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Working with Medicare Webinar

State Contracting with D-SNPs: Introduction to D-SNPs and D-SNP Contracting Basics

December 13, 2022

1:00-2:00 pm Eastern

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica and the Center for Health Care Strategies.

Integrated Care Resource Center (ICRC) "Working with Medicare" Webinars

- ICRC is an initiative of the Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) that helps states develop integrated programs for people who are dually eligible for Medicare and Medicaid

- Sign up for our email list and view past ICRC e-alerts: https://www.integratedcareresourcecenter.com/about-us/e-alerts

- ICRC Working with Medicare Webinars
  - Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible individuals
  - Webinars in the series include:
    - Medicare 101 and 201
    - Coordination of Medicare and Medicaid Behavioral Health Benefits
    - Medicare and Medicaid Nursing Facility Benefits
    - State Contracting with D-SNPs

Agenda

- Who Are Dually Eligible Individuals?
- Introduction to Dual Eligible Special Needs Plans (D-SNPs) and How D-SNPs Differ from Other Types of Medicare Advantage (MA) Plans
- Basic D-SNP Contracting Principles
- Differences Between Coordination Only (CO) D-SNPs, Highly Integrated D-SNPs (HIDE SNPs), and Fully Integrated D-SNPs (FIDE SNPs)
- Questions and Answers

Presenters

- **Matthew Phan**
  - Center for Health Care Strategies (CHCS)
- **Caitlin Murray**
  - Mathematica
- **Nida Joseph**
  - CHCS
- **Diane Beaver**
  - Mathematica

Who Are Dually Eligible Individuals?

Health Inequities Among and Within Dually Eligible Populations

- Dually eligible individuals are a high-need population
  - 70% have been diagnosed with three or more chronic conditions
  - 41% have a behavioral health disorder
  - Over 40% use long-term services and supports
- Many dually eligible individuals have social risk factors, as well
  - 33% live alone
  - 66% have either no high school diploma or a high school diploma only
- Many are also members of populations that have experienced significant inequities in health care access and delivery
  - Dually eligible individuals are significantly more likely to have a disability and have more medical, social, cognitive, and functional risk factors than their peers with Medicare alone
  - 46% of dually eligible individuals are members of a racial or ethnic minority group vs. 18% of Medicare-only
  - More than 20% have limited English proficiency

Sources: Integrated Care Resource Center. "Dually Eligible Individuals: The Basics." 2022. Available at: https://integratedcareresourcecenter.com/sites/default/files/ICRC_DuallyEligible_Basics.pdf; Johnston & Maddox. "The Role of Social, Cognitive, and Functional Risk Factor in Medicare Spending for Dual and Nondual Enrollees." 2019. Available at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05032; MedPAC and MACPAC. "MedPAC and MACPAC Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid." February 2022. Available at: https://www.medpac.gov/document/february-2022-medpac-and-macpac-data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid/; and Proctor et al. "The Limited English Proficient Population: Describing Medicare, Medicaid, and Dual Beneficiaries." 2018. Available at: https://www.liebertpub.com/doi/full/10.1089/heq.2017.0036

Medicare Savings Programs (MSPs)

- Medicaid programs that assist with some or all of Medicare premiums and/or cost sharing
- There are four MSP groups, each with unique eligibility requirements and benefits:
  - Qualified Medicare Beneficiary (QMB)
    - Covers Medicare Part A and B premiums and cost sharing
  - Specified Low-Income Medicare Beneficiary (SLMB)
    - Covers Medicare Part B premium only
  - Qualified Individual (QI)
    - Covers Medicare Part B premium only
  - Qualified Disabled and Working Individuals (QDWI)
    - Covers Medicare Part A premium only

"Full" vs. "Partial" Benefit Dually Eligible Individuals

Full	Partial

• Comprised of three groups:
  • QMB+
  • SLMB+
  • "Other" FBDEs
• Qualify for full Medicaid benefits, and may qualify for MSP benefits as well
	• Comprised of four groups:
	  • QMB Only
	  • SLMB Only
	  • QI
	  • QDWI
	• Qualify for MSP benefits only

Partial and Full-Benefit Medicaid Payment Responsibility

Categories of Dual Eligibility	Full or Partial?	Medicaid Payment Responsibilities				Percent of All Duals Enrolled in Category (CY 2019)
		Part A premium (when applicable)	Part B premium	Parts A &B cost sharing	Full Medicaid coverage	
Qualified Medicare Beneficiary **(QMB- only)**	Partial	X	X	X		14%
Qualified Medicare Beneficiary Plus **(QMB+)**	Full	X	X	X	X	50.9%
Specified Low-Income Medicare Beneficiary **(SLMB-Only)**	Partial		X			9.4%
Specified Low-Income Medicare Beneficiary Plus **(SLMB+)**	Full		X	Depends on State Plan*	X	2.7%
Qualifying Individual **(QI)**	Partial		X			5.5%
Qualifying Disabled and Working Individual **(QDWI)**	Partial	X				<1%
Full Medicaid benefits only ("Other" FBDEs)	Full		Depends on State Plan*	Depends on State Plan*	X	17.5%

*States can opt to cover Medicare Parts A&B cost-sharing in their state plan for SLMB+ and/or "Other" FBDE categories. If states do not do that, these individuals will have Medicaid coverage as secondary to Medicare for services (and providers) covered by Medicaid.

Sources: CMS. "Dually Eligible Individuals – Categories." Table 1. 2019. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf; Centers for Medicare & Medicaid Services. Medicare-Medicaid Coordination Office. "Eleven-Year Trends Report – Accompanying Data Tables (2006-2019)." Available at: https://www.cms.gov/files/zip/medicaremedicaiddualenrollmenteverenrolledtrendsdata.zip

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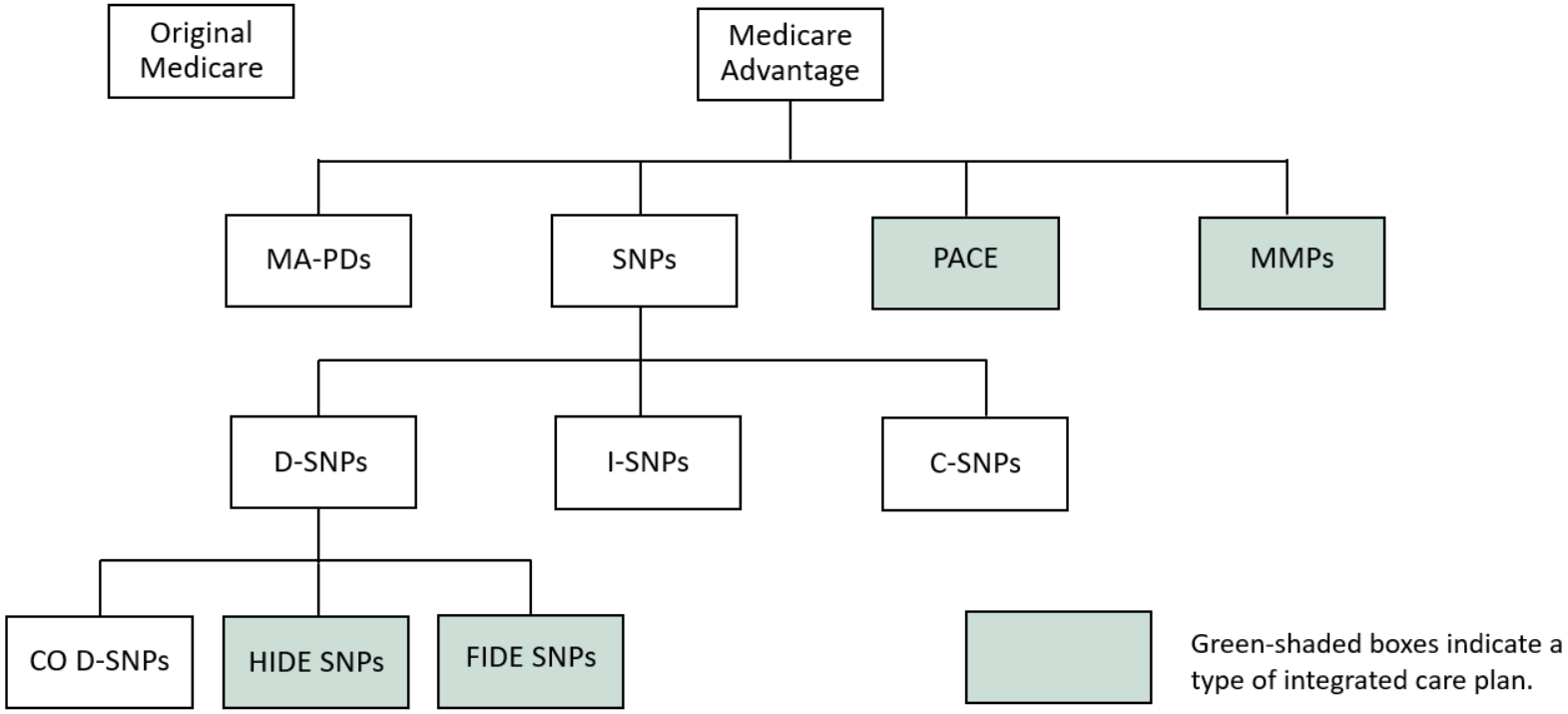
Key Takeaways: Dually Eligible Individuals

- Dually eligible individuals often have significant health needs and face inequities in health care access and delivery that improved care coordination by D-SNPs may help to address.
- There are several different categories of dual eligibility, and each category may be eligible for different types of benefits.
- “Full-benefit” dually eligible individuals are individuals who receive full Medicaid benefits in their state. These individuals may also receive MSP benefits, or they may not. Individuals who only receive MSP benefits, without full Medicaid benefits, are known as “partial-benefit” dually eligible individuals.

Introduction to D-SNPs

Medicare Coverage Options for Dually Eligible Individuals

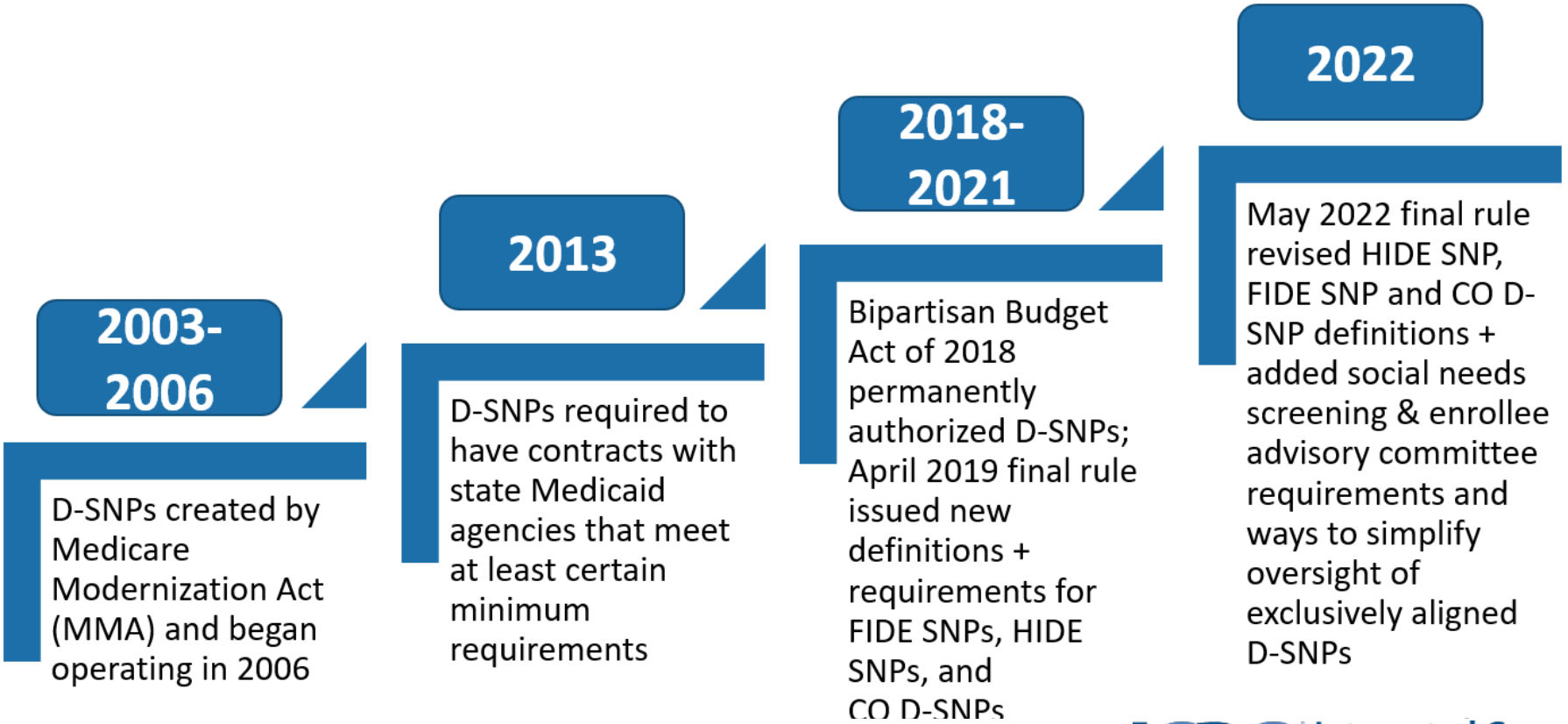


Key: C-SNPs= Chronic Conditions Special Needs Plans; CO-D-SNPs = Coordination Only D-SNPs; D-SNPs = Dual Eligible Special Needs Plans; FIDE SNPs = Fully Integrated Dual Eligible Special Needs Plans; HIDE SNPs = Highly Integrated Special Needs Plans; I-SNPs = Institutional Special Needs Plans; MA-PDs = Medicare Advantage Prescription Drug Plans; MMPs = Medicare-Medicaid Plans; PACE = Program of All-Inclusive Care for the Elderly

Note: Dually eligible individuals who select Original Medicare are automatically enrolled in a Prescription Drug Plan if they do not choose a plan on their own.

What Are D-SNPs?

- A type of Medicare Advantage (MA) managed care plan that only enrolls dually eligible individuals



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How Are D-SNPs Different from Other Medicare Advantage Plans?

Feature	D-SNPs	Medicare Advantage
Must hold contract with Medicare	Yes	Yes
Cover Medicare benefits	Yes	Yes
Offer supplemental benefits (e.g., dental, vision, hearing, transportation)	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements	Yes	No
Tailor benefits specifically for the needs of dually eligible individuals	Yes	No
Coordinate and/or integrate delivery of Medicare and Medicaid benefits (and states can impose additional requirements)	Yes	No
May cover Medicaid benefits	Yes[1]	No
Have a Model of Care (MOC) to describe how the plan with meet the needs of dually eligible individuals	Yes	No
(In 2023) Must establish and maintain at least one enrollee advisory committee in each state where the plan operates	Yes	No
(In 2024) Must collect information about enrollees' transportation, housing, and food security needs during health risk assessments	Yes	No

[1] D-SNPs may do this through the D-SNP or through an affiliated Medicaid managed care plan offered by the same parent company. Not all D-SNPs cover Medicaid benefits.

Essential D-SNP Care Coordination Requirements

Per 42 CFR 422.101(f)(1-3), all Medicare Advantage Special Needs Plans, including D-SNPs, must:

Assess member's physical, psychosocial, and functional needs through initial and annual health risk assessments

- Starting in 2024, plans must incorporate questions into these assessments about members' social needs related to housing, transportation, and food security. Questions must be selected from a list of screening instruments specified by CMS

Develop and implement individualized care plans for each member

- A plan is developed in consultation with the member to identify goals and objectives including measurable outcomes as well as specific services and benefits to be provided

Use interdisciplinary care teams (ICTs) to address member's health and functional needs

- ICTs should include a team of providers with demonstrated expertise and training, and, as applicable, training in a defined role appropriate to their licensure in treating individuals similar to the targeted population of the plan

Use a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA) to "assure an effective care management structure"

- The MOC is a stand-alone document that is separate from contracts with CMS and state Medicaid Agency, and is the basis for D-SNPs' internal care coordination processes

D-SNPs and the Model of Care

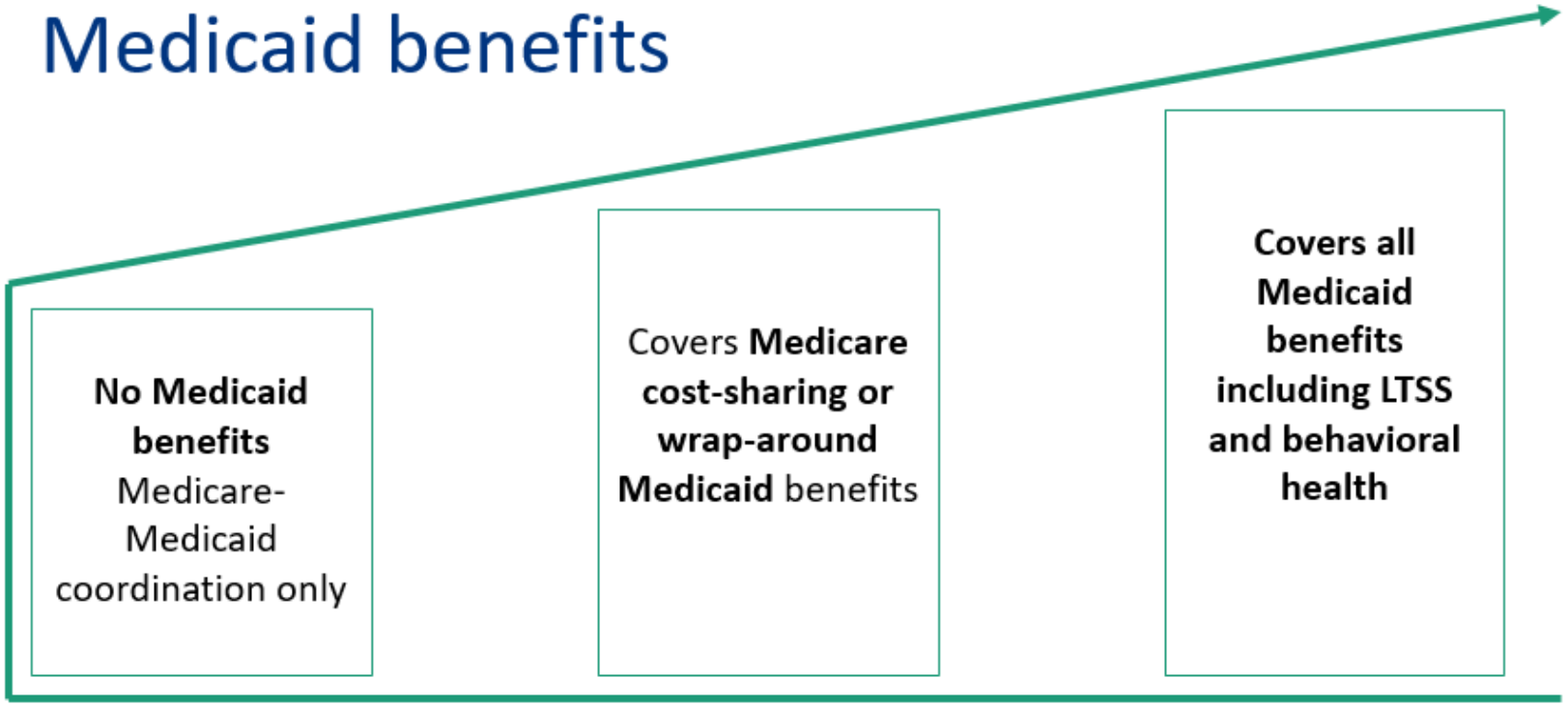
- All D-SNPs must have a **Model of Care (MOC)**

What is a MOC?	What does the MOC include?	Other MOC Requirements

• Framework for how SNP will meet needs of population	• A plan to:
	  • Assess needs
	  • Develop individualized care plans (ICPs)
	  • Establish integrated care teams
	  • Coordinate care
		• Quality measurement
		• Performance improvement plans
		• Health outcome and beneficiary experience monitoring

Medicaid Benefit Integration

- States have a range of options for contracting with D-SNPs to cover Medicaid benefits



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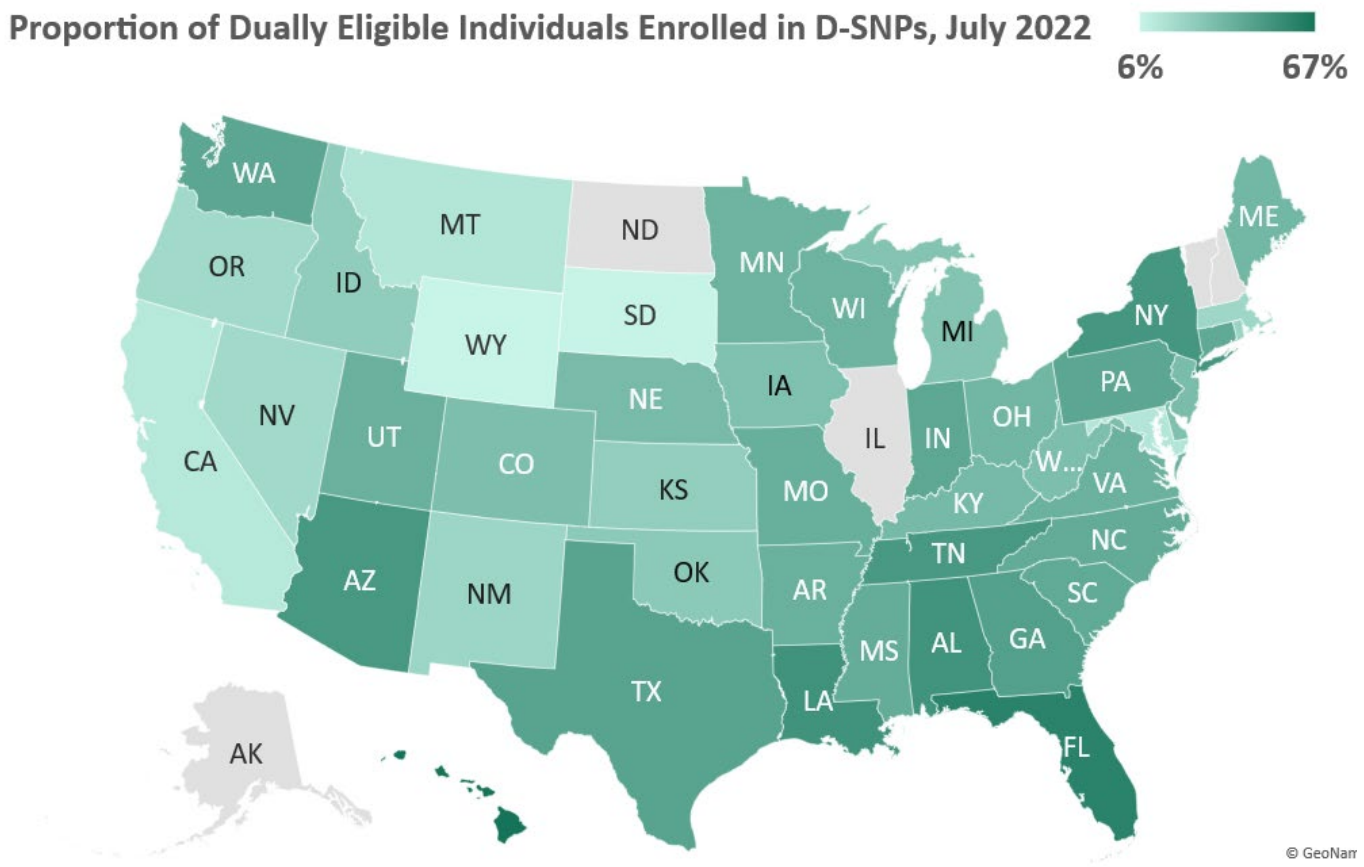
Proportion of Dually Eligible Individuals Enrolled in D-SNPs by State, July 2022



Notes: Puerto Rico not shown. No data available for AK, IL, ND, NH, or VT because those states did not have any D-SNPs in 2018, 2022 or both.

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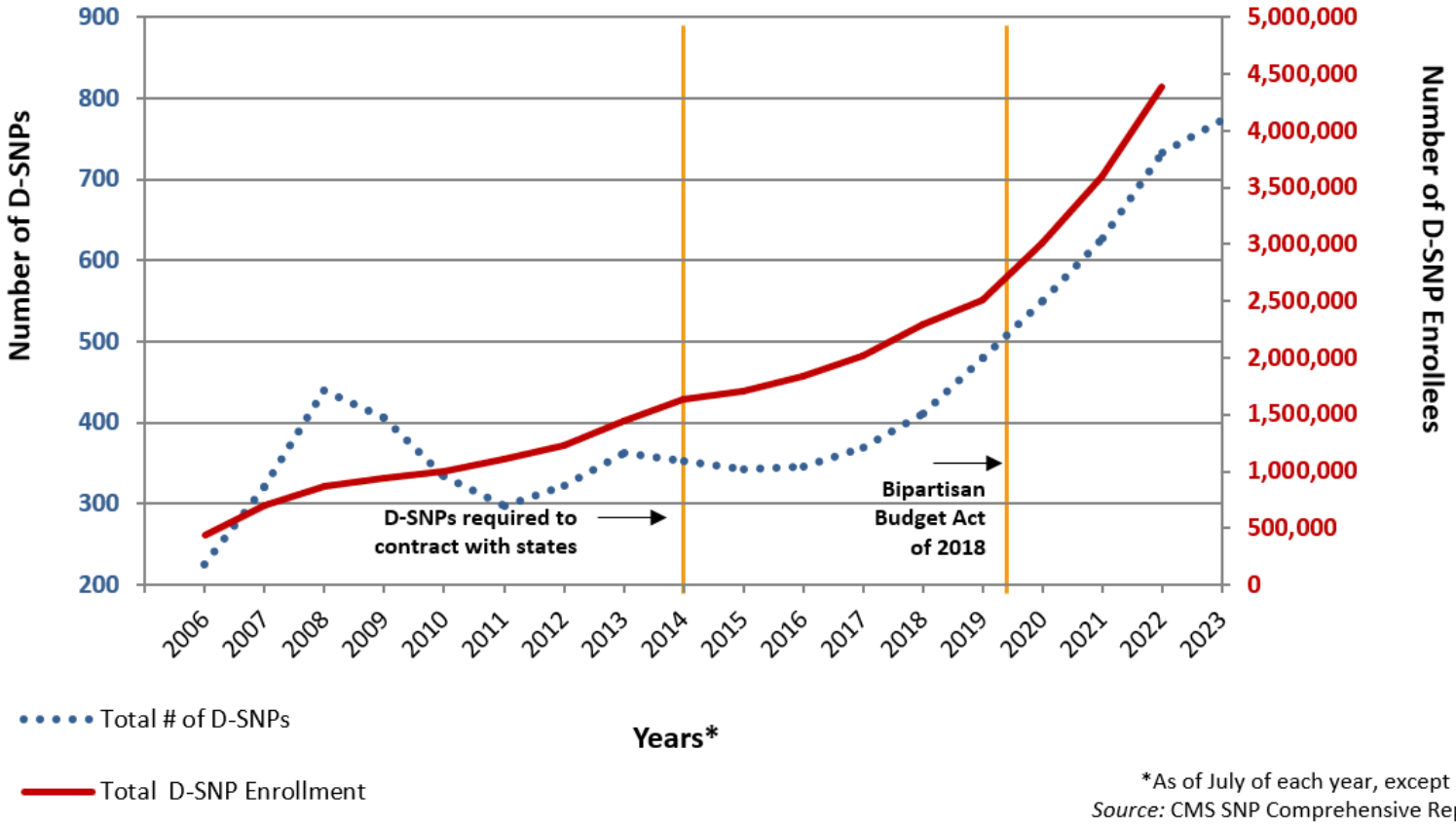
Increase in D-SNPs and D-SNP Enrollment, 2006-2023



*As of July of each year, except 2023
Source: CMS SNP Comprehensive Reports

Sources: CMS SNP Comprehensive Reports. Available at: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html; CMS. "SNP Landscape File." Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn. Data are not final.

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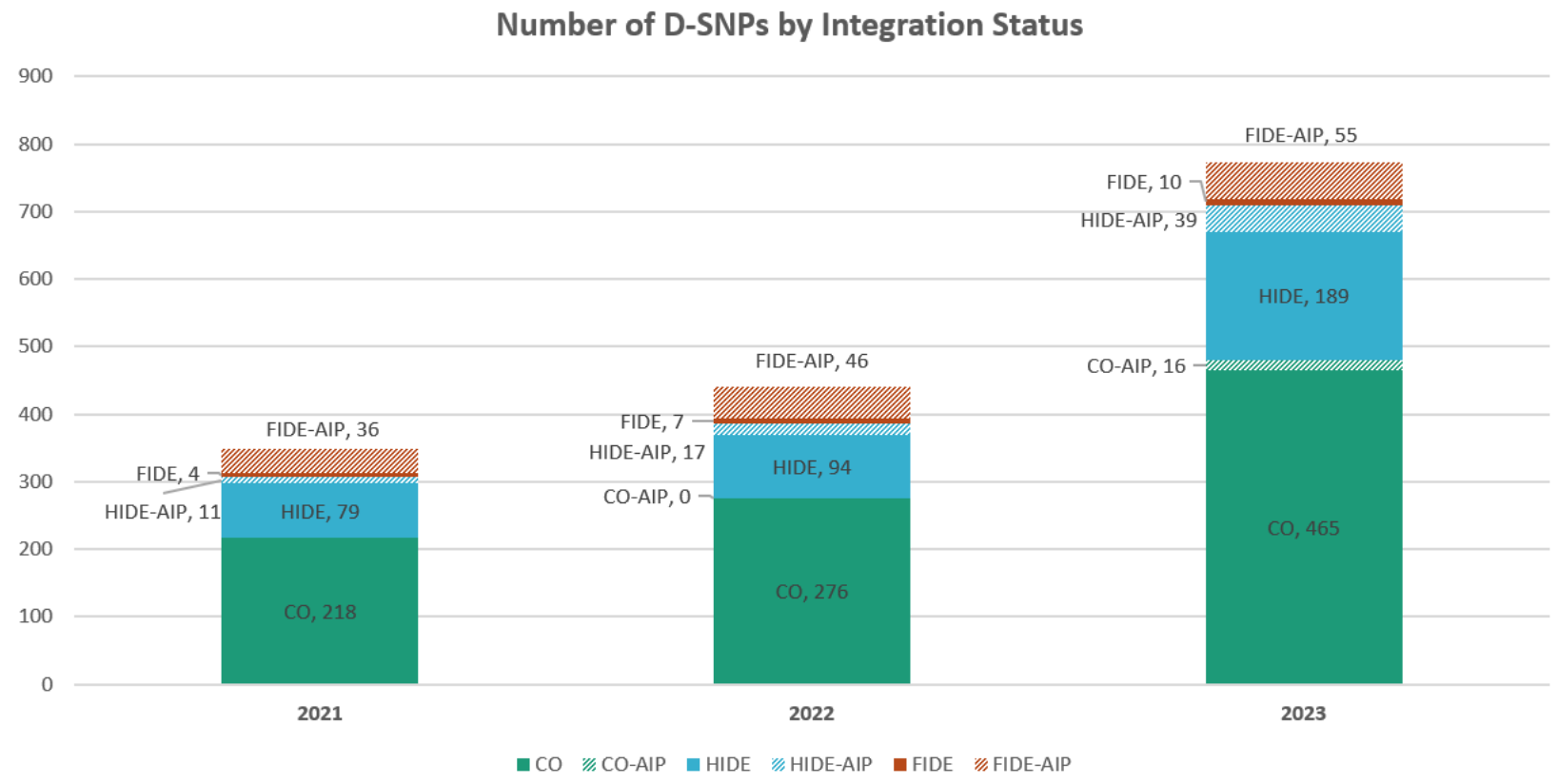
D-SNPs by Type, 2021-2023



Sources: CMS. "SNP Comprehensive Reports." Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data; CMS. "SNP Landscape File." Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn. CMS. "2021 D-SNP Integration Status File." Available at:: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/D-SNPs

Note: 2023 data are not final.

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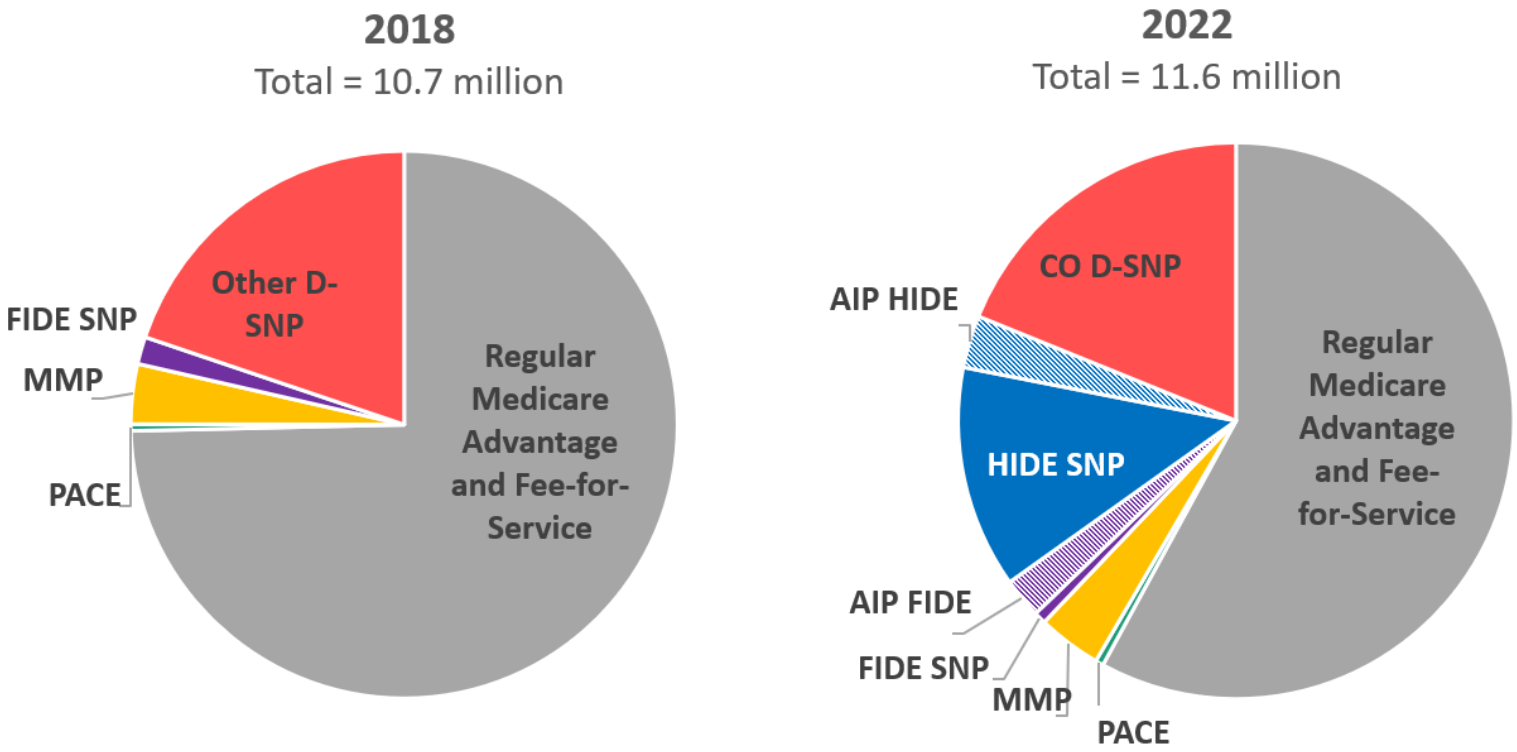
Medicare Enrollment Among Dually Eligible Individuals, 2018 vs. 2022



Notes: D-SNP total does not include FIDE SNP enrollment. No FBDE data were available for PR. D-SNP total includes 14 enrollees in plans with under 22 enrollees in 2018 and 70 in 2022. D-SNP enrollment may include partial benefit dually eligible individuals. MMP = Medicare-Medicaid Plan; PACE = Program All-Inclusive Care for the Elderly

Sources: CMS Monthly Enrollment by Contract, July 2018 and 2022: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Contract; CMS SNP Comprehensive Report, July 2017 and 2022: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data; and CMS Quarterly Enrollment Updates, Mar 2018 and 2022: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

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Key Takeaways: D-SNPs

- D-SNPs are Medicare Advantage Plans that enroll only dually eligible individuals.
- D-SNPs are designed to better coordinate care between Medicare and Medicaid.
- Both the number of D-SNPs and the number of D-SNP enrollees has increased greatly since these plans were first launched in 2006.

Basic D-SNP Contracting Principles

D-SNP Contracts with State Medicaid Agencies

States are NOT required to contract with D-SNPs generally or with particular D-SNPs. States may refuse to contract with certain D-SNPs or with all D-SNPs.

State contracts with D-SNPs must include certain **minimum contract elements**.

States may include **additional requirements** in their contracts with D-SNPs to improve administrative, clinical, and financial integration for enrollees.

Current Minimum Elements – D-SNP Contracts with States Must Include:

"(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.

Source: 42 CFR §422.107(c), as amended by the Final Rule entitled "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021," published at 84 FR 15828.

Current Minimum Elements (cont.) –

(4) The **cost-sharing protections** covered under the SNP.

(5) The identification and sharing of information on Medicaid **provider participation**.

(6) The **verification of 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."

For more information, see this ICRC resource:

- Technical assistance tool, *Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans*

Source: 42 CFR §422.107(c), as amended by the Final Rule entitled "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021," published at 84 FR 15828.

Current Minimum Elements (cont.) –

If the D-SNP is not a FIDE SNP or a HIDE SNP and the D-SNP enrolls at least some full-benefit dually eligible individuals, the D-SNP must notify state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk full-benefit dually eligible D-SNP enrollees identified by the state Medicaid agency.

- In addition to identifying the high-risk group of enrollees for whom the D-SNP must send admission notifications, the state Medicaid agency must also establish in the D-SNP contract the timeframe(s) and method(s) by which this notice will be provided.
- If the D-SNP authorizes another entity or entities to perform this notification, the D-SNP retains responsibility for complying with this requirement.

For more information, see ICRC's *Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans*

Source: 42 CFR §422.107(d)(1), as amended by the Final Rule entitled "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021," published at 84 FR 15828.

Deep Dive – Contract Element #1

What this means: All D-SNPs have to "coordinate" Medicaid benefits, regardless of whether they cover Medicaid benefits

Sample language: The Contractor is responsible for coordinating the delivery of all benefits covered by both Medicare and [Medicaid program name], including when Medicaid benefits are delivered via [Medicaid program name] fee-for-service [insert if applicable: and/or managed care providers]. The Contractor is responsible for coordinating the enrollee's Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

Source: Integrated Care Resource Center. "Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans." May 2020. Available at: https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans

Coordinating Medicaid Benefits

CMS requires D-SNPs to "coordinate" Medicaid benefits for their members, and CMS has noted that "coordination" may encompass "a wide range of activities that a D-SNP may engage in for their dual eligible members," including (but not limited to) the following activities for members identified through health risk assessments and/or individualized care plans as having functional limitations or mental health needs:

Verifying Eligibility	Determining Access	Coordinating Services
Verifying members' eligibility for Medicaid behavioral health and/or long-term services and supports	Determining how members can receive such services (through FFS Medicaid or through another Medicaid managed care product)	Making arrangements with the applicable Medicaid program (state Medicaid agency or managed care plan) for the provision of such services by the appropriate payer or provider.

D-SNPs must also assist members with requesting service authorizations and filing grievances and appeals related to Medicaid services, in accordance with 42 CFR 422.562(a)(5).

Source: CMS. "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021." Federal Register, April 16, 2019. Available at: https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf. *(See pages 15700-15704 for discussion regarding the requirement that D-SNPs coordinate Medicare and Medicaid benefits for their members.)*

Deep Dive – Contract Element #3

What this means: The contract must list all Medicaid benefits covered by the D-SNP or by a Medicaid MCO offered by its parent organization or another entity owned and controlled by its parent organization for the contract year. The contract may include the list of Medicaid benefits in an attachment but must reference the attachment in the body of the contract.

Sample language for contracts with D-SNPs that cover Medicaid benefits: The Contractor shall provide the following [State Medicaid program] services when medically necessary and appropriate: [State must provide a list of all Medicaid covered services to be covered by the D-SNP, using a cross-reference to the list within the contract or a cross-reference to the appendix within the contract.]

Sample language for contracts with D-SNPs that do not cover Medicaid benefits: The Contractor will not be required to provide or pay for any specific Medicaid benefits under this Agreement.

Sources: Integrated Care Resource Center. "Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans." May 2020. Available at: https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans and ICRC review of state contracts with D-SNPs

Deep Dive – Contract Element #4

What this means: The contract should also describe the entity responsible for Medicaid coverage of Medicare cost sharing.

Sample language for contracts where the *state* covers Medicare cost-sharing: [The state Medicaid agency] will retain financial responsibility for applicable Medicaid Cost Sharing Obligations, including coordination of benefits, coinsurance and/or copayments to healthcare providers as detailed in the State Plan. Providers will submit claims eligible for coordination of cost sharing directly to [the state Medicaid agency] for payment of any applicable payments as determined by [the state Medicaid agency].

Sample language for contracts where the *Medicaid plan* covers Medicare cost-sharing: The D-SNP is not responsible to provide or pay for Medicaid benefits or Medicare cost sharing obligations where the Department or a [Medicaid managed care plan] holds that obligation. [Medicaid managed plans] are responsible to pay Medicare cost sharing obligations for [Medicaid managed care plan] members. For non-[Medicaid managed plan] members, the Department will continue to process cost sharing obligations through the crossover claims process.

Sample language for contracts where the *D-SNP* covers Medicare cost-sharing: The Contractor shall track and pay all eligible providers the cost-sharing obligations incurred on behalf of enrolled dually eligible beneficiaries with applicable Medicaid eligibility categories covered under this Contract.

Sources: ICRC TA Tool: *Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans* (May 2020) https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans and ICRC review of state contracts with D-SNPs

Key Medicare Advantage Dates

**Dates important to states are in bold*

Month	Medicare Advantage (MA) Activity
January	• Jan 1st enrollment effective date for all MA plans • Annual Medicare Part D plan reassignment occurs for individuals with Low-Income Subsidy coverage (including dually eligible individuals) • Release of MA plan applications
February	• **MA applications due to CMS for the calendar year following the year of application (for example, applications submitted in February 2023 will be for contract year 2024)**
April	• Launch of the plan benefit package (PBP) module in the CMS Health Plan Management System (HPMS)
July	• **MA organizations must submit D-SNP State Medicaid Agency contracts to CMS**
August	• D-SNPs work with CMS and states to address deficiencies in State Medicaid Agency contracts
September	• CMS executes contracts with MA plans, including D-SNPs • Annual notice of change/ evidence of coverage documents sent to current MA plan enrollees • Plan preview periods of Part C & D Star Ratings in HPMS
October	• **Start of Medicare Annual Election Period (Oct 15th)** • **Final Medicare Stars ratings for upcoming year go live on Medicare.gov**
November	• **Notice of intent to apply (NOIA) from D-SNP applicants due to CMS** (e.g., due in Nov 2022 for CY 2024)
December	• **End of Medicare Annual Election Period (Dec 7th)**

What states new to D-SNP contracting need to know: D-SNPs enter and leave states based on the Medicare contracting schedule; may not be the same as the state Medicaid contracting schedule

Source: Integrated Care Resource Center. "Key 2022 Medicare Dates." February 2022. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_Key_2022_Medicare_Advantage_Dates_0.pdf

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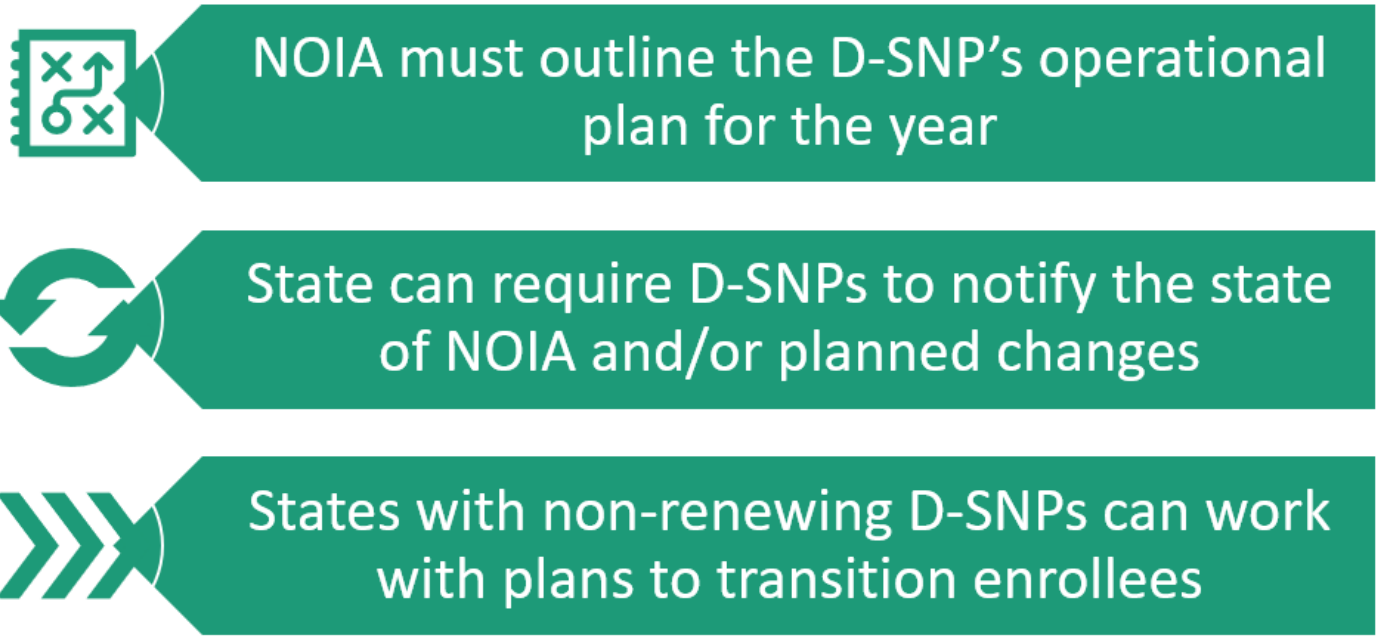
Key Date: Notice of Intent to Apply

Activity: Notice of intent to apply (NOIA) from D-SNP applicants due to CMS in November for the contract year beginning a little over a year later. NOIAs in November 2023 are for the contract year beginning in 2025.



Source: Integrated Care Resource Center. "Key Medicare Advantage Dates and Action Items for States Contracting with Dual Eligible Special Needs Plans." September 2017. Available at: http://www.integratedcareresourcecenter.com/PDFs/Key_MA_Dates_for_States_Contracting_with_D-SNPs.pdf

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Key Takeaways: Basic D-SNP Contracting Principles

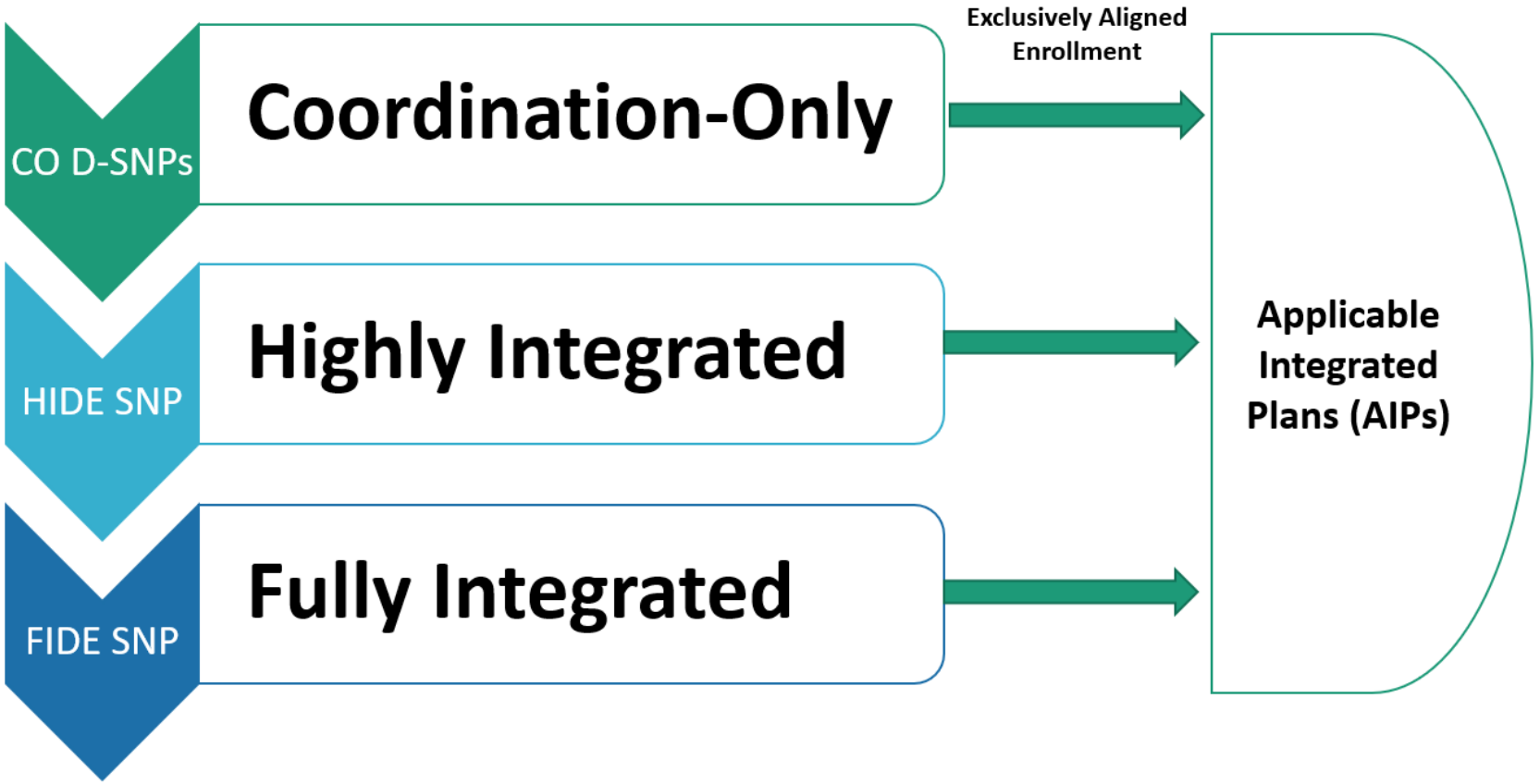
- States are not required to contract with D-SNPs, and states have the authority to deny contracts to potential D-SNPs.

- State contracts with D-SNPs must include at least certain minimum contract elements, but states may also include additional requirements to improve administrative, clinical, and financial integration for enrollees.

- D-SNPs enter and leave states based on the Medicare contracting schedule, which may not be the same as the state Medicaid contracting schedule.

Differences Between CO D-SNPs, HIDE SNPs, and FIDE SNPs

What Are the Designations of D-SNPs?



For more information, see Weir Lakhmani, E. "Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025." Integrated Care Resource Center. December 2022. Available at: https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023

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What Is a Coordination-Only D-SNP?

Current Requirements

- Coordination-only (CO) D-SNPs are D-SNPs that meet minimum CMS requirements but do not qualify as a HIDE SNP or FIDE SNPs
- CO D-SNPs must at least coordinate Medicaid benefits
- CO D-SNPs must notify the state of hospital/SNF admissions for at least one group of high-risk full-benefit dually eligible enrollees

Upcoming Changes

- All D-SNPs must operate at least one enrollee advisory committee in each state of operation (2023)
- All D-SNPs must screen members for housing, transportation, and food security needs during health risk assessment (2024)

Source: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." *Federal Register*, May 9, 2022. Available a:t https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

What Is a Highly Integrated D-SNP?

Current Requirements

- Highly Integrated D-SNPs (HIDE SNPs) are D-SNPs that provide coverage of Medicaid benefits, including coverage of long-term services and supports, behavioral health benefits, or both, under a capitated contract with the state Medicaid agency in the applicable state.

Upcoming Changes

- Upcoming changes shown for CO D-SNPs also apply to all HIDE SNPs (enrollee advisory committee, social needs screening requirements).
- HIDE SNP's capitated contract with the state Medicaid agency (for coverage of the required Medicaid benefits) must cover the **entire service area** of the D-SNP starting in 2025.

Source: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." *Federal Register*, May 9, 2022. Available at: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

What Is a Fully Integrated D-SNP?

Current Requirements

- Fully Integrated D-SNPs (FIDE SNPs) are D-SNPs that provide coverage of Medicare and Medicaid benefits under a single legal entity that holds both an MA contract with CMS and a capitated Medicaid contract with the state Medicaid agency.
- FIDE SNPs must: (1) cover Medicaid primary and acute care services and LTSS, including at least 180 days of nursing facility coverage during the plan year; (2) coordinate Medicare and Medicaid benefits using aligned care management and specialty care network methods for high-risk beneficiaries; and (3) coordinate or integrate beneficiary communication materials, enrollment, communications, grievances and appeals, and quality improvement.

Upcoming Changes

- In addition to meeting the enrollee advisory committee and social needs screening requirements already described, starting in 2025, FIDE SNPs must:
  - Cover the following additional Medicaid benefits: Medicare cost sharing; behavioral health services; home health services; and medical equipment, supplies and appliances
  - Have a capitated contract with the state Medicaid agency (for coverage of the required Medicaid benefits) that covers the entire service area of the D-SNP; and
  - Operate with exclusively aligned enrollment

Source: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." *Federal Register*, May 9, 2022. Available at: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

What Are Applicable Integrated Plans (AIPs)?

- **AIPs** are D-SNPs that operate with **exclusively aligned enrollment** and cover at least certain Medicaid benefits.
- AIPs must implement **unified plan-level appeal and grievance processes** that are easier for plan members to navigate than separate Medicare and Medicaid appeal and grievance processes [42 CFR 422.107(c)(9)]

In 2022:
Only HIDE SNPs and FIDE SNPs can be AIPs.

Starting in 2023, AIP D-SNPs can be either:

- A FIDE SNP or HIDE SNP with exclusively aligned enrollment **OR**
- A CO D-SNP with exclusively aligned enrollment that covers **Medicaid primary and acute care benefits and Medicare cost sharing,** and **at least one of the following additional Medicaid benefits**: behavioral health services; LTSS; home health services; or medical supplies, equipment and appliances

Source: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs." *Federal Register*, May 9, 2022. Available at: https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and

Key Takeaways: Differences in D-SNP Types

- CO D-SNPs need meet only minimum CMS requirements but still offer opportunities for improved care coordination and experience of care for enrollees.
- New requirements for HIDE SNPs and FIDE SNPs will begin in 2025 and increase the ability of these plans to provide integrated care.
- AIPs are D-SNPs that operate with exclusively aligned enrollment and cover at least certain Medicaid benefits; beginning in 2023, CO D-SNPs, can be AIPs in addition to HIDE SNPs and FIDE SNPs.

Part 2: Using D-SNPs to Integrate Care for Dually Eligible Individuals

Date: December 15, 1:00-2:00pm ET

What to expect:

- State contracting and policy approaches to promote integrated Medicare and Medicaid benefits through D-SNPs, in states with and without managed care
- An overview of useful contract provisions—beyond the minimum requirements—that states may use to drive integration of Medicare and Medicaid benefits in D-SNPs
- How to incorporate D-SNPs into Medicaid quality oversight activities

Appendix

D-SNP Enrollment by State, 2018 vs. 2022

State	# of D-SNP Enrollees, July 2022	% Change in D-SNP Enrollment, 2018-2022	Proportion of Dually Eligible Individuals Enrolled in D-SNPs, July 2022	% Change in Proportion of Dually Eligible Individuals Enrolled in D-SNPs, 2018-2022
AK	*n/a*	*n/a*	*n/a*	*n/a*
AL	113,783	88%	52.3%	83%
AR	53,348	165%	38.3%	146%
AZ	120,541	27%	49.9%	14%
CA	178,595	38%	11.6%	29%
CO	41,998	241%	31.3%	193%
CT	77,724	210%	41.4%	189%
DC	12,762	31%	36.5%	21%
DE	10,017	64%	30.8%	52%
FL	551,576	76%	60.2%	53%
GA	168,343	137%	45.8%	111%
HI	30,698	37%	67.4%	20%
IA	27,238	771%	30.6%	716%
ID	12,710	250%	24.8%	217%
IL	*n/a*	*n/a*	*n/a*	*n/a*

Note: States with "n/a" for all columns did not have D-SNPs in 2018 or 2022. States with "n/a" only in the percent change columns did not have D-SNPs in 2018.

D-SNP Enrollment by State, 2018 vs. 2022, *continued*

State	# of D-SNP Enrollees, July 2022	% Change in D-SNP Enrollment, 2018-2022	Proportion of Dually Eligible Individuals Enrolled in D-SNPs, July 2022	% Change in Proportion of Dually Eligible Individuals Enrolled in D-SNPs, 2018-2022
IN	95,042	716%	42.5%	642%
KS	16,580	456%	24.2%	421%
KY	68,416	425%	33.7%	340%
LA	124,494	158%	52.6%	138%
MA	65,045	29%	20.0%	20%
MD	20,033	333%	12.7%	300%
ME	31,363	486%	35.0%	460%
MI	95,895	419%	29.0%	385%
MN	52,581	24%	36.9%	20%
MO	74,387	214%	38.9%	188%
MS	65,154	212%	39.9%	207%
MT	3,885	683%	12.9%	611%
NC	138,216	250%	40.4%	235%
ND	*n/a*	*n/a*	*n/a*	*n/a*
NE	13,757	279%	33.2%	256%

Note: States with "n/a" for all columns did not have D-SNPs in 2018 or 2022. States with "n/a" only in the percent change columns did not have D-SNPs in 2018.

D-SNP Enrollment by State, 2018 vs. 2022, *continued*

State	# of D-SNP Enrollees, July 2022	% Change in D-SNP Enrollment, 2018-2022	Proportion of Dually Eligible Individuals Enrolled in D-SNPs, July 2022	% Change in Proportion of Dually Eligible Individuals Enrolled in D-SNPs, 2018-2022
NH	*n/a*	*n/a*	*n/a*	*n/a*
NJ	74,413	95%	32.4%	85%
NM	21,133	-14%	20.6%	-18%
NV	14,622	n/a	18.8%	n/a
NY	489,329	75%	50.6%	60%
OH	140,707	253%	35.5%	227%
OK	32,298	1439%	26.4%	1349%
OR	28,406	29%	18.8%	13%
PA	204,307	51%	42.8%	46%
PR	289,834	4%	n/a	n/a
RI	9,758	281%	21.4%	242%
SC	71,579	121%	41.3%	108%
SD	1,253	*n/a*	6.1%	*n/a*
TN	136,012	34%	49.8%	30%
TX	327,671	82%	44.3%	73%

Note: States with "n/a" for all columns did not have D-SNPs in 2018 or 2022. States with "n/a" only in the percent change columns did not have D-SNPs in 2018.

D-SNP Enrollment by State, 2018 vs. 2022, *continued*

State	# of D-SNP Enrollees, July 2022	% Change in D-SNP Enrollment, 2018-2022	Proportion of Dually Eligible Individuals Enrolled in D-SNPs, July 2022	% Change in Proportion of Dually Eligible Individuals Enrolled in D-SNPs, 2018-2022
UT	16,046	100%	38.1%	82%
VA	76,245	298%	37.7%	273%
VT	n/a	n/a	n/a	n/a
WA	91,280	121%	42.8%	100%
WI	67,978	108%	36.9%	90%
WV	27,551	2413%	31.5%	2247%
WY	642	n/a	5.7%	n/a

Note: States with "n/a" for all columns did not have D-SNPs in 2018 or 2022. States with "n/a" only in the percent change columns did not have D-SNPs in 2018.

Basic D-SNP Contracting Resources for States

- **Key 2022 Medicare Advantage Dates** (ICRC/March 2022) Provides key Medicare Advantage dates to assist states and health plans in the implementation of integrated Medicare and Medicaid programs for people dually eligible for Medicare and Medicaid. https://www.integratedcareresourcecenter.com/resource/key-2022-medicare-advantage-dates
- **Sample Language for State Medicaid Agency Contracts with D-SNPs** (ICRC/May 2020) Provides sample contract language that states can use in their D-SNP contracts to comply with CMS requirements. https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans
- **State Contracting with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs): Issues and Options** (ICRC/November 2016) Analyzes the D-SNP contracts in 13 states, providing guidance and examples for states that are interested in beginning or expanding D-SNP contracting efforts. http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Issues__Options.pdf
- **Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025** (ICRC/December 2022) summarizes the updated definitions of FIDE SNPs, HIDE SNPs, CO D-SNPs, and AIPs for 2023 and compares the requirements for each D-SNP type. https://www.integratedcareresourcecenter.com/resource/definitions-different-medicare-advantage-dual-eligible-special-needs-plan-d-snp-types-2023
- **State Medicaid Managed Long-Term Services and Supports Programs: Considerations for Contracting with Medicare Advantage Dual Eligible Special Needs Plans** (Center for Health Care Strategies/November 2016) Explores state considerations for requiring D-SNPs to become Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and examines the varying levels of alignment possible through D-SNP contracting. https://www.chcs.org/resource/state-medicaid-managed-long-term-services-supports-programs-considerations-contracting-medicare-advantage-dual-eligible-special-needs-plans/
- **State and Health Plan Strategies to Grow Enrollment in Integrated Managed Care Plans for Dually Eligible Beneficiaries** (ICRC/June 2017) Outlines a variety of actions that states and health plans can take to support enrollment growth in integrated care programs. http://www.integratedcareresourcecenter.com/PDFs/ICRC_Growing_Enrollment_in_Integrated_Managed_Care_Plans_FINAL_6-01-17.pdf

Tips to Improve Medicare-Medicaid Integration Using D-SNPs

- **Medicare Basics: An Overview for States Seeking to Integrate Care for Medicare-Medicaid Enrollees** (ICRC/June 2017) Helps states better structure and coordinate the Medicaid benefits they offer to Medicare-Medicaid enrollees by providing them with basic information on the Medicare program, the services it covers, and the process used to set rates. https://www.integratedcareresourcecenter.com/content/medicare-basics-overview-states-seeking-integrate-care-medicare-medicaid-enrollees
- **Promoting Aligned Enrollment** (ICRC/April 2018) Outlines tips for promoting aligned enrollment in states looking to integrate care for dually eligible beneficiaries using contracting strategies that maximize the opportunity for D-SNPs and Medicaid managed care plans. https://www.integratedcareresourcecenter.com/resource/tips-improve-medicare-medicaid-integration-using-d-snps-promoting-aligned-enrollment
- **Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries** (ICRC/May 2019) Summarizes default enrollment requirements and state roles in the default enrollment approval and implementation process. https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries
- **Integrating Medicaid Managed Long-Term Services and Supports into D-SNP Models of Care** (ICRC/June 2019) Outlines the benefits of integrated MOCs, lists the steps in developing and implementing an integrated MOC, and provides examples of state-specific elements that Massachusetts and Minnesota require D-SNPs to include in their MOCs. https://www.integratedcareresourcecenter.com/resource/tips-improve-medicare-medicaid-integration-using-d-snps-integrating-medicaid-managed-long
- **Designing an Integrated Summary of Benefits Document** (ICRC/June 2018) Describes how states can start to improve member materials by using contractual requirements to ensure that Medicare and Medicaid benefit information for aligned plans is incorporated into a single, streamlined Summary of Benefits document. https://www.integratedcareresourcecenter.com/PDFS/DSNP_SB_Tip_Sheet.pdf

Tips to Improve Medicare-Medicaid Integration Using D-SNPs

- **Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Strategies for States** (ICRC/March 2022) Summarizes steps that states can take in partnership with D-SNPs to: (1) prevent unnecessary Medicaid eligibility loss among dually eligible populations; and (2) mitigate the impact of temporary Medicaid eligibility losses among D-SNP enrollees when such losses occur. https://www.integratedcareresourcecenter.com/resource/preventing-and-addressing-unnecessary-medicaid-eligibility-churn-among-dually-eligible

- **Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits (ICRC/May 2022) P**rovides an overview of how exclusively aligned enrollment promotes integration of Medicare and Medicaid benefits within Dual Eligible Special Needs Plans (D-SNPs) and key considerations for states in designing and implementing exclusively aligned enrollment. https://www.integratedcareresourcecenter.com/webinar/exclusively-aligned-enrollment-101-considerations-states-interested-leveraging-d-snps

Using D-SNPs to Improve Care Coordination for Dually Eligible Individuals

- **Information Sharing to Improve Care Coordination for High-Risk D-SNP Enrollees: Key Questions for State Implementation** (ICRC/September 2019) Offers key questions and considerations that states can review as they begin working with Dual Eligible Special Needs Plans (D-SNPs) and other parties to design and implement information-sharing requirements. https://www.integratedcareresourcecenter.com/resource/information-sharing-improve-care-coordination-high-risk-dual-eligible-special-needs-plan
- **Promoting Information Sharing by D-SNPs to Improve Care Transitions: State Options and Considerations** (ICRC/August 2019) Examines the approaches used by three states – **Oregon, Pennsylvania**, and **Tennessee** – to develop and implement information-sharing processes for their Dual Eligible Special Needs Plans (D-SNPs) that support care transitions. https://www.integratedcareresourcecenter.com/resource/promoting-information-sharing-dual-eligible-special-needs-plans-improve-care-transitions
- **State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs** (ICRC/December 2019) Discusses four options that states can use to provide information to D-SNPs about their enrollees' Medicaid enrollment and/or service use, in order to promote D-SNP coordination of Medicaid services for their members. https://www.integratedcareresourcecenter.com/resource/state-options-and-considerations-sharing-medicaid-enrollment-and-service-use-information-d

Quality Oversight Resources

- **How States Can Monitor Dual Eligible Special Needs Plan (D-SNP) Performance: A Guide to Using CMS Data Resources** (ICRC/January 2018) Shows how states can use data from the Centers of Medicare and Medicaid to create tables, graphs, and figures and interpret their meaning in order to assess D-SNP performance. https://integratedcareresourcecenter.com/resource/how-states-can-monitor-dual-eligible-special-needs-plan-performance-guide-using-cms-data

- **Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Using Medicare Program Audit Reports to Improve Managed Care Organization Oversight** (ICRC/June 2018) Describes how states can use the results of Medicare program audits to identify performance issues impacting dually eligible beneficiaries' receipt of care coordination, long-term services and supports, durable medical equipment, and other services, and incorporate that information into their audit and oversight activities. https://integratedcareresourcecenter.com/sites/default/files/ICRC_DSNP_TipSheet_Using_Audit_Reports_June_2018_0.pdf

- **D-SNP Performance Monitoring and Oversight: State Experiences and CMS Resources** (ICRC/April 2019) Covers resources and strategies available to states to begin or improve D-SNPs oversight. https://integratedcareresourcecenter.com/webinar/d-snp-performance-monitoring-and-oversight-state-experiences-and-cms-resources

- **How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance** (ICRC/October 2020) Describes the Star Ratings process and how states can use this information for D-SNP oversight. https://integratedcareresourcecenter.com/resource/how-states-can-use-medicare-advantage-star-ratings-assess-d-snp-quality-and-performance

Using Data to Identify Dually Eligible Individuals and Dually Eligible Individuals in "Aligned" D-SNPs and Medicaid Managed Care Plans

- **Using Medicare Modernization Act (MMA) Files to Identify Dually Eligible Individuals.** (ICRC/July 2020) Explains how states can identify Medicaid enrollees who are currently dually eligible, as well as Medicaid enrollees who will become dually eligible in the next three months (known as "prospective" dually eligible individuals) though the MMA files, and it discusses why more frequent exchange of these files with CMS can be beneficial for both states and dually eligible individuals. https://www.integratedcareresourcecenter.com/resource/using-medicare-modernization-act-mma-files-identify-dually-eligible-individuals

- **State Guide to Identifying Aligned Enrollees: How to Find Medicare Plan Enrollment for Dually Eligible Individuals in Medicaid Managed Care Plans.** (ICRC/July 2020) https://www.integratedcareresourcecenter.com/resource/state-guide-identifying-aligned-enrollees-how-find-medicare-plan-enrollment-dually

ICRC is Here to Help

Interested in further integration?
ICRC is available to provide one-on-one technical assistance to states seeking to further integrate care for dually eligible populations.
Email ICRC@chcs.org