

20.2.8.3 – Benefit Flexibility Approval Process

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In order for a D-SNP to offer the flexible supplemental benefits outlined above, D-SNPs shall:

- 1. Submit notification to CMS of their intent to offer flexible supplemental benefits;*
- 2. Receive a CMS determination that the D-SNP is eligible;*
- 3. Submit a bid that incorporates the flexible supplemental benefits the D-SNP intends to offer; and*
- 4. Receive CMS approval of the D-SNP's bid.*

In order for a D-SNP to offer the flexible supplemental benefits, CMS must first determine the D-

SNP meets CMS's eligibility requirements. Each year, CMS issues guidance in HPMS informing D-SNPs of the deadline to request a CMS review of its contract to determine if the D-SNP may offer flexible supplemental benefits as part of their bid for the respective contract year. D-SNPs are required to submit this notification on plan letterhead to CMS's mailbox located at: <https://dmao.lmi.org>. This request should also include the following identifying information:

- Contract Number/ID;*
- Contract Name;*
- Plan Number/ID;*
- Plan Type; and*
- Contract Year for which the D-SNP intends to offer flexible supplemental benefits.*

Once CMS is notified of an existing D-SNP's intent to offer these flexible supplemental benefits, CMS will review the following elements for each requesting D-SNP:

- SMAC;*
- Past performance data, inclusive of star ratings and/or HEDIS measures; and*
- CMS's MOC approval period.*

CMS reviews these elements to render its decision on whether or not the D-SNP meets CMS eligibility requirements. CMS issues a decision on the D-SNP's eligibility through HPMS in advance of the bid submission deadline in order to provide eligible D-SNPs sufficient time to establish any provider contracts that may be necessary in order to offer flexible supplemental benefits.

If CMS deems that a D-SNP is eligible, then the D-SNP may incorporate the flexible supplemental benefits into its bid submission. If CMS deems that a D-SNP is not eligible, then the D-SNP may not incorporate the flexible supplemental benefits into its bid submission.

Eligible D-SNPs that choose to offer flexible supplemental benefits shall include the proposed benefit(s) as a part of their PBPs during bid submission. The plan must attest, at the time of bid submission, that the flexible supplemental benefit(s) described in the PBP does not inappropriately duplicate an existing service(s) that enrollees are eligible to receive under a waiver, the State Medicaid Plan, Medicare Part A or B, or through the local jurisdiction in which they reside. CMS will review the flexible supplemental benefit(s) submitted with the PBPs and determine whether these benefits comply with the requirements.