

**State Plan Preprint for Integrated Care Programs**

**New Section: Integration of Medicare and Medicaid through Contracts with Special Needs Plans (SNPs)**

(Complete for each individual Integrated Care SNP Program.)

**A. Name and General Description of the Program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that the State Medicaid contract will outline the operational details and Medicaid covered services provided in the integrated program.

**B. Authority.** The state is operating its integrated program under the following authority (check all that apply):

- \_\_\_\_\_ 1915(a)
- \_\_\_\_\_ 1915(a)/(c)
- \_\_\_\_\_ 1915(b)
  - \_\_\_\_\_ 1915(b)(1)
  - \_\_\_\_\_ 1915(b)(2)
  - \_\_\_\_\_ 1915(b)(3)
  - \_\_\_\_\_ 1915(b)(4)
- \_\_\_\_\_ 1915(b)/(c)
  - \_\_\_\_\_ 1915(b)(1)
  - \_\_\_\_\_ 1915(b)(2)
  - \_\_\_\_\_ 1915(b)(3)
  - \_\_\_\_\_ 1915(b)(4)
- \_\_\_\_\_ 1915(i) – Home and Community Based DRA
- \_\_\_\_\_ 1932(a) State Plan Authority
- \_\_\_\_\_ 1115
- \_\_\_\_\_ Section 6044 of the Deficit Reduction Act (Benchmark)
- \_\_\_\_\_ Other (please specify)\_\_\_\_\_

**C. Scope of Services (check all that apply)**

- \_\_\_\_\_ Acute
- \_\_\_\_\_ Long Term Care
- \_\_\_\_\_ Other (please specify)\_\_\_\_\_

**D. Payment.** Payment method to the contracting entity will be:

- The State makes capitated payments to SNPs to provide ALL Medicaid benefits.
- The State makes capitated payments to SNPs to provide all Medicaid benefits except long-term care services.
- The State makes capitated payments to SNPs to provide some Medicaid benefits.
- The State coordinates with SNPs to wrap ALL Medicaid benefits around the Medicare benefit package, and pays for those benefits on a fee for service basis.
- The State coordinates with SNPs to wrap all Medicaid benefits except - \_\_\_\_\_.
- The State coordinates with SNPs to wrap some Medicaid benefits around the Medicare benefit package, and pays for those services on a fee for service basis.
- Other (please specify)

**E. Geographic Area**

- Statewide
- Region (Specify) \_\_\_\_\_

**F. Target Dual Eligible Population**

- All individuals who are Dual Eligible
- Subset of individuals who are Dual Eligible (please specify category of dual as specified in the SNP Application)

**G. Enrollment (Check all that apply)**

(1) Enrollment Form

- The Medicaid agency utilizes or intends to utilize an integrated enrollment form for managed care.
- The Medicaid agency utilizes a separate enrollment form for managed care.

(2) Effective Date

- The Medicaid and Medicare effective enrollment dates will match and comply with MA regulations in 42CFR 422.62, 422.66(a) and 422.68.
- The State does not coordinate Medicaid managed care enrollment date with Medicare.

(3) Identification Card

\_\_\_\_\_ The Medicaid agency has elected to use a single identification card for Medicaid, Medicare, and Part D eligibility/coverage.

(4) Continued Deemed Eligibility for Medicare Advantage Enrollment

\_\_\_\_\_ When an enrollee no longer meets the Medicaid eligibility criteria, but can reasonably be expected to again meet the criteria within a 6-month period, the State requires via its contract with the SNP to retain coverage for a minimum period of \_\_\_\_\_.

(5) Authorized Representative

\_\_\_\_\_ The Medicaid agency or its designee will allow an authorized representative to enroll Medicaid beneficiaries in a SNP.

**H. Marketing**

Integrated Marketing Materials

\_\_\_\_\_ The Medicaid agency elects to utilize or intends to utilize integrated marketing materials and coordinate a joint review process with CMS.

**I. Grievance and Appeals**

\_\_\_\_\_ The Medicaid agency intends to utilize an integrated grievance and appeals process.

**J. Quality Assurance**

Integrated Reporting

\_\_\_\_\_ The State Medicaid agency integrates its reporting requirements with the Medicare Advantage requirements. The State requires integrated SNPs to submit (check all that apply):

\_\_\_\_\_ Healthcare Effectiveness Data and Information Set (HEDIS) – Plan level

\_\_\_\_\_ Consumer Assessment of Healthcare Providers and Systems (CAHPS)

\_\_\_\_\_ Health Outcome Survey– Plan level

Integrated Performance Improvement Projects

\_\_\_\_\_ The State integrates the Medicaid Performance Improvement Program requirements (42CFR 438.240) with the Medicare Quality Improvement Program requirements (42CFR 422.152).

\_\_\_\_\_ Other

**K. Assurances**

Place a check mark to confirm compliance with the following:

- \_\_\_\_\_ The State assures compliance with all applicable Federal laws and regulations governing the operation of their program; e.g., grievance and appeals, access, and beneficiary rights and protections.
- \_\_\_\_\_ The State assures that evidence of State relationship with SNP will be provided to CMS as required in the Medicare SNP application and within the prescribed timeframes.
- \_\_\_\_\_ The State assures contracts for services under the state plan will be submitted to CMS Regional Office for review consistent with CMS regulatory requirements and policy.