ICRC | Integrated Care Resource Center

Promoting provider network alignment to improve integration in D-SNPs

ICRC State D-SNP Contracting Call

April 16, 2026

Logistics

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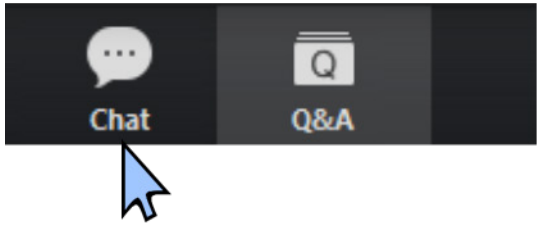

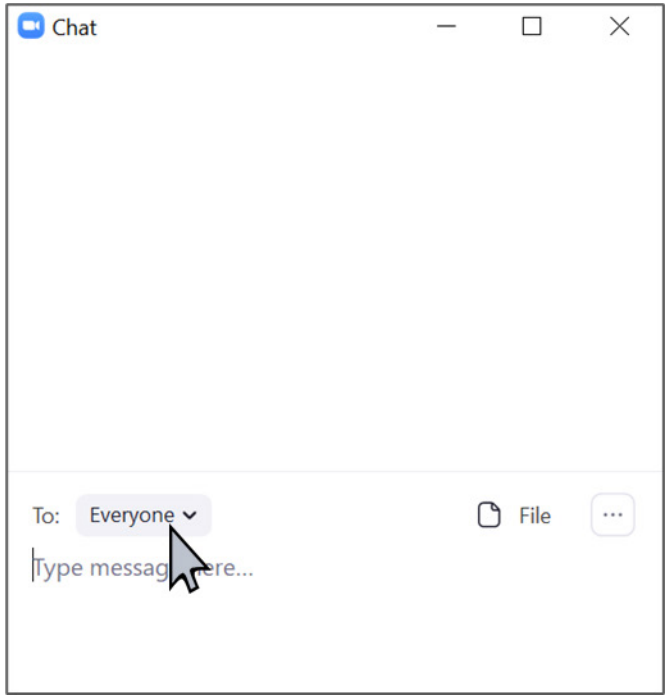

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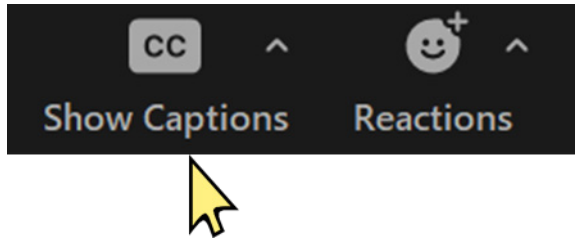


Agenda

- Welcome and introductions
- Background
  - Medicare Advantage provider network alignment requirements for dual eligible special needs plans (D-SNPs)
  - Washington State: Lessons learned from implementing D-SNP provider network alignment requirements
- Discussion

Background

Medicare Advantage provider network alignment requirements for D-SNPs

Medicare Advantage network adequacy requirements

- Medicare Advantage (MA) plans, including D-SNPs, must meet network adequacy requirements established by the Centers for Medicare & Medicaid Services (CMS).
  - Per **42 CFR 422.116**, an MA plan "must demonstrate that it has an adequate contracted provider network that is sufficient to provide access to covered services in accordance with access standards."
- CMS issues MA network adequacy standards at the county level based on Medicare population size and demographics.[1]
- CMS standards vary based on the percentage of Medicare individuals residing within maximum time and distance standards and by provider type.
  - At least 85% of beneficiaries in micro or rural counties, or counties with extreme access considerations have access to at least one provider/facility of each specialty type within published time and distance standards
  - At least 90% of beneficiaries in metro areas
  - If Medicare enrollees have access to telehealth providers for certain Medicare specialty services, CMS can provide a 10% credit to plans against these standards
- Beyond network adequacy requirements, all D-SNPs must list in their provider directories which Medicare providers also accept Medicaid.

[1]1. To learn more about Medicare network adequacy requirements, see: CMS. "Medicare Advantage and Section 1876 Cost Plan Network Adequacy Guidance." December 2024. Available at: https://www.cms.gov/files/document/medicare-advantage-and-section-1876-cost-plan-network-adequacy-guidance-12-09-2024.pdf

CMS review process

- CMS is responsible for reviewing MA network submissions to assess adequacy.
  - CMS reviews occur via the Health Plan Management System (HPMS) at the MA contract level and against an entire contract's service area
  - Timing of CMS reviews varies:
    - For new D-SNPs or D-SNPs applying for expanded service areas, reviews occur as part of the MA application process.
    - For D-SNPs with the same service areas as the prior year, CMS reviews occur on a triennial basis and after specific triggering events.
- MA applicants may request exceptions via HPMS using an exceptions template.

Promoting network alignment

- When states establish D-SNP-only contracts using the pathway provided at 42 CFR 422.107(e), CMS can review and evaluate the D-SNP's provider network specific to the D-SNPs offered under the contract.
  - This facilitates CMS collaboration with the state on certain requests for an exception to the network adequacy criteria.
- States can also add requirements to their state Medicaid agency contracts (SMAC) with their D-SNPs to improve Medicare and Medicaid alignment of provider networks and promote access to care.

Network Alignment

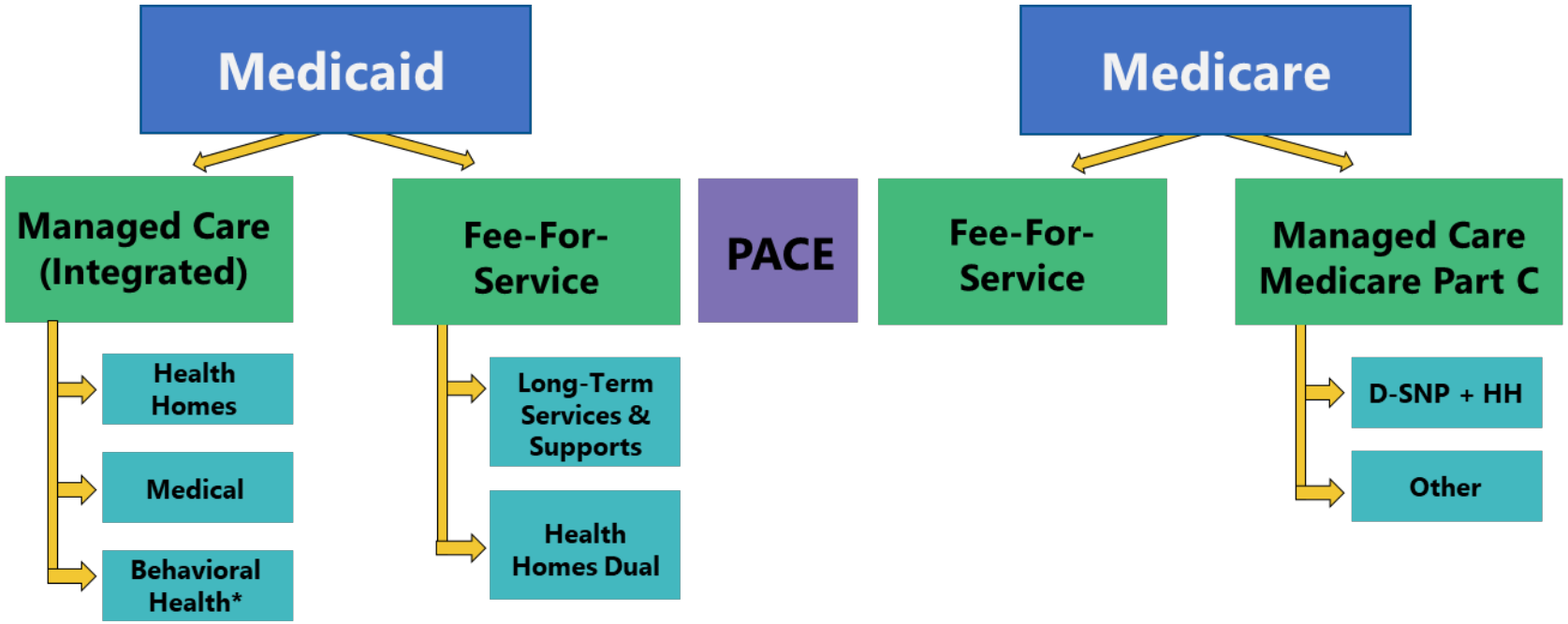
Washington State

Apple Health Medicare Connect (DSNP)

Kelli Emans, Senior Strategic Integration Advisor, HCLA
&
Johnny Shults, Strategic Design Unit Manager, HCA

Washington State Health Care Authority

Washington Delivery System Landscape



*Behavioral health only enrollment for duals.

Vision for the State of Washington

- Seamless Access
- Better Care Coordination
-  Increased Enrollment in Integrated Programs
- Improved Health Outcomes

Washington State Health Care Authority

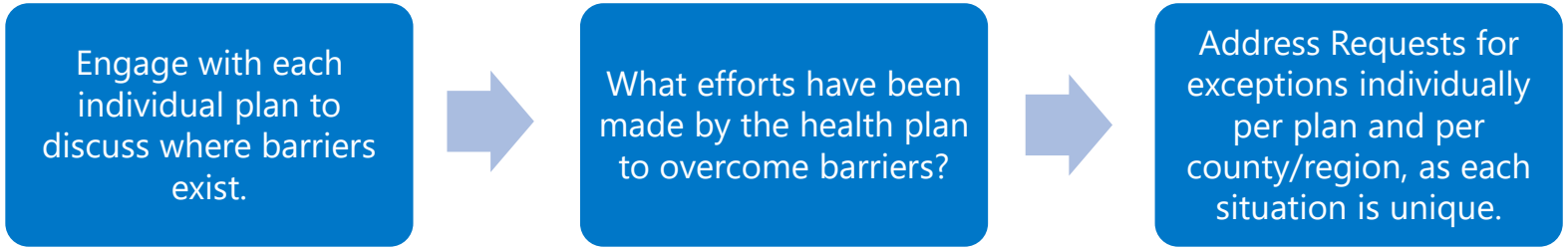
Why We Established Requirements

- In 2022 the State of Washington evaluated issues with clients transitioning from Medicaid to Medicare and determined that following problems existed:
  - Beneficiaries transitioning to a Medicare D-SNP were at risk of losing their established provider network
  - Beneficiaries did not know which providers accepted Medicare Advantage for each plan offering
  - Other Issues: Referral or Prior Auth hassles across plans; Gap in Care Coordination
- To address these issues, the State decided to make changes to the 2023 SMAC to require alignment of the Medicaid & Medicare Advantage and focus in on CC.
- For integrated care to work aligned networks and cross system coordination – critical stepping stones

Key Changes to the SMAC

- 2023
  - Added: 95% of provider types for the Medicaid Network must also accept Medicare Advantage members.
    - This is measured against all provider types listed on the CMS Health Services Delivery (HSD) table.
- 2024
  - Lowered Network Alignment requirement from 95% to 80% as we learned more about challenges.
    - Maintained a threshold of 95% Network Alignment to conduct default enrollment activities.
- 2027
  - Remove 95% threshold for default to support plan alignment.
    - 80% network alignment threshold required to conduct default enrollment.
  - Move to increased oversight

Oversight



Barriers

- Network Adequacy
- Rates are Proprietary
- Medicare Advantage Landscape is confusing, for both the providers and beneficiaries
- Timeliness of next Medicaid Procurement

Next Steps (1 of 3)

- D-SNPs will provide Quarterly Reports to the State to demonstrate alignment
- The State will remove the requirement for 95% to conduct default enrollment to support changes in enrollment requirements for 1/2027
- HCA & DSHS continue to meet with DSNPs to address alignment barriers.

Lessons Learned

- The importance of Collaboration
- Support Network Alignment early in the process
- Take the time to Clarify Reporting expectations upfront
- Continue to support the health plans through the work

Questions?

Washington State Health Care Authority

Discussion

Discussion questions

- What questions do you have about implementing provider network alignment requirements for D-SNPs?
- Does your state use D-SNP provider network alignment requirements to advance integration goals and/or improve D-SNP integration?
  - If so, have there been any challenges with overseeing these requirements? Have you seen any effect on enrollee care experiences?
- What other resources or support do you need in this area?

Next steps (2 of 3)

Next steps (3 of 3)

- Send updates/changes in state D-SNP points of contact to ICRC@mathematica-mpr.com
- Send feedback or topics/questions for future calls to ICRC@mathematica-mpr.com

ICRC Is Here to Help

Interested in advancing integration?
ICRC is available to provide one-on-one technical assistance to states seeking to better integrate care for their dually eligible populations.

Email ICRC@mathematica-mpr.com

Thank you!

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