ICRC | Integrated Care Resource Center

Working with Medicare

State Contracting with D-SNPs: Using D-SNPs to Integrate Care for Dually Eligible Individuals

December 15, 2022

1:00-2:00 pm Eastern Time

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

- Key Takeaways from D-SNP Contracting 101 Webinar held on December 13th
- Using State Medicaid Agency Contracts (SMACs) with D-SNPs to Improve Coordination of Medicare and Medicaid Benefits
- State Contracting and Policy Approaches to Promote Aligned Enrollment in Integrated D-SNPs
- Incorporating D-SNPs into Medicaid Quality Oversight Activities
- Questions and Answers

Presenters

- **Molly Knowles**
  - Center for Health Care Strategies (CHCS)
- **Lida Momeni**
  - CHCS
- **Ryan Stringer**
  - Mathematica

Key Takeaways from D-SNP 101 Webinar

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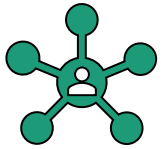
Key Takeaways: Introduction to D-SNPs and D-SNP Contracting Basics

- There are several different categories of dual eligibility, and each category may be eligible for different types of benefits.

- "Full-benefit" dually eligible individuals receive full Medicaid benefits in their state. They may or may not also receive Medicare Savings Program (MSP) benefits. Individuals who only receive MSP benefits, without full Medicaid benefits, are known as "partial-benefit" dually eligible individuals.
- 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.

Key Takeaways: Introduction to D-SNPs and D-SNP Contracting Basics

- 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.
- 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.

Using State Medicaid Agency Contracts (SMACs) with D-SNPs to Improve Coordination of Medicare and Medicaid Benefits

States Can Use SMAC Requirements to…

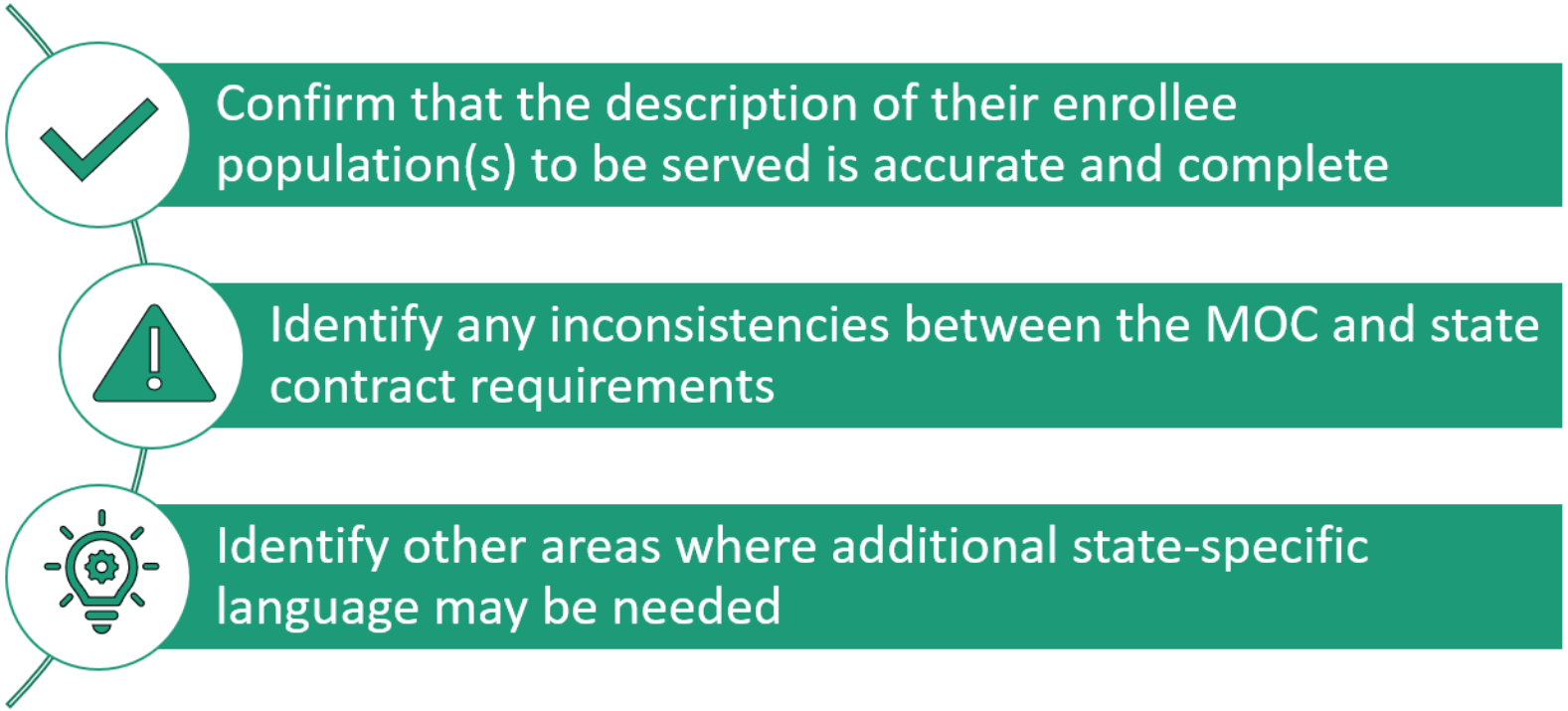
- Improve care coordination
  - Integrate Medicaid requirements into D-SNP Models of Care (MOCs)
  - Incorporate state-specific care coordination standards into SMACs
- Promote use of clear, accurate enrollee materials
- Require D-SNPs to cover Medicaid benefits
- Align Enrollment with Medicaid MCOs

Integrate Medicaid Requirements into D-SNP Models of Care (MOCs)

- **All Special Needs Plans (SNPs), including D-SNPs, must have a Model of Care (MOC)**
  - Stand-alone matrix that is the basis for D-SNPs' internal care coordination processes
  - Must be approved by National Committee for Quality Assurance (NCQA)
  - Describes how the plan will assess beneficiary needs; develop individualized care plans (ICPs); establish and utilize integrated care teams (ICTs); and coordinate care, including during care transitions
  - MOCs are created at the contract level by SNP type

Integrate Medicaid Requirements into D-SNP MOCs *(continued)*

- States can require D-SNPs to submit their MOCs to the state, and then **review the MOCs** to:



Integrate Medicaid Requirements into D-SNP MOCs *(continued)*

- States can require MOCs to include **state-specific provisions** aimed at better coordinating Medicare and Medicaid services. **Examples include:**

Incorporating information about state Medicaid and/or long-term services and supports (LTSS) programs and requirements into **training for care coordination staff**

Ensuring that **Individualized Care Plans** integrate Medicare and Medicaid services, address state-required care plan elements, and address processes for coordinating medical and social services

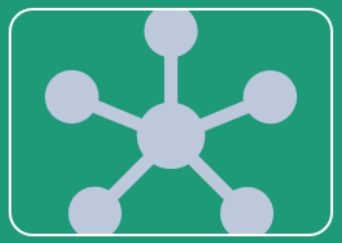
Communicating information about Medicaid services (particularly LTSS) to **primary care providers** and other members of the **integrated care team**

Coordinating delivery of LTSS or other key services during **discharge/care transitions**

Incorporate State-Specific Care Coordination Standards into SMACs

Balance specificity and flexibility

- Enough prescriptiveness to establish clear minimum standards
- Enough flexibility to allow D-SNPs to respond creatively to individual members' needs



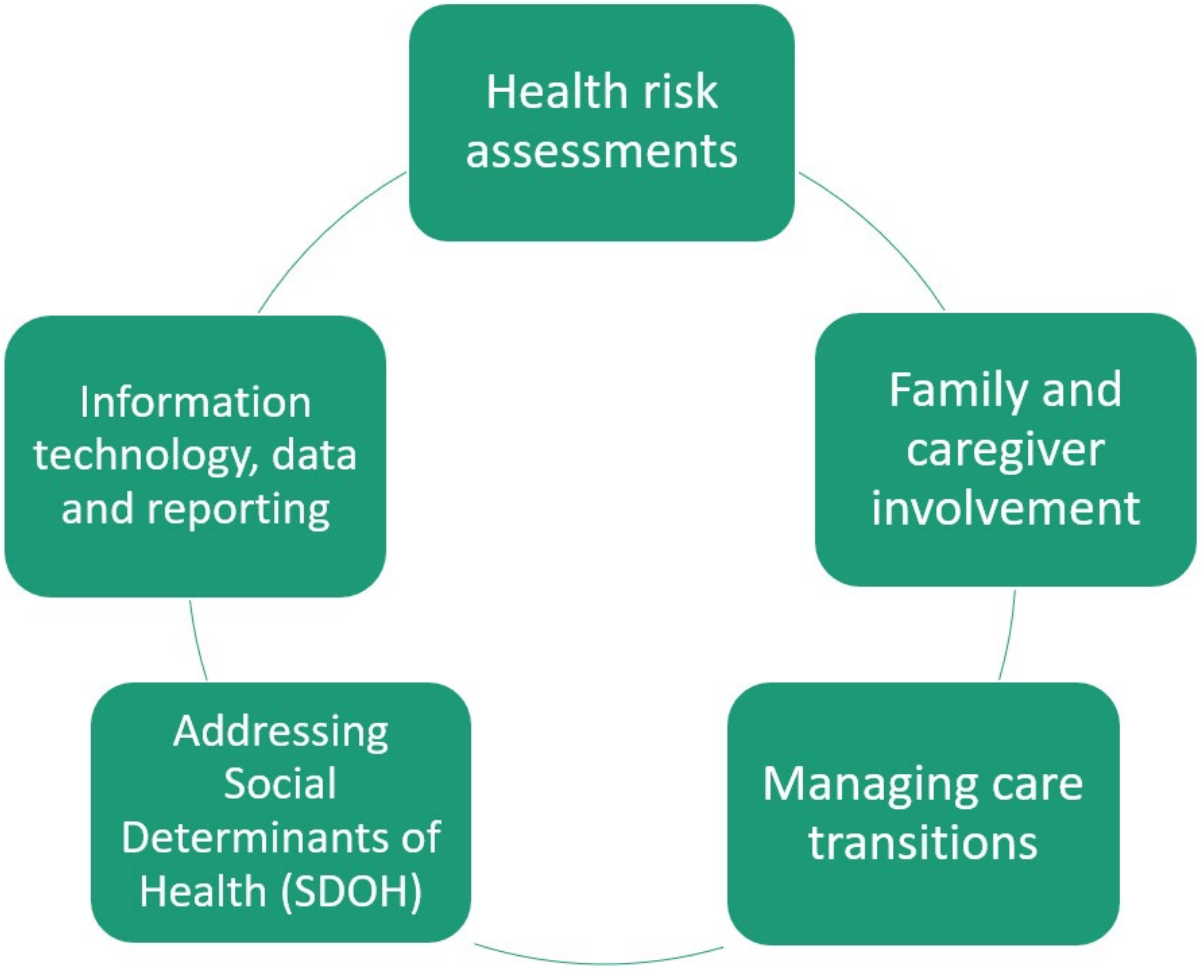
Support person-centered planning

- Focus on D-SNP responsiveness to enrollee needs, goals & preferences
- Relationship building, engaging members in identifying goals and preferences, and supporting achievement of those goals

Focus on certain care coordination elements

(Described on next slide)

SMAC Elements of Focus: Care Coordination



SMAC Care Coordination Requirements: Indiana's Approach

In addition to information-sharing requirements, Indiana requires D-SNPs to:

- Refer within two (2) business days to the appropriate Indiana Area Agency on Aging (AAA) any enrollee identified as having strong predictors of needing LTSS but who may not already be enrolled in the Aged & Disabled waiver or may not be receiving any LTSS currently
- Regularly communicate and collaborate with the state and Indiana AAAs to maintain up-to-date contact information and working knowledge of AAA operations and practices
- Integrate AAA waiver service coordinator and service plan into D-SNP interdisciplinary care team and individualized care plan
- Assess and document "What Matters" to enrollees and their advance directives
- Assess and document enrollees' informal caregiver supports
- Provide dementia education and supports to D-SNP enrollees living with dementia and their informal caregivers
- Assess D-SNP enrollees for social determinant of health (SDOH)-related needs, which include social risk factors and social needs (e.g., housing, food, and transportation)
- Address SDOH-related needs as part of person-centered care

Promote Use of Clear, Accurate Enrollee Materials

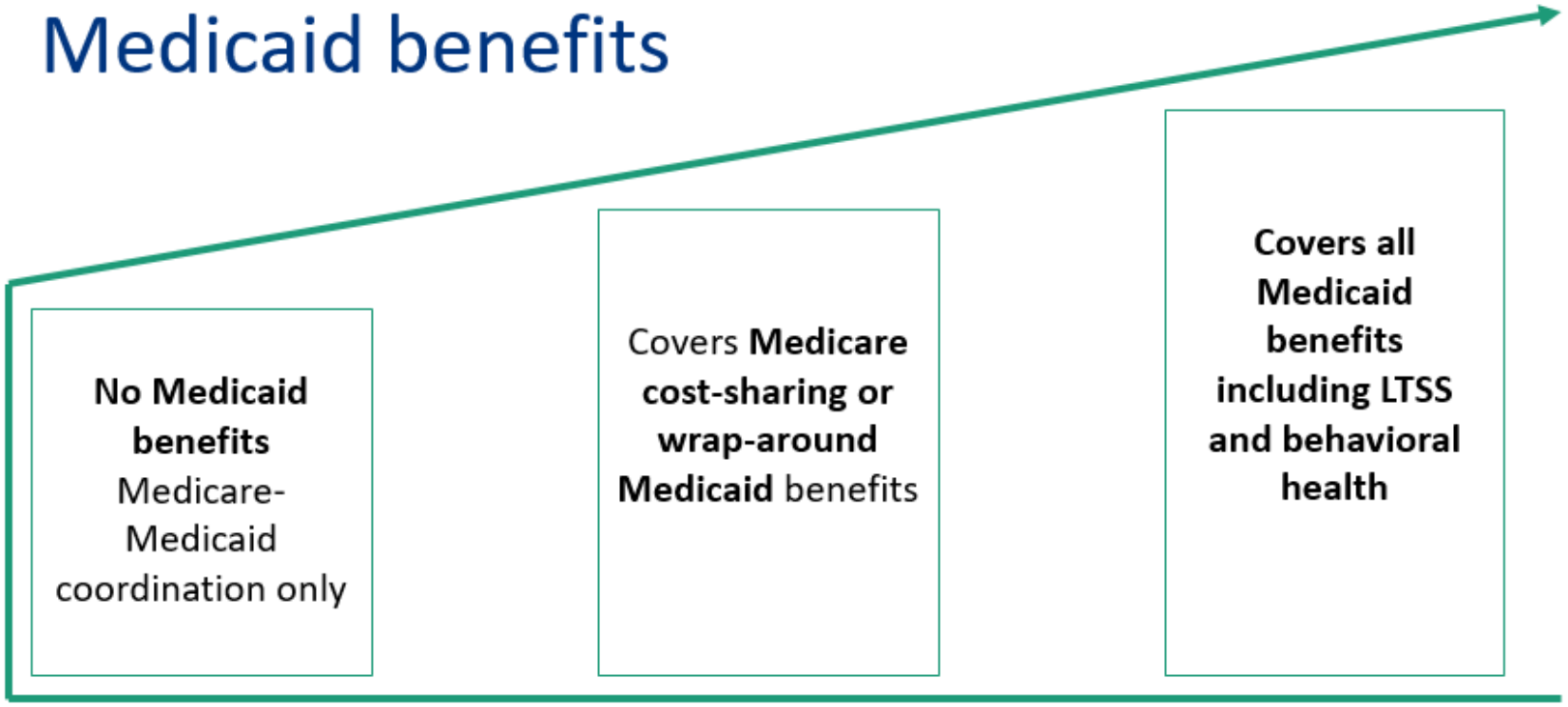
- **All states can:**
  - Require D-SNPs to submit select enrollee communications and marketing materials (that contain information about Medicaid benefits) to the state for review/approval prior to use
  - Provide guidelines and/or standard language about Medicaid benefits and requirements (and require D-SNPs to use that language in enrollee materials)
- Plan Evidence of Coverage (EOC) and Annual Notice of Change (ANOC) documents are produced from CMS templates
  - These documents can include Medicaid information, but information must remain within the template formats provided by CMS.
  - States can work with CMS to require Applicable Integrated Plans (AIPs) to use integrated EOC and ANOC templates starting in 2023.
    - Applicable integrated plans are D-SNPs that operate with exclusively aligned enrollment and cover at least certain Medicaid benefits.

Promote Use of Clear, Accurate Enrollee Materials *(continued)*

- Other examples of documents that can be fully integrated include:
  - Summary of benefits documents
  - Prescription drug formularies
  - Plan marketing materials
  - Medicare and Medicaid provider directories
  - Member ID cards
  - Plan enrollment forms

Require D-SNPs to Cover Medicaid Benefits

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



Key Takeaways

- States can require D-SNPs to incorporate certain care coordination practices into their Models of Care.
- States can require D-SNPs to submit materials for state review prior to use and/or provide standard language to ensure clear, accurate descriptions of Medicaid rules and benefits.
- States can choose to capitate D-SNPs (or affiliated Medicaid managed care plans) for coverage of a range of Medicaid benefits, from capitation of only coverage for Medicare cost sharing to coverage of all Medicaid benefits, including coverage for behavioral health services and long-term services and supports (LTSS).

State Contracting and Policy Approaches to Promote Aligned Enrollment in Integrated D-SNPs

State Options for Promoting Aligned Enrollment

- Limit D-SNP enrollment to full-benefit dually eligible individuals
- Selectively contract only with D-SNPs that offer affiliated Medicaid managed care plans in the same service area as the D-SNP
- Require D-SNPs to operate with exclusively aligned enrollment
- Support D-SNP use of default enrollment, use passive enrollment when integrated D-SNPs exit a market, and/or incorporate D-SNP enrollment into Medicaid managed care auto-assignment algorithms

Limiting D-SNP Enrollment to Full-Benefit Dually Eligible Individuals or Separate Plans

- Ensures that all D-SNP enrollees qualify for the same set of benefits, including coverage of Medicaid benefits and coverage of Medicare cost sharing*
- Allows the D-SNP to offer clearer, simpler enrollee materials explaining those benefits
- Allows the D-SNP to provide the same care coordination services to all enrollees and the care coordinators and network providers will find it easier to navigate the plan's benefits because they are the same for all enrollees

* **Note:** Only QMBs and, in some cases, FBDE individuals can qualify for coverage of Medicare cost sharing.

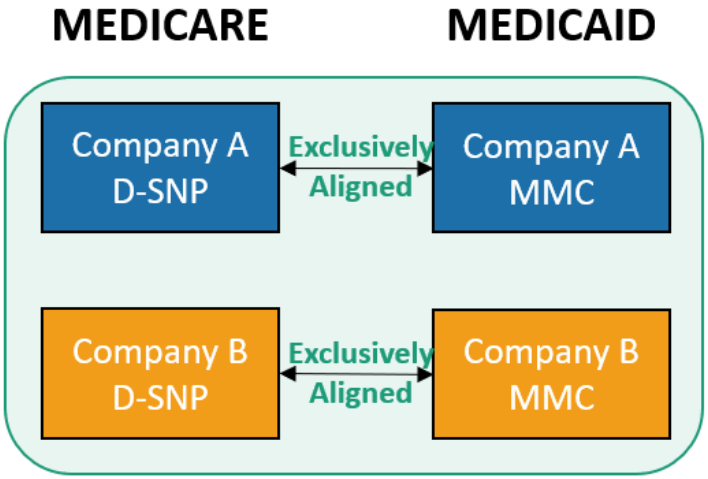
Selective Contracting

- Require contracted Medicaid Managed Care Organizations that serve dually eligible individuals to offer affiliated D-SNPs in the same service area as the Medicaid managed care plan
- Only contract with D-SNPs whose parent organizations have Medicaid managed care plans operating in the service areas that the D-SNP will serve
  - Starting in 2025, to qualify as a FIDE SNP or a HIDE SNP, a D-SNP will have to have an affiliated Medicaid managed care plan that covers the entire service area of the D-SNP (or cover Medicaid benefits for D-SNP enrollees through a capitated contract that the state holds directly with the D-SNP)

Exclusively Aligned Enrollment

"Exclusively aligned enrollment" occurs when the state contract limits enrollment in the D-SNP to full-benefit dually eligible individuals who receive their Medicaid benefits from the D-SNP or an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP.

Exclusively aligned enrollment facilitates use of several strategies to integrate coverage of Medicare and Medicaid benefits, such as fully integrated enrollee materials, single ID cards, and unified appeal and grievance processes.



State only allows Company A D-SNP to enroll individuals who are also enrolled in Company A MMC, and Company B D-SNP to enroll individuals in Company B MMC

MMC = Medicaid managed care

For more information, see ICRC webinar, "Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits." May 2022. Available at: https://www.integratedcareresourcecenter.com/webinar/exclusively-aligned-enrollment-101-considerations-states-interested-leveraging-d-snps

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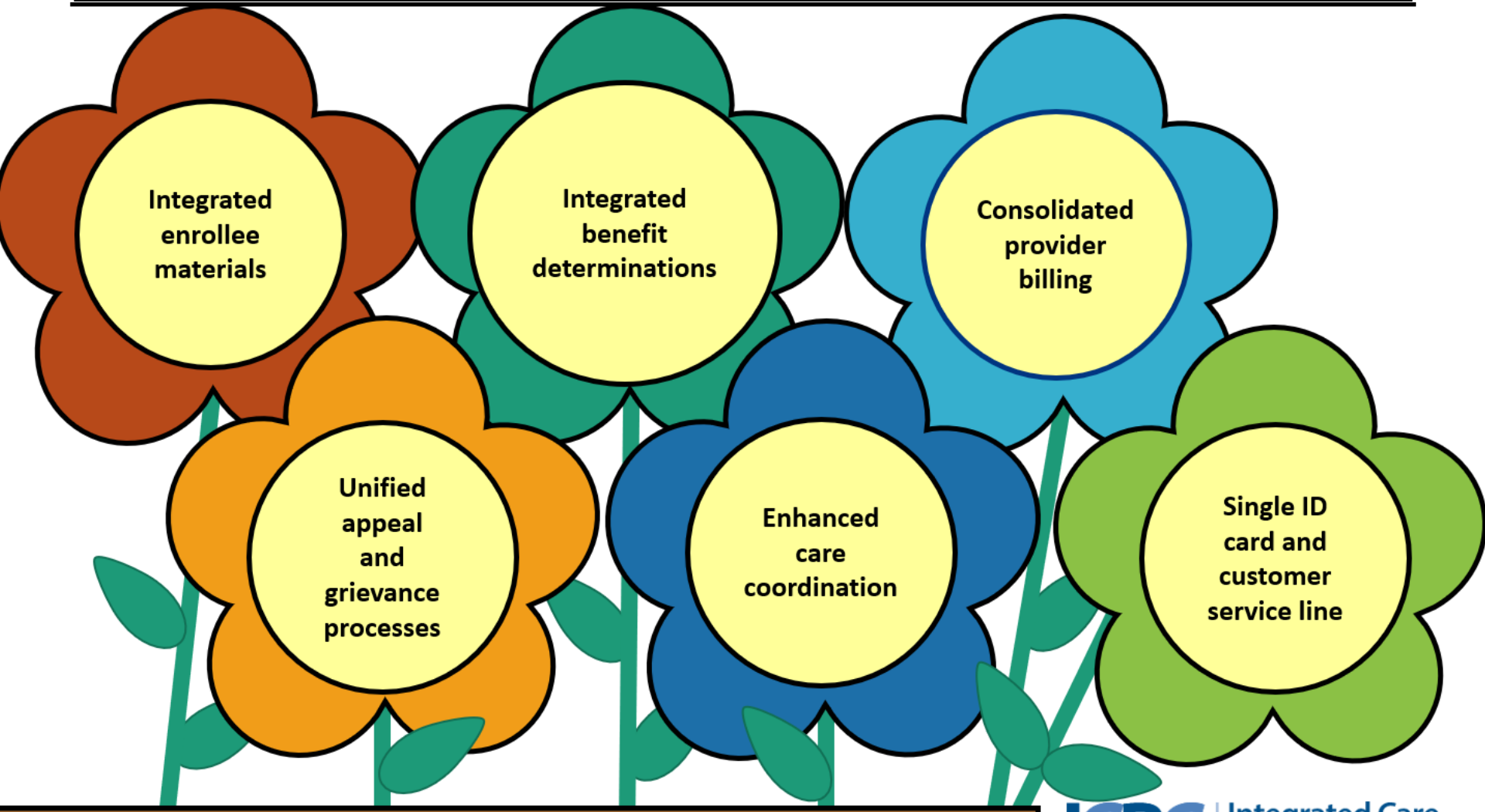
Opportunities That Stem From Exclusively Aligned Enrollment



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Models for Achieving Exclusively Aligned Enrollment

Aligned Medicare and Medicaid plans

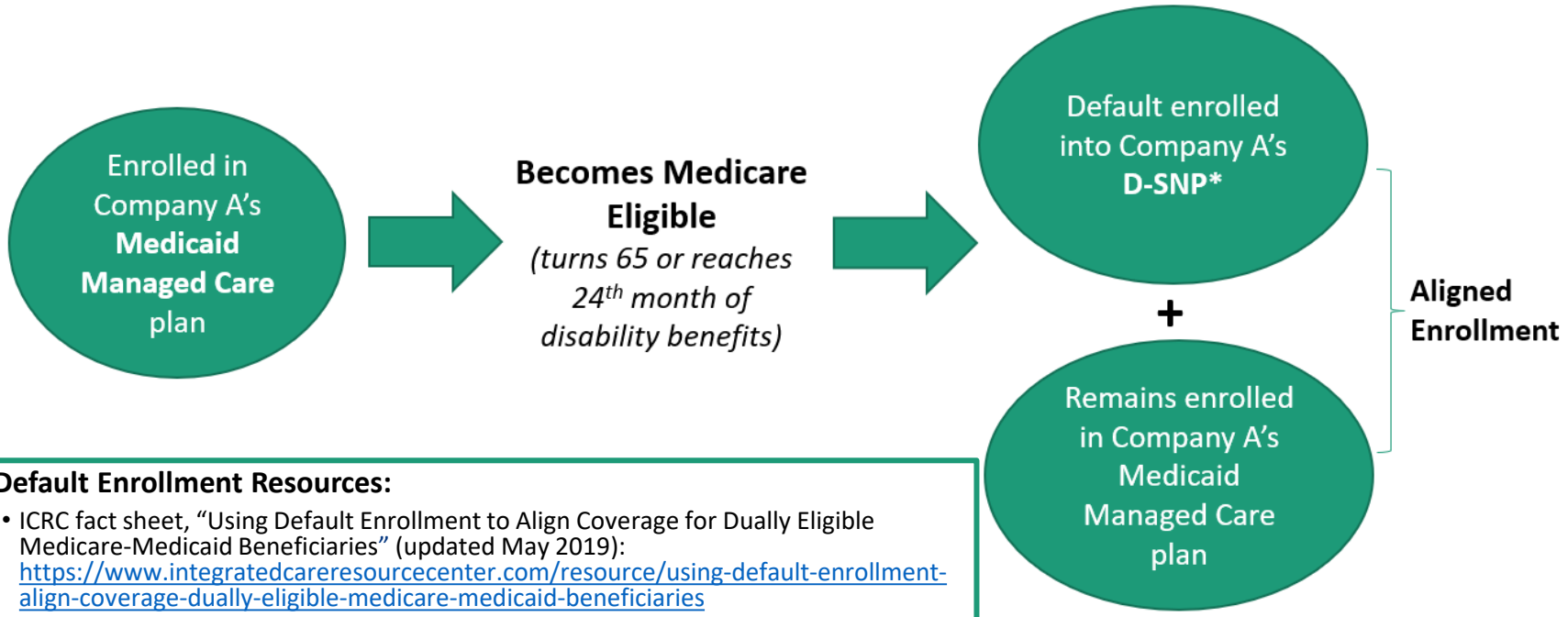
Direct capitation of D-SNPs to cover Medicaid benefits

Separate D-SNP plan benefit packages (PBPs) for "aligned" and "unaligned" enrollees

Note: The ICRC webinar "Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits" (May 2022) provides more information about exclusively aligned enrollment at: https://www.integratedcareresourcecenter.com/webinar/exclusively-aligned-enrollment-101-considerations-states-interested-leveraging-d-snps.

Using Default Enrollment to Align Medicare and Medicaid Plans

- States can allow (or require) D-SNPs to seek CMS approval for **default enrollment** of the company's Medicaid managed care members when they become Medicare-eligible



Default Enrollment Resources:

- ICRC fact sheet, "Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries" (updated May 2019): https://www.integratedcareresourcecenter.com/resource/using-default-enrollment-align-coverage-dually-eligible-medicare-medicaid-beneficiaries
- ICRC webinar, "Aligning Coverage for Dually Eligible Beneficiaries Using Default and Passive Enrollment" (July 2018): https://www.integratedcareresourcecenter.com/webinar/aligning-coverage-dually-eligible-beneficiaries-using-default-and-passive-enrollment

* Individual may opt out of D-SNP and receive Medicare benefits via fee-for-service Medicare, a different D-SNP, or another Medicare Advantage plan

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Other Enrollment Mechanisms

- States can use **passive enrollment** to maintain enrollment in integrated D-SNPs when an integrated D-SNP leaves the market
  - Dually eligible individuals enrolled in an exiting HIDE SNP or FIDE SNP may be enrolled into another HIDE SNP or FIDE SNP that meets the requirements described at 42 CFR 422.60(g)(2):
    - Substantially similar provider network (to the exiting HIDE SNP or FIDE SNP)
    - Overall quality rating of at least 3 stars (or is a low enrollment contract or new plan)
    - No CMS-imposed prohibitions on new enrollment
    - Limits on premiums and cost-sharing for full-benefit dually eligible individuals
    - Operational capacity to receive passive enrollments
- States can also use Medicaid **automatic assignment** to enroll beneficiaries into Medicaid MCOs offered by the same parent company as the beneficiary's D-SNP when they become Medicaid-eligible or on a regular basis (for example, annually during Medicaid open enrollment)
  - Regulations at 42 CFR 438.54 apply
    - Beneficiaries must be allowed to enroll in a different Medicaid MCO than the one they are auto-assigned to if they choose to do so, which could result in unaligned enrollment

Key Takeaways: Promoting Alignment

- Aligned enrollment supports better coordination of Medicare and Medicaid benefits.
- States can use a variety of contracting and policy options to promote aligned enrollment for dually eligible D-SNP enrollees.
- The specific strategies that a state might use to promote aligned enrollment depend on the state's Medicaid landscape.

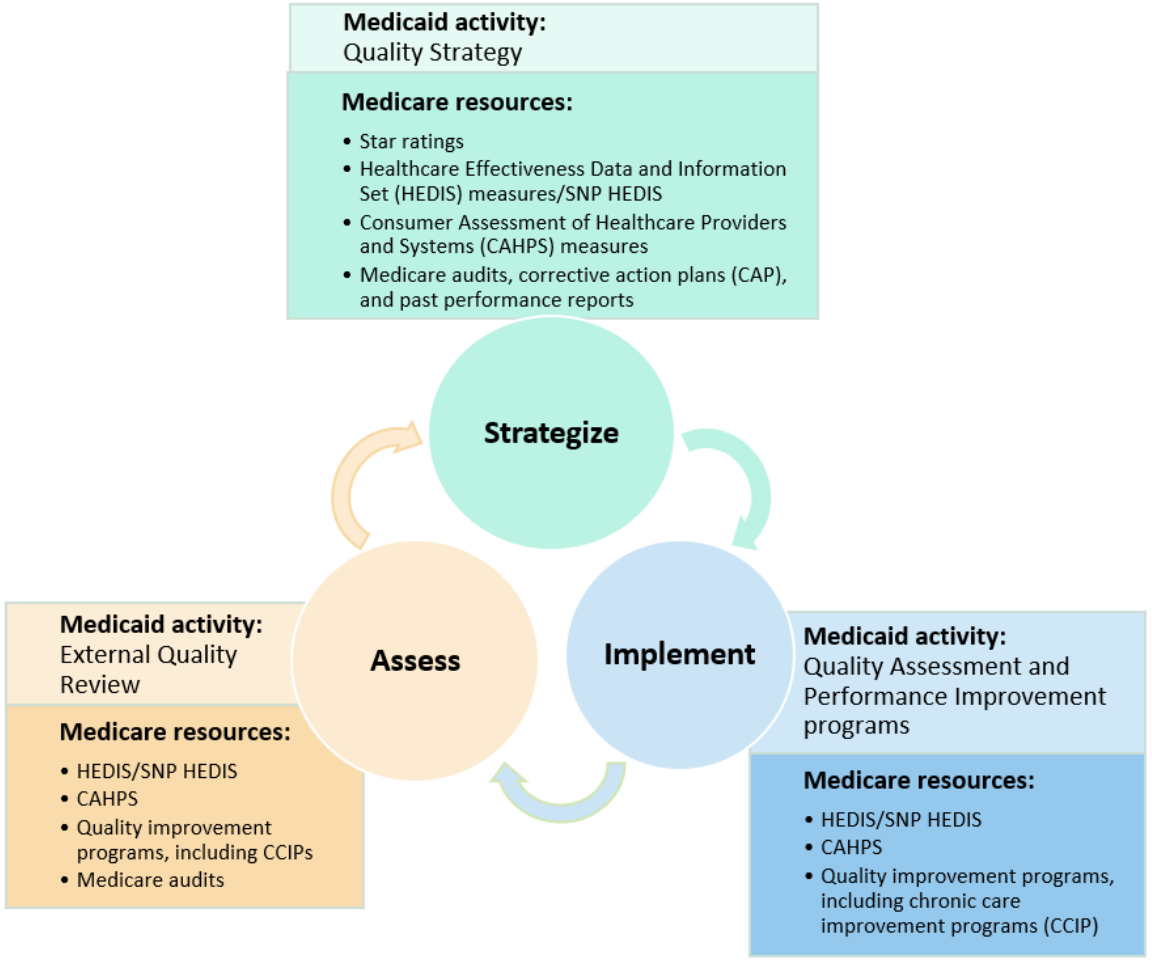
Incorporating D-SNPs into Medicaid Quality Oversight

Incorporating D-SNPs into Medicaid Quality Oversight Activities

- States that capitate D-SNPs (or D-SNPs' affiliated Medicaid managed care plans) to cover Medicaid benefits **share responsibility with CMS to oversee and improve the quality of care delivered to dually eligible D-SNP enrollees.**
- States can integrate D-SNPs into Medicaid quality oversight activities by:
  - Including D-SNPs and Medicare resources in Medicaid **quality strategies**.
  - Requiring D-SNP involvement in Medicaid **quality assessment and performance improvement (QAPI) programs**.
  - Using Medicare resources to streamline **external quality review** (EQR) processes for D-SNPs or their affiliated Medicaid managed care plans.

Leveraging Medicare Resources in the Medicaid Quality Oversight Cycle

States can leverage Medicare resources for D-SNPs in the Medicaid quality oversight cycle. For example, these resources include **star ratings, HEDIS measure CAHPS measures, and other Medicare resources**.



Leveraging Medicare Resources in the Medicaid Quality Oversight Cycle *(continued)*

- Medicare star rating information is publicly available, but is compiled at the contract level, not the plan level.
- Starting in 2024, states can require D-SNPs with exclusively aligned enrollment to operate within state-specific, D-SNP-only contracts.
  - Enables these states to leverage Medicare star ratings for D-SNP performance oversight, establishes processes for collaborative state-CMS coordination of program audits, and grants the states access to the CMS Health Plan Management system for oversight purposes.
- States unable to take advantage of this new opportunity may wish to require D-SNPs to send plan-level HEDIS and/or CAHPS data directly to the state (if the D-SNPs have sufficient membership to collect those data at the plan level), as well as copies of Medicare audits and compliance actions.

Sources: CMS. "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency." Final Rule posted in the Federal Register on 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 ; CMS. "Guidance for States Seeking to Leverage New Opportunities for Integrated Care Programs." August 25, 2022. Available at https://www.cms.gov/files/document/stateoppsintegratedcareprogs.pdf.

Incorporating D-SNPs into Medicaid Quality Strategies

- States can incorporate D-SNPs into their Medicaid quality strategies by:

Developing goals and objectives that leverage Medicare resources such as HEDIS and CAHPS measures and address (1) the Medicaid benefits provided by D-SNPs and (2) the quality of care received by D-SNP enrollees.

Developing plans to address health disparities impacting dually eligible populations, including disparities impacting sub-populations of dually eligible enrollees.

Example of Incorporating D-SNPs into Quality Strategy Goals and Objectives

- In its 2022 quality strategy, Massachusetts leverages several quality measures to evaluate D-SNP progress toward advancing the state's Medicaid quality goals. Examples include:
  - **Several SNP-specific HEDIS measures**, such as measures of colorectal cancer screening, controlling high blood pressure, and follow-up after hospitalization for mental illness.
  - **CAHPS survey measures**, including a measure of influenza immunizations among individuals age 65+.

Source: MassHealth Comprehensive Quality Strategy, June 2022. Available at Available at https://www.mass.gov/doc/masshealth-2022-comprehensive-quality-strategy-2/download.

Incorporating D-SNPs into QAPI Programs

- States can incorporate D-SNPs into QAPI programs and improve QAPI program effectiveness by:

Using SMACs to require D-SNPs to **implement QAPI programs.**

Requiring D-SNPs to **incorporate specific state goals, objectives, and/or measures** into their QAPI programs to drive a consistent focus on those goals and objectives.

Leveraging **Medicare quality measures** in D-SNP QAPI programs to improve quality oversight for dually eligible enrollees.

Aligning Medicaid QAPI programs with D-SNP Medicare Advantage quality improvement programs and/or CMS model of care requirements to reduce burden among state staff, plans, and providers.

Example of Incorporating D-SNPs into QAPI Programs

- Massachusetts incorporates its D-SNPs into Medicaid QAPI programs by requiring D-SNPs to:
  - **Incorporate SNP HEDIS measures** into their QAPI programs and use results from those measures to design quality improvement activities.
  - Develop performance improvement projects (PIP) with foci that **align with the state's overarching quality improvement goals** for its managed care programs, including those that serve dually eligible populations.

Source: MassHealth Comprehensive Quality Strategy, June 2022. Available at Available at https://www.mass.gov/doc/masshealth-2022-comprehensive-quality-strategy-2/download. MassHealth Comprehensive Quality Strategy, November 2018. Available at https://www.mass.gov/doc/masshealth-comprehensive-quality-strategy-november-2018-0/download.

Incorporating D-SNPs into Medicaid EQR

- States can use EQR to assess D-SNP performance in implementing state quality improvement priorities for the Medicaid services that capitated D-SNPs deliver, such as LTSS and behavioral health.
- States can leverage Medicare resources to streamline EQR through the non-duplication option. For example, states can:

Use information from a **Medicare review of a D-SNP's HEDIS and CAHPS measure** results instead of having the external quality review organization validate performance measures independently.

Use information from a **Medicare review of the D-SNP's CCIP** for EQR PIP validation.

Use a D-SNP's **Medicare audit reports** for EQR compliance review.

Key Takeaways: Quality Oversight

- States that capitate D-SNPs (or D-SNPs' affiliated Medicaid managed care plans) to cover Medicaid benefits share responsibility with CMS to oversee and improve the quality of care delivered to dually eligible D-SNP enrollees.
- States can leverage CMS data from HEDIS measures, CAHPS measures, and other Medicare sources for D-SNPs oversight.
- States can incorporate D-SNPs into QAPI programs and improve QAPI program effectiveness.
- States can use EQR to assess D-SNP performance in implementing state quality improvement priorities for the Medicaid services that capitated D-SNPs deliver, such as LTSS and behavioral health.
- States can leverage Medicare resources to streamline EQR through the non-duplication option.

Appendix

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