



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: May 5, 2014

TO: All Medicare Advantage Organizations Offering a Dual Eligible Special Needs Plan in Contract Year 2015

FROM: Danielle R. Moon, J.D., M.P.A.
Director

SUBJECT: **Corrected:** Guidance for Submitting State Medicaid Agency Contracts

The purpose of this memorandum is to provide Medicare Advantage Organizations (MAOs) seeking to offer a Dual Eligible Special Needs Plan (D-SNP) in contract year (CY) 2015 with clarifying guidance 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, beginning in CY 2013, and continuing annually, all D-SNPs are required to have a contract with the State Medicaid Agency(ies) in each state they seek to operate in order to continue as D-SNPs. This memorandum also includes guidance on D-SNP subcontracting arrangement requirements.

Dual Eligible SNPs Contracting Requirements and Submission Deadlines

New, existing, or service area expansion (SAE) D-SNP applicants must complete and upload their ratified CY 2015 State Medicaid Agency Contract(s) and the corresponding State Medicaid Agency Contract Matrix Upload Document electronically in Health Plan Management System (HPMS) by **Tuesday, July 1, 2014 at 8:00PM EDT**. D-SNPs that wish to have their contract with the State Medicaid Agency(ies) be reviewed to determine if it qualifies as a fully integrated dual eligible (FIDE) SNP must also upload the CY 2015 Fully Integrated Dual Eligible Special Needs Plan Matrix Upload Document.

The HPMS gates will open for **all** D-SNPs to upload their ratified CY 2015 State Medicaid Agency Contract(s) and the corresponding State Medicaid Agency Contract Matrix Upload Document on Friday, May 30, 2014. 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. Note: The gate will close on **Tuesday, July 1, 2014 at 8:00PM EDT**.

Dual Eligible SNPs and Subcontract Arrangement Requirements

While CMS expects D-SNPs to contract directly with State Medicaid Agencies, CMS recognizes that some states are only able to contract directly with a limited number of D-SNPs due to state

statutory requirements, budgetary concerns, and limited staff resources. Therefore, in limited circumstances, CMS will consider subcontracting arrangements with State Medicaid Managed Care Organizations (MCOs) 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.

Dual Eligible SNPs requesting consideration for FIDE SNP status

CMS will review the State Medicaid Agency Contract(s) that are submitted for MIPPA compliance to determine whether they meet the elements to qualify for FIDE SNP status found at 42 C.F.R. Section 422.2. CMS will not review additional contracts for FIDE SNP determination. An organization operating a contract with multiple D-SNP plan benefit packages (PBP) in a State with multiple state contracts must upload all applicable contracts and specify in their MIPPA matrices and FIDE SNP matrices which State Medicaid Agency Contract(s) applies to which PBP. (Please refer to the HPMS E-Mail dated 02/27/2014 regarding FIDE SNPs.)