



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: July 26, 2024
TO: Applicable Integrated Plans
FROM: Lindsay P. Barnette, Director
Models, Demonstrations and Analysis Group, Medicare-Medicaid Coordination Office
SUBJECT: Update to the OMB-Approved Applicable Integrated Plan Coverage Decision Letter

Purpose

The Centers for Medicare & Medicaid Services (CMS) is announcing the release of an updated OMB-approved coverage decision letter and form instructions for dual eligible special needs plans (D-SNPs) that are applicable integrated plans (as defined at 42 CFR 422.561)¹. Applicable integrated plans will begin using the updated coverage decision letter on January 1, 2025.

Background

Applicable integrated plans are D-SNPs and affiliated Medicaid managed care organizations (MCOs) that must meet the unified appeals and grievances procedures defined at 42 CFR 422.629-422.634. Applicable integrated plans are required to issue a coverage decision letter as a result of an integrated organization determination under 42 CFR 422.631 when an applicable integrated plan reduces, stops, suspends, changes or denies, in whole or in part, a request for a service or item (including a Part B drug) or a request for payment of a service or item (including a Part B drug) that the enrollee has already received. Applicable integrated plans will issue the coverage decision letter in place of the Notice of Denial of Medical Coverage (or Payment) (NDMCP) form (CMS-10003; 0938-0829) as part of requirements to unify appeals and grievance processes.

Updates

The following updates were made to the coverage decision letter:

¹ As defined at 42 CFR 422.561, an applicable integrated plan is a D-SNP with exclusively aligned enrollment, such that all D-SNP enrollees also receive Medicaid benefits under the same parent organization.

- On page 2, in the section titled “You have the right to appeal our decision,” the timeframe to file an appeal was updated to 65 calendar days. The Medicare Advantage and Part D 2025 final rule (CMS-4205-F) amended 42 CFR § 422.633(d)(1) and presumes the date of receipt of the adverse integrated organization determination is 5 calendar days after the date of the coverage decision letter. Starting January 1, 2025, enrollees will have 65 calendar days from the date on the coverage decision letter to file an integrated reconsideration.

Resources

The Coverage Decision Letter will be available at <https://www.cms.gov/medicaid-chip/medicare-coordination/qualified-beneficiary-program/d-snp-integration-unified-appeals-grievance-requirements> along with related model notices, guidance, and other resources.

We encourage plans to contact the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov or their account manager with any questions on these models or unified grievances and appeals processes.