



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

MEMORANDUM

DATE: August 27, 2010

TO: Medicare Advantage Organizations offering Special Needs Plans

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

SUBJECT: Revision in Contract Requirement for Medicare Advantage Organizations and State Medicaid Agencies for Dual-Eligible Special Needs Plans

The purpose of this memo is to provide clarification on the guidance disseminated in an HPMS memo dated August 19, 2010. At this time, the Centers for Medicare & Medicaid Services is removing the language that applies to pharmacies being made whole from both Attachment A – the Required Contract Elements and Attachment B – the Contracting Review Matrix. Therefore, Medicare Advantage Organizations that offer Dual-Eligible Special Needs Plans that are required to submit completed contracts with their respective State Medicaid Agency by **September 1, 2010** in order to operate in Calendar Year 2011, do **not** need to include this information in their submission. The revised Attachment A and Attachment B are included with this memo.