

**MEDICARE ADVANTAGE DUAL
ELIGIBLE SPECIAL NEED PLANS**

**STATE MEDICAID AGENCY CONTRACT
SUBMISSION INSTRUCTIONS**

For all new and existing Medicare Advantage organizations seeking to offer a D-SNP.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services (CMS)**

DISCLAIMER: CMS will only accept submissions appropriately submitted through the Health Plan Management System (HPMS). CMS does not accept paper submissions.

PUBLIC REPORTING BURDEN According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1410 (Expires: August 2025). The time required to complete this information collection is estimated to average 30 hours per response, including the time to review instructions, sign, and submit a contract annually and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland, 21244-1850. Expiration: August 2025

General Overview

The Bipartisan Budget Act of 2018 (BBA of 2018) permanently authorized special needs plans (SNPs), including dual eligible special needs plans (D-SNPs). 42 CFR 422.2 defines special needs individuals and SNPs for special needs individuals.

The BBA of 2018 also required the establishment of standards for integration of Medicare and Medicaid benefits provided to enrollees in D-SNPs, as well as the development of unified appeals and grievance processes for D-SNPs, beginning in CY 2021. CMS-4185-F, “Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021,” published in the Federal Register on April 16, 2019, modified and amended 42 CFR 422 to codify integration criteria for all D-SNPs and unified appeals and grievance processes for some D-SNPs (those defined as “applicable integrated plans”) beginning in CY 2021.

All D-SNP Applicants and Existing D-SNPs must complete the 2024 D-SNP state Medicaid agency contract submission within HPMS as instructed. CMS will only accept submissions using this current 2024 version of the D-SNP state Medicaid agency contract application. All uploaded documentation must contain the appropriate CMS-issued contract number.

In preparing a response to the prompts throughout this submission, the organization must attest “Yes” or “No.” In some instances, applicants will have the opportunity to attest “N/A” if the attestation does not apply. Organizations must upload various documents in HPMS. D-SNP State Medicaid Agency contract submission upload documents are described throughout the attestations and matrices. The organization should read the sections carefully in order to provide the information as requested.

CMS strongly encourages organizations offering D-SNPs to refer to 42 CFR 422 regulations to clearly understand the nature of the Medicare Advantage requirements. Nothing in this solicitation is intended to supersede the regulations at 42 CFR 422. Failure to reference a regulatory requirement does not affect the applicability of such requirement. Organizations should read HPMS memos and visit the CMS web site periodically to stay informed about new or revised guidance documents.

To operate in any given year, a D-SNP must have a state Medicaid agency contract in place prior to the beginning of the contract year. The contract must align with the entire D-SNP contract term.

Instructions

All organizations seeking to offer a D-SNP in the upcoming contract year must complete the following for each D-SNP Plan Benefit Package (PBP) with the contract:

- Complete the required attestations in HPMS;
- Upload its state Medicaid agency contract;
- Complete and upload the D-SNP State Medicaid Agency Contract

- Requirements matrix (previously referenced as the 5.11 matrix); and
- As applicable, complete and upload the Special Needs Plan (SNP) Contract Status Review matrix (previously references as the 5.12 matrix)

D-SNP SMAC: Attestations

Attestation	Response
<p>1. Organization has an executed contract(s) with the State Medicaid Agency in the state(s) in which the applicant seeks to operate for the forthcoming MA application year.</p> <p>Note: Organizations applying for dual eligible SNPs (initial, existing, and existing/expanding) must have a signed state Medicaid agency(ies) contract by the SMAC submission deadline.</p>	<p>Yes/No</p>
<p>2. Organization’s contract with the State Medicaid Agency(ies) qualifies as a highly integrated dual eligible SNP (HIDE SNP). Note: Please refer to the Special Needs Plan (SNP) Contract Status Review matrix to help make this determination.</p> <p>If the organization attests “Yes,” upload the completed D-SNP State Medicaid Agency Contract Matrix and Special Needs Plan (SNP) Status Contract Matrix with your SMAC by the SMAC submission deadline.</p> <p>NOTE: This attestation and upload should be completed in the HPMS D-SNP Management module at the time of the SMAC submission.</p>	
<p>3. Organization’s contract with the State Medicaid Agency(ies) qualifies as a fully integrated dual eligible SNP (FIDE SNP).</p> <p>Note: Note: Please refer to the Special Needs Plan (SNP) Contract Status Review matrix to help make this determination.</p> <p>If the organization attests "Yes," upload the completed D-SNP State Medicaid Agency Contract Matrix and Special Needs Plan (SNP) Status Contract Matrix with your State Medicaid Agency Contract by the SMAC submission deadline.</p> <p>NOTE: This attestation and upload should be completed in the HPMS D-SNP Management module at the time of the SMAC submission.</p>	

Attestation	Response
<p>4. Organization has a contract with the State Medicaid Agency(ies) that stipulates that the SNP notifies, or arranges for another entity or entities to notify, the State Medicaid Agency and/or its designee(s) of hospital and skilled nursing facility admissions for at least one group of high-risk full-benefit dually eligible individuals identified by the State Medicaid Agency.</p> <p>If the organization attests “Yes,” upload the completed D-SNP State Medicaid Agency Contract Matrix (see Section 5.11) by the SMAC submission deadline</p> <p>NOTE: This attestation and upload should be completed in the HPMS D-SNP Management module at the time of the SMAC submission.</p> <p>NOTE: If Organization attested “No” to attestations 2 and 3 in this table, it must attest “Yes” to this attestation.</p>	
<p>5. Consistent with the definition of a SNP with exclusively aligned enrollment at 422.2, Applicant is a SNP that <i>exclusively</i> enrolls full-benefit dually eligible individuals whose Medicaid benefits are covered under a Medicaid managed care organization contract under section 1903(m) of the Act between the applicable State and the SNP’s MA organization, the SNP’s parent organization, or another entity that is owned and controlled by the D-SNP’s parent organization.</p> <p>NOTE: If the applicant attests “Yes,” then the applicant agrees to use the unified appeals and grievance procedures under 422.629 through 422.634, 438.210, 438.400 and 438.402 and must complete the Special Needs Plan (SNP) Status Contract Matrix elements 1 and 2.</p>	

D-SNP STATE MEDICAID AGENCY CONTRACT REQUIREMENTS

Please complete and upload this document into HPMS per HPMS MA Application User Guide Instructions for completed (i.e., signed) contracts with the State Medicaid Agency. This applies to items that may have been part of previously signed contracts that are still effective due to it being a multi-year contract, in addition to any items below that are part of a new amendment. When designating the page numbers and sections below, please note if the page numbers and sections are in an amendment to the SMAC. If an element is not applicable, please indicate that in the not applicable column.

Plan Name: _____

PBP: _____

Date: _____

State: _____

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p>1. How the SNP coordinates the delivery of Medicaid benefits for individuals who are eligible for such services. This includes Medicaid services covered under Medicaid fee-for-service, by the SNP's MA organization, the SNP itself (or a Medicaid plan offered by the SNP's parent organization or another entity owned and controlled by its parent organization), or by other Medicaid plans available in the state. (422.107(c)(1)(i))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>2. The category(ies) and criteria for eligibility for dually eligible individuals to be enrolled under the SNP, including as described in sections 1902(a), 1902(f), 1902(p), and 1905 of the Act. (422.107(c)(2))</p> <p>NOTE: If applicable, please use State aid codes to identify category of duals being enrolled. Page number and section number must be completed by all D-SNPs.</p>			

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p>3. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that includes Medicaid payment of Medicare cost sharing.</p> <p>NOTE: Page number and section number should be completed by applicable D-SNPs; however, if not applicable please indicate that in the not applicable column.</p>			
<p>4. Cost-sharing protections covered under the SNP. (422.107(c)(4))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>5. Identification and sharing of information on Medicaid provider participation. (422.107(c)(5))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>6. Verification of enrollee’s eligibility for Medicaid. (422.107(c)(6))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>7. Service area covered by the SNP. (422.107(c)(7))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>8. The contract period for the SNP. (422.107(c)(8))</p> <p>NOTE: Page number and section number must be completed by all D-SNPs.</p>			
<p>If you answered “Yes” to Attestation 4, or if your SNP is seeking HIDE or FIDE designations and meets some or all of the following provisions, please also identify the page number and section number for those provisions if the information is in the SMAC. Otherwise, if it is not applicable please indicate that in the not applicable column.</p>			
<p>9. Criteria for identification of the group of high-risk full-benefit dually eligible individuals identified by the State Medicaid Agency for which notification of hospital and skilled nursing facility admissions will apply. (422.107(d))</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. 			

<ul style="list-style-type: none"> • Organizations seeking HIDE or FIDE SNP designation should complete the page number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>10. Language that indicates the entity (your organization or the type of entity or entities) responsible for providing the notification of hospital or skilled nursing facility admissions. (422.107(d))</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. • Organizations seeking HIDE or FIDE SNP designation should complete the page number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>11. Language that indicates the entity or entities (the State Medicaid Agency, or the State’s designee(s)) responsible for receiving notifications of hospital and skilled nursing facility admissions. (422.107(d))</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. • Organizations seeking HIDE or FIDE SNP designation should complete the page number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>12. If your organization designates another entity(ies) to provide the notification on your behalf, language that indicates that your organization retains responsibility for complying with the notification requirement. (422.107(d))</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. • Organizations seeking HIDE or FIDE SNP designation should complete the page 			

<p>number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column.</p>			
<p>13. The timeframe that your organization or your designee has to provide notification of hospital and skilled nursing facility admissions to the State Medicaid Agency or its designee(s). (422.107(d))</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. • Organizations seeking HIDE or FIDE SNP designation should complete the page number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>14. The method(s) your organization or your designee uses to provide notification of hospital and skilled nursing facility admissions to the State Medicaid Agency or its designee(s). (422.107(d)). (Examples include Health Information Exchange, secure file transfer, secure e-mail, etc.).</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must be completed for organizations that answered “Yes” to Attestation 4. • Organizations seeking HIDE or FIDE SNP designation should complete the page number and section number if language is included in SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			

SPECIAL NEEDS PLAN (SNP) CONTRACT STATUS REVIEW MATRIX

Plans should use this document to identify where each SNP element is met within their contract(s). The matrix will be used to assist the Centers for Medicare & Medicaid Services (CMS) in conducting the HIDE and FIDE SNP determination reviews as well as to identify Applicable Integrated Plans. If an element is not applicable, please indicate that in the not applicable column.

NOTE: To be designated as a HIDE SNP, a D-SNP must identify contract language for provision 3 and provisions 5 or 6. To be designated as a FIDE SNP, a D-SNP must provide contract language for provisions 3-9. Please answer all questions. If an element is not applicable please indicate that in the not applicable column.

If the applicant is seeking HIDE, FIDE or AIP designation, then the following matrix must be completed.

It is optional for organizations that answered “Yes” to attestation 4, stipulating that the SNP notifies, or arranges for another entity or entities to notify, the State Medicaid Agency and/or its designee(s) of hospital and skilled nursing facility admissions for at least one group of high-risk full-benefit dually eligible individuals identified by the State Medicaid Agency, to complete this table.

NOTE: For organizations that are seeking to become Coordination-Only D-SNPs that meet the definition for Applicable Integrated Plans at 42 CFR 422.561, in addition to uploading the State Medicaid Agency Contract and the corresponding matrices, please upload documentation showing the contractual relationship (if applicable) between your organization’s Medicaid product and the State, or the Medicaid managed care organization that holds the contract with the State, and documentation identifying the covered services.

Plan Name: _____

Provide the name of the organization that holds the Medicaid managed contract (or PIHP or PAHP contract) with the State Medicaid Agency:

PBP: _____

State: _____

Coverage: LTC ___ BH ___ Both ___

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p>1. If applicable based on state policy, language that indicates your organization has exclusively aligned enrollment, meaning that it only enrolls full-benefit dually eligible individuals whose Medicaid benefits are covered under a Medicaid managed care organization contract under section 1903(m) of the Social Security Act between the applicable State and your organization, parent organization or another entity that is owned and controlled by your organization’s parent organization. (422.2)</p> <p>NOTE: All D-SNPs completing this table must complete this row. The page number and section number must be completed for organizations that answered “Yes” to Attestation 5.</p> <p>Otherwise if not applicable please indicate that in the not applicable column.</p>			
<p>2. If applicable based on exclusively aligned enrollment attestation above, language that describes how your organization uses the unified appeals and grievance procedures under 422.629 through 422.634, 438.210, 438.400 and 438.402. (422.107(c)(9))</p> <p>NOTE: All D-SNPs completing this table must complete this row. The page number and section number must be completed for organizations that answered “Yes” to Attestation 5. Otherwise if not applicable please indicate that in the not applicable column.</p>			
<p>3. Language that identifies the entity (your MA organization, parent organization or other organization owned and controlled by your parent organization) that holds the capitated contract with the State Medicaid Agency. (422.2)</p> <p>NOTE: Page number and section number must be completed for organizations seeking HIDE or FIDE SNP designations.</p> <ul style="list-style-type: none"> • For FIDE SNP status only, the same 			

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p>legal entity must hold both the MA contract with CMS and the Medicaid managed care organization (as defined in 438.2) contract with the applicable state.</p> <ul style="list-style-type: none"> • For HIDE SNP status, the legal entity that holds the MA contract with CMS and the legal entity that holds the Medicaid managed care contract can be the MA organization, the parent organization, or other organization owned and controlled by your parent organization. 			
<p>4. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of primary and acute care. (422.2)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must only be completed for organizations seeking a FIDE SNP designation. • Other organizations should complete the page number and section number if language is included in the SMAC. Otherwise if it is not applicable please indicate this in the not applicable column. 			
<p>5. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of behavioral health services. (422.2)</p> <p>NOTE: Page number and section number must be completed for organizations seeking HIDE or FIDE SNP designations.</p> <ul style="list-style-type: none"> • For HIDE SNPs, element 5 OR element 6 must be completed. • For FIDE SNP status, coverage of behavioral health services is not required when it is not consistent with state policy (i.e., Medicaid behavioral health is covered by the 			

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p align="center">State through Medicaid Fee-for-service).</p>			
<p>6. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of long- term services and supports, including in community-based settings. (422.2)</p> <p>NOTE: Page number and section number must be completed for organizations seeking HIDE or FIDE SNP designations.</p> <ul style="list-style-type: none"> • For HIDE SNP status, element 5 OR element 6 must be completed. 			
<p>7. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of nursing facility services for a period of at least 180 days during the plan year. (422.2)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must only be completed for FIDE SNP designation. • Other organizations should complete the page number and section number if language is included in the SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>8. Language that describes how your organization coordinates the delivery of covered Medicare and Medicaid services using aligned care management and specialty care network methods for high-risk beneficiaries. (422.2)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must only be completed for FIDE SNP designation. • Other organizations should complete the page number and section number if language is 			

Contract Provision	Page Number(s)	Section Number	Not Applicable
<p align="center">included in the SMAC. Otherwise if it is not applicable please indicate that in the not applicable column.</p>			
<p>9. Language that indicates that your organization employs policies and procedures approved by CMS and the State to coordinate or integrate beneficiary communication materials, enrollment, communications, grievance and appeals, and quality improvement. (422.2)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Page number and section number must only be completed for FIDE SNP designation. • Other organizations should complete the page number and section number if language is included in the SMAC. Otherwise if it is not applicable please indicate that in the not applicable column. 			
<p>10. Language that indicates that your organization or the organization that your entity has a contractual relationship with to provide Medicaid benefits and that has a capitated contract with the State Medicaid Agency provides coverage, consistent with State policy, of: home health services as defined in 42 CFR 440.70 (422.561).</p> <p>NOTE: Page number and section number must be completed for 5, 6, or 7 by organizations seeking applicable integrated plan status without a HIDE or FIDE designation.</p>			
<p>11. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of medical supplies, equipment, and appliances as described in 42 CFR 440.70(b)(3).</p> <p>NOTE: Page number and section number must be completed for 5, 6, or 7 by organizations seeking applicable integrated</p>			

Contract Provision	Page Number(s)	Section Number	Not Applicable
plan status without a HIDE or FIDE designation.			
<p>12. Language that indicates that your organization has a capitated contract with the State Medicaid Agency that provides coverage, consistent with State policy, of nursing facility services.</p> <p>NOTE: Page number and section number must be completed for 5, 6, or 7 by organizations seeking applicable integrated plan status without a HIDE or FIDE designation.</p>			