ICRC | Integrated Care Resource Center

Working with Medicare

Using D-SNPs to Integrate Care for Dually Eligible Individuals

December 17, 2020

1:30-2:30 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.

The "Working with Medicare" Webinar Series

- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible (Medicare-Medicaid) beneficiaries
- Webinars are repeated annually:
  - Medicare 101 and 201
  - Coordination of Medicare and Medicaid Behavioral Health Benefits
  - Medicare and Medicaid Nursing Facility Benefits
  - Update on State Contracting with D-SNPs
- Supplemented by:
  - ICRC updates/e-alerts on important new Medicare information
  - ICRC technical assistance briefs and other written tools on Medicare issues of importance to states
- Sign up and view past e-alerts: https://www.integratedcareresourcecenter.com/about-us/e-alerts

Agenda

- Using State Medicaid Agency Contracts (SMACs) with D-SNPs to Advance Integration
- State Contracting and Policy Approaches to Promote Integrated Care and Aligned Enrollment
- State Presentation
- Q&A

Presenters

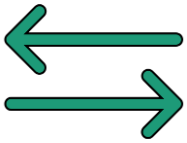
- **Erin Weir Lakhmani**
  - Mathematica
- **Danielle Chelminsky**
  - Mathematica
- **Paul Saucier**
  - Director, Office of Aging and Disability Services, Maine Department of Health and Human Services
- **Nancy Archibald**
  - Center for Health Care Strategies (CHCS)

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

- D-SNPs must have a State Medicaid Agency Contract (SMAC) that lists all of the requirements imposed on the plan by the state, including at least certain federal minimum requirements

- 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 minimum contract elements, but states may 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.

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

- All D-SNPs must meet new requirements for 2021, either by covering Medicaid benefits or by sharing information about inpatient admissions for certain high-risk full-benefit dually eligible enrollees.

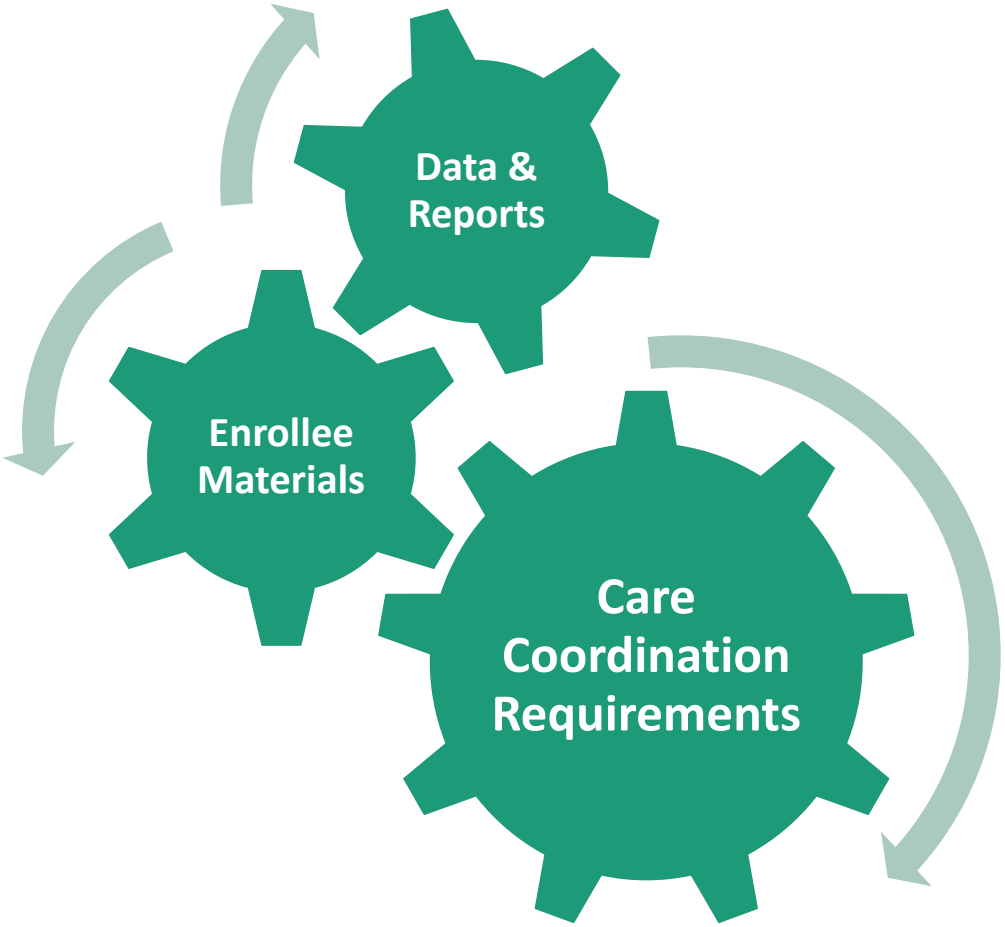
- The purpose of these new requirements is to improve coordination of Medicare and Medicaid services during transitions between settings of care.

- States have flexibility to design an approach that aligns with the needs of their dually eligible population and their existing infrastructure

- States can modify the requirements, process and timelines as they learn lessons from implementation in 2021.

Using State Medicaid Agency Contracts (SMACs) with D-SNPs to Advance Integration

Using SMACs to Advance Integration



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

- **All Special Needs Plans (SNPs), including D-SNPs, must have a Model of Care (MOC)**
  - Framework for how SNP will meet specific needs of its enrollee population
  - 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
  - SNP MOC elements and scoring criteria described in chapter 5 of the Medicare Managed Care Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c05.pdf

1) Integrating 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**

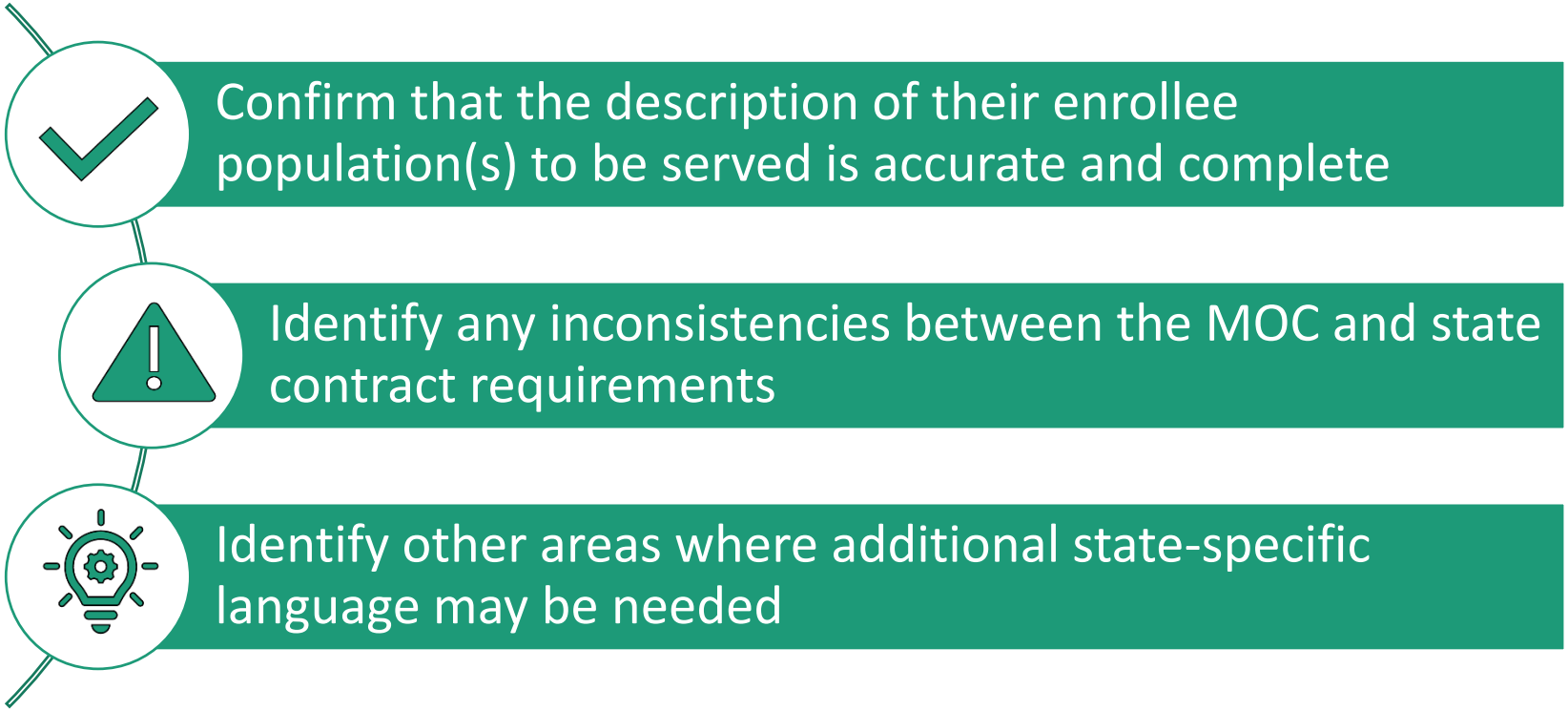
Ensuring that **Individualized Care Plans** integrate Medicare and Medicaid services, address state-required care plan elements, and address processes for coordinating medical and social services

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**

1) Integrating Medicaid Requirements into D-SNP MOCs *(continued)*

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



2) Incorporating 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

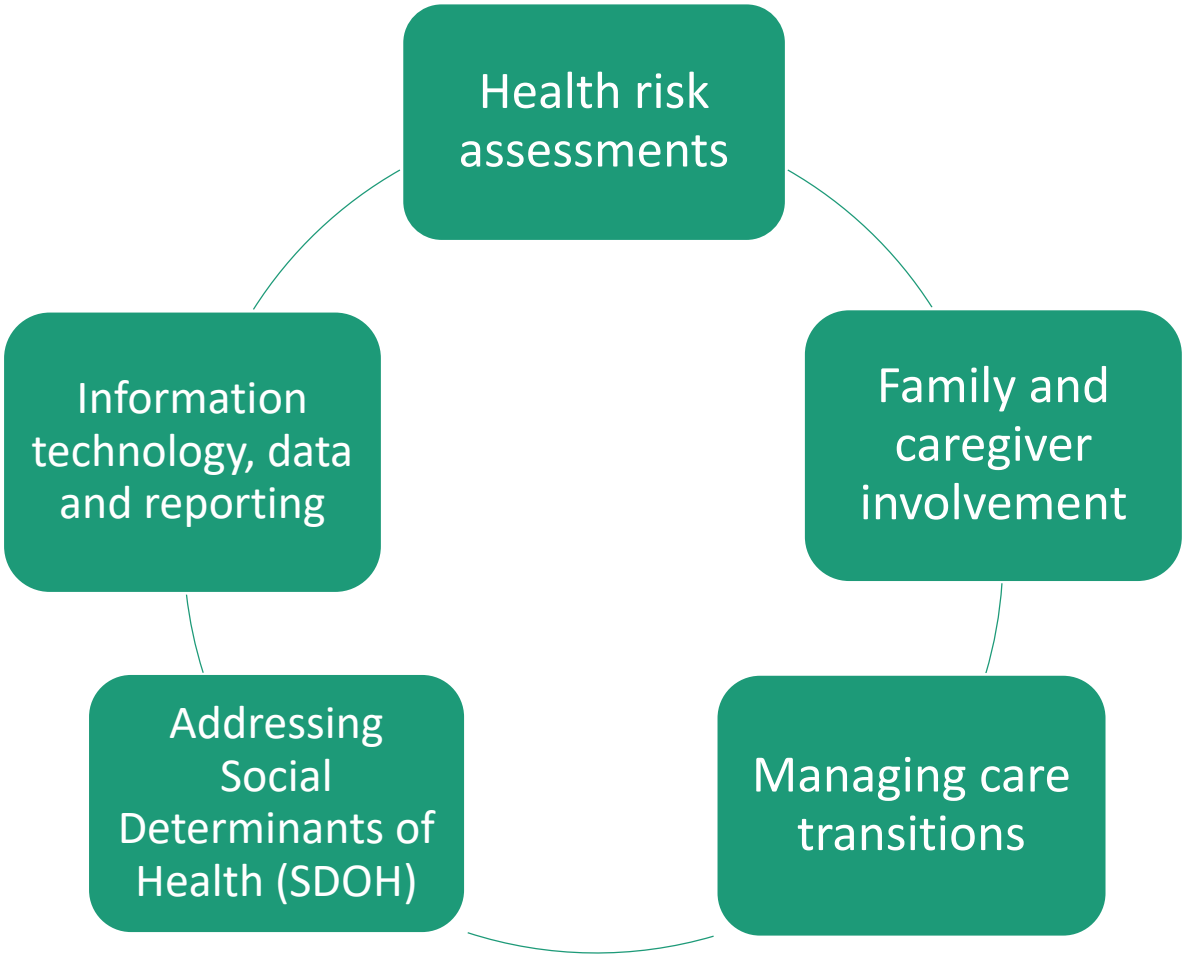
Support person-centered planning

- 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)

2) SMAC Elements of Focus: Care Coordination



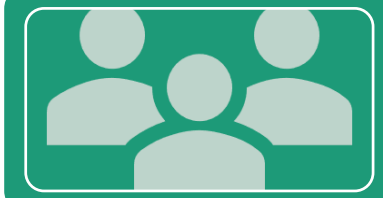
3) Ensuring Clear, Accurate Enrollee Materials

- **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)
  - **Note:** 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
- **When D-SNPs have "exclusively aligned enrollment," states can:**
  - Work with the CMS Medicare-Medicaid Coordination Office (MMCO) to develop fully integrated materials that streamline presentation of Medicare and Medicaid information

"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.

4) Requiring D-SNPs to Share Data and/or Reports for State Oversight

- Several states require D-SNPs to submit data and/or reports to support rate-setting, monitoring of beneficiary service utilization and D-SNP oversight efforts:



Encounter Data and/or Part D Drug Event Data

- Examples: full enrollee-level data or extracts on a monthly or quarterly basis

Quality/Performance Data and Reports

- Examples: HEDIS data, information about Medicare-required chronic care improvement projects

Financial Reports

- Examples: Financial statements, details on administrative and service costs, information provided to CMS as part of the Medicare Advantage bid and cost-reporting process

Key Takeaways

- States can require D-SNPs to incorporate Medicaid requirements into their Models of Care and/or care coordination practices

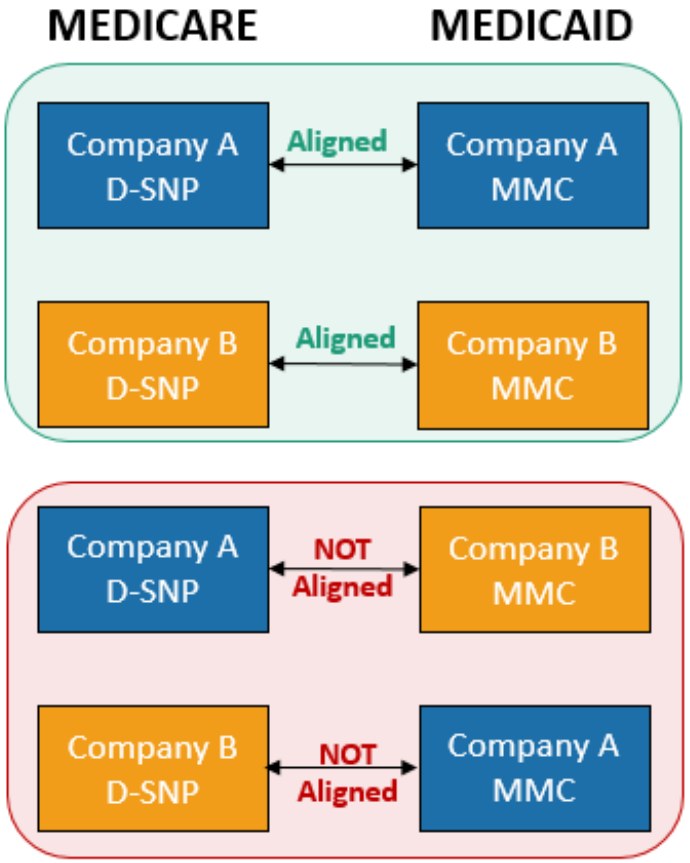
- States can require D-SNPs to submit certain enrollee materials for state review prior to use and/or provide standard language to ensure clear, accurate descriptions of Medicaid rules and benefits

- States can require D-SNPs to send data and/or reports to support state rate-setting, monitoring of service utilization, and oversight of integrated care programs

State Contracting and Policy Approaches to Promote Integrated Care and Aligned Enrollment

Alignment Enrollment

Enrollment in a D-SNP and affiliated Medicaid managed care plan offered by the same parent company in the same geographic area.



For more information, see: E. Weir Lakhmani and A. Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." ICRC, April 2018. Available at: https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf

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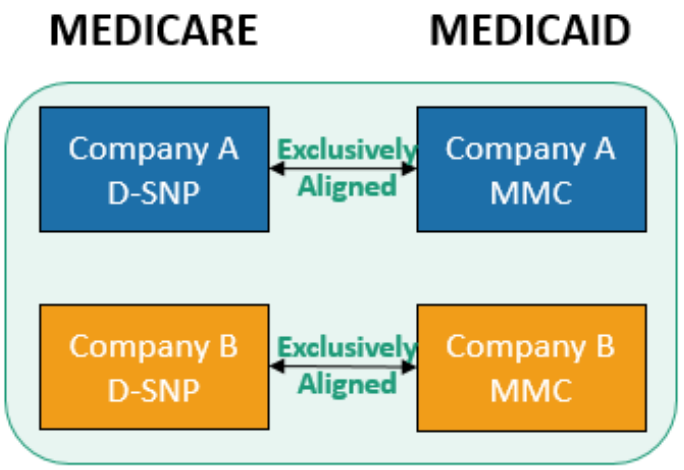
Exclusively Alignment Enrollment

- ***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 creates opportunities for integrated delivery of Medicare and Medicaid by:
  - Aligning incentives and coordinating benefits administration
  - Streamlining payment of Medicare cost sharing
  - Facilitating care coordination
  - Allowing integration of beneficiary materials
  - Unified appeals and grievances (for HIDE SNPs and FIDE SNPs)
- State policy can be used to maximize aligned D-SNP/Medicaid managed care enrollment.



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

For more information, see: E. Weir Lakhmani and A. Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." ICRC, April 2018. Available at: https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf

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State Options for Promoting Aligned Enrollment

- Limiting D-SNP enrollment to FBDEs
- Selective contracting
- Limiting D-SNP enrollment to the D-SNP's affiliated Medicaid managed care (MMC) enrollees
- Capitating D-SNPs directly to cover Medicaid benefits
- Limiting marketing and beneficiary outreach
- Default/passive enrollment and auto-assignment

Limiting D-SNP Enrollment to FBDEs or Separate Plans

- Limit D-SNP enrollment to **full-benefit dually eligible (FBDE)** individuals
  - State examples: Arizona, Idaho, Minnesota, New Jersey, New York,[1] Pennsylvania,[2] Wisconsin[1]
- Require use of **separate benefit packages** for FBDEs and partial-benefit dually eligible individuals
  - State example: Virginia

Contract Number H1234
Plan ID 004
All FBDEs

Contract Number H1234
Plan ID 005
QMB-only or All partial-benefit dually eligible individuals

[1] New York and Wisconsin restrict enrollment in their integrated FIDE SNPs to FBDEs, but both states also allow operation of other D-SNPs (which are not part of the states' integrated care programs); those additional D-SNPs may be allowed to enroll partial benefit dually eligible individuals.
[2] Only FBDEs are eligible for Pennsylvania's Community Health Choices (CHC) program, so the state requires D-SNPs affiliated with CHC MCOs to only enroll FBDEs. If those D-SNPs want to enroll partial-benefit dually eligible beneficiaries, they must do so under a separate plan benefit package.

Selective Contracting

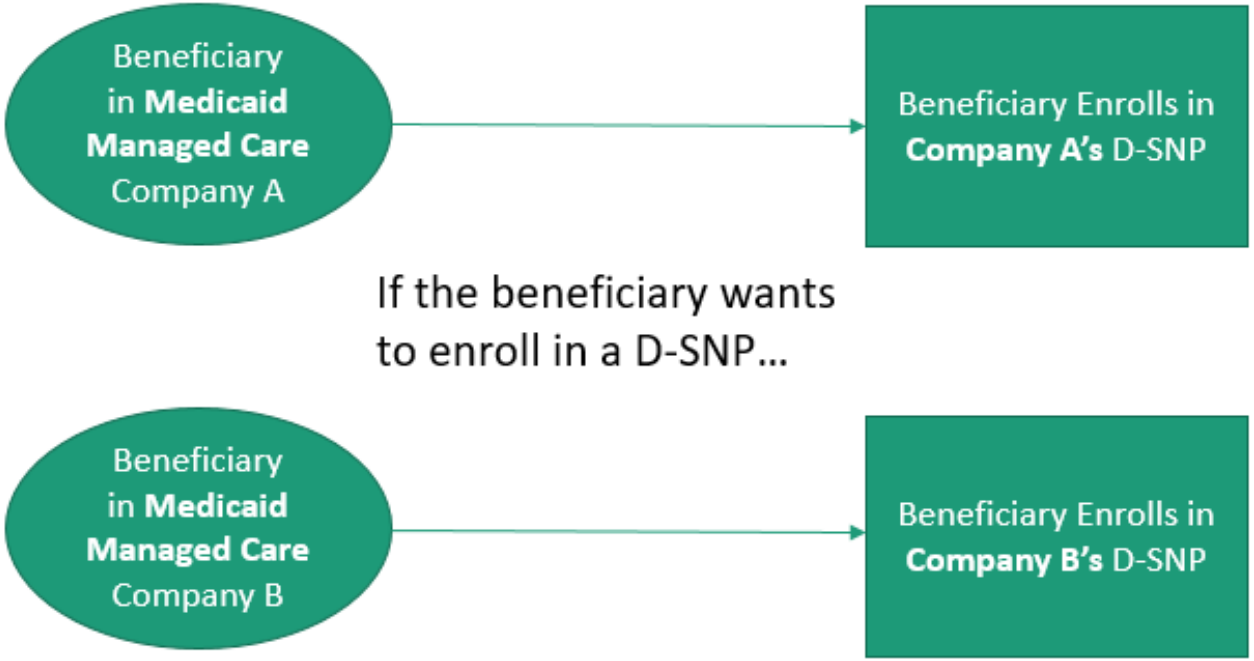
- **Require contracted Medicaid Managed Care Organizations that serve dually eligible beneficiaries to offer affiliated D-SNPs in the same service area**
  - State examples:[1] Arizona, Hawaii, Idaho, Massachusetts, Minnesota, Pennsylvania, Tennessee, Texas, and Virginia
- **Only contract with D-SNPs whose parent organizations have Medicaid managed care contracts with the state**
  - State examples:[2] Arizona, Hawaii, Idaho, Massachusetts, Minnesota, New Jersey, Tennessee, Virginia

[1] New Mexico requires Medicaid managed care plans to offer D-SNPs, but not in the same service area, so they are not included in this list. Idaho contracts with two FIDE SNPs to cover all Medicaid benefits for enrolled dually eligible beneficiaries. In Massachusetts, Senior Care Options (SCO) program plans that serve dually eligible beneficiaries are required to offer affiliated D-SNPs. Texas requires Medicaid MCOs in certain counties to offer D-SNPs in the same service area. Virginia Medicaid managed care plans are required to offer a D-SNP within 3 years of Medicaid contract award.

[2] D-SNPs contracted with the state of Tennessee before January 2014 are exempt from this requirement.

Limiting D-SNP Enrollment from Only Affiliated Medicaid Managed Care Plans

- Limit D-SNP enrollment to individuals enrolled in **the D-SNP or its affiliated Medicaid managed care plans** for coverage of Medicaid benefits
  - State examples: Idaho, Massachusetts, Minnesota, New Jersey



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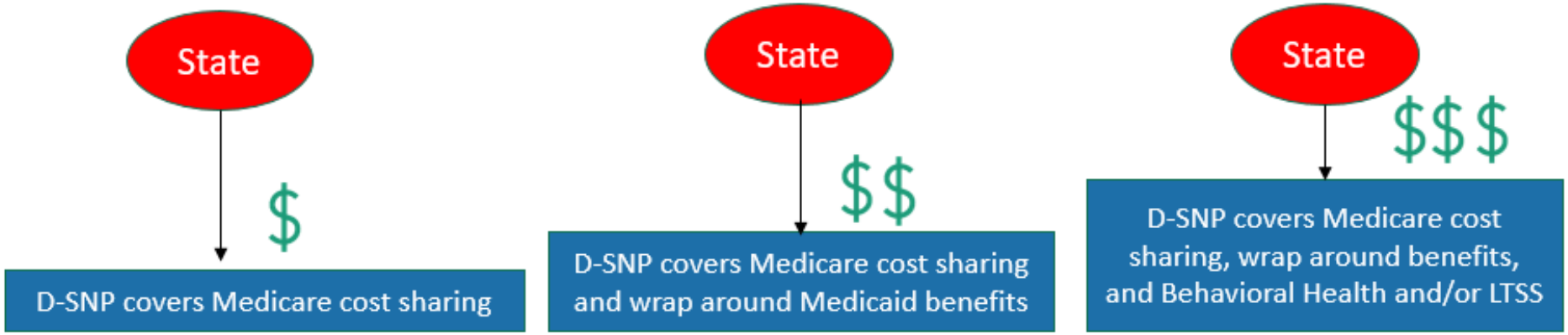
D-SNP Direct Capitation

- State pays a capitated rate directly to the D-SNPs (or affiliated Medicaid managed care plan) to cover Medicaid benefits.
  - D-SNP coverage of Medicaid benefits can range from only coverage of Medicare cost-sharing to coverage of all Medicaid benefits, including behavioral health and/or long-term services and supports (MLTSS).
- Beneficiaries receive Medicare and (at least some) Medicaid benefits through one company.
- Good option for states without Medicaid managed care for dually eligible individuals.
  - State Examples: Idaho (all Medicaid benefits including LTSS), Florida (all Medicaid benefits except LTSS) and Alabama (cost-sharing)



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Marketing and Outreach

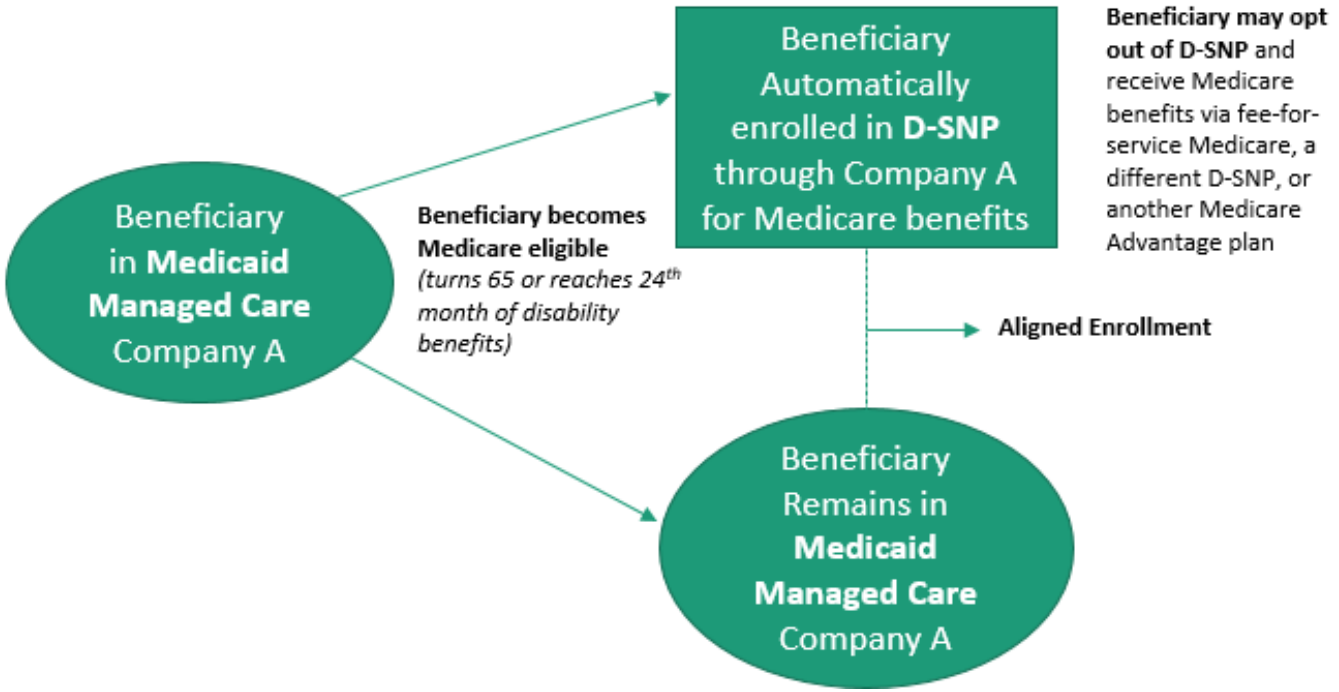
- Encourage or require D-SNPs to **target marketing** only to enrollees in their affiliated Medicaid managed care plans
  - State example: Arizona

- **Conduct outreach** (for example, via letters, phone calls) to dually eligible enrollees regarding the benefits of aligned enrollment and steps to enroll in affiliated plans
  - State example: Arizona

- **Engage and train** state enrollment counseling/enrollment broker staff and/or other benefits counselors (State Health Insurance Assistance Program (SHIP) volunteers, Aging and Disability Resource Centers (ADRCs), etc.) to ensure they understand integrated options and can explain them clearly to beneficiaries
  - State example: Arizona

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
  - State examples: Arizona, Oregon, Tennessee, Pennsylvania



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

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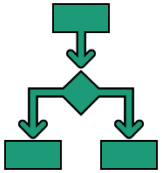
Other Enrollment Mechanisms

- 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
  - State examples: New Jersey, Minnesota, Idaho

Key Takeaways: Promoting Alignment

- Aligned enrollment leads to better integration of Medicare and Medicaid benefits

- States have contracting and policy options to promote aligned enrollment for their dually eligible individuals



- The specific strategies that a state can use to promote aligned enrollment depend on the state's Medicaid landscape

Advancing Coordination Through D-SNP Contracts

Paul Saucier, Director

Office of Aging and Disability Services

Maine DHHS

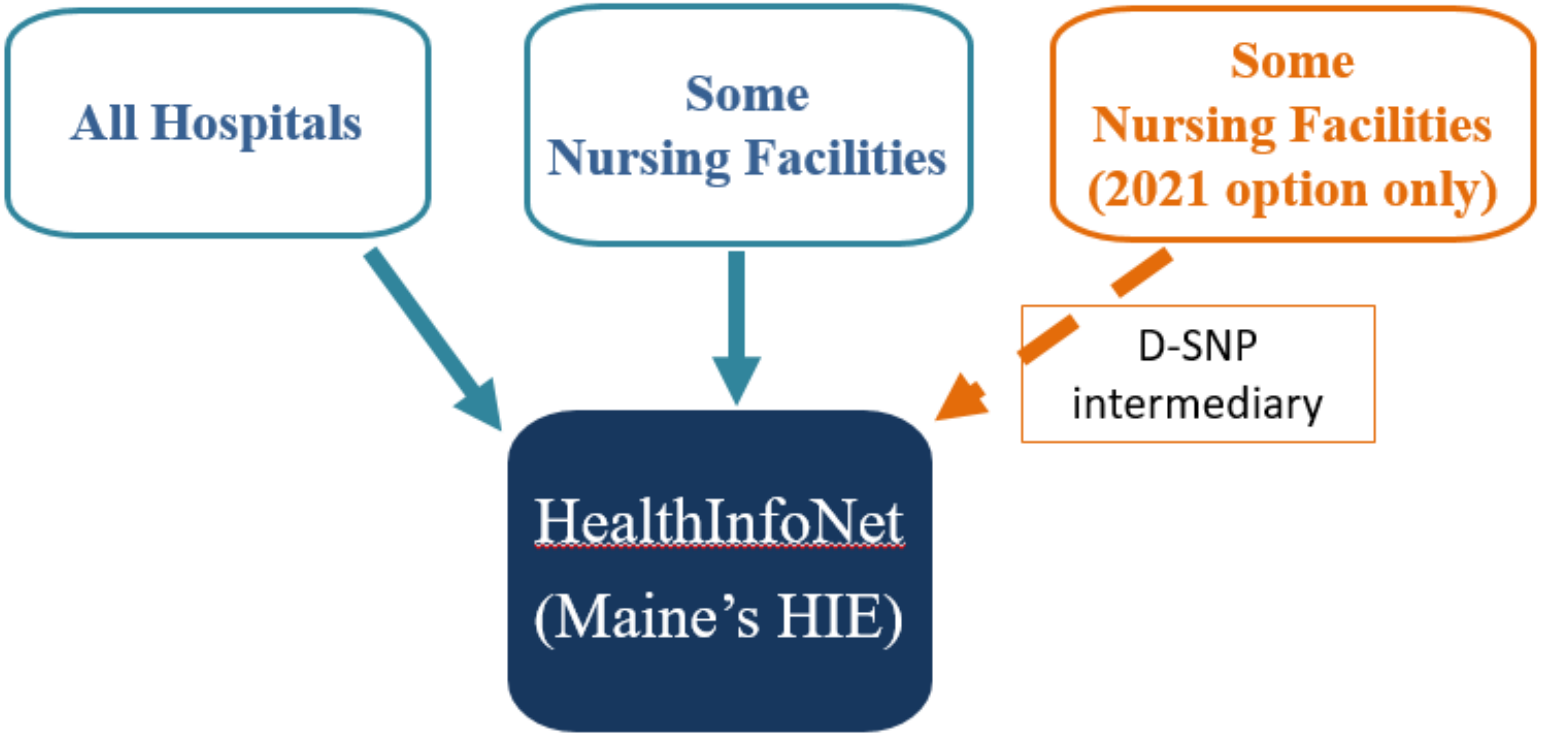
Integrated Care Resource Center Webinar

12/17/2020

Maine 2021 D-SNP Agreement Improvements

- Requires D-SNPs to submit notifications within 24 hours of all hospital and nursing facility admissions, discharges and transfers via the State's single health information exchange, HealthInfoNet
- Requires D-SNPs to enter into MOUs with Service Coordination Agencies to identify shared members and coordinate their services
- Envisions interface of D-SNPs with DHHS Case Coordination Unit as needed
- DHHS has held quarterly meetings on new requirements and plans to continue them going forward to strengthen relationships

Plan for 2021



Providers Accessing HIN:

- Primary Care
- Behavioral Health
- Hospitals
- Some Nursing Facilities
- Service Coordination Agencies

Maine Landscape

2 Service Coordination Agencies for Waiver and State-funded HCBS

Health Homes/ Accountable Communities

4 D-SNPs, with 2 More Coming in 2021, and Growing Enrollment

No Medicaid Managed Care

35% Medicare Advantage Penetration

Half of Full Duals Attributed to Medicare ACOs

5 AAAs, with Collaboration Through a Joint Venture

Summary

- Maine's new D-SNP Agreement:
  - Creates an expectation of more active engagement to strengthen the relationship between the State and the D-SNPs
  - Requires relationships between D-SNPs and key LTSS entities
  - Expands provider participation in HIE, enhancing its effectiveness as a platform for real-time coordination of health and LTSS services

Discussion on State Presentation

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

Appendix

Basic D-SNP Contracting Resources for States

- **Key 2020 Medicare Dates** (March 2020) Developed 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-2020-medicare-dates
- **Sample Language for State Medicaid Agency Contracts with D-SNPs** (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 Brief/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
- **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** (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** (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** (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** (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

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** (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** (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** (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

D-SNP Monitoring and Oversight

- **Using Medicare Program Audit Reports to Improve Managed Care Organization Oversight** (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://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_TipSheet_Using_Audit_Reports_June_2018.pdf
- **D-SNP Performance Monitoring and Oversight: State Experiences and CMS Resources** (April 2019) Covers resources and strategies available to states to begin or improve their oversight of D-SNPs. https://www.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** (October 2020) Answers basic questions about star ratings and how states can use these measures for D-SNP oversight. https://www.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 TA Tool (July 2020): 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 TA Tool (July 2020): https://www.integratedcareresourcecenter.com/resource/state-guide-identifying-aligned-enrollees-how-find-medicare-plan-enrollment-dually-0