



State Perspectives on Contracting with Dual Eligible Special Needs Plans (D-SNPs)

February 27, 2015

1:00 PM Eastern

Participants

- Rebecca Sweetland Lester, Integrated Care Resource Center
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- Pam Parker, State of Minnesota
- Sue Kvendru, State of Minnesota
- Elizabeth Wood, State of New Jersey
- Patti Killingsworth, State of Tennessee

Agenda

- Welcome, Introductions, and Roll Call
- Overview of State Contracting with D-SNPs
- Moderated Panel Discussion – Approaches to Alignment and State Use of D-SNP Contracts
- Questions and Discussion

Overview of State Contracting with D-SNPs

History and Purpose of D-SNPs

- D-SNPs began operating in 2006
- The purpose of D-SNPs is to coordinate Medicare and Medicaid services and provide a model of care that focuses on the special characteristics and needs of Medicare-Medicaid enrollees
- As of 2013, D-SNPs are required by federal law (Medicare Improvements for Patients and Providers Act or MIPPA) to have contracts with states
- At a minimum, state D-SNP contracts must cover D-SNP responsibility to provide or arrange for Medicaid benefits, beneficiary cost sharing protections, information sharing, eligibility verification, service area covered, and contract period (42 CFR §422.107)
- For the contract year 2015, there are 336 D-SNPs in 38 states, Puerto Rico and the District of Columbia, but two-thirds of January enrollment was in 11 states (FL, CA, NY, TX, PA, AZ, TN, AL, GA, MN, and MA)

Opportunities to Create More Robust D-SNP Contracts

- States have the option to add additional requirements beyond the minimum elements required by MIPPA
- ICRC has prepared an in-depth analysis of D-SNP contracts in selected states (AZ, FL, HI, MA, MN, NJ, NM, OR, PA, TN, TX, and WI)
 - State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options. Available at: <http://www.chcs.org/media/ICRC-Issues-and-Options-in-Contracting-with-D-SNPs-FINAL.pdf>
- The TA tool includes examples from states that include only the minimum MIPPA requirements and those that have developed more robust D-SNP contracts over time
- States with the most extensive D-SNP contracts have well-established Medicaid MLTSS programs, experienced D-SNPs interested in contracting with the state, and state staff knowledge of both Medicaid and Medicare managed care
- States can encourage alignment of D-SNP and Medicaid contractors—i.e., the same entity offers a Medicare and Medicaid products side-by-side to form an integrated D-SNP platform—in specific geographic areas to increase administrative alignment between Medicare and Medicaid and encourage enrollment in integrated programs

Information Sharing and Notification Requirements

Examples of D-SNP Contract Requirements

States may require that D-SNPs share information on:

- Plan Monitoring: Grievance and appeals data (MA, p.16 in the TA tool)
- Service Use: Encounter and/or Part D data (MN, p.16)
- Quality Data: Medicare HEDIS data, quality improvement projects, or star ratings (WI, p.13 & 17)
- Warning of Potential Plan Changes: Notification of CMS warning letters, low performing icons, plan non-renewals or service area changes (AZ, p.13-14)

Care Coordination and Model of Care Requirements

Examples of D-SNP Contract Requirements

- Notification of Medicare-covered inpatient admissions and coordination around discharge planning (TN, p.12)
- Coordination of care provisions, including identifying specific contacts at both the D-SNP and MLTSS plan responsible for information sharing and coordination across benefits (AZ, p.11)
- Adding state requirements to D-SNP Model of Care (MN, p.12)

Administrative Alignment Requirements

Examples of D-SNP Contract Requirements

- Integrated member materials and enrollment processes (MN, p.15 & 17)
- Integrated benefit determinations and appeals (MN, p.16)
- Coordination of grievance and appeals processes (HI, p.16)
- Review of Medicare and Medicaid Quality Improvement Activities (NJ, p.17)

Moderated Panel Discussion – Approaches to Alignment and Integration

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State MLTSS Programs

Minnesota Senior Health Options
(MSHO) Program

New Jersey FamilyCare Program

TennCare CHOICES in LTSS (CHOICES)

MLTSS and D-SNP Alignment: MN, NJ, TN

State Program	D-SNP Requirements		
	State contracts only with D-SNPs that have a companion Medicaid plan	State requires Medicaid contractors to offer D-SNPs	Medicaid services provided on a capitated basis
MN: MSHO*	Yes	Yes	All Medicaid services offered by companion Medicaid plans
NJ: NJ FamilyCare	Yes, D-SNP must offer a Medicaid managed care product	No	All Medicaid services offered by companion Medicaid plans, except HCBS MLTSS
TN: TennCare CHOICES**	No	New requirement in 2015	All Medicaid services offered by companion MLTSS plans

State Requirements for D-SNP Reporting and Notifications in MN, NJ, TN

State	Medicare Advantage Reports and Notifications Submitted to State			
	Medicare Advantage Quality/Performance Reports	Medicare Advantage Encounter Data or Financial Reports	CMS-Required Notices of Plan Changes to State	Warning Letters, Corrective Action Plans, Deficiency Notices and/or Low Star Ratings
MN	✓	✓	✓	✓
NJ	✓	✓	✓	✓
TN	✓	✓		✓

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TennCare CHOICES in LTSS (CHOICES)

Questions and Discussion

Resources

- Technical Assistance Tool: J. Verdier, A. Kruse, R. Lester, A. Philip, D. Chelminsky. State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options. Integrated Care Resource Center, February 2015. Available at: <http://www.chcs.org/media/ICRC-Issues-and-Options-in-Contracting-with-D-SNPs-FINAL.pdf>
- Webinar: Integrated Care Resource Center. “Working with Medicare: Introduction to State Contracting with D-SNPs.” November 2014: <https://chcs.webex.com/chcs/ldr.php?RCID=f2e469643321162fd7aba71c05c3c987>
- [CMS Medicare Managed Care Manual, Chapter 16b, Special Needs Plans \(Revised 9/9/14\)](#) This frequently updated Internet-only manual provides the most current and detailed information on CMS requirements and policies for all SNP types. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c16b.pdf>

About ICRC

- Established by CMS to advance integrated care models for Medicare-Medicaid enrollees
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <http://www.integratedcareresourcecenter.com> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org