## CY 2021 Denial Notices for Medicare Advantage Organizations Integrating Medicare and Medicaid Benefits

Starting in 2021, certain dual eligible special needs plans (D-SNPs) – specifically some fully integrated special needs plans (FIDE SNPs) and highly integrated special needs plans (HIDE SNPs) – will use specialized denial notices instead of the standard Medicare Advantage denial notices. Medicare-Medicaid Plans (MMPs) and New York MAP plans will continue to use state-specific notices. The table below identifies which version of the denial notice a Medicare Advantage organization should use depending on the type of plan offered.

Note that Part D notices requirements remain the same for all MA plans, including for all D-SNPs and MMPs.

Plan Type	CY 2021 Notice for Denial of an Organization Determination Request	Description
MA organizations offering non D-SNP MA plans	Notice of Denial of Medical Coverage (or Payment) (CMS-10003)	Organizations for this plan type are required to send the Notice of Denial of Medical Coverage (or Payment), also known as the Integrated Denial Notice or IDN, upon denial, in whole or in part, of an enrollee's request for coverage of an item or service, or Part B drug and upon discontinuation or reduction of a previously authorized course of treatment.
		Visit this page to access the current English and Spanish forms and instructions: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MADenialNotices">https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MADenialNotices</a>
D-SNPs without Exclusively Aligned Enrollment <sup>1</sup>	Notice of Denial of Medical Coverage (or Payment) (CMS-10003)	Organizations with this plan type follow the same processes as non-D-SNP MA plans.
		Visit this page to access the current English and Spanish forms and instructions:

<sup>&</sup>lt;sup>1</sup> Exclusively aligned enrollment is when state policy limits a D-SNP's membership to full-benefit dual eligible individuals whose Medicaid benefits are covered under a Medicaid managed care organization owned and controlled by the D-SNP's MA organization, parent organization, or another entity that is owned and controlled by the

D-SNP's parent organization.

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Plan Type	CY 2021 Notice for Denial of an Organization Determination Request	Description
		https://www.cms.gov/Medicare/Medicare- General-Information/BNI/MADenialNotices
Applicable Integrated Plans <sup>2</sup> (FIDE SNPs or HIDE SNPs with exclusively aligned enrollment)	Coverage Decision Letter (CMS-10716)	Effective in 2021, organizations with this plan type will use the Coverage Decision Letter (currently under OMB review) for a denial, in whole or in part, of any item or service (regardless of Medicare or Medicaid coverage), or Part B drug and upon discontinuation or reduction of a previously authorized course of treatment. Organizations with this plan type should not send this letter when the request for a service or item is fully covered by the D-SNP or affiliated MCO, either under the Medicare or Medicaid benefit.
		We will send a Health Plan Management System (HPMS) memorandum upon OMB approval of this notice.
		The draft English and Spanish versions of this letter can be found at: <a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReduction-Actof1995/PRA-Listing-Items/CMS-10716">https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReduction-Actof1995/PRA-Listing-Items/CMS-10716</a>
		We have also created model notices that organizations with this plan type may use, as described in the May 11, 2020 HPMS memorandum. These notices and the accompanying memorandum can be found at: <a href="https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/D-SNPs">https://www.cms.gov/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/D-SNPs</a>
Medicare- Medicaid Plans (MMPs)	State specific version of the Integrated Denial Notice	Each Financial Alignment Initiative (FAI) demonstration has a version of the

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<sup>&</sup>lt;sup>2</sup> Applicable Integrated Plans (as defined at 42 CFR 422.561) and the affiliated Medicaid Managed Care Organizations (MCOs) are required to unify grievance and appeals procedures for Medicare and Medicaid benefits starting in CY 2021.

Plan Type	CY 2021 Notice for Denial of an Organization Determination Request	Description
		Integrated Denial Notice with relevant Medicaid information included.
		FAI demonstrations can find these denial notices, along with additional state specific notices for some demonstrations, at:  https://www.cms.gov/Medicare-Medicaid- Coordination/Medicare-and-Medicaid- Coordination/Medicare-Medicaid- Coordination- Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources
Medicaid Advantage Plus (MAP) Program Demonstration (New York)	Integrated appeals and grievance demonstration notices (CY2020 versions released to MAP plans in November 2019)	The model notices created by CMS and the New York Department of Health for MAP plans (D-SNPs and related Medicaid plans) can be found at:  https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/New-York, under "More Information from CMS on NY Integrated Appeals and Grievances Demonstration: Integrated Beneficiary Notices (ZIP)"