ICRC | Integrated Care Resource Center

TECHNICAL ASSISTANCE TOOL

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Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans (D-SNPs): Optional Language Applicable to Certain D-SNPs

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Dual Eligible Special Needs Plans (D-SNPs) are a type of Medicare Advantage plan that only enrolls dually eligible individuals. D-SNPs differ from other Medicare Advantage plan types in important ways and vary in the level of Medicaid and Medicare integration they offer for dually eligible individuals. All D-SNPs are required to hold contracts with the state Medicaid agency in each state where they operate, and those contracts must contain at least certain minimum elements. There are three levels of integration for D-SNPs:

- **Fully Integrated D-SNPs (FIDE SNPs)** are D-SNPs that provide coverage of Medicare and Medicaid benefits under a single legal entity that holds both: (1) a Medicare Advantage contract with the Centers for Medicare & Medicaid Services (CMS); and (2) a contract with the state Medicaid agency. FIDE SNPs must cover at least Medicaid primary and acute care services and long-term services and supports (LTSS), including at least 180 days of nursing facility coverage during the plan year. FIDE SNPs must also coordinate Medicare and Medicaid benefits "using aligned care management and specialty care network methods for high-risk beneficiaries" and employ "policies and procedures approved by CMS and the State to coordinate or integrate beneficiary communication materials, enrollment, communications, grievances and appeals, and quality improvement" (42 CFR §422.2). FIDE SNPs must operate with exclusively aligned enrollment[1] and cover Medicare cost sharing; Medicaid behavioral health services; home health services and medical supplies, equipment, and appliances; in addition to covering Medicaid primary and acute care services and LTSS.[2]

ABOUT THIS TOOL

This technical assistance tool is the last in a series of four tools that provide sample State Medicaid Agency Contract (SMAC) language that states can use in contracts with D-SNPs to meet federal requirements and advance state goals regarding care coordination, eligibility and enrollment, data reporting, marketing and enrollee communications, or other requirements regarding D-SNP activities.

This tool provides *optional* SMAC sample language applicable to certain types of D-SNPs, such as applicable integrated plans (AIPs). All four of the technical assistance tools in this series are available on the ICRC website.

- **Highly Integrated D-SNPs (HIDE SNPs)** are D-SNPs that provide coverage of Medicaid benefits (through the D-SNP or an affiliated Medicaid managed care plan), including LTSS, behavioral health, or both, under a capitated contract with the state Medicaid agency. A HIDE SNP's capitated contract with the state Medicaid agency (for coverage of the required Medicaid benefits) must cover the entire service area of the D-SNP. [3]
- **Coordination-Only (CO) D-SNPs** meet minimum CMS requirements but do not quality as a HIDE SNP or a FIDE SNP. CO D-SNPs must coordinate the delivery of Medicare and Medicaid services for their enrollees and meet the information-sharing requirements described at 42 CFR §422.107(d).

A D-SNP may be designated as an **applicable integrated plan (AIP)**, as well. To qualify as an AIP, a D-SNP must be: (1) a FIDE SNP, (2) a HIDE SNP that operates with exclusively aligned enrollment, or (3) a CO D-SNP that operates with exclusively aligned enrollment and covers Medicaid primary and acute care benefits, Medicare cost sharing, and at least one of the following additional Medicaid benefits: (1) home health services; (2) medical supplies, equipment, and appliances; and/or (3) nursing facility services (42 CFR §422.561). D-SNPs with the AIP designation must implement unified plan-level appeal and grievance processes in accordance with the requirements at 42 CFR §422.107(c)(9), §422.629 through §422.634, §438.210, §438.400, and §438.402.

For more information on each type of D-SNP, see the Integrated Care Resource Center (ICRC)'s tip sheet on D-SNP definitions at https://integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023.

This technical assistance tool contains five tables with *optional* sample state Medicaid agency contract (SMAC) language applicable to certain types of D-SNPs, such as AIPs. States can consider using this sample language in their SMACs to advance their care coordination, enrollment, communication materials, data reporting, and other goals:

- **Table 1, which begins on page 4**, provides optional sample language that states can use to advance their care coordination goals. For example, states can require D-SNPs to streamline health risk assessments (HRA) with Medicaid LTSS assessments where D-SNPs have affiliated Medicaid managed care plans that cover LTSS or are paid a capitated rate to cover LTSS benefits.
- **Table 2, which begins on page 6**, provides optional sample language that states can use to advance their enrollment goals. For example, states can require D-SNPs with affiliated Medicaid managed care plans to use default enrollment.
- **Table 3, which begins on page 9**, provides optional sample language that states can use to advance their D-SNP reporting and information sharing goals. For example, states can require AIPs to submit integrated appeal and grievance data to the state to facilitate state oversight activities.
- **Table 4, which begins on page 11**, provides optional sample language that states can use to advance their communication materials goals. For example, states can require AIPs to use

integrated communication materials such as member ID cards, summary of benefits, provider and pharmacy directories, etc.

- **Table 5, which begins on page 14**, provides optional sample language that states that contract with HIDE SNPs and FIDE SNPs can use to allow a D-SNP to operate as a CO D-SNP for a temporary period to mitigate program disruptions when the D-SNP does not yet hold a fully executed Medicaid managed care contract, which prevents HIDE SNP or FIDE SNP designation.

The sample contract language has generally been derived or adapted from existing state D-SNP contracts, with ICRC editing for clarity and conciseness. In considering whether to include these optional contract requirements in their SMACs, states should determine whether they have or will be able to obtain the resources needed to analyze and use the information they will acquire.

For more sample language regarding **required** D-SNP contractual elements as well as sample **optional** contract language that states can use to advance their Medicare-Medicaid integration goals, see the additional tools in this series:

- Part 1: Required Language Applicable to All D-SNPs
- Part 2: Required Language Applicable to Certain D-SNPs
- Part 3: Optional Language Applicable to All D-SNPs

Table 1: Optional Sample Care Coordination Contract Language

This table provides optional sample contract language that states can use to advance state care coordination goals among D-SNPs with affiliated Medicaid managed care plans that cover LTSS or are paid a capitated rate to cover Medicaid LTSS benefits. The first column in the table lists each optional contract element. The second column describes how states can incorporate each element into their SMACs, and the third column provides sample language. For example, for 'Requiring D-SNPs streamline HRAs' in the first column, the table contains two rows in the second and third columns: one row for requiring D-SNPs to integrate HRAs with Medicaid LTSS assessments, and a second row for requiring D-SNPs to minimize questioning of enrollees during HRAs by supplementing HRAs with other data sources. States can use these sample contract language options to build SMAC language that furthers their goals.

In the optional sample contract language column, the ***blue italicized*** **text in brackets [ ] is used to convey instructions and situations in which state-specific information will need to be inserted.**

Element	Description	Optional Contract Language
Requiring D-SNPs to streamline HRAs	In states with D-SNPs that: (1) are paid a capitated rate to cover Medicaid LTSS benefits; or (2) have affiliated Medicaid managed care plans that cover LTSS, the states can require D-SNPs to integrate the D-SNP HRA with the Medicaid LTSS assessment(s) conducted under 42 CFR §438.208(c)(2).	**Sample language for D-SNPs that are paid a capitated rate by the state to cover Medicaid LTSS benefits:** The Contractor shall conduct integrated Medicare and Medicaid HRAs that meet HRA requirements under 42 CFR §422.101(f)(1)(i) and Medicaid LTSS assessment requirements under 42 CFR §438.208(c)(2).[4] **Sample language for D-SNPs with affiliated Medicaid managed care plans that cover Medicaid LTSS benefits:** In collaboration with its affiliated Medicaid managed care plan(s), the Contractor shall conduct integrated Medicare and Medicaid HRAs that meet HRA requirements under 42 CFR §422.101(f)(1)(i) and Medicaid LTSS assessment requirements under 42 CFR §438.208(c)(2).

Element	Description	Optional Contract Language
	In states with D-SNPs that (1) are paid a capitated rate to cover Medicaid LTSS benefits; or (2) have affiliated Medicaid managed care plans that cover LTSS, the states can also require these D-SNPs to minimize unnecessary questioning of the enrollee as part of the D-SNP HRA if the enrollee has already completed a Medicaid assessment as required by 42 CFR §438.208(c)(2). In these cases, the D-SNP will either already have or can be given access to the Medicaid assessment information so that it can incorporate that information into its HRA. States would need to determine the appropriate timeframes and data elements that D-SNPs could streamline when merging data from Medicaid assessments with D-SNP HRAs. States should also be cognizant of Medicare HRA regulations at 42 CFR §422.101(f)(1)(i) and HRA reporting requirements when developing this language.	The Contractor shall minimize unnecessary questioning of the enrollee in the HRA by incorporating information, as determined by the State, from Medicaid assessments required under 42 CFR §438.208(c)(2).[5]

Table 2: Optional Sample Enrollment Contract Language

This table provides optional sample contract language that states can use to advance state enrollment goals. The first column in the table lists each optional contract element. The second column describes how states can incorporate each element into their SMACs, and the third column provides sample language. For example, for 'Requiring D-SNPs to use default enrollment' in the first column, the table contains three rows in the second and third columns: one row that requires/allows D-SNPs to use default enrollment, a second row for requiring D-SNPs to submit default enrollment materials to the state, and a third about how the state can help facilitate the D-SNP's default enrollment process.

In the optional sample contract language column, the ***blue italicized*** **text in brackets [ ] is used to convey instructions and situations in which state-specific information will need to be inserted.**

Element	Description	Optional Contract Language
Requiring D-SNPs to use default enrollment	Under default enrollment, D-SNPs that receive approval from CMS may automatically enroll newly dually eligible individuals into a D-SNP when they first become eligible for Medicare if those individuals are already enrolled in a Medicaid managed care plan that has an affiliated D-SNP operated by the same parent company, the D-SNP meets CMS requirements for default enrollment, and the individual will remain enrolled in that affiliated Medicaid managed care plan upon enrollment into the D-SNP. More information on default enrollment is available in ICRC's fact sheet at: https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries. Optional sample language that states can use to require D-SNPs to report data related to default enrollment is available in Table 3 below.	On behalf of current *[specify Medicaid program]* enrollees who receive full medical assistance benefits and who become eligible for Medicare as full-benefit dually eligible individuals, the Contractor *[specify "shall" or "may," depending on state policy]* perform the default enrollment process as provided by 42 CFR §422.66 and §422.68. The Contractor shall obtain CMS approval of the Contractor's default enrollment application no later than *[specify timeframe]* and shall coordinate with the State regarding those activities necessary to obtain CMS approval of the Contractor's default enrollment application and renewal(s).[6]
	States can require D-SNPs to submit their CMS default enrollment application, approval, and renewal materials to the state.	The Contractor shall submit to the State all materials submitted to CMS to support its default enrollment application by *[specify timeframe]* and shall submit a copy of CMS's approval of the Contractor's default enrollment application by *[specify timeframe]*.[7]

Element	Description	Optional Contract Language
	For D-SNPs to implement default enrollment, the state must provide D-SNPs with the information needed to identify Medicaid managed care enrollees who are eligible for default enrollment (in other words, Medicaid managed care enrollees who are in their Medicare initial coverage election period).[8]	To support implementation of the default enrollment process, the State shall provide the Contractor with information necessary to prospectively identify those Medicaid categorically eligible enrollees who are or will be in their Medicare initial coverage election period. This information shall be provided on a *[specify frequency, such as daily or weekly]* basis via *[specify method, such as 834 file exchange]*. [9]
Requiring D-SNPs to maintain exclusively aligned enrollment	States can require D-SNPs to maintain exclusively aligned enrollment. Exclusively aligned enrollment occurs when the state contract limits enrollment in the D-SNP to full-benefit dually eligible individuals who receive their Medicaid benefits from the D-SNP or an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP. As a reminder, FIDE SNPs are required to maintain exclusively aligned enrollment starting in 2025. More information on exclusively aligned enrollment is available in ICRC's webinar and written tools on the topic at: https://integratedcareresourcecenter.com/resources-by-topic/exclusively-aligned-enrollment.	The Contractor shall conduct enrollment of eligible individuals in accordance with the policies and procedures set forth in this Contract and maintain exclusively aligned enrollment, in which enrollment is limited to full-benefit dually eligible individuals who receive their Medicaid benefits *[specify one of the following: (1) under the D-SNP offered under this Contract or (2) through a Medicaid managed care plan that is affiliated with the D-SNP offered under this Contract]* for the duration of the contract period.

Element	Description	Optional Contract Language
Requiring D-SNPs with exclusively aligned enrollment to use a state-approved enrollment file as its final enrollment list	States can require D-SNPs with exclusively aligned enrollment to submit enrollment files to the state for approval to help ensure that D-SNPs only enroll qualifying dually eligible individuals and to ensure that the state is aware of which dually eligible individuals are enrolled in each contracted D-SNP. The state should specify how often the D-SNPs must submit the enrollment files to the state for approval.	The Contractor shall accept new enrollments, make enrollments effective, and limit involuntary disenrollments, as provided in subpart B of 42 CFR §422. The Contractor shall submit to the State a full enrollment file every *[specify frequency of file exchange – daily is recommended for exclusively aligned enrollment]* and shall use the state-supplied HIPAA-compliant file format, which is hereby made a part of this Contract as if set forth fully herein. Upon State approval of enrollments submitted in the Contractor's file, the final enrollment file generated by the State shall serve as the official Contractor enrollment list. The Contractor shall be responsible for the provision and cost of care for an enrollee during the months on which the enrollee's name appears on the enrollment file, except as indicated in *[specify contract article/section that describes exceptions]*. The State's enrollment file shall include data on eligibility determinations or other errors so that the Contractor can resolve discrepancies that may arise between the State enrollment file and Contractor's or Medicare's enrollment files. If the State notifies the Contractor in writing of changes in the enrollment file, the Contractor shall rely upon that written notification in the same manner as the enrollment file.[10]

Table 3: Optional Sample D-SNP Reporting and Information-Sharing Contract Language

This table provides optional sample contract language that states can use to advance D-SNP reporting and information-sharing goals. The first column in the table lists each optional contract element. The second column describes how states can incorporate each element into their SMACs, and the third column provides sample language. For example, for 'Requiring AIPs to submit unified appeal and grievance data to the state' in the first column, the second column explains what data elements states can require AIPs to report, and the third column provides sample contract language that states can consider using. States can use these sample contract language options to build SMAC language that furthers their goals.

In the optional sample contract language column, the ***blue italicized*** **text in brackets [ ] is used to convey instructions and situations in which state-specific information will need to be inserted.**

Element	Description	Optional Contract Language
Requiring AIPs to submit unified appeal and grievance data to the state	AIPs are required to use the unified appeal and grievance process described at 42 CFR §§422.629 through 422.634, 438.210, 438.400, and 438.402 and are required to maintain records from this process in a manner accessible to states under 42 CFR §422.629. States can require AIPs to submit data on their use of this process. For example, this could include: • Unified grievances received and the outcomes of those grievances • Unified appeal requests and the outcomes of those appeals (this may include service level detail on appeals upheld and overturned) • Dates of receipt of each unified appeal and grievance • Dates of resolution of each unified appeal and grievance, if applicable More information on the unified appeal and grievance process is available in ICRC's fact sheet at: https://www.integratedcareresourcecenter.com/resource/integrated-appeal-and-grievance-processes-integrated-d-snps-exclusively-aligned-enrollment.	The Contractor shall electronically submit unified appeal and grievance data to the State in accordance with *[insert deliverable schedule]*. The unified appeal and grievance data shall include the following information and any additional information specified by the State: *[Specify required data, such as unified grievances and appeal requests received]*. The unified appeal and grievance data shall adhere to the data specification and format requirements included in *[specify reference to appendix, manual, or other document that specifies data requirements]*.[11]

Element	Description	Optional Contract Language
Requiring D-SNPs to report default enrollment data to the state	States can consider requiring D-SNPs to report default enrollment data to the state. This can include, for example: • The number of individuals, stratified by eligibility based on age or disability, that received notice from the D-SNP at least 60 calendar days prior to the effective date of default enrollment • The number of individuals who opted out of default enrollment prior to the effective date, stratified by variables of interest to the state (for example, age, race, primary language, geographic area, etc.) • The number of people who are default enrolled into the D-SNP who disenroll within the first month or three months of enrollment in the D-SNP (CMS collects data on this) • The number of individuals who become ineligible for full Medicaid benefits within the first 3 months after default enrollment into the D-SNP	The Contractor shall electronically submit default enrollment data to the State in accordance with *[insert deliverable schedule]*. The default enrollment data shall include the following information and any additional information specified by the State: *[Specify required default enrollment data, such as the number of individuals who received notice of default enrollment and the number of individuals who opted out of default enrollment]*. The default enrollment data shall adhere to the data specification and format requirements included in *[specify reference to appendix, manual, or other document that specifies data requirements]*.[12]

Table 4: Optional Sample D-SNP Communication Materials Contract Language

This table provides optional sample contract language that states can use to advance state communication materials goals. The first column in the table lists each optional contract element. The second column describes how states can incorporate each element into their SMACs, and the third column provides sample language. For example, for 'Requiring AIPs to use integrated enrollee ID cards' below in the first column, the second column explains what integrated enrollee ID card requirements the state can implement, and the third column provides sample contract language that states can consider using. States can use these sample contract language options to build SMAC language that furthers their goals.

In the optional sample contract language column, the ***blue italicized*** **text in brackets [ ] is used to convey instructions and situations in which state-specific information will need to be inserted.**

Element	Description	Optional Contract Language
Requiring AIPs to use: (1) integrated communication materials; or (2) state-specific templates for (or state-specific language in) integrated communication materials	States may be interested in requiring AIPs to use integrated communication materials. If so, the state should specify the integrated materials that D-SNPs must use. As of January 2024, the D-SNP materials that may be integrated include: • The Annual Notice of Change (ANOC) • The Evidence of Coverage (EOC) • The Summary of Benefits • The formulary (also known as the list of covered drugs) • The provider and pharmacy directory • The member identification (ID) card States that are interested in developing integrated communication materials should contact the CMS Medicare-Medicaid Coordination Office (MMCO) for assistance. MMCO has developed national templates for these materials and can work with states to create state-specific models that the states can then require AIP D-SNPs to use. Starting in 2024, states that require D-SNPs to establish D-SNP only contracts with CMS[13] will be granted access to the marketing module within the CMS Health Plan Management System (HPMS),[14] so the state can jointly review D-SNPs' integrated communication and marketing materials alongside CMS.	The Contractor shall use integrated templates provided by CMS and/or the State for the following communication and/or marketing materials, including: *[specify the integrated materials for which the state will provide templates, using the list of materials in the column to the left]*.[15]

Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans (D-SNPs): Optional Language Applicable to Certain D-SNPs

Element	Description	Optional Contract Language
Requiring D-SNPs in D-SNP only contracts to submit integrated communication and marketing materials in HPMS for joint CMS/state review and approval	As described above, states that require D-SNPs to establish D-SNP only contracts with CMS will be granted access to the marketing module within the CMS HPMS so the state can jointly review D-SNPs' integrated communication and marketing materials alongside CMS. To help implement the joint review process, states can (1) specify that D-SNPs must submit specific materials for review in HPMS (beyond those that CMS already requires D-SNPs to submit in HPMS for CMS review) and/or (2) require D-SNPs to attain state and CMS approval prior to using particular materials.	The Contractor shall submit the following communication and marketing materials for joint CMS and state review within the CMS Health Plan Management System (HPMS): *[Specify D-SNP communication and marketing materials that the D-SNP must submit in HPMS]*. The materials shall include the Contractor's Medicare Advantage contract ID number. The Contractor shall notify the state within *[specify timeframe]* after submitting the materials to HPMS. The Contractor shall obtain approval from CMS (if CMS review and approval is required under 42 CFR §422.2261) and the State before making the aforementioned materials available to enrollees or prospective enrollees. The State will review and provide approval or disapproval of the materials within *[specify timeframe]* after the Contractor submits the materials in HPMS.[16]
Requiring AIPs to participate in workgroups or other state-convened engagement efforts aimed at continuous improvement of integrated materials	States can require AIPs to participate in state-convened engagement efforts to improve the quality and user-friendliness of integrated communication materials. This can include, for example: • D-SNP attendance at semi-regular (annual, biannual, etc.) work groups • D-SNP recruitment of enrollees to participate in focus groups regarding current or draft material content	To support the State's efforts in improving the *[name of integrated care program]* program's integrated communication and marketing materials, the Contractor shall *[specify a list of activity(ies), such as attending work groups and/or recruit enrollees for focus groups, and include the frequency with which the D-SNP must complete each activity]*.[17]

Element	Description	Optional Contract Language
Requiring AIPs to use integrated enrollee ID cards	To simplify the enrollee experience, states can require AIPs to use integrated (single) enrollee ID cards for both Medicare and Medicaid benefits, regardless of whether the Medicaid benefits are covered by the D-SNP or a Medicaid managed care plan that is affiliated with the D-SNP. The state should specify the Medicare and Medicaid benefits the integrated enrollee ID card must cover, depending on the benefits covered under the applicable D-SNP and (if applicable) Medicaid managed care contract. For example, this might include Medicare physician and inpatient services, as well as Medicaid LTSS and dental benefits. Alternatively, the state can include a cross reference to the contract section(s) that detail what benefits are covered through the D-SNP and any affiliated Medicaid managed care plan. States can also specify what information the integrated enrollee ID card must include, such as: • Name of enrollee • Issue or expiration date • Primary care provider contact information • What to do in case of an emergency • Cost sharing information • The D-SNP's 1-800 number • The D-SNP's website address[18]	The Contractor shall provide each enrollee an integrated enrollee ID card, which enrollees can use to obtain *[specify benefits that the ID card must cover, such as physician, inpatient, LTSS, and dental benefits, depending on the benefit package offered by the D-SNP and (if applicable) an affiliated Medicaid managed care plan]*.[19] The integrated enrollee ID card shall comply with all applicable CMS requirements and shall include at least the following information: *[specify the information that the ID card must include, such as the enrollee's name, primary care provider name and phone number, cost sharing information, and the D-SNP's 1-800 number]*.

Table 5: Optional Sample Language Allowing a HIDE SNP or FIDE SNP Without a Medicaid Managed Care Contract to Temporarily Operate as a CO D-SNP

This table provides optional sample contract language for states that contract with HIDE SNPs or FIDE SNPs that allows a D-SNP to operate as a CO D-SNP for a temporary period when the D-SNP does not yet hold a fully executed Medicaid managed care contract with the state. The lack of an executed Medicaid managed care contract prevents HIDE SNP or FIDE SNP designation from CMS and can threaten operational continuity for D-SNPs in these states when unforeseen circumstances (such as protests of Medicaid managed care procurements) arise.

D-SNPs that seek HIDE SNP or FIDE SNP designation from CMS must hold both a Medicare Advantage contract with CMS and a Medicaid managed care contract with the state to cover at least certain Medicaid benefits. CMS reviews D-SNP SMACs on an annual basis for compliance with minimum elements that apply to all D-SNPs[20] and designates those D-SNPs that meet additional elements (including coverage of certain Medicaid benefits) as HIDE SNPs or FIDE SNPs.[21]

Due to state procurement timelines, delays, or protests, in some cases, a D-SNP may not yet hold a fully executed Medicaid managed care contract with a state when CMS reviews the D-SNP's SMAC. As a result, that D-SNP cannot earn HIDE SNP or FIDE SNP designation from CMS. In states that choose to contract with HIDE SNPs or FIDE SNPs, this situation can create significant disruptions for integrated D-SNP enrollees because the lack of HIDE SNP or FIDE SNP designation will prevent the D-SNP from operating in the state.

The sample SMAC language in this row allows an affected D-SNP to operate for a temporary period until the D-SNP holds a Medicaid managed care contract with the state and earns HIDE SNP or FIDE designation from CMS. The D-SNP would be prohibited from enrolling new members and would need to comply with the information sharing requirements detailed at 42 CFR §422.107(d).

Depending on the specific standards that individual states require their D-SNPs to meet, states should also clearly indicate whether other SMAC requirements would not apply while the D-SNP does not hold a Medicaid managed care contract with the state. For example, some states require their D-SNPs to operate with exclusively aligned enrollment, and D-SNPs without active Medicaid managed care contracts cannot operate with exclusively aligned enrollment. Therefore, such a state may wish to consider indicating in its SMAC that the D-SNP is not required to operate with exclusively aligned enrollment until it holds a Medicaid managed care contract with the state.

Once the state and the D-SNP execute a Medicaid managed care contract, the D-SNP will need to submit a SMAC revision request to CMS for a mid-year integration status change so that it can gain HIDE SNP or FIDE SNP designation. Chapter 16b in the Medicare managed care manual contains more information on this process.[22]

In the optional sample contract language column, the ***blue italicized*** **text in brackets [ ] is used to convey instructions and situations in which state-specific information will need to be inserted.**

Element	Optional Contract Language
Allowing a D-SNP to operate as a CO D-SNP for a temporary period when (1) the state contracts with HIDE SNPs and FIDE SNPs, and (2) the D-SNP does not yet hold a fully executed Medicaid managed care contract with the state	At the time of this Contract's execution, if the Contractor has not executed a contract with *[insert state]* to provide coverage of the Medicaid benefits described in *[specify section of the contract that lists Medicaid benefits covered by the D-SNP]* for the service areas specified in *[specify section of the SMAC that details the service area covered by the D-SNP(s) covered under the SMAC]* for enrollees in the *[insert plan name and/or a plan benefit package number]* (including full-benefit dually eligible enrollees), *[insert plan name and/or a plan benefit package number]* may not enroll any new individuals identified in *[insert section of the SMAC that indicates which categories of dual eligible individuals are eligible to enroll]* until all three of the following conditions are met: • The Contractor executes a Medicaid managed care contract with the State to provide coverage of Medicaid benefits described in *[specify section of contract that lists Medicaid benefits covered by the D-SNP]* in the service areas specified in *[specify section of the SMAC that details the service area covered by the D-SNP(s) covered under the SMAC]*, • The Contractor obtains FIDE SNP or HIDE SNP designation for *[insert plan name and/or a plan benefit package number]* from CMS, and • The State provides express written approval to the Contractor to enroll new individuals in *[insert plan name and/or a plan benefit package number]*. Additionally, *[insert "until all three of these conditions are met" or "for the time period to be specified by the state" if the state only wants the D-SNPs to meet this requirement temporarily]*, for all *[insert plan name and/or a plan benefit package number]* enrollees *[in specified Medicaid health home/home and community based services (HCBS) waiver/behavioral health managed care organization (MCO)/managed LTSS plan, with specified diagnosis(es), etc.— use state-specific terms, include all that apply]*, the Contractor shall provide timely notification of all admissions to a hospital and skilled nursing facility (SNF) to *[specify whether notification should be sent to the state Medicaid agency or to a designee, such as the enrollee's Medicaid health home/HCBS waiver case manager/behavioral health MCO/managed LTSS plan, etc.—use state specific terms, include all that apply]*. Timely notification is defined as *[insert specifications for timeliness; see examples below]*. Notification shall be sent by *[specify method(s) to be used for delivery of notifications, including references to any policy manuals or other documents wherein the state may provide detailed guidance for the variables and values to be used within files shared; see examples of sample language for notification methods below]*. **Sample language regarding specification of method to identify the population of high-risk, full-benefit dually eligible individuals for whom notification is required:** To ensure proper and timely identification of all plan enrollees meeting the criteria specified in *[reference to section of contract designating population for notifications]*, the Contractor will *[specify method for identifying enrollees meeting the state's specified criteria, such as a review a file shared by the state, or extract data from a state Medicaid enrollment database]* on a *[specify frequency]* basis, in accordance with *[specify any instructions or guidance provided elsewhere]*.

Element	Optional Contract Language
Allowing a D-SNP to operate as a CO D-SNP for a temporary period (continued)	**Sample language regarding timeliness and notification method for states/D-SNPs using Health Information Exchange technology:** "Timely notification" is defined as any real-time notification provided by the Contractor or its contracted hospitals and skilled nursing facilities via Health Information Technology (HIT) or Health Information Exchange (HIE) or, where notification via HIT or HIE is not provided, via direct communication from the Contractor within *[specify x hours/days]* of the Contractor becoming aware of such admission. **Sample language regarding timeliness and notification method for states/D-SNPs using file sharing methods:** "Timely notification" is defined as daily, automated file exchange. Every day, seven days a week, prior to *[specify time of day/close of business/other specification]*, the Contractor will upload a *[specify file type]* file to *[specify server]*. The file shall be organized and populated in accordance with the template provided by *[specify state Medicaid agency]* and designate which of the Contractor's plan enrollees who meet the criteria specified in *[specify section of contract designating population for notifications]* have experienced a hospital or SNF admission in the prior 24-hour period. **Sample language regarding timeliness and notification method for states/D-SNPs using manual, direct communication methods:** "Timely notification" is defined as *[fax/email/telephone/other form of manual communication]* communication initiated within *[specify timeframe, such as 24 hours, 48 hours]* of the time upon which the D-SNP becomes aware that an enrollee who meets the criteria specified in *[reference to section of contract designating population for notifications]* has experienced a hospital or SNF admission. To facilitate this communication, on a *[specify frequency] basis]*, *[specify state Medicaid agency]* will provide an updated list of contacts at *[specify receiving entity(ies) – HCBS care management providers, Medicaid managed care plans, etc.]* to whom the Contractor should send these notifications. **Sample language for when a D-SNP delegates responsibility for notification to its contracted hospitals and SNFs:** The Contractor shall require its contracted hospitals and SNFs to meet the notification requirements on admissions as specified in this Contract. The Contractor retains responsibility for compliance with the notification requirements in this Contract.

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] More information on exclusively aligned enrollment is available in ICRC's webinar and written tools on the topic at: https://integratedcareresourcecenter.com/resources-by-topic/exclusively-aligned-enrollment.

[2] CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." Federal Register, May 9, 2022. Available at: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-andtechnical-changes-to-the-medicare-advantage-and.

[3] CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." Federal Register, May 9, 2022. Available at: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-andtechnical-changes-to-the-medicare-advantage-and.

[4] This language was adapted from the 2023 CalAIM Dual Eligible Special Needs Plan (D-SNP) Policy Guide, available at: https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx and the 2023 Arizona Health Care Cost Containment System Medicare Advantage Organization Agreement, available at: https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/medicareagreements.html.

[5] This language was adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[6] This language was adapted from the 2023 Arizona Health Care Cost Containment System Medicare Advantage Organization Agreement, available at: https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/medicareagreements.html.

[7] This language was adapted from the 2023 Wisconsin Department of Health Services D-SNP contract (not available online).

[8] The provision of this information is required by 42 CFR §422.66(c)(2)(i)(B).

[9] This language was adapted from the 2023 Wisconsin Department of Health Services D-SNP contract (not available online).

[10] This language was adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[11] This language was adapted from the 2023 State of Tennessee, Department of Finance and Administration, Division of TennCare D-SNP contracts, available at: https://www.tn.gov/tenncare/information-statistics/tenncare-contracts.html.

[12] This language was adapted from the 2023 Arizona Health Care Cost Containment System Medicare Advantage Organization Agreement, available at: https://www.azahcccs.gov/Resources/OversightOfHealthPlans/SolicitationsAndContracts/medicareagreements.html and the 2023 Wisconsin Department of Health Services D-SNP contract (not available online).

[13] In federal regulations described at 42 CFR §422.107(e), CMS has provided states with the flexibility to require their contracted D-SNPs to operate within state-specific, D-SNP only contracts with CMS if the Medicare Advantage Organizations offering the D-SNPs offer one or more D-SNPs in the state that operate with exclusively aligned enrollment. In states that choose to use this flexibility, D-SNPs operating with exclusively aligned enrollment must use integrated versions of certain materials, including the Summary of Benefits, Formulary, and Combined Provider and Pharmacy Directory documents. Additionally, the states will be granted access to HPMS for the purpose of conducting joint review (along with CMS) of those integrated materials.

[14] HPMS is a web-enabled system that CMS uses to support the Medicare Advantage and Part D programs, including collecting and reviewing a variety of forms of data, documents and other information from Medicare Advantage and Part D plans. Information about HPMS is available at: https://www.cms.gov/about-cms/information-systems/hpms, and authorized users can access the system at https://hpms.cms.gov/app/ng/home/.

[15] This language was adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[16] This language was adapted from the 2024 California Department of Health Care Services exclusively aligned enrollment D-SNP contract, available at: https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx.

[17] This language was adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[18] These elements were adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[19] This language was adapted from the 2023 New Jersey Department of Human Services Division of Medical Assistance and Health Services FIDE SNP contract (not available online).

[20] For a list of SMAC elements that all D-SNPs must meet, see Part 1: Required Language Applicable to All D-SNPs, available at: https://integratedcareresourcecenter.com/resources-by-topic/sample-SMAC-language.

[21] For a list of SMAC elements that D-SNPs must meet to earn HIDE SNP or FIDE SNP designation, see Part 2: Required Language Applicable to Certain D-SNPs, available at: https://integratedcareresourcecenter.com/resources-by-topic/sample-SMAC-language.

[22] The Medicare Managed Care Manual is located at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms019326.