

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

By Lida Momeni, Haley Gallo Sutherland, Fariha Mujeebuddin, Nida Joseph, Matthew Phan, Erin Weir Lakhmani, and Nancy Archibald, Mathematica and the Center for Health Care Strategies

Medicare Advantage plans, including Dual Eligible Special Needs Plans (D-SNPs), use a variety of written materials to summarize plan benefits and services for enrollees, including the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Summary of Benefits (SB), Provider and Pharmacy Directory (PPD), and List of Covered Drugs (LOCD), also known as the Formulary. However, for most D-SNP enrollees, these materials only describe Medicare benefits, not Medicaid benefits, making it difficult for D-SNP enrollees to understand their full scope of coverage and access the care and services they need. To resolve this issue and help enrollees navigate their benefits more easily, D-SNPs that operate with exclusively aligned enrollment and cover Medicaid benefits through the D-SNP or an affiliated Medicaid managed care plan – classified as applicable integrated plans (AIPs)¹ – can provide their enrollees with a single set of fully integrated materials that describe both the Medicare and Medicaid benefits covered by the D-SNP (and its affiliated Medicaid plan, when applicable).

Integrated materials for D-SNP enrollees simplify the presentation of Medicare and Medicaid benefit and cost-sharing information, making it easier to review and interpret; promote D-SNP enrollee understanding of the benefits to which they are entitled and how to access those benefits; and increase enrollee engagement, comprehension, and retention of information.² The Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office

ABOUT THIS TIP SHEET

This tip sheet summarizes how states can work with D-SNPs to develop integrated materials for D-SNP enrollees, including why such materials are helpful, which materials can be integrated, and key steps and considerations in the process.

In addition to reviewing the information in this tool, states interested in receiving technical assistance on this topic can contact MMCO_DSNPOperations@cms.hhs.gov for individualized assistance.

To inform the content in this tool, ICRC conducted interviews with representatives from the Medicaid agencies in California, New Jersey, and the District of Columbia. We are grateful to those interviewees for sharing their experiences with implementing integrated D-SNP materials.

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

(MMCO) partners with and supports states that wish to require AIP D-SNPs to use integrated materials, as this work supports two of MMCO's key goals: simplifying the process for dually eligible individuals to access the items and services to which they are entitled under the Medicare and Medicaid programs, and increasing dually eligible individuals' understanding of and satisfaction with their coverage.

This tool: (1) explains why states should work with AIP D-SNPs to integrate D-SNP materials; (2) describes the specific materials that can be integrated and the benefits of integrating them; (3) summarizes key steps in developing integrated D-SNP materials; and (4) highlights key considerations for states interested in requiring D-SNPs to use integrated materials.

Why Integrate D-SNP Materials?

D-SNP materials that do not clearly describe the Medicaid benefits available to D-SNP enrollees may create confusion for enrollees about the coverage to which they are entitled and/or the costs they may incur when they seek health care services. For example, some Medicare Advantage materials include information about cost sharing, which may not apply to D-SNP enrollees for whom Medicare cost sharing is covered by Medicaid. Enrollees who see copayments listed in D-SNP materials may avoid necessary care without realizing that they would not owe those copayments.

Recognizing this issue, CMS works with states to develop integrated D-SNP materials that present information about Medicare and Medicaid benefits and cost sharing in a combined format to facilitate enrollee understanding of their total package of benefits and any cost sharing required (or the lack thereof) for each benefit. Integrated materials also support enrollees in more easily navigating plan systems and processes, such as filing grievances and appeals. Because Medicare and Medicaid coverage often overlap, describing annual coverage changes in a single, integrated document that accounts for both sets of benefits can help dually eligible individuals understand how changes in Medicare benefits may (or in some cases, may not) affect their overall health care coverage.

Which D-SNP Materials Can Be Integrated?

States that require D-SNPs to operate with exclusively aligned enrollment can collaborate with CMS and their D-SNPs to integrate a variety of materials for D-SNP enrollees, including the ANOC, EOC, SB, PPD, LOCD (Formulary), and member ID card (**Table 1**). While each of these materials is required for all Medicare Advantage plan enrollees, including D-SNP enrollees, AIP D-SNPs can provide integrated versions of these materials to their enrollees that jointly describe Medicare and Medicaid benefits.

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

Table 1. D-SNP Materials That May Be Integrated

Material	Description
Annual Notice of Change (ANOC)	A document sent once a year detailing any changes that will be made to the plan's benefits and enrollee cost-sharing amounts for the upcoming calendar year, including changes related to the monthly premium, maximum out-of-pocket amount, provider and pharmacy networks, benefits and costs for medical services, and Part D prescription drug coverage
Evidence of Coverage (EOC)	A lengthy document (12 chapters), also known as the "Member Handbook," that details all the benefits covered by the plan, any cost sharing associated with those benefits, enrollees' rights within the plan, how to access plan benefits and services, and points of contact for questions and assistance
Summary of Benefits (SB)	A shorter document typically disseminated to prospective enrollees that briefly summarizes the benefits covered by the plan, cost-sharing amounts associated with each benefit, and the plan's service area and eligibility requirements
Provider and Pharmacy Directory (PPD)	A list of all of the providers and pharmacies from which plan enrollees may obtain covered services and prescription drugs
List of Covered Drugs (LOCD) or Formulary	A list of all the drugs covered by the plan, any cost sharing associated with coverage for each drug, any coverage restrictions, and the process for obtaining an exception to the plan's formulary or tiered cost-sharing structure
Member ID Card	A plan enrollee's proof of health plan coverage - can be a single ID card when a D-SNP offers integrated Medicare and Medicaid benefits (either by covering Medicaid benefits through the D-SNP or through an affiliated Medicaid managed care plan)

Key Steps in Developing Integrated D-SNP Materials

Through interviews with representatives from three Medicaid agencies, ICRC identified four key steps in successful development of integrated D-SNP materials: (1) collaboration with CMS; (2) solicitation of feedback from interested parties; (3) incorporation of requirements into state Medicaid agency contracts (SMACs); and (4) maintenance of clear documentation of decisions and processes. Other states may find additional steps necessary, and specific aspects of these four steps may vary based on specific-state circumstances. Nonetheless, the four steps outlined in this section can help states to ensure that integrated D-SNP materials comply with CMS guidelines, can be produced and issued within appropriate timeframes, and are clear and easy for dually eligible individuals to understand.

Collaborate with CMS

Medicaid agency interviewees emphasized that CMS collaboration clarified their options for integrating D-SNP materials and supported their efforts. They noted that CMS offered clear guidelines and a work timeline that helped ensure their success, and that early and frequent communications with CMS throughout the material development process can help states to address potential unforeseen policy considerations and ensure that materials are tailored to

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

states' unique requirements. For example, CMS can guide states on what can and cannot be altered within CMS templates, offer clarification, and review states' draft language.

Solicit Feedback from Interested Parties

Early feedback from integrated care plans and dually eligible individuals (and/or community-based organizations that work with and advocate for dually eligible individuals) can be especially valuable when developing integrated materials to build support and understand what information is most important to incorporate into integrated materials, as well as which materials may be most important to integrate first. States can build health plan support for integrated materials by communicating their benefits to plans, such as simplified state requirements, reduced enrollee confusion, and an improved state review process (with faster material approval times, for example). Additionally, obtaining health plans' feedback early in the process may unearth valuable lessons that those plans may have learned through experiences in other markets.

While CMS templates for integrated D-SNPs were developed based on experience with the Financial Alignment Initiative demonstrations and feedback from dually eligible individuals and advocates, states are encouraged to seek feedback from dually eligible individuals at the state level, as well. States may also wish to solicit feedback from organizations that assist dually eligible individuals in navigating benefits, such as Area Agencies on Aging, Centers for Independent Living, State Health Insurance Assistance Programs (SHIPs), or local cultural/ethnic organizations that assist dually eligible individuals from particular cultural backgrounds. In interviews with ICRC, Medicaid staff from the District of Columbia and New Jersey said that they found it valuable to incorporate consumer feedback early in the process of developing integrated materials to mitigate the risk of sharing confusing language that can lead to unnecessary filing of appeals and grievances and/or customer service calls from confused enrollees.

Incorporate Integrated Material Requirements into State Medicaid Agency Contracts

While CMS does not require D-SNPs to use integrated materials unless a state requires them to operate within D-SNP-only contracts (see **Box 1**), states may use their SMACs with D-SNPs to require use of integrated materials. States may also leverage their SMACs to ensure that information provided within those materials is consistent across D-SNPs and appropriate for the benefits being covered and the populations being served. States may incorporate requirements into their SMACs regarding the use of integrated materials; the inclusion of specific, standardized language or phrasing in materials; and/or processes that must be followed. For example, states may require D-SNPs to submit certain materials to the state for review before (or concurrent with) CMS submission and/or require D-SNPs to participate in state feedback

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

processes regarding the development of integrated materials. Clear, specific contractual requirements are critical to achieving consistent content, terminology, and practices across D-SNPs, as is monitoring of D-SNP compliance with those SMAC requirements.

Box 1. Integrated Materials Required When States Require D-SNP Only Contracts

When a state requires D-SNPs with exclusively aligned enrollment to establish contracts with CMS that only include one or more D-SNPs within a state under the flexibility described at 42 CFR 422.107(e), D-SNPs must integrate certain materials. Specifically, at a minimum, the D-SNPs that operate within these “D-SNP only contracts” must use an integrated SB, LOCD, and PPD. When states leverage this flexibility, they are able to conduct joint reviews of integrated D-SNP materials along with CMS (if applicable), preventing D-SNPs from having to submit those materials separately to both CMS and the state. This streamlines the review process for D-SNPs and reduces the time needed overall to review, approve, and produce these materials.

Maintain Clear Documentation of Decisions and Processes

As a state works with D-SNPs to develop integrated D-SNP materials and establishes processes to review those materials on at least an annual basis, it is helpful to maintain clear documentation of key decisions and internal processes. This may include, but is not limited to, the roles of all entities involved, timelines for executing key steps, and the staff and resources involved in executing each step. While these may evolve as the state continues to implement integrated materials, maintaining clear documentation supports process efficiency and training of new staff and helps to ensure that key information can withstand staff turnover or changes in staff responsibilities.

Key Considerations for States Interested in Requiring D-SNPs to Use Integrated Materials

States interested in requiring D-SNPs to use integrated materials may want to consider: (1) the timeline involved in designing and implementing integrated materials; (2) whether to prioritize integration of certain materials before others; and (3) how to monitor D-SNP compliance with state Medicaid requirements when issuing materials to enrollees.

Accommodate Potential Challenges and Collection of Feedback from Interested Parties When Planning Timelines for Development of Integrated Materials

States interested in integrating D-SNP materials for the first time will likely want to allow approximately 13 months before plans must release materials to enrollees to accommodate time needed to develop the materials, collect feedback from interested parties, address challenges, and issue the materials on time.³ This schedule will also provide time for CMS to

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

work closely with the state to understand its state-specific requirements and offer guidance and clarification, as well as for the state to review and populate national templates provided by CMS, discuss any policy questions with CMS, and work with CMS to adjust material(s) as needed in response to feedback received from interested parties before finalizing the materials.

States should also consider CMS contract deadlines, when plans need to submit specific materials to be reviewed by CMS (if applicable), whether the state wants to review and/or approve the materials prior to their issuance, and timelines for plan issuance of the materials to enrollees (see **Appendix A** for issue date requirements). CMS can provide a timeline to assist with planning this effort. **Appendix B** provides a sample timeline for states planning to integrate the PPD for the first time.

CMS will also annually update material templates with any required Medicare changes, such as regulatory or policy changes and work with states on any needed Medicaid updates as determined by the state. This process typically begins between late February and March each year. The annual process to update integrated materials is similar to the initial year but is not as time-intensive because the state will only need to make state-specific updates to the materials.

Consider Whether to Prioritize Integration of Certain Materials Before Others

While CMS encourages states to start small and begin by integrating simpler materials, such as the SB and LOCD, before incrementally moving into integration of more complex materials like the ANOC and EOC, decisions regarding which materials to integrate first are ultimately up to the state and may depend on state-specific priorities and contextual factors (see **Box 2**). As noted in **Box 1**, states that choose to require D-SNPs to operate within D-SNP-only contracts are required – at a minimum – to integrate the SB, LOCD and PPD.

Box 2. Integrating the ANOC to Prevent Enrollee Confusion About Coverage of Overlapping Benefits

In an interview with ICRC, staff from the Medicaid agency in the District of Columbia described their experience with developing an integrated ANOC for their exclusively aligned D-SNP. Interviewees noted that integrating the ANOC was a high priority for them because D-SNP enrollees in the District had experienced confusion about their benefits when the integrated D-SNP issued a non-integrated ANOC in the previous year. Specifically, the exclusively aligned D-SNP stopped covering dental services as a supplemental benefit because they were a covered benefit under Medicaid. The D-SNP included this update to its benefit in a non-integrated ANOC, which led enrollees to believe that they would no longer receive *any* coverage for dental services. This was not true, as the D-SNP enrollees would continue to receive *Medicaid* dental coverage – they would simply no longer receive dental coverage as a D-SNP supplemental benefit. As a result, the Medicaid agency decided to require the use of an integrated ANOC in the future to prevent this kind of confusion among D-SNP enrollees.

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

States can seek input from D-SNP enrollee advisory committees, SHIPs, and Ombuds programs about what materials to prioritize, based on particular points of confusion that integrated materials may help to alleviate. Additionally, states can consider feedback from contracted D-SNPs and their experiences with integrating particular materials in other states.

Monitor D-SNP Compliance with Medicaid Requirements

When developing integrated D-SNP materials, CMS relies on states to share the Medicaid-specific information that needs to be added to national material templates. Once D-SNPs add that information to the national template materials, states are responsible for ensuring that D-SNPs meet Medicaid managed care requirements at 42 CFR 438.10 and any other Medicaid-specific requirements.

States should also ensure that D-SNPs provide materials in languages and formats that are accessible for enrollees and that D-SNPs comply with state requirements that aim to achieve these goals. Per 42 CFR 422.2267(a), all Medicare Advantage plans must translate required materials into any non-English language that is the primary language of at least five percent of the individuals in a plan benefit package's (PBP's) service area, but fully integrated D-SNPs (FIDE SNPs), highly integrated D-SNPs (HIDE SNPs),⁴ and all AIPs must translate required materials into any languages required by the Medicare translation standard **plus** any additional languages required by Medicaid, as specified by a state's capitated Medicaid managed care contract, starting with calendar year 2024 materials.^{5,6} Similarly, all D-SNPs are required to provide appropriate auxiliary aids and services, including interpreters and information in alternate formats, to dually eligible individuals.⁷ States may also add requirements to their SMACs that obligate D-SNPs to provide additional translation and/or accessibility assistance, if desired.

When states have Medicaid-specific translation standards and/or incorporate state-specific accessibility requirements into their SMACs with D-SNPs, regular monitoring of D-SNPs' compliance with those requirements (for example, through secret shopper calls, review of translated materials and policy and procedure documents, or other monitoring activities) helps to ensure D-SNP enrollees' access to integrated materials in languages and formats that they can easily navigate and understand.

Summary

This tip sheet summarized: (1) why states should consider working with CMS and D-SNPs to integrate a variety of materials for enrollees; (2) which D-SNP materials can be integrated and the benefits of integrating them; (3) key steps in developing integrated D-SNP materials; and (4) key considerations for states thinking about integrating D-SNP materials. States can use the resources, steps and considerations described in this tool to develop integrated D-SNP materials

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

that provide D-SNP enrollees with a clearer understanding of their rights and the benefits available to them through both Medicare and Medicaid.

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 Weir Lakhmani, E. "Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan Types in 2023 and 2025." Integrated Care Resource Center Tip Sheet, June 2023. Available at:

<https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023>

² Weir Lakhmani, E. and A. Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Designing and Integrated Summary of Benefits Document." Integrated Care Resource Center Tip Sheet, June 2018. Available at

<https://integratedcareresourcecenter.com/resource/tips-improve-medicare-medicaid-integration-using-d-snps-designing-integrated-summary>

³ It will be helpful for a state to indicate its intention to require D-SNPs to use a particular integrated material in the previous year's SMAC, to make D-SNPs aware and prepare them for the upcoming collaborative process.

⁴ For definitions of FIDE SNPs and HIDE SNPs, see ICRC's tip sheet "Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025." Available at:

<https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023>

⁵ Per 42 CFR 422.2267(a)(3), D-SNPs are required to provide materials required under 42 CFR 422.2267(e) to enrollees on a standing basis in a non-English language or accessible format upon request or when otherwise learning of the enrollee's primary language or need for accessible format. The request stands as long as the enrollee remains enrolled or until the enrollee requests materials to be provided in a different manner.

⁶ For more information about FIDE, HIDE, and AIP translation standards, see 42 CFR 422.2267(a)(4).

⁷ D-SNPs must comply with section 504 of the Rehabilitation Act of 1973 and section 1557 of the Affordable Care Act, and the Department of Health and Human Services implementing regulations at 45 CFR parts 84 and 92. Plans are required to "provide appropriate auxiliary aids and services, including interpreters and information in alternate formats, to individuals with impaired sensory, manual, or speaking skills, where necessary to afford such persons an equal opportunity to benefit from the service in question."

Appendix A. Overview of D-SNP Communications and Marketing Materials

Medicare Advantage communications and marketing materials are classified as “**standardized**” or “**model**” materials.^a Standardized materials must be used in the exact template provided by CMS, and Medicare Advantage plans can only make certain alterations listed in the material’s template instructions, such as populating variable fields, adding plan-specific information, and deleting content that does not pertain to the plan type. In contrast, Medicare Advantage plans have more flexibility to alter model materials, which are created by CMS as an example of how to convey information to enrollees. However, they must still accurately convey the vital information in the materials and must follow CMS’ order of content, when specified. States can make changes to the content of model materials to better reflect state- and plan-specific content. For a full list of required materials that must be provided to Medicare Advantage plan enrollees, including D-SNP enrollees, see 42 CFR 422.2267(e). States with AIP D-SNPs can integrate the following standardized and model materials.

Material & Description	Integration Opportunity & Benefits	Issue Date	Regulations
Standardized Materials			
The Annual Notice of Change (ANOC) is a notice that informs current plan enrollees of changes in their health plan’s covered benefits, costs, or service area for the upcoming plan coverage year to help them make an informed choice about their plan enrollment for the next year.	By including Medicaid information in the standardized ANOC, AIP D-SNPs can reduce enrollee confusion by ensuring that the changes to plan cost sharing or benefits reported in the ANOC reflect the Medicaid benefits to which D-SNP enrollees are entitled, including coverage of Medicare cost sharing when applicable. If a D-SNP’s Medicare benefit package changes, a non-integrated ANOC may indicate that a D-SNP enrollee will “lose” access to a benefit or that cost sharing for a benefit will increase because those changes are being made within the D-SNP’s Medicare benefit package alone, without consideration of Medicaid’s coverage. In an integrated ANOC, however, there would be no need to highlight changes in a Medicare benefit as long as that benefit was still covered under Medicaid.	Issued annually by September 30 to current enrollees, ^b must also be posted on the plan’s website by October 15 ^c	42 CFR § 422.2267(e)(3)

^a For more information about standardized and model materials, see 42 CFR 422.2267(b)-(c).

^b For new plan enrollees, these materials must be issued: (1) within 10 calendar days of the date when the plan receives confirmation of enrollment from CMS, or (2) by the last day of the month prior to the enrollment effective date, whichever is later.

^c Per 42 CFR 422.2265(c)(1), D-SNPs must post the ANOC (renewing plans only), EOC, SB, and PPD on the website by October 15 prior to the beginning of the plan year.

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

Material & Description	Integration Opportunity & Benefits	Issue Date	Regulations
<p>The Evidence of Coverage (EOC) is a document that details all of a health plan’s covered benefits and how much individuals are required to pay for those services.</p>	<p>States can incorporate the necessary Medicaid information into the EOC to meet all the Medicaid managed care requirements described at 42 CFR 438.10(g) and replace the Medicaid member handbook that would otherwise be separately provided to a D-SNP enrollee. Integrated EOCs give states and D-SNPs the opportunity to cohesively present important information to enrollees about plan benefits, costs, and processes. For example, in addition to presenting Medicare and Medicaid benefit and cost-sharing information together, integrated EOCs also include state-specific Medicaid information in the chapters on navigating appeals and grievances and requesting disenrollment from the D-SNP, in addition to standardized Medicare information.</p>	<p>Annually by October 15 for current enrollees</p>	<p>42 CFR § 422.2267(e)(1)</p>
<h3>Model Materials</h3>			
<p>The Summary of Benefits (SB) is a form providing a plain language summary of a health plan’s benefits and coverage.</p>	<p>States and AIP D-SNPs can develop integrated SB documents that contain content unique to each state’s integrated care program, as long as the documents contain specific elements that are required by CMS.^d Plans must include information about certain Medicare Part C and Part D benefits and cost sharing, and that information must be presented in a specific order to avoid consumer confusion when comparing plans. All D-SNPs must also include information about Medicaid benefits in the SB or provide a separate document identifying the Medicaid benefits that accompanies the SB (even if the document is not fully integrated),^e but CMS encourages all AIPs to work with states to develop integrated SB documents. In addition to describing Medicare and Medicaid benefits in an integrated manner, integrated SBs also give states and D-SNPs the opportunity to incorporate other state-specific terminology and information, such as the specific name of the state’s integrated program, who is eligible for the program, the benefits that are covered (and the benefits that are carved out, when applicable, and how to access those benefits), as well as the fact that enrollees will receive benefits from a single plan (when applicable).</p>	<p>Must be made available to prospective enrollees with enrollment forms and on an ongoing basis on the plan’s website; available by October 15 each year for the next calendar year</p>	<p>42 CFR § 422.2267(e)(5)</p>

^d For more information about SB material requirements, see Appendix 2 of the Medicare Communications and Marketing Guidelines:

<https://www.cms.gov/medicare/health-plans/managedcaremarketing/finalpartcmarketingguidelines>

^e The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) Section 164(c)(3)(C) requires that each D-SNP provide prospective enrollees, prior to enrollment, with a comprehensive written statement (using standardized content and format established by the Secretary) that describes: 1) the benefits and cost-sharing protections that the individual is entitled to under the State Medicaid program under title XIX; and 2) which of such benefits and cost-sharing protections the plan covers. This requirement is further explained in 42 CFR 422.2267(e)(5)(d).

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

Material & Description	Integration Opportunity & Benefits	Issue Date	Regulations
The Provider and Pharmacy Directory (PPD) is a list of providers that are in-network for a health plan.	Enables a D-SNP to use its directory to replace the Medicaid provider directory that would otherwise also need to be provided to an integrated D-SNP enrollee about in-network Medicaid providers. The integrated template meets all Medicaid managed care requirements at 42 CFR 438.10, including provider web addresses.	Issued annually by October 15 to current enrollees; ^f must be provided within three business days of a current enrollee's request ^g	42 CFR § 422.2267(e)(11) 42 CFR § 423.2267(e)(15)
The List of Covered Drugs (LOCD) is a list of prescription and over-the-counter (OTC) drugs covered by a health plan.	States can require D-SNPs to incorporate information about any Medicaid-covered prescription and OTC drugs into the D-SNP's LOCD, including how enrollees can access them. Incorporating information about Medicaid prescription and OTC drug coverage into the LOCD allows D-SNP enrollees to review information about all of their drug coverage in one location, regardless of whether that coverage comes through Medicare Part D or Medicaid.	Issued annually by October 15 to current enrollees ^h	42 CFR § 423.2267(e)(9)

^f For new plan enrollees, these materials must be issued: (1) within 10 calendar days of the date when the plan receives confirmation of enrollment from CMS, or (2) by the last day of the month prior to the enrollment effective date, whichever is later.

^g Per 42 CFR 422.2267(e)(11)(iv) and 423.2267(e)(15)(iv), D-SNPs must update the PPD any time a D-SNP becomes aware of changes. Online and hardcopy directories must be updated within 30 days of receiving information requiring update.

^h For new plan enrollees, these materials must be issued: (1) within 10 calendar days of the date when the plan receives confirmation of enrollment from CMS, or (2) by the last day of the month prior to the enrollment effective date, whichever is later.

Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits

Material & Description	Integration Opportunity & Benefits	Issue Date	Regulations
The membership ID card is a card that an enrollee can show to a health care provider or pharmacy as proof of health plan coverage.	States can require D-SNPs to add information to member ID cards beyond the federal requirements, ⁱ such as information about plan cost sharing (for example, to denote zero-dollar cost-sharing amounts), the name and phone number of the enrollee’s primary care provider, contact information for the plan’s nurse advice line, or contact information for providers of certain Medicaid benefits (for example, crisis and non-emergency behavioral health services). A single member ID card can help enrollees ensure that providers and pharmacies are aware of their enrollment in an integrated plan for both Medicare and Medicaid benefits, which simplifies the coverage verification process and can prevent access to care issues and inappropriate balance billing of the enrollee.	Issued upon plan enrollment (and reissued upon request by an enrollee)	42 CFR 422.2267(e)(30) 42 CFR § 423.2267(e)(32)

ⁱ Medicare Advantage plans must include certain information such as the plan’s website address, customer service number, and contract/PBP number on the member ID card. For more information, see 42 CFR 422.2267(e)(30). Additionally, Medicare Advantage member ID cards must follow the Workgroup for Electronic Data Interchange (WEDI) standards.

Appendix B. Sample Timeline to Initially Integrate the Provider and Pharmacy Directory

Timeframe	Activity
September-October 2024	A state should notify CMS and its contracted D-SNPs of its intent to require contracted D-SNPs to use an integrated PPD for calendar year (CY) 2026. Once the state has notified CMS of its intent, the state and CMS will begin to discuss a timeline and the necessary steps to integrate the material. CMS will provide the state with the national template from the previous year, so the state has an initial understanding of the template.
November 2024-January 2025	CMS will provide the state a CY 2026 template that incorporates updates as a result of statutory and regulatory changes and updates made to clarify information based on feedback. The state will collaborate with CMS to develop an integrated PPD that incorporates state-specific Medicaid information, exchanging drafts of the CY 2026 template until a version is ready for input from interested parties. If a state will not seek input from interested parties, CMS will begin the drafting process in December or January.
January-March 2025	During this time, the state can solicit feedback from interested parties such as integrated care plans, dually eligible individuals, and community-based organizations that work with and advocate for dually eligible individuals (if needed). The state and CMS will review their comments and incorporate changes as necessary.
March-May 2025	Once the draft is complete, CMS will review the material for consistency, make final edits, and incorporate any needed updates as a result of updates to Medicare Advantage models. The state will receive a final, clean draft for review before CMS validates the material for accessibility including a review by CMS to ensure the materials meet the accessibility requirements in Section 508 of the Rehabilitation Act. ^j
May through early June 2025	CMS finalizes the state-specific CY 2026 model of the integrated PPD and releases it through the Health Plan Management System (HPMS).
By June 2025	The state incorporates a requirement into its CY 2026 SMAC requiring D-SNPs to use the integrated PPD for CY 2026.
June 2025	If required by the state, D-SNPs will submit a populated CY 2026 integrated PPD to the state for review. If the state elects to require D-SNP-only contracts under 42 CFR 422.107(e), the state can require D-SNPs to submit the PPD in HPMS for state review.
By October 15, 2025	D-SNPs issue the CY 2026 integrated PPD to current enrollees for the upcoming plan coverage year.

^j Section 508 of the Rehabilitation Act requires Federal departments and agencies to ensure that “individuals with disabilities who are members of the public seeking information or services from a Federal department or agency to have access to and use of information and data that is comparable to the access to and use of the information and data by such members of the public who are not individuals with disabilities.”