

Working with Medicare: State Contracting with D-SNPs

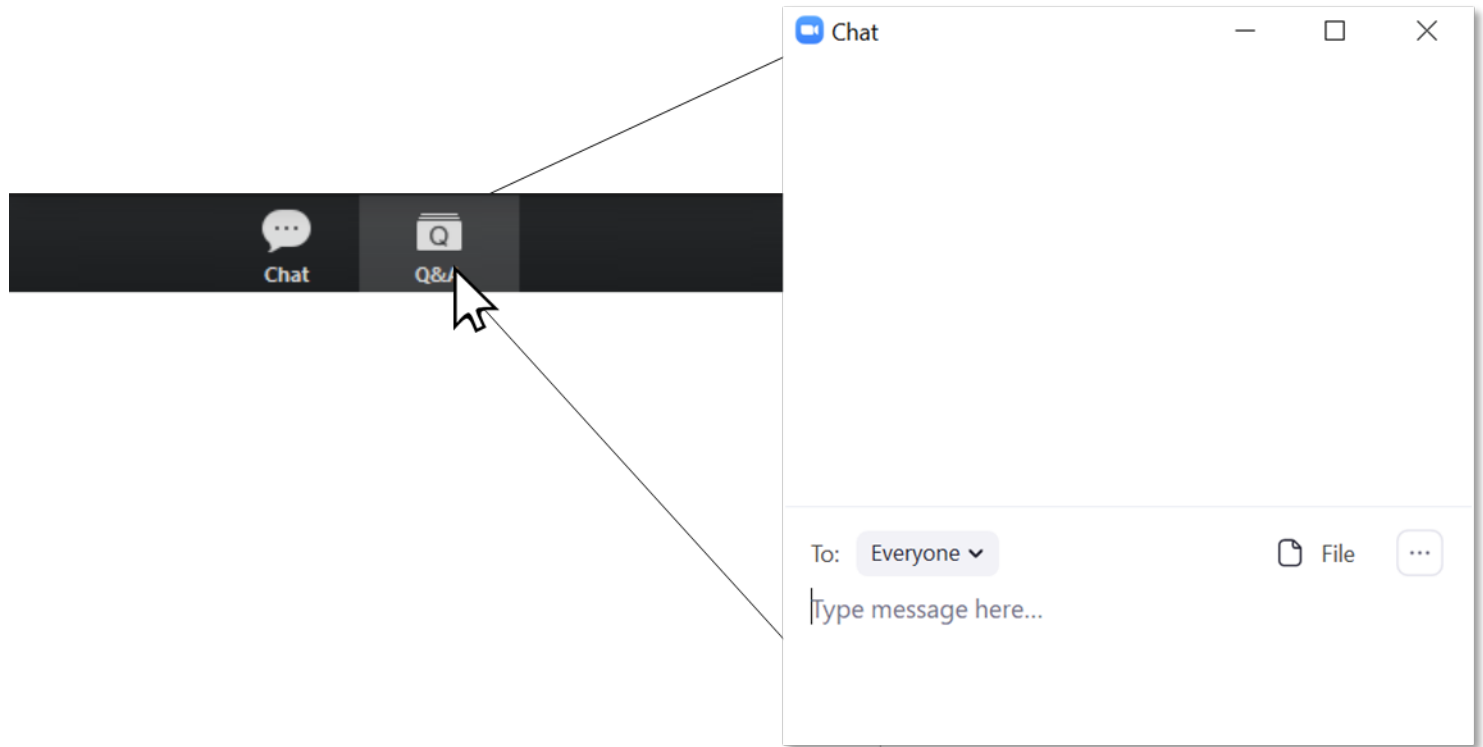
Introduction to D-SNPs and D-SNP Contracting Basics

October 23, 2025

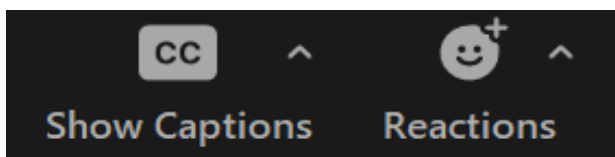
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ICRC's "Working with Medicare" series

- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible individuals
- Webinars in the current Working with Medicare series:
 - Medicare 101
 - Introduction to dual eligibility
 - State contracting with D-SNPs
- Supplemented by:
 - ICRC technical assistance briefs and other written tools on Medicare topics
 - ICRC updates/e-alerts on Medicare policies and programs affecting dually eligible individuals and states. Sign up to receive e-alerts and view past e-alerts:
<https://www.integratedcareresourcecenter.com/about-us/e-alerts>

State roles in advancing integrated care

- Dual eligible special needs plans (D-SNPs) must hold contracts with both CMS and the state(s) where they operate.
- Medicaid agencies can use their contracts with D-SNPs to influence the level of Medicare-Medicaid integration and coordination that D-SNPs provide for their enrollees.
- 45% of dually eligible individuals were enrolled in D-SNPs in 2024, up from 17% in 2015.

Source: Centers for Medicare & Medicaid Services (CMS). "SNP Comprehensive Reports." Available at: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/special-needs-plan-snp-data>; CMS. "MMCO Enrollment Snapshots, Quarterly Release." Available at: <https://www.cms.gov/data-research/research/statistical-resources-dually-eligible-beneficiaries/mmco-statistical-analytic-reports>; ATI Advisory. "Dual Eligible Enrollment Dashboard, 2024 Q4: All States + DC + PR." Available at <https://atiadvisory.com/state-resource-center>

Agenda

- Welcome and introductions
- Introduction to dually eligible individuals
- Introduction to D-SNPs
- Basic D-SNP contracting principles
- What is new in D-SNP contracting for 2027 and 2030
- Questions and answers

Presenters



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Dually eligible individuals are a high need, high-cost population

63%

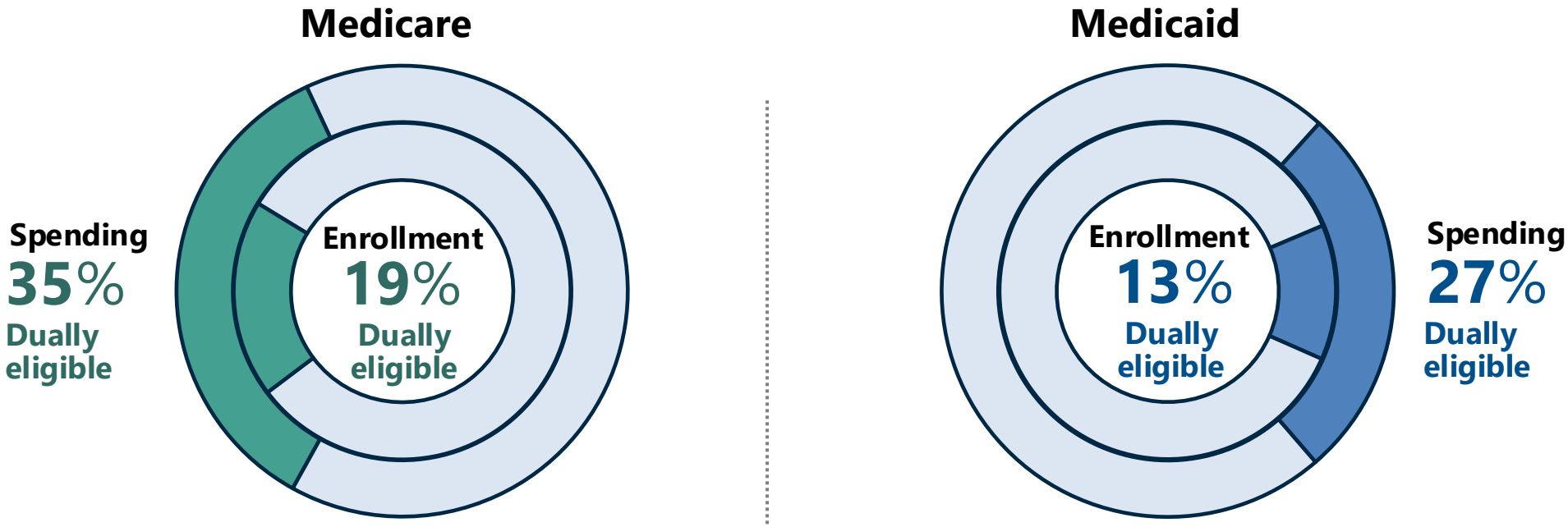
of dually eligible individuals have **three or more chronic conditions**

64%

of full-benefit dually eligible individuals **have a behavioral health diagnosis**, such as depression or serious mental illness

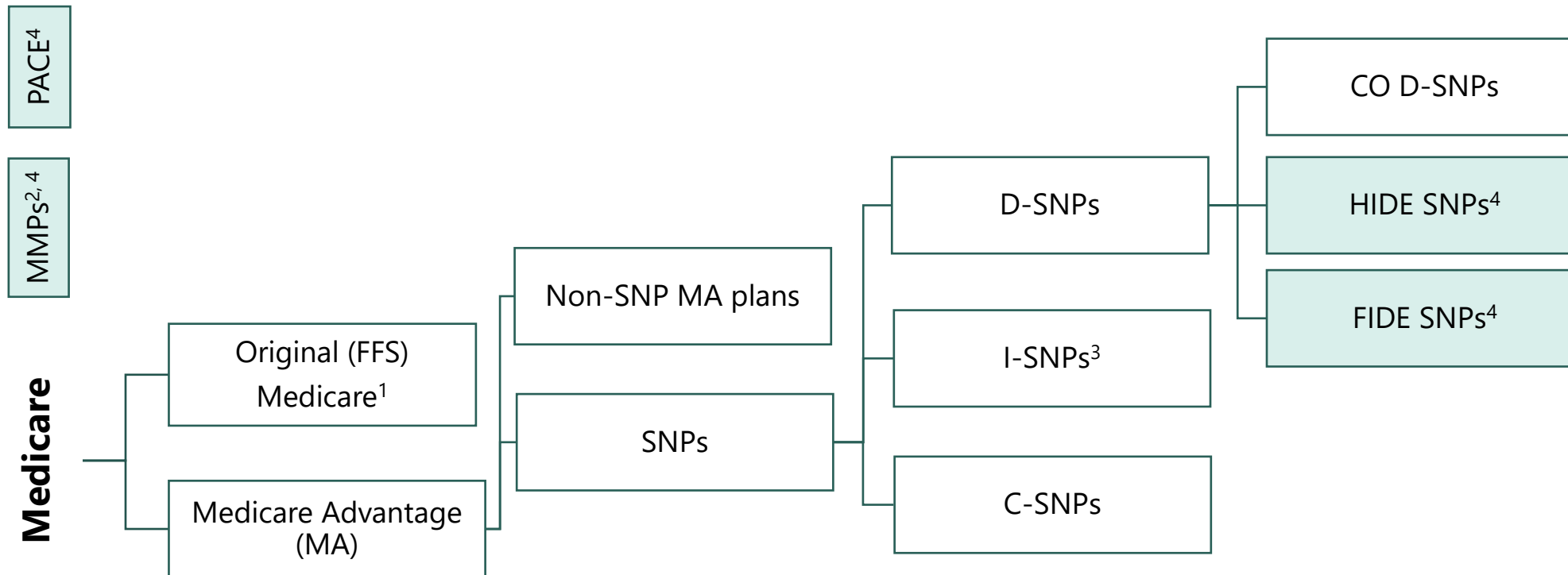
37%

of full-benefit dually eligible individuals **use long-term services and supports (LTSS)**



Sources: ATI Advisory. "A Profile of Medicare-Medicaid Dual Beneficiaries." June 2022. Available at: <https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf>; Kaiser Family Foundation (KFF) "A Profile of Medicare-Medicaid Enrollees (Dual Eligibles)." January 31, 2023. Available at: <https://www.kff.org/medicare/issue-brief/a-profile-of-medicare-medicare-enrollees-dual-eligibles/>; KFF. "How Does Use of Medicaid Wraparound Services by Dual-Eligible Individuals Vary by Service, State, and Enrollees' Demographics?" January 31, 2024. Available at: <https://www.kff.org/medicaid/issue-brief/how-does-use-of-medicare-wraparound-services-by-dual-eligible-individuals-vary-by-service-state-and-enrollees-demographics/>; Medicare Payment Advisory Commission and Medicaid and CHIP Payment and Access Commission. "Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid." January 2024. Available at: https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf.

Medicare coverage options for dually eligible individuals



Abbreviations: C-SNPs= Chronic Conditions Special Needs Plans; CO-D-SNPs = Coordination Only D-SNPs; D-SNPs = Dual Eligible Special Needs Plans; FFS = Fee-for-Service; FIDE SNPs = Fully Integrated Dual Eligible Special Needs Plans; HIDE SNPs = Highly Integrated Special Needs Plans; I-SNPs = Institutional Special Needs Plans; MMPs = Medicare-Medicaid Plans; PACE = Program of All-Inclusive Care for the Elderly, SNPs = Special Needs Plans

Notes:

¹ Dually eligible individuals who select Original Medicare are automatically enrolled in a Prescription Drug Plan if they do not choose a plan on their own.

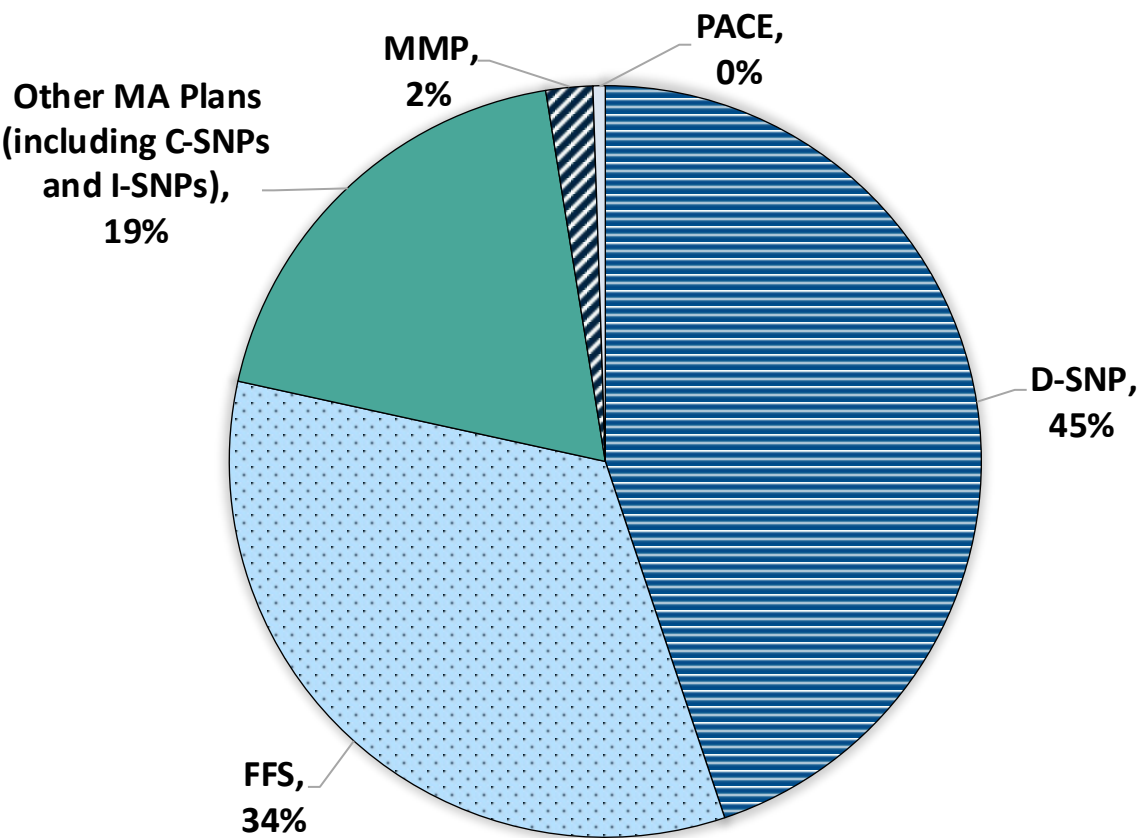
² MMPs operate in demonstrations under the Financial Alignment Initiative and are set to end as of December 31, 2025.

³ There are multiple types of I-SNPs defined at 42 CFR § 422.2. We do not cover I-SNPs in this webinar.

⁴ MMPs, PACE organizations, HIDE SNPs and FIDE SNPs are all integrated care arrangements that cover at least some Medicaid benefits, in addition to Medicare benefits.

Medicare enrollment of dually eligible individuals, Q4 of 2024

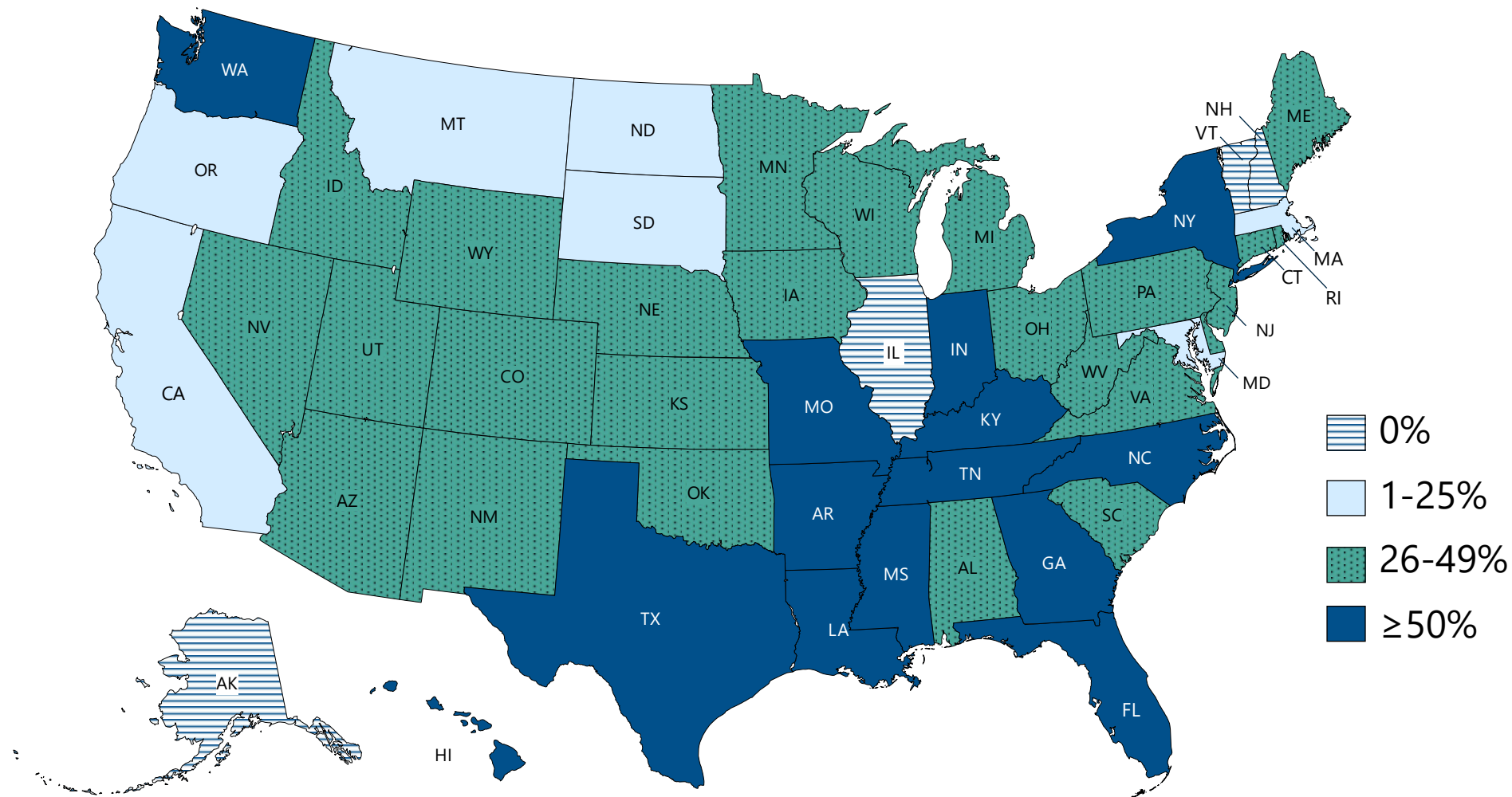
Total: 12.3 million



Abbreviations: D-SNP=Dual Eligible Special Needs Plan; FFS=Fee-for-Service Medicare; MA=Medicare Advantage; MMP=Medicare-Medicaid Plans; C-SNP=Chronic Condition SNP; I-SNP=Institutional SNP; PACE=Program for All-Inclusive Care for the Elderly

Sources: ATI Advisory. "Dual Eligible Enrollment Dashboard, 2024 Q4." 2024 Available at: <https://atiadvisory.com/state-resource-center>

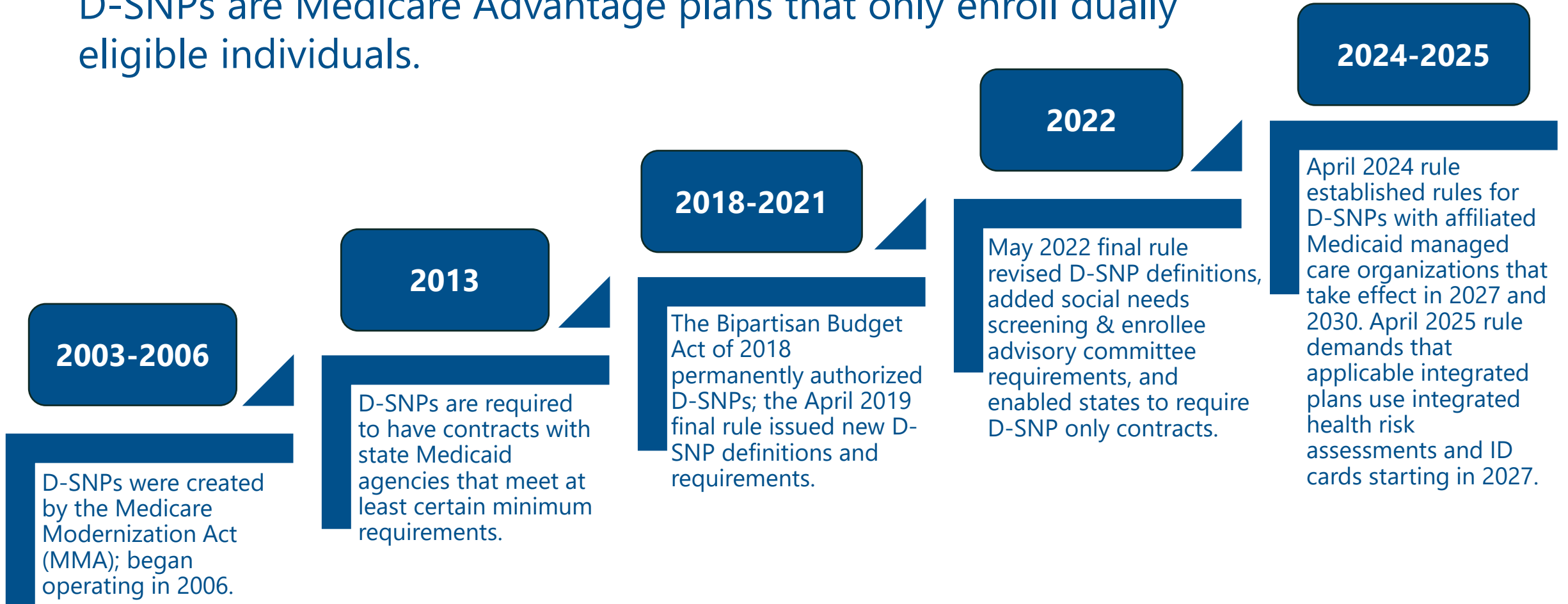
Proportion of dually eligible individuals enrolled in D-SNPs, Q4 of 2024



Introduction to D-SNPs

D-SNP definition and requirements

D-SNPs are Medicare Advantage plans that only enroll dually eligible individuals.



How are D-SNPs different from other Medicare Advantage plans? (1/2)

Feature	D-SNPs	Medicare Advantage
Must hold a contract with CMS to provide Medicare benefits.	Yes	Yes
Cover Medicare benefits.	Yes	Yes
Offer supplemental benefits (e.g., dental, vision, hearing, transportation).	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements.	Yes	No
Tailor benefits specifically to meet the needs of dually eligible individuals.	Yes	No
Coordinate and/or integrate delivery of Medicare and Medicaid benefits (and states can impose additional requirements).	Yes	No
May cover Medicaid benefits.	Yes ¹	No
Use a Model of Care (MOC) to describe how the plan will meet the needs of dually eligible individuals.	Yes	No

¹ **Note:** D-SNPs may do this through the D-SNP or through an affiliated Medicaid managed care plan offered by the same parent company. Not all D-SNPs cover Medicaid benefits.

How are D-SNPs different from other Medicare Advantage plans? (2/2)

Feature	D-SNPs	Medicare Advantage
Must establish and maintain at least one enrollee advisory committee in each state where the plan operates.	Yes	No
Must collect information about enrollees' transportation, housing, and food security needs during health risk assessments (HRAs).	Yes	No
(In 2026) Must complete HRAs within 90 days before or after enrollment, conduct at least three non-automated HRA outreach attempts, and complete an integrated care plan within 90 days of HRA completion or within 90 days of enrollment (whichever is later).	Yes ¹	No
(In 2027) Certain D-SNPs must complete an integrated HRA for each enrollee.	Yes ²	No
(In 2027) Certain D-SNPs must issue integrated member ID cards.	Yes ²	No

¹ **Note:** These requirements apply to all SNPs, including D-SNPs.

² **Note:** These requirements pertain to D-SNPs with applicable integrated plans (AIP) status.

D-SNP care coordination requirements

Assess enrollees' physical, psychosocial, and functional needs through initial and annual HRAs

- Plans must incorporate questions into these assessments about enrollees' housing, transportation and food security needs.
- Initial HRAs must be completed within 90 days of enrollment (before or after).

Develop and implement individualized care plans for each enrollee

- A plan is developed in consultation with the enrollee to identify goals and objectives including measurable outcomes as well as specific services and benefits to be provided.

Use interdisciplinary care teams (ICTs) to address enrollees' health and functional needs

- ICTs should include a team of providers with demonstrated expertise and training, and, as applicable, training in a defined role appropriate to their licensure in treating individuals like the targeted population of the plan.

Use a MOC to "assure an effective care management structure"

- The MOC is:
 - A stand-alone document that is separate from contracts with CMS and the state Medicaid agency.
 - The basis for D-SNPs' internal care coordination processes.
 - Reviewed and approved by the National Committee for Quality Assurance.

Coordinate Medicaid benefits

- D-SNPs must coordinate Medicaid benefits for enrollees, including assisting enrollees with requesting service authorizations and filing grievances and appeals related to Medicaid services.

Sources: 42 CFR § 422.101(f)(1)-(3) and 42 CFR § 422.562(a)(5).

Levels of D-SNP integration

CO D-SNPs

- Must meet minimum CMS requirements for D-SNPs.
- Must notify the state Medicaid agency or its designee of hospital and skilled nursing facility admissions for at least one designated group of “high-risk,” full-benefit dually eligible (FBDE) enrollees.

HIDE SNPs

- Must cover either Medicaid behavioral health benefits, long-term services and supports (LTSS), or both.
- Contract for coverage of Medicaid benefits may be with the D-SNP, the D-SNP’s parent company, or another entity owned and controlled by the D-SNP’s parent company.
- In 2025, a HIDE SNP’s capitated contract with the state Medicaid agency must cover the entire service area of the D-SNP.

FIDE SNPs

- Must operate with exclusively aligned enrollment and use a unified plan-level appeal and grievance process.
- Must cover Medicaid primary and acute care services; Medicare cost sharing; home health; durable medical equipment, supplies and appliances; behavioral health and LTSS, including at least 180 days of nursing facility coverage.
- Must use specialized care management and network methods to coordinate care for high-risk beneficiaries.
- Entity contracted to cover Medicaid benefits must be the same legal entity that holds the D-SNP contract with CMS.
- Capitated contracts with the state Medicaid agency must cover the entire service area of the D-SNP.

Exclusively aligned enrollment (EAE)

- EAE 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.
- EAE facilitates use of several strategies to integrate coverage and navigation of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes.

Key takeaways: D-SNPs

- D-SNPs are Medicare Advantage plans that only enroll dually eligible individuals.
- D-SNPs differ from other Medicare Advantage plans in key ways. For example, D-SNPs must have contracts with state Medicaid agencies.
- Requirements for D-SNPs have changed over time, with CMS focusing on coverage alignment and care coordination in recent rulemaking.¹
- D-SNPs vary in their level of integration, with FIDE SNPs offering maximum integration of Medicare and Medicaid coverage.

¹**Sources:** CMS. Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024-Remaining Provisions and Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly (PACE).” 89 FR 30448. April 23, 2024. <https://www.federalregister.gov/documents/2024/04/23/2024-07105/medicare-program-changes-to-the-medicare-advantage-and-the-medicare-prescription-drug-benefit> and CMS. Medicare and Medicaid Programs; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly.” 90 FR 15792. April 15, 2025. <https://www.federalregister.gov/documents/2025/04/15/2025-06008/medicare-and-medicaid-programs-contract-year-2026-policy-and-technical-changes-to-the-medicare>

Basic D-SNP Contracting Principles

State contracting with D-SNPs



In addition to contracts with CMS, D-SNPs must have a **State Medicaid Agency Contract** (SMAC) with each state in which they operate.



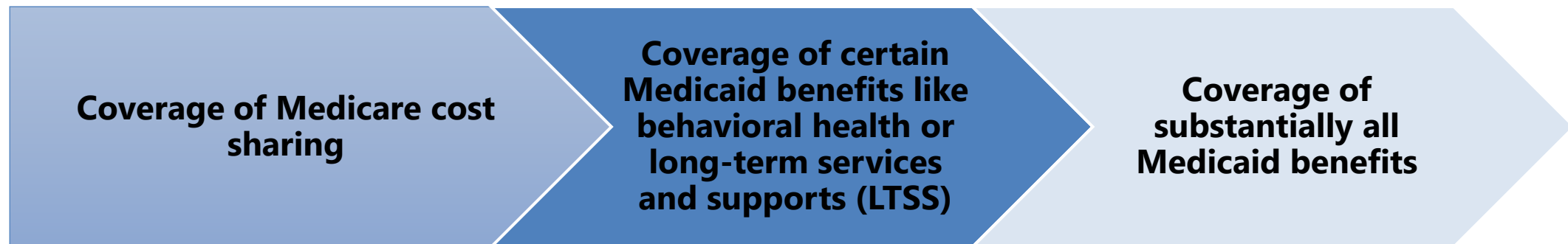
State contracts with D-SNPs must include **minimum contract elements**, but states may include additional requirements to improve administrative, clinical, and financial integration for enrollees.



States are **not required to contract with D-SNPs**, and states have the authority to deny contracts to potential D-SNPs.

Contracting with D-SNPs to cover Medicaid benefits

- While all D-SNPs must at least coordinate Medicaid benefits, states can use contracts with D-SNPs to require D-SNPs to cover some or all Medicaid benefits for D-SNP enrollees, creating more integrated forms of coverage for these individuals.
- States can pay capitated payments directly to D-SNPs to cover Medicaid benefits for D-SNP enrollees or require D-SNPs to “align” with affiliated Medicaid managed care plans that are offered by the same parent company as the D-SNP.



State Medicaid Agency Contract (SMAC) minimum elements

All SMACs must document the following:

1. The Medicare Advantage organization's responsibility to coordinate the delivery of Medicaid benefits;
2. The category(ies) of dually eligible individuals eligible to enroll in the D-SNP;
3. The Medicaid benefits covered by the D-SNP, the D-SNP's parent company, or another entity owned and controlled by the D-SNP's parent company;
4. The cost sharing protections afforded to D-SNP enrollees;
5. How the state Medicaid agency will identify and share of information on Medicaid provider participation with the D-SNP(s);
6. The process that D-SNPs will use to verify potential enrollees' eligibility for Medicaid;
7. The D-SNP's service area; and
8. The D-SNP's contract period.

States can learn more about sample SMAC language for each of these minimum elements with the following ICRC tools:

<https://integratedcareresourcecenter.com/resources-by-topic/sample-smac-language>

Additional minimum element for CO D-SNPs

Notification requirements: If a D-SNP (1) is not a FIDE SNP or a HIDE SNP and (2) enrolls at least some full-benefit dually eligible individuals, the D-SNP must notify the state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk full-benefit dually eligible D-SNP enrollees identified by the state Medicaid agency.

- The SMAC must identify the high-risk group of enrollees for whom the D-SNP must send admission notifications and the timeframe(s) and method(s) by which this notice will be provided.
- If the D-SNP authorizes another entity to send these notifications, the SMAC must indicate that the D-SNP retains responsibility for complying with this requirement.

Note: *If a D-SNP (1) only enrolls partial-benefit dually eligible individuals and (2) operates under the same parent organization and in the same service area as a D-SNP that enrolls only full-benefit dually eligible individuals and meets the notification requirements at 42 CFR § 422.107(d)(1), this notification requirement does not apply to the D-SNP that enrolls only partial-benefit dually eligible individuals.*

States can find more information about this notification requirement for CO D-SNPs in the ICRC tools provided on this page:

<https://integratedcareresourcecenter.com/resources-by-topic/information-sharing-requirements-dual-eligible-special-needs-plans>

Deep dive – Contract element #1: The Medicare Advantage organization's responsibility to coordinate the delivery of Medicaid benefits

What this means: The D-SNP must clearly describe its responsibility to coordinate delivery of Medicaid benefits in the SMAC. This includes mechanisms for coordinating Medicaid services covered under Medicaid FFS, by the Medicare Advantage organization itself, or by other Medicaid plans available in the state.

Sample language: The Contractor is responsible for coordinating the delivery of all benefits covered by both Medicare and Medicaid, including when Medicaid benefits are delivered via fee-for-service *[specify if applicable: and/or managed care providers]*. The Contractor is responsible for coordinating the enrollee's Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

Deep dive – Contract element #7: The D-SNP's service area

What this means: The SMAC must clearly identify the service area (i.e., counties) that the state allows the D-SNP to market and enroll in. The D-SNP's service area in the SMAC must be consistent with the service area that the D-SNP specifies in the CMS Health Plan Management System (HPMS) when submitting its bid to CMS.

Sample language: The service area is the geographic area in which enrollees or potential enrollees reside and for whom the Contractor is approved to provide services. The Contractor's service area must be approved by both CMS and the State. The service area covered by this Contractor is *[List counties served]*. *[If contract covers more than one D-SNP plan benefit package, and the different benefit packages cover different service areas, the state may wish to incorporate a table that lists each Medicare Advantage contract number and plan ID covered by the contract, along with the counties served by each plan].*

Additional elements for HIDE SNPs

To obtain a HIDE SNP designation, a D-SNP's SMAC must specify:

- The entity responsible for covering the Medicaid benefits (the HIDE SNP, the HIDE SNP's parent organization, or another entity owned and controlled by the HIDE SNP's parent organization);*
- The Medicaid LTSS and/or behavioral health services covered by the HIDE SNP or its affiliated Medicaid managed care plan;* and
- The service area(s) of the HIDE SNP and the entity responsible for covering Medicaid benefits.
 - The HIDE SNP's capitated contract with the state Medicaid agency for coverage of Medicaid benefits must cover the entire service area of the D-SNP.

*Beginning in 2027, when D-SNPs upload their SMACs into the CMS Health Plan Management System (HPMS) for CMS review, the D-SNPs will need to upload a copy of the relevant Medicaid managed care contract, if applicable. D-SNPs that will qualify as HIDE SNPs may show this information via the uploaded Medicaid contract, rather than in the SMAC.

Additional elements for FIDE SNPs

To obtain a FIDE SNP designation, a D-SNP's SMAC must include:

- The name of the **single entity** that holds the Medicare Advantage contract with CMS and the Medicaid managed care contract with the state.
- The Medicaid benefits covered by the D-SNP (or the D-SNP's affiliated Medicaid managed care plan), which must include primary and acute care services, Medicare cost sharing, LTSS, behavioral health, home health, and medical supplies, equipment and appliances.*
- Requirements that the FIDE SNP must "coordinate the delivery of covered Medicare and Medicaid services 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, grievance and appeals, and quality improvement," per the requirements at 42 CFR § 422.2.
- The service area(s) of the FIDE SNP and the entity responsible for coverage of Medicaid benefits (the Medicaid contract service area must cover the entire D-SNP service area).*
- A requirement that the FIDE SNP must operate with EAE.
- A requirement that the FIDE SNP must use the unified appeal and grievance procedures described at 42 CFR § 422.629-634.

*Beginning in 2027, when D-SNPs upload their SMACs into HPMS for CMS review, the D-SNPs will need to upload a copy of the relevant Medicaid managed care contract, if applicable. D-SNPs that will qualify as FIDE SNPs may show this information via the uploaded Medicaid contract, rather than in the SMAC.

Applicable Integrated Plans (AIPs)

To qualify as an AIP, a D-SNP must be:

1. A FIDE SNP; or
2. A HIDE SNP that operates with EAE; or
3. A CO D-SNP that operates with EAE and covers Medicaid primary and acute care benefits, Medicare cost sharing, and at least one of the following additional Medicaid benefits:
 - Nursing facility services;
 - Home health services; and/or
 - Medical supplies, equipment, and appliances.

Additional SMAC elements for AIPs:

- A requirement to operate with **exclusively aligned enrollment**;
- A requirement to use **unified appeal and grievance procedures**.¹

¹ 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.

Source: 42 CFR § 422.561

Key Medicare Advantage (MA) dates - 2026

Month	Medicare Advantage Activity
January	- Jan 1st MA contract and enrollment effective date. - CMS releases MA application.
February	CY2027 MA organization applications due to CMS.
May	- CMS releases CY2027 models for several Medicare Advantage materials, including the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Low Income Subsidy (LIS) rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, and pharmacy directory. - D-SNPs due for MOC reviews must submit their MOC to CMS for review.
June	CMS releases CY2027 D-SNP module to upload required State Medicaid Agency Contracts (SMACs), attestations, and contract matrices in the Health Plan Management System (HPMS).
July	Deadline for all D-SNPs to upload SMACs and Contract Matrices to HPMS.
August	- CMS completes MAO bid review & approvals. - CMS notifies all D-SNPs of final determinations of integration status and sanctions based on CY2027 SMACs. - Deadline to notify CMS of state intent to implement D-SNP only contracts in a future contract year.
September	All CY2027 MA and Prescription Drug Plan (PDP) contracts fully executed by plans and CMS Deadline for all MA organizations (including D-SNPs) to send the standardized ANOC to enrollees.
October	- MA and Part D plan Star Ratings released on Medicare.gov. - Medicare Annual Election Period begins. - CMS releases Notice of Intent to Apply (NOIA) release for MA organizations wishing to apply for new contracts or service area expansions for CY2028.
November	NOIA deadline to ensure HPMS access or MA organizations applying for new contracts or service area expansions for CY2028.
December	End of the Medicare Annual Election Period.

Key takeaways: D-SNP contracting principles

- States should be aware of the minimum contract requirements for all D-SNPs.
- States that contract with HIDE SNPs, FIDE SNPs, and AIPs should understand additional contract requirements for these plans.
- States can add elements to their SMACs to support their integration goals.
- States should track key Medicare Advantage dates as they develop and issue SMACs to D-SNPs.

What's New in D-SNP Contracting for 2027 and 2030

CY 2025 Medicare Advantage and Part D (MAPD) final rule D-SNP provisions

- 42 CFR § 422.514(h) requires D-SNPs that (1) operate in overlapping service areas with Medicaid MCOs operated by the same parent organization, and (2) enroll full-benefit dually eligible individuals to **only offer one D-SNP for FBDE individuals in the same service area as the Medicaid MCO in 2027.**
- Two exceptions described at 42 CFR § 422.514(h)(3):
 - MA organizations can offer more than one D-SNP PBP in a service area if the state explicitly requires the parent organization to use separate D-SNP plan benefit packages to (1) enroll different age groups of dually eligible individuals or (2) align enrollment in each D-SNP with the eligibility or benefit design used in the State's Medicaid managed care program(s).
 - If an MA organization offers both HMO and PPO D-SNPs in the affected service area(s), the organization may continue operating one D-SNP of each type (one HMO and one PPO), but only one of the two D-SNPs can enroll new FBDE enrollees in the affected service area – the other D-SNP will need to be closed to new enrollment.

CY 2025 MAPD final rule D-SNP provisions, continued

- 42 CFR § 422.514(h) also requires the D-SNPs described on the previous slide to:
 - Only enroll new individuals who are enrolled in (or in the process of enrolling in) the affiliated Medicaid MCO in **2027**; and
 - Operate with EAE starting in **2030**.

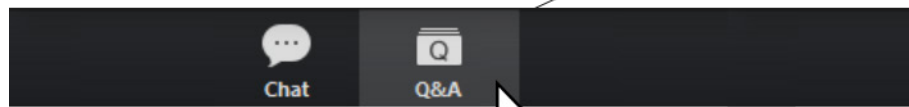
CY 2026 MAPD final rule D-SNP provisions

- Beginning in CY 2026, special needs plans must:
 - Conduct an initial HRA within 90 days (before or after) the effective date of enrollment for all new enrollees, and
 - Develop an individualized care plan within 90 days of conducting the initial HRA, or 90 days after the effective date of enrollment.
- Beginning in CY 2027, AIPs must:
 - Have integrated member ID cards that serve as the ID cards for both the Medicare and Medicaid plans, and
 - Conduct an integrated HRA for Medicare and Medicaid.

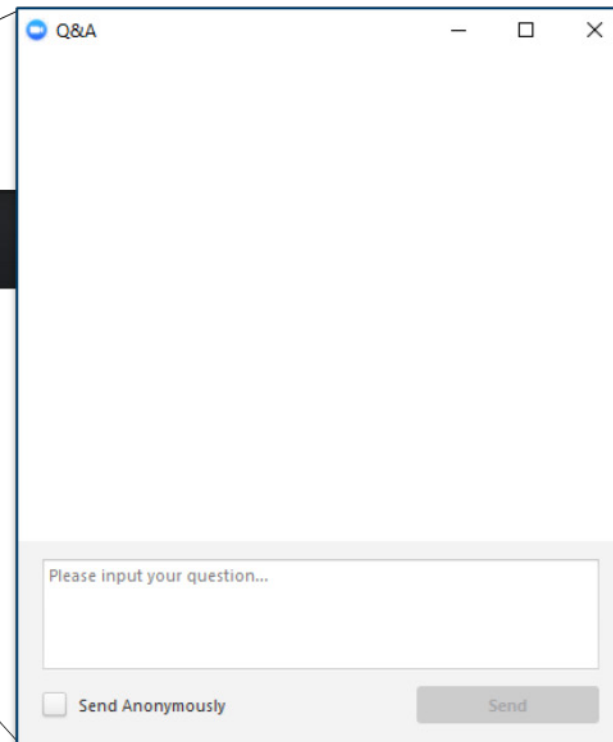
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Q&A

Please input your question...

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- Send other ICRC questions to: integratedcareresourcecenter@mathematica-mpr.com.