

## SNF admission reporting requirements for D-SNP plans

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage plans that enroll Medicare beneficiaries who also have Medicaid coverage. To be approved by CMS, a D-SNP must enter into an agreement with a state's Medicaid agency.

In an effort to address greater coordination between D-SNPs and state Medicaid agencies, Congress mandated more specific care coordination requirements for D-SNPs in the *Bipartisan Budget Act (BBA) of 2018*, and CMS adopted rules that take effect on January 1, 2021.\* In its guidance to states, CMS indicates that D-SNPs must have:

*“...a contract with the state that specifies a process for notifying the state, or the state's designee(s), of hospital or skilled nursing facility (SNF) admissions for at least one designated group of high-risk individuals, for the purpose of care coordination of Medicare and Medicaid covered services during a transition of care. The state Medicaid agency must establish the timeframes and method(s) by which notice is provided.”*

As a result, all of the D-SNP contracts under Healthy Blue have been updated to include admission, discharge, and transfer (ADT) notification requirements for both hospitals and skilled nursing facilities (SNFs) in our 2021 D-SNP contracts. These ADT notifications will be required within 24 hours of occurrence and must be shared with the state's Medicaid agency and/or member's Medicaid MCO.

To assist in timely notification and improved coordination, please promptly notifying Healthy Blue upon awareness of admission beginning January 1, 2021. Please note, this reporting requirement does not impact your claim submission or processing.

\* See CMS Informational Bulletin: *Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for State Medicaid Agency Contracts with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021*. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111419-2.pdf>