
42 C.F.R. § 422.107

Requirements for dual eligible special needs plans.

- (a) *Definition.* For the purpose of this section, a contract with a State Medicaid agency means a formal written agreement between an MA organization and the State Medicaid agency documenting each entity's roles and responsibilities with regard to dual eligible individuals.
- (b) *General rule.* MA organizations seeking to offer a dual eligible special needs plan must have a contract consistent with this section with the State Medicaid agency.
- (c) *Minimum contract requirements.* At a minimum, the contract must document—
- (1) The MA organization's responsibility to—
 - (i) Coordinate the delivery of Medicaid benefits for individuals who are eligible for such services; and
 - (ii) If applicable, provide coverage of Medicaid services, including long-term services and supports and behavioral health services, for individuals eligible for such services.
 - (2) The category(ies) and criteria for eligibility for dual eligible individuals to be enrolled under the SNP, including as described in sections 1902(a), 1902(f), 1902(p), and 1905 of the Act.
 - (3) The Medicaid benefits covered under a capitated contract between the State Medicaid agency and the MA organization offering the SNP, the SNP's parent organization, or another entity that is owned and controlled by the SNP's parent organization.
 - (4) The cost-sharing protections covered under the SNP.
 - (5) The identification and sharing of information on Medicaid provider participation.
 - (6) The verification of an enrollee's Medicaid eligibility.
 - (7) The service area covered by the SNP.
 - (8) The contract period for the SNP.
 - (9) For each dual eligible special needs plan that is an applicable integrated plan as defined in § 422.561, a requirement for the use of the unified appeals and grievance procedures under §§ 422.629 through 422.634, 438.210, 438.400, and 438.402.

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