SNP Alliance

The National Voice for Special Needs and Medicare-Medicaid Plans

A National Nonprofit Leadership Organization

Basic Criteria: FIDE SNPs, HIDE SNPs, and D-SNPs

Requirement	Fully Integrated D-SNP (FIDE SNP)	Highly Integrated D-SNP (HIDE SNP)	Coordination-Only D-SNP (CO D-SNP)
Must have existing, executed contract(s) with the state Medicaid agency in the state(s) in which the entity seeks to operate by July 6, 2020 (for CY 2021) and annually thereafter	Yes	Yes	Yes
Must have one or more state-specific enrollee advisory committee	Yes	Yes	Yes
Must include one or more questions on housing stability, food insecurity, and access to transportation from a list of screening instruments as part of initial HRAs	Yes	Yes	Yes
Must have a contract with the state Medicaid agency that meets the requirements of a managed care organization as defined in section 1903(m) of the Social Security Act	Yes	No	No
May provide coverage of Medicaid services via a PIHP or PAHP	No	Yes	Yes
Must have a capitated contract with the state Medicaid agency to provide coverage of Medicaid home health, medical supplies, equipment, and appliances, behavioral health (by 2025), Medicaid payment of Medicare cost sharing and LTSS*	Yes *The contract must be with the same legal entity that contracts with CMS to operate as an MA plan*	No (*if it otherwise covers BH)* *The State Medicaid contract may be with:* *1. the MA organization offering the D-SNP;* *2. the MA organization's parent organization; or* 3. *another entity owned and controlled by the MA organization's parent organization*	No

Must have a capitated contract with the state Medicaid agency to provide coverage of behavioral health services*	Yes (by 2025)	No *(if it otherwise covers LTSS)*	No
Must have a capitated contract with the state Medicaid agency to provide coverage of a minimum of 180 days of nursing facility services during the plan year	Yes	No	No
Must coordinate all services, including Medicaid fee for service benefits and grievance and appeals	Yes	Yes	Yes
D-SNP service area can be no greater than its Medicaid service area (by 2025.)	Yes	Yes	No
Must specify a process to share information with the state Medicaid agency (or state's designee), on hospital and SNF admissions for at least one group of high-risk individuals who are enrolled in the D-SNP	No	No	Yes
Must have exclusively aligned enrollment*	Yes (by 2025) *Partial dual enrollment can only occur in a separate PBP from the FIDE SNP*	No	No
Must agree to use the unified appeals and grievance procedures if the D-SNP meets the definition for exclusively aligned enrollment	Yes	Yes	No
Must coordinate the delivery of covered Medicare and Medicaid services using aligned care management and specialty care network methods for high-risk beneficiaries	Yes	No	No
Must 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	Yes	No	No

Definitions and New Rule Policies

*Exclusively Aligned Enrollment	The D-SNP exclusively enrolls full benefit dual eligible individuals whose Medicaid benefits are covered under a Medicaid managed care contract under section 1903(m) of the SSA 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.
*HIDE-FIDE Medicaid Carve-Out Policy	A plan meets the FIDE SNP or HIDE SNP definition at § 422.2, even if its contract with the State Medicaid agency has carve-outs of Behavioral Health, as approved by CMS, that: 1. Apply primarily to a minority of the beneficiaries eligible to enroll in the dual eligible special needs plan who use behavioral health services; or 2. Constitute a small part of the total scope of behavioral health services provided to the majority of beneficiaries eligible to enroll in the dual eligible special needs plan. A plan meets the FIDE SNP or HIDE SNP definition at § 422.2, even if its contract with the State Medicaid agency has carve-outs of LTSS, as approved by CMS, that: 1. Apply primarily to a minority of the beneficiaries eligible to enroll in the dual eligible special needs plan who use LTSS; or 2. Constitute a small part of the total scope of LTSS provided to the majority of beneficiaries eligible to enroll in the dual eligible special needs plan.