ICRC | Integrated Care Resource Center

Working with Medicare Webinar

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

December 14, 2020

1:30-2:30 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.

The "Working with Medicare" Webinar Series

- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible (Medicare-Medicaid) individuals
- Webinars are repeated annually:
  - Medicare 101 and 201
  - Coordination of Medicare and Medicaid Behavioral Health Benefits
  - Medicare and Medicaid Nursing Facility Benefits
  - State Contracting with D-SNPs
- Resources for Integrated Care: https://www.resourcesforintegratedcare.com
- Sign up and view past e-alerts: https://www.integratedcareresourcecenter.com/about-us/e-alerts

Agenda

- Who Are Dually Eligible Individuals?
- Introduction to Dual Eligible Special Needs Plans (D-SNPs)
- Basic D-SNP Contracting Requirements
- New D-SNP Contracting Requirements for 2021
- Questions and Answers

Presenters

- **Ana Talamas**
  - Mathematica
- **Kelsey Cowen**
  - Mathematica
- **Giselle Torralba**
  - Center for Health Care Strategies (CHCS)
- **Danielle Perra**
  - CHCS

Who Are Dually Eligible Individuals?

Dually Eligible Individuals

Dually eligible individuals are eligible for both Medicare and Medicaid.

Who Is Eligible for Medicare?

Age 65 or older

\+

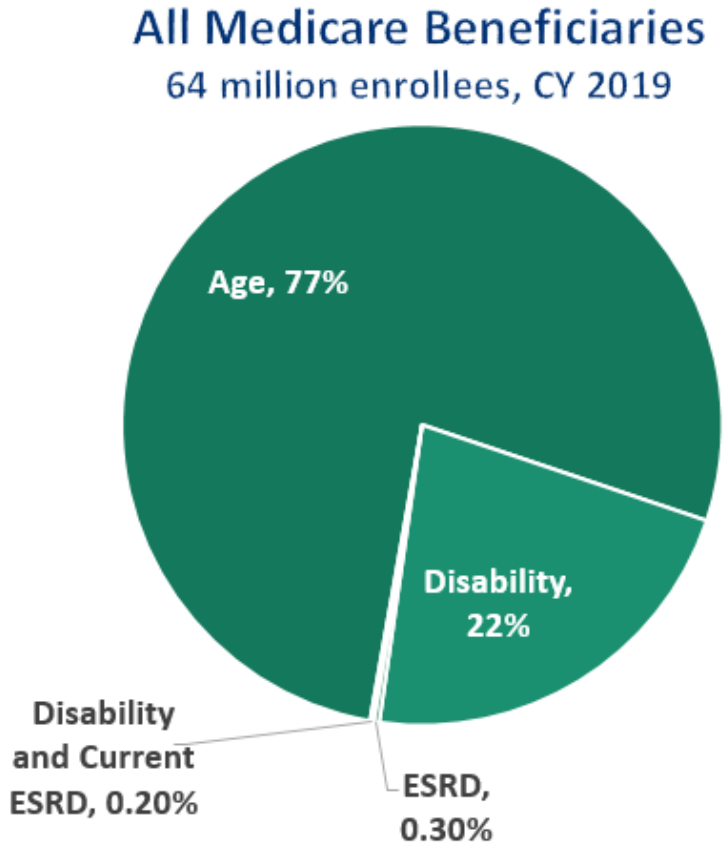
10 years of employment*

Under age 65

\+

Permanent **Disability****

Eligible for Medicare



*Medicare-Covered Employment requirement met by either the individuals or the spouse or ex-spouse.
**Received SSDI benefits for at least two years. Those under 65 with end stage renal disease (ESRD) or Lou Gehrig disease (ALS) also qualify for Medicare.
Source: 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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Who Is Eligible for Medicaid?

Medicaid Eligibility Categories:

- Children and Families
- People who are Pregnant
- Adults with Disabilities
- Older Adults
- Other Categories (mandatory and optional)

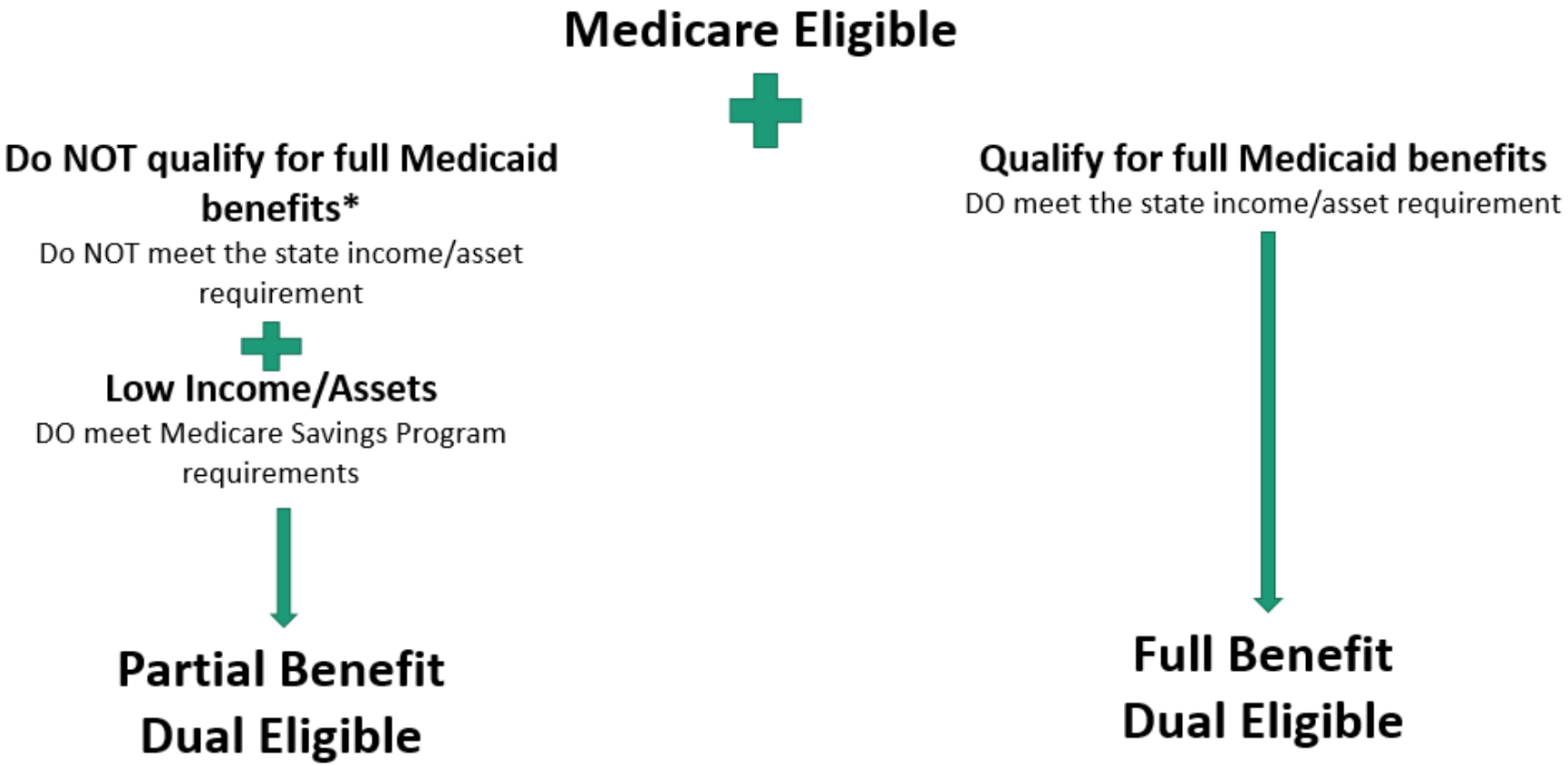
Different income and asset levels for each category

State and federal partnership
Must cover certain benefits

Lots of state variability and flexibility in benefits, eligibility, financing, delivery systems, etc.

Full list of specific Medicaid eligibility categories available at: https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf

Partial and Full Benefit Dually Eligible Individuals



*Resource/asset limits are determined by the state. In most cases, these limits are linked to the SSI program. For more detailed information about the Medicare Savings Program income and asset limits, see pages 4-5 of the January 2018 MedPAC-MACPAC Duals Data Book
https://www.macpac.gov/wp-content/uploads/2020/07/Data-Book-Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-January-2018.pdf

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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%

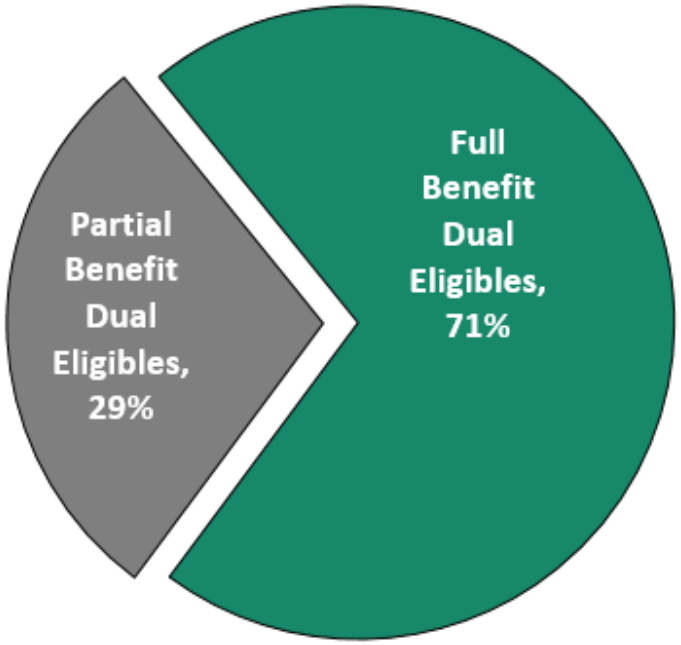
*States can opt to cover Medicare Parts A&B cost-sharing in their state plan for SLMB+ and/or "Other" FBDE categories. If states do not do that, these individuals will have Medicaid coverage as secondary to Medicare for services (and providers) covered by Medicaid.

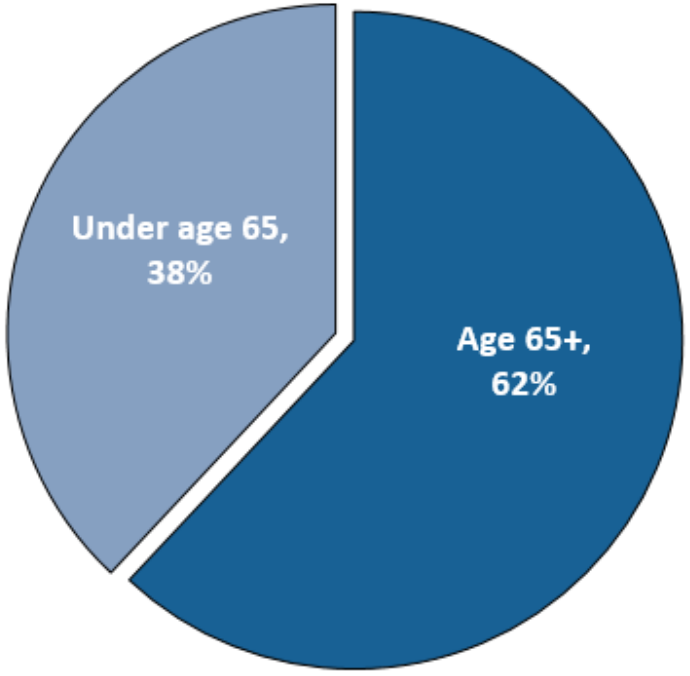
Source: CMS Dually Eligible Individuals – Categories, Table 1. 2019. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf

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

Dually Eligible Individuals: Eligibility and Age Categories

Of the 12.2 million dually eligible individuals in 2019…





Source: Centers for Medicare & Medicaid Services. Medicare-Medicaid Coordination Office. "Twelve-Year Trends Report – Accompanying Data Tables (2006-2019). January 2020. Available at: https://www.cms.gov/files/zip/medicaremedicaiddualenrollmenteverenrolledtrendsdata.zip

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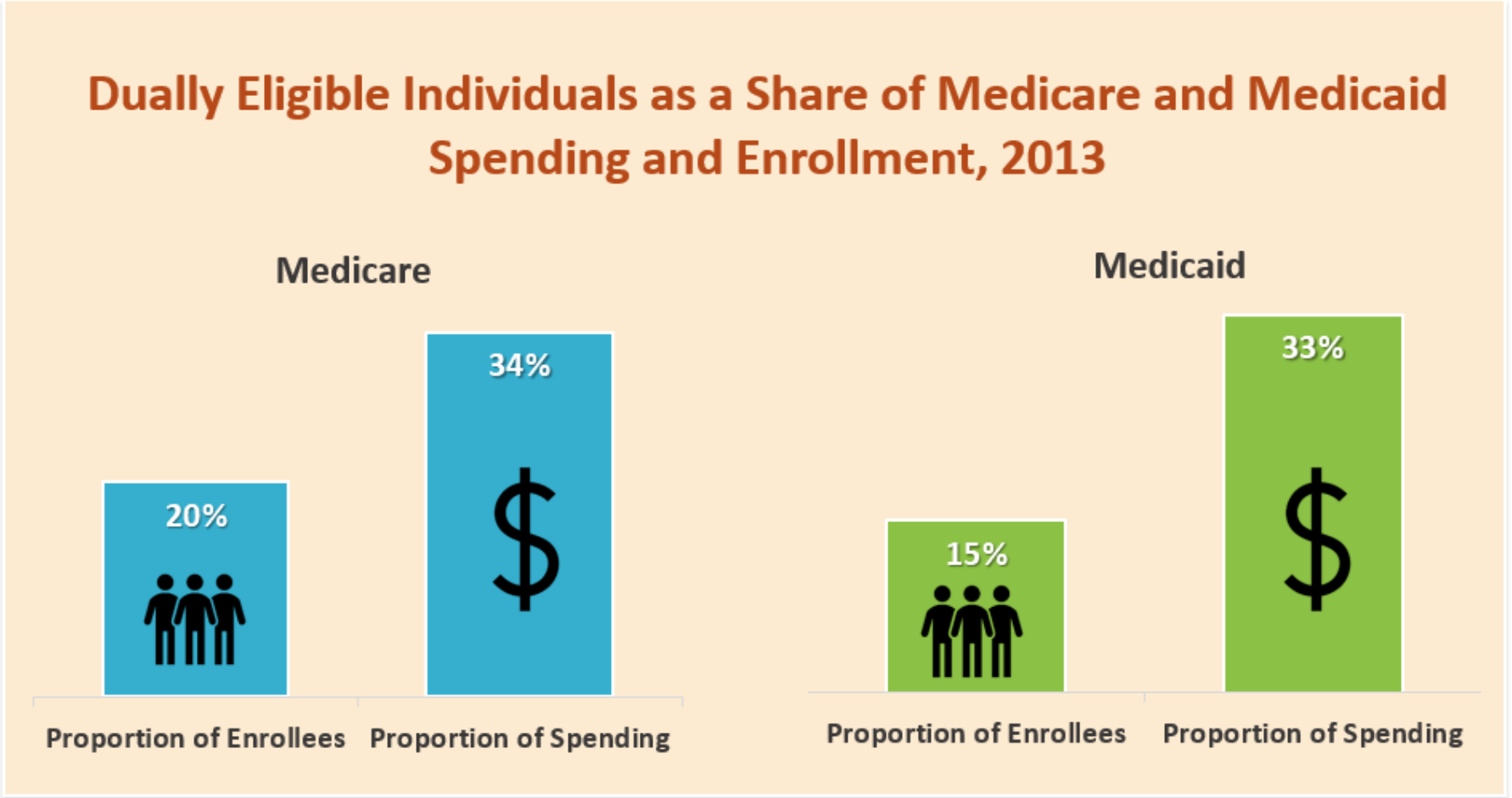
Dually Eligible Individuals Are a High-Need Population

- Data as of 2013 shows a high prevalence of **health conditions, functional limitations, and social risk factors**
  - 70% have been diagnosed with three or more chronic conditions
  - 41% have a behavioral health disorder
  - Over 40% use long-term services and supports (LTSS)

Sources: Center for Medicare & Medicaid Services. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FY-2018-Report-to-Congress.pdf ; Medicare Payment Advisory Commission and Medicaid and CHIP Payment Advisory Commission. Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid. January 2018.

Dually Eligible Individuals Account for a High Proportion of Medicare and Medicaid Costs



Sources: Center for Medicare & Medicaid Services. Medicare-Medicaid Coordination Office Fiscal Year 2019 Report to Congress; Medicare Payment Advisory Commission and Medicaid and CHIP Payment Advisory Commission. Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid. January 2018.

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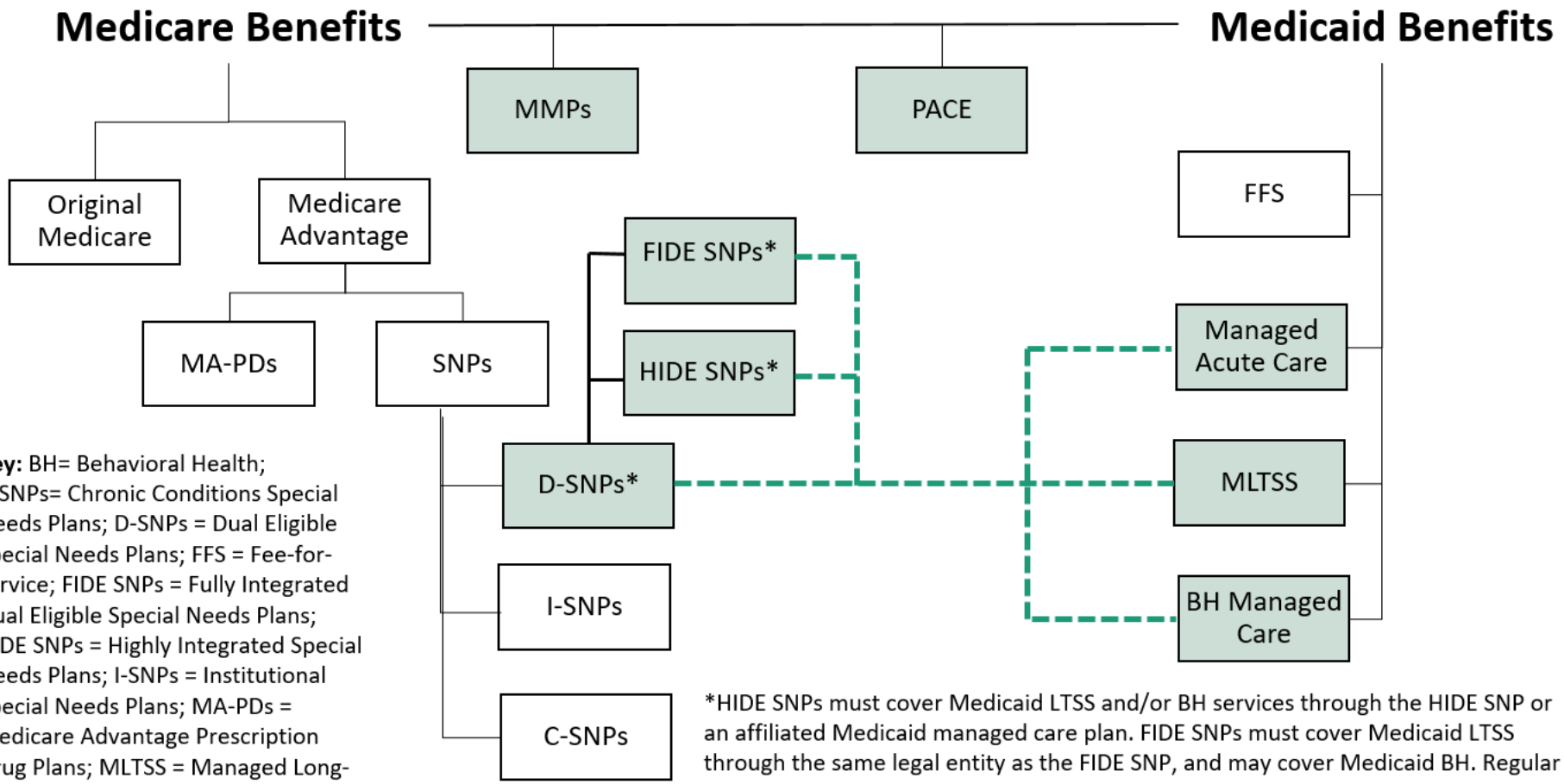
Medicare and Medicaid Coverage Options for Dually Eligible Individuals

Note: Shaded boxes in the figure below represent models that coordinate and/or integrate all or some Medicare and Medicaid benefits for dually eligible beneficiaries.



Key: BH= Behavioral Health; C-SNPs= Chronic Conditions Special Needs Plans; D-SNPs = Dual Eligible Special Needs Plans; FFS = Fee-for-service; 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; MLTSS = Managed Long-Term Services and Supports; MMPs = Medicare-Medicaid Plans; PACE = Program of All-Inclusive Care for the Elderly

*HIDE SNPs must cover Medicaid LTSS and/or BH services through the HIDE SNP or an affiliated Medicaid managed care plan. FIDE SNPs must cover Medicaid LTSS through the same legal entity as the FIDE SNP, and may cover Medicaid BH. Regular D-SNPs must at least coordinate Medicaid benefits, and may cover some or all Medicaid benefits through the D-SNP or an affiliated Medicaid managed care plan.

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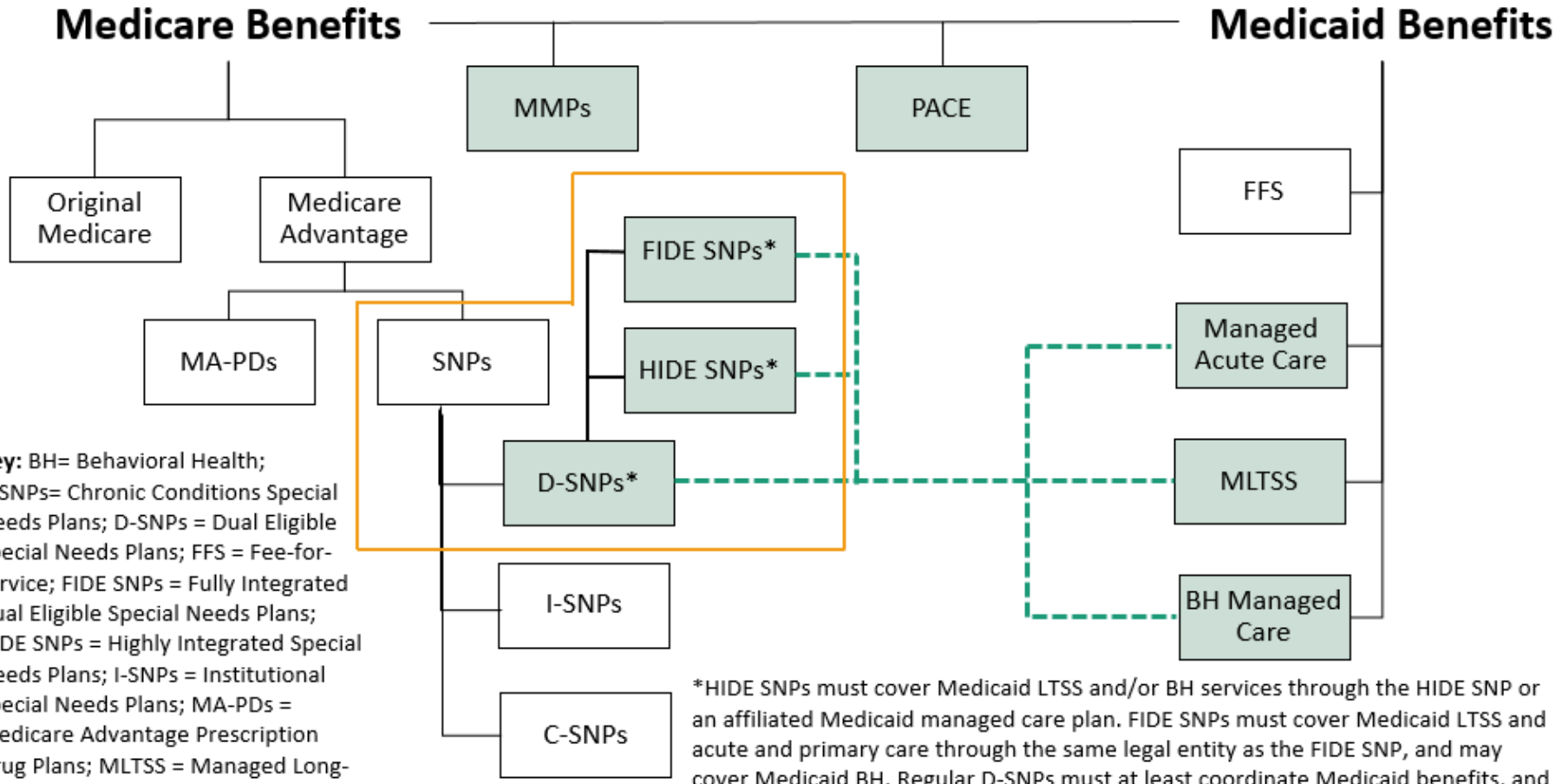

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Key Takeaways: Dually Eligible Individuals

- Qualify for both Medicare AND Medicaid
  - Over 65 and/or disabled and
  - Low income

- As a population, tend to have high prevalence of health conditions and high functional needs

- Account for a high proportion of Medicare and Medicaid costs

- Dually eligible individuals can choose to receive their Medicare benefits in a variety of ways. Dual Eligible Special Needs Plans (D-SNPs), the focus of this webinar, are a Medicare coverage option designed specifically for dually eligible individuals.

Introduction to D-SNPs

What Are Dual Eligible Special Needs Plans (D-SNPs)?

- A type of Medicare Advantage (MA) managed care plan that only enrolls dually eligible individuals
  - Medicare Advantage is a program through which Medicare beneficiaries can get their Medicare coverage through a private managed care plan.
- Authorized in 2003 and began operating in 2006
- Required to have contracts with states as of 2013
- Required to meet new standards for coordination of Medicare and Medicaid benefits in 2021

How Are D-SNPs Different from Other MA Plans?

	D-SNPs	Medicare Advantage
Must hold contract with Medicare	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements	Yes	No
Cover Medicare benefits	Yes	Yes
Coordinate delivery of Medicare and Medicaid	Yes	No
Cover Medicaid benefits	Yes[1]	No
Offer supplemental benefits (e.g., dental, vision, hearing, transportation)	Yes	Yes
Tailor supplemental benefits specifically for the needs of dually eligible individuals	Yes	No
Have a Model of Care (MOC) to describe how the plan with meet the needs of dually eligible individuals	Yes	No

[1] D-SNPs may do this through the D-SNP or through an affiliated Medicaid managed care plan offered by the same company; not all D-SNPs cover Medicaid benefits; most D-SNPs do not cover Medicaid either directly or through an affiliated MCO

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D-SNPs and the Model of Care

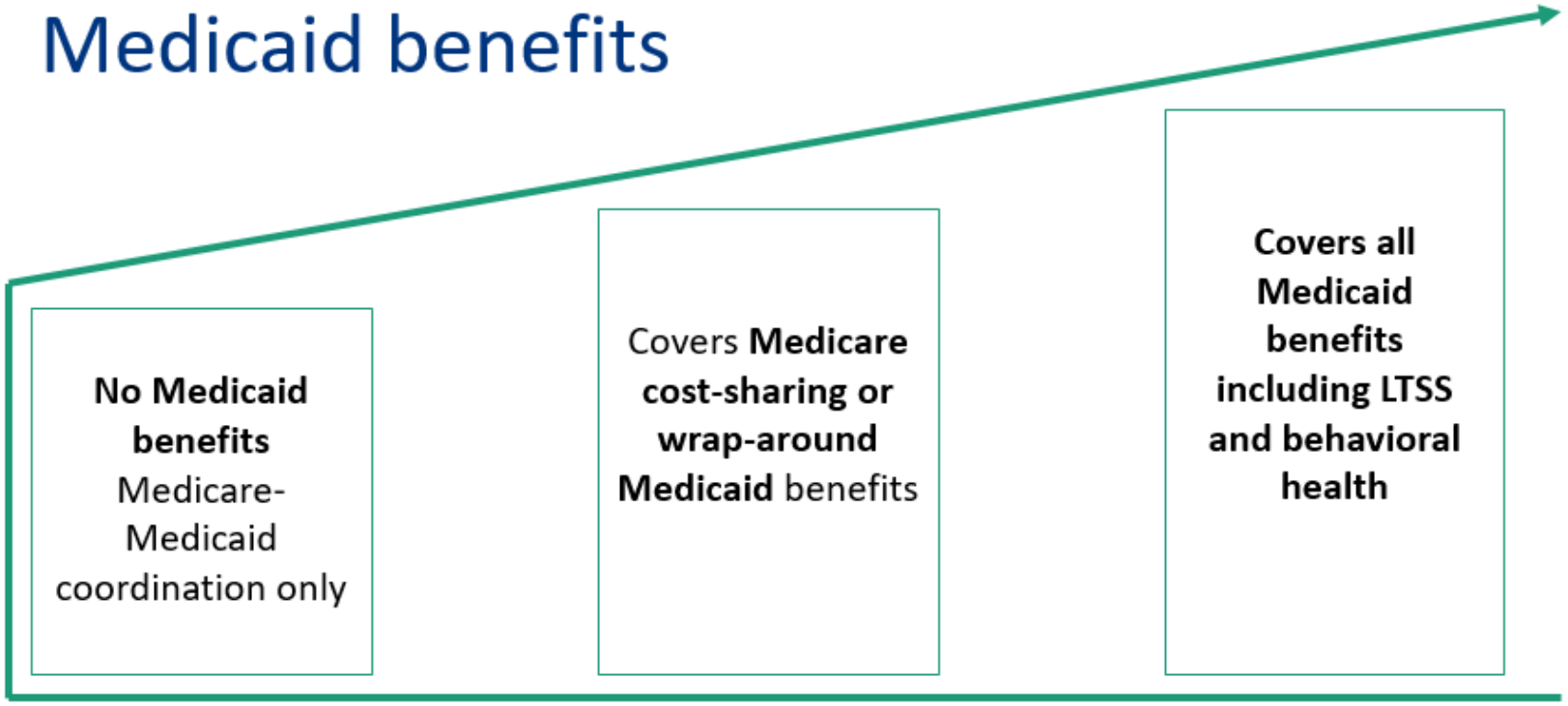
- All D-SNPs must have a **Model of Care (MOC)**

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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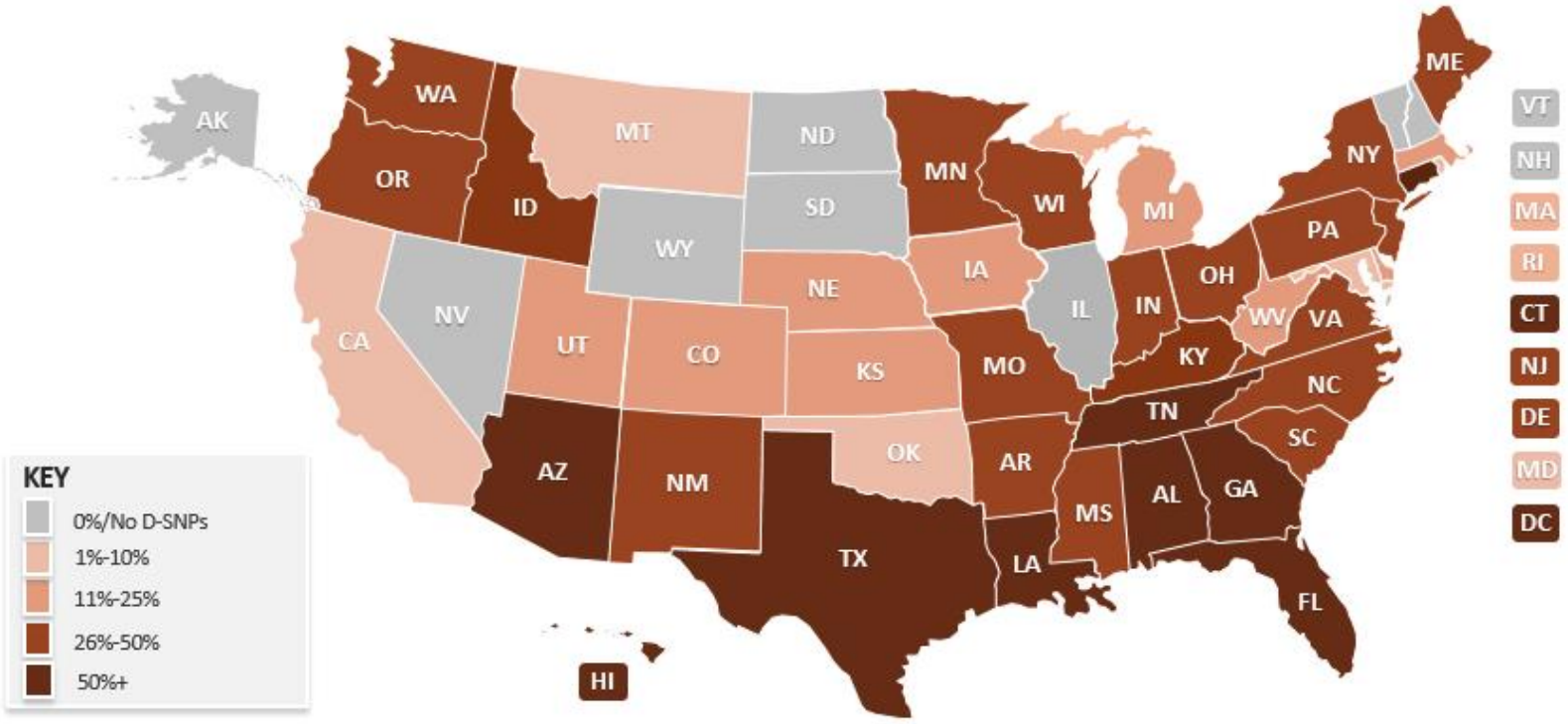
D-SNP Medicaid Coverage

- States can require D-SNPs to cover any or all Medicaid benefits, including:
  - Medicare beneficiary **cost sharing** for Qualified Medicare Beneficiaries (QMBs) and Full Benefit Dually Eligible Beneficiaries (FBDEs)
  - Medicaid **services that overlap with Medicare** (for example, home health and durable medical equipment)
  - **Behavioral health** (BH) services
  - **Long-term services and supports** (custodial nursing facility care, home- and community-based services (HCBS), personal care services, etc.)
  - Services that are not covered by Medicare, such as transportation, vision, dental, or hearing benefits, but may be covered as Medicare Advantage supplemental benefits

Percentage of Full Benefit Dually Eligible Individuals Served by D-SNPs, by State, September 2020



Notes: Six plans spanned across multiple states. For this map, the enrollment of these plans was divided evenly across states. Some state allow partial benefit duals in their D-SNPs, which are also captured in this map. Total FBDE data is from September 2019, the most recent data available.

Sources: Centers for Medicare & Medicaid Services. *SNP Comprehensive Report.* September 2020. Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html
Center for Medicare & Medicaid Services. *CMS Monthly Enrollment Snapshots*, September 2019. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Data-and-Statistical-Resources.html.

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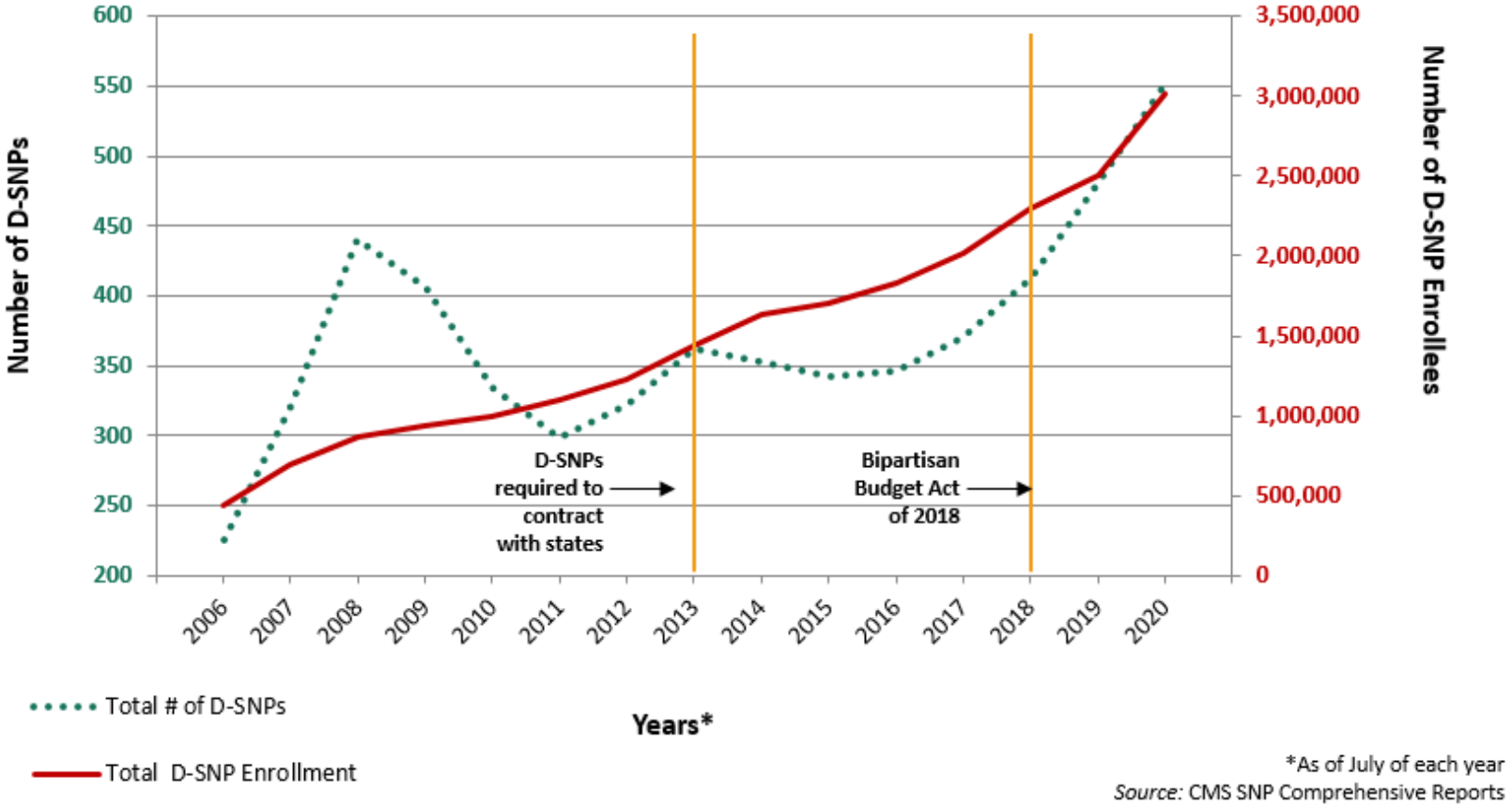
Growth in D-SNPs and Enrollment, 2006-2020



*As of July of each year

Source: CMS SNP Comprehensive Reports

SOURCE: 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;

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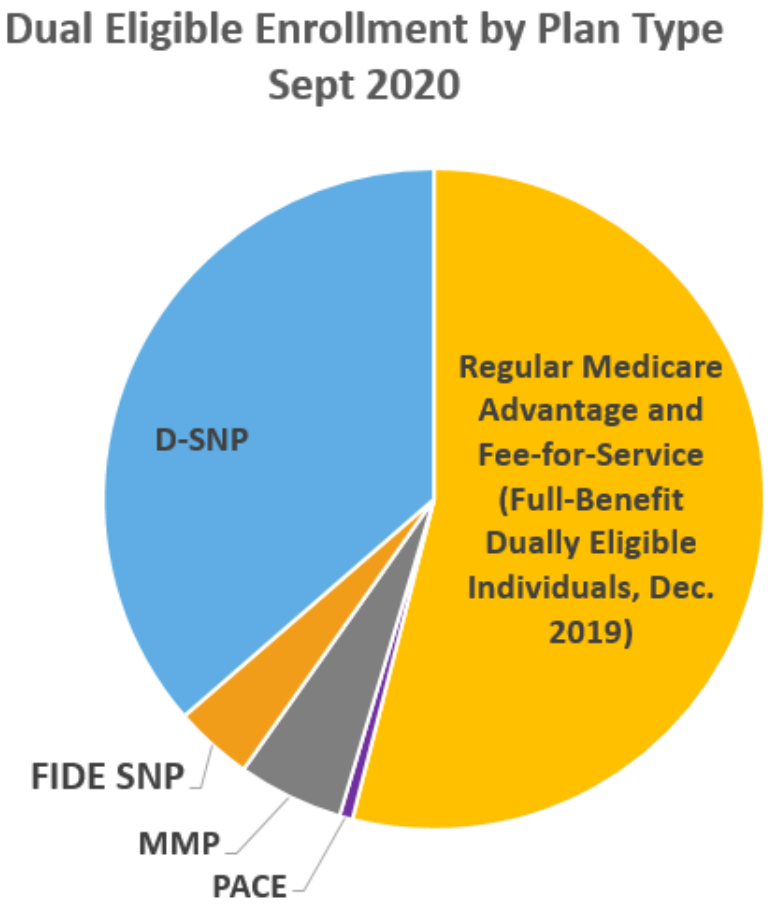
National D-SNP, FIDE SNP, MMP, and PACE Enrollment, November 2020



Notes: D-SNP total does not include FIDE SNP enrollment. No FBDE data were available for PR. Data from December 2019 is the most recent FBDE data available.
D-SNP total includes 55 enrollees in plans with under 11 enrollees.
D-SNP enrollment may include partial benefit dually eligible individuals.
MMP = Medicare-Medicaid Plan
Sources: CMS Monthly Enrollment by Contract, Nov 2020: https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldatamonthly/enrollment-contract-2020-11-0
CMS SNP Comprehensive Report, Nov 2020: https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldataspecial-needs/snp-comprehensive-report-2020-11
CMS Quarterly Enrollment Updates, Dec 2019: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

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

- 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

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 eligibility** for both Medicare and Medicaid.

(7) The **service area** covered by the SNP.

(8) The **contract period** for the SNP."

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.

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: 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

Deep Dive – Contract Element #2

What this means: The contract must clearly identify the dually eligible population that is eligible to enroll in the D-SNP, and a D-SNP may only enroll dually eligible individuals as specified in the contract.

Sample language: The Contractor may enroll only those categories of dual eligible individuals indicated below [Check or list all that apply]:

- Only full-benefit dually eligible beneficiaries (QMB+, SLMB+ and Other Full Benefit Dually Eligible Beneficiaries only
- QMB
- QMB+
- SLMB
- SLMB+
- QI
- QDWI
- Other Full Benefit Dually Eligible Beneficiaries

Source: 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

Key Medicare Dates

**Dates important to states are in bold*

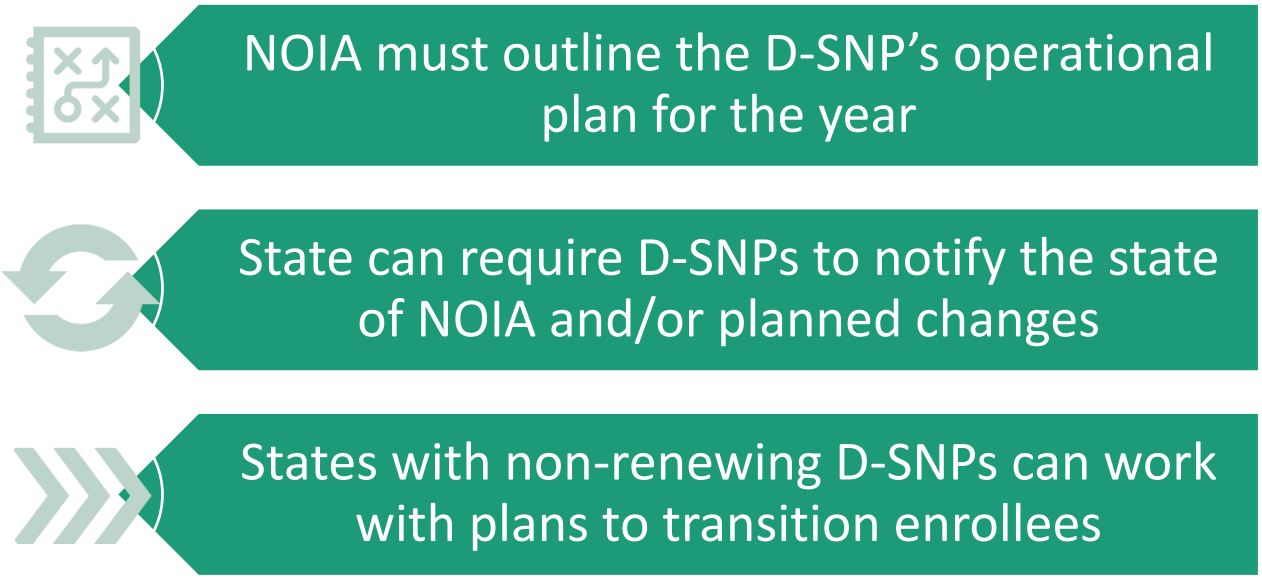
Month	Medicare Advantage (MA) Activity
January	• Jan 1st enrollment effective date for all MA plans • Annual Medicare Part D plan reassignment occurs for individuals with Low-Income Subsidy coverage (including dually eligible individuals) • Release of MA plan applications
February	• **MA applications due to CMS**
April	• Launch of the plan benefit package (PBP) module in the CMS Health Plan Management System (HPMS)
Spring	• Revised Medicare Star ratings released (annually each Spring)
July	• **MA organizations must submit D-SNP State Medicaid Agency contracts to CMS by July 1**
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
October	• **Start of Medicare Annual Election Period (Oct 15th)** • **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 2020 for CY 2022)
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: ICRC resource: *Key 2020 Medicare Dates* (March 2020) https://www.integratedcareresourcecenter.com/resource/key-2020-medicare-dates

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. For example, you must submitted a NOIA by November 2020 for the contract year beginning in 2022.



Source: ICRC TA Tool: *Key Medicare Advantage Dates and Action Items for States Contracting with Dual Eligible Special Needs Plans* (September 2017) http://www.integratedcareresourcecenter.com/PDFs/Key_MA_Dates_for_States_Contracting_with_D-SNPs.pdf

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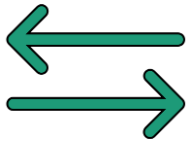
Key Takeaways: Basic D-SNP Contracting Principles

- 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 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.

New D-SNP Contracting Requirements for 2021

New Integration Requirements for D-SNPs

- As a result of the Bipartisan Budget Act of 2018, effective January 1, 2021, all D-SNPs must meet **at least one** of the following criteria:
  1) **Cover Medicaid behavioral health services and/or LTSS** to be designated as either:
     - A Fully Integrated Dual Eligible SNP (FIDE SNP), or
     - A Highly Integrated Dual Eligible SNP (HIDE SNP)
  2) **Notify state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk enrollees**
     - Goal: improve coordination during care transitions

New Integration Requirements for D-SNPs: Designation of FIDE SNP versus HIDE SNP

- Two key factors determine whether D-SNPs qualify as FIDE SNPs or HIDE SNPs:

  1) Whether the state includes **substantial[1] coverage of behavioral health services and/or long-term services and supports** in its capitated contract with:

     - The D-SNP
     - The D-SNP's parent organization, or
     - Another entity owned and controlled by the D-SNP's parent organization; and

  2) **What entity holds the capitated contract with the state**

[1] To qualify as a HIDE SNP or FIDE SNP, a D-SNP must cover behavioral health services, LTSS or both. For more information about allowable carve-outs, see the January 17, 2020 CMS Informational Bulletin: https://www.cms.gov/files/document/cy2021dsnpsmedicaremedicaidintegrationrequirements.pdf

Unified Appeals & Grievance Process Requirements

- HIDE SNPs and FIDE SNPs with **exclusively aligned enrollment** must have a **unified appeals and grievance process** beginning in CY 2021. This means adopting:
  - Single plan-level **grievance process** with uniform timelines and procedures
  - Integration of **coverage determination** and plan-level appeals (**integrated reconsiderations**)
    - Plan should apply Medicare and Medicaid coverage criteria
    - One set of timelines
    - Rules for parties and representation

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.

How Can Information Sharing Support High-Quality Care Transitions?

- High quality care transition support can lead to:
  - Discharge planning that takes all care settings and services into account;
  - Reduction in avoidable hospital and SNF admissions/ readmissions;
  - Increase in appropriate follow-up care upon discharge;
  - Increased use of Medicaid HCBS (versus institutional care); and
  - Improved quality outcomes including satisfaction and quality of life.

Source: Ruiz, D., McNealy, K., Corey, K., et al. "Final Evaluation Report Evaluation of the Community-based Care Transitions Program." Econometrica and Mathematica Policy Research, November 2017. Available at: https://downloads.cms.gov/files/cmmi/cctp-final-eval-rpt.pdf

What Is the Goal of the Hospital and SNF Admission Notification Requirement?

- **Goal:** Improve coordination of Medicare and Medicaid services between settings of care for at least one group of high-risk full-benefit dual eligible individuals
- D-SNPs (or a designated entity) must notify the state (and/or individuals/entities designated by the state)
  - Requirement does not apply if D-SNP is a HIDE or FIDE SNP
- State determines:
  - Who is "high risk"
  - Who will be notified
  - The timeframe for the notification
  - The notification method

Source: 42 CFR §422.107(d), 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.

State Approaches to Information Sharing: Georgia

Parameter	Georgia approach
Target Population	Dual Eligible members of the DCH Elderly and Disabled 1915(c) Waiver Program
Entity Notified	The members' Medicaid case management agencies
Timeframe for Notification	In real time, where possible, but in no event later than two (2) business days after the admission, discharge, or transfer occurs.
Notification Method	Secure email/ Automated Secure Shell Host (SHH) File Transfer Protocol

State Approaches to Information Sharing: Washington

Parameter	Washington approach
Target Population	Full-benefit dually eligible D-SNP enrollees who have been diagnosed with dementia, serious mental illness, or traumatic brain injury and also receive long-term services and supports (LTSS)
Entity Notified	Washington State Health Care Authority
Timeframe for Notification	Weekly basis, due Monday for the previous week, Sunday through Saturday
Notification Method	Secure File Transfer Protocol (SFTP)

Key Takeaways: New Requirements for 2021

- All D-SNPs must meet new requirements for 2021, either by covering Medicaid benefits and meeting HIDE or FIDE SNP requirements 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.

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

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

Date: December 17th, 1:30-2:30pm ET

What to expect:

- 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
- State contracting and policy approaches to promote integrated Medicare and Medicaid benefits through D-SNPs, in states with and without managed care
- The effect of service carve-in/carve-out on integration
- State spotlight

Appendix

Total D-SNP, FIDE SNP, MMP, and PACE Enrollment by State, November 2020

State	D-SNP[1]	FIDE SNP	MMP	PACE[2]	Total # of FBDEs[3] (Dec 2019)
AK					17,206
AL	82,757			161	84,674
AR	25,938			378	66,781
AZ	92,580	11,711			172,071
CA	123,172	14,498	115,133	8,674	1,418,998
CO	21,181			4,577	79,277
CT	45,625				68,919
DC	12,826				22,700
DE	5,872			240	15,117
FL	392,824	31		2,219	401,241
GA	102,691				148,306
HI	25,285				35,663
IA	16,388			552	65,145
ID		9,607			28,153
IL			63,162		319,374
IN	52,084			406	141,345
KS	8,481			543	38,316
KY	39,490				91,850
LA	80,525			438	123,754
MA		60,158	30,058	4,500	287,832
MD	8,934			131	120,471
ME	18,551				51,404
MI	45,702		40,489	3,449	259,398
MN	7,151	41,480			121,588
MO	47,164				136,635

[1]Not all D-SNP enrollees are in integrated arrangements, but their care must at least be coordinated with Medicaid. Six D-SNPs spanned across multiple states. For purposes of this table, enrollment was split evenly across states. FIDE SNP enrollment is not included in the D-SNP count. The total D-SNP enrollment includes PR, which was not included in this table since there was no data on FBDEs available. 55 enrollees were in D-SNPs with under 11 enrollees and were included in the total.

[2]These enrollment numbers include Medicare enrollees only, and do not include Medicaid-only PACE enrollees, who represented about 19 percent of all PACE enrollees in July 2018, as shown in Tables 2 and 3 of the 2018 Medicaid Managed Care Enrollment Report, available at. https://www.medicaid.gov/medicaid/managed-care/downloads/2018-medicaidmanaged-care-enrollment-report.pdf

[3]Total FBDE data is from December 2019, the most recent data available. FBDEs includes QMB+, SLMB+ and Other FBDEs. Data is available in the CMS Quarterly release snapshot: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

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Total D-SNP, FIDE SNP, MMP, and PACE Enrollment by State, November 2020

State	D-SNP	FIDE SNP	MMP	PACE	Total # of FBDEs (Sept 2019)
MS	32,331				75,907
MT	1,875				16,761
NC	74,570			2,030	249,134
ND				163	11,085
NE	8,765			193	35,599
NH					20,677
NJ		56,988		1,051	196,101
NM	28,209			416	55,432
NV					29,582
NY	306,888	66,073	1,746	4,983	772,440
OH	84,053		84,404	530	257,056
OK	10,252			571	95,062
OR	22,523			1,590	81,205
PA	132,501	35,368		7,182	376,068
RI	277,235				
SC	4,867		13,068	323	36,317
SD	46,927		15,964	394	136,489
TN					12,285
TX	118,968	1,931		259	146,434
UT	251,615		38,789	1,095	376,174
VA	7,937				30,199
VT	56,363			1,412	129,777
WA					19,634
WI	64,978			958	133,064
WV	44,782	2,816		519	153,230
WY	12,129				45,110
TOTAL	**2,843,044**	**300,661**	**402,813**	**50,070**	**7,814,352**

Attributes of FIDE SNPs and HIDE SNPs

	FIDE SNP	HIDE SNP
Must have a contract with the state Medicaid agency that meets the requirements of a managed care organization as defined in section 1903(m) of the Act.	Yes	No
May provide coverage of Medicaid services to full-benefit dually eligible enrollees via a Prepaid Inpatient Health Plan (PIHP) or a prepaid ambulatory health plan (PAHP).	No	Yes
Must provide coverage of applicable Medicaid benefits to full-benefit dually eligible enrollees through the same entity that contracts with CMS to operate as an MA plan.	Yes	No[1]
Must have a capitated contract with the state Medicaid agency to provide coverage of LTSS to full-benefit dually eligible enrollees, consistent with state policy.	Yes	No, if the capitated contract otherwise covers behavioral health services.
Must have a capitated contract with the state Medicaid agency to provide coverage of behavioral health services to full-benefit dually eligible enrollees, consistent with state policy.	No. Complete carve-out of behavioral health coverage by the state Medicaid agency is permitted.	No, if the capitated contract otherwise covers LTSS.
Must have a capitated contract with the state Medicaid agency to provide coverage of a minimum of 180 days of nursing facility services to full-benefit dually eligible enrollees during the plan year.	Yes	No

[1] The state Medicaid contract may be with: (1) the MA organization offering the D-SNP; (2) the MA organization's parent organization; or (3) another entity owned and controlled by the MA organization's parent organization.

Source: Medicare-Medicaid Coordination Office. "Additional Guidance on CY 2021 Medicare-Medicaid Integration Requirements for Dual Eligible Special Needs Plans (D-SNPs)." 2020. Available at: https://www.cms.gov/files/document/cy2021dsnpsmedicaremedicaidintegrationrequirements.pdf

Using D-SNPs for improving Care Coordination for Dual 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

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

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/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

D-SNP Monitoring and Oversight

- **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://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_TipSheet_Using_Audit_Reports_June_2018.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 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** (ICRC/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 (ICRC/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 (ICRC/July 2020): https://www.integratedcareresourcecenter.com/resource/state-guide-identifying-aligned-enrollees-how-find-medicare-plan-enrollment-dually-0