Highly Integrated D-SNP (HIDE SNP) in 2021. To qualify as a FIDE SNP or 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 the following CMS memorandum issued to D-SNPs on January 17, 2020: <https://www.cms.gov/files/document/cy2021dsnpsmedicaremedicaidintegrationrequirements.pdf>

⁴ 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 1 deadline.

⁵ States can use the various 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/2020_Medicare_Advantage_Star_Ratings_Guide.pdf

⁶ 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.

⁷ These network adequacy reviews do not apply to MMPs.