



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: June 8, 2016

TO: All Medicare Advantage Organizations Seeking to Offer a Dual Eligible Special Needs Plans in Contract Year 2017

FROM: Kathryn A. Coleman
Director

SUBJECT: Guidance for Submitting State Medicaid Agency Contracts

This memorandum provides guidance to Medicare Advantage Organizations (MAOs) seeking to offer a Dual Eligible Special Needs Plan (D-SNP) in contract year (CY) 2017 on contract requirements and submission deadlines. As required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and the Affordable Care Act, each year, **all** D-SNPs are required to submit to CMS a contract with the State Medicaid Agency(ies) in each state in which they operate or are seeking to operate.

New and existing D-SNPs must upload their ratified CY 2017 State Medicaid Agency Contract(s) (SMAC) and the corresponding SMAC Matrix Upload Document in the Health Plan Management System (HPMS) by **Friday, July 1, 2016 at 8:00PM ET**. D-SNPs that wish to have their SMAC reviewed for qualification as a fully-integrated dual eligible (FIDE) SNP must also upload the CY 2017 FIDE D-SNP Matrix Upload Document.

The HPMS gates are open and D-SNPs may now upload their ratified CY 2017 SMAC and the corresponding SMAC Matrix Upload Document until the gates close on **Friday, July 1, 2016 at 8:00 PM ET**. Uploads may be made via the following path:

HPMS Home Page>Contract Management>Basic Contract Management>Enter Contract Number>Submit SMAC Application Data.

Please note: in order to fully complete the upload applicants must click the “final submit” button. HPMS will generate a confirmation of submission. Multi-year and/or evergreen contracts must be uploaded and reviewed each year.

While CMS expects D-SNPs to contract directly with State Medicaid Agencies, we recognize that some states are only able to contract with a limited number of D-SNPs due to state statutory requirements, budgetary concerns, and limited staff resources. Therefore, in limited circumstances, CMS may consider subcontracting arrangements with State Medicaid Managed

Care Organizations to be equivalent to a direct state contract as long as the subcontract contains all of the MIPPA required elements and the arrangement has been approved by the state.

An organization operating a contract with multiple D-SNP plan benefit packages (PBP) in a state with multiple contracts must upload all applicable contracts and specify in their MIPPA and FIDE SNP matrices the PBP to which each SMAC applies.