



Platform for Integration: Dual Eligible Special Needs Plans

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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> for resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to: ICRC@chcs.org

Agenda

- **Introduction**

- Dual Eligible Special Needs Plans (D-SNPs) History and Purpose
- National D-SNP landscape

- **D-SNP Opportunities and Comparison to Other Platforms**

- D-SNP Integration and Contracting Basics
- State Spotlight on New Jersey's Fully-Integrated Program

- **Appendix**

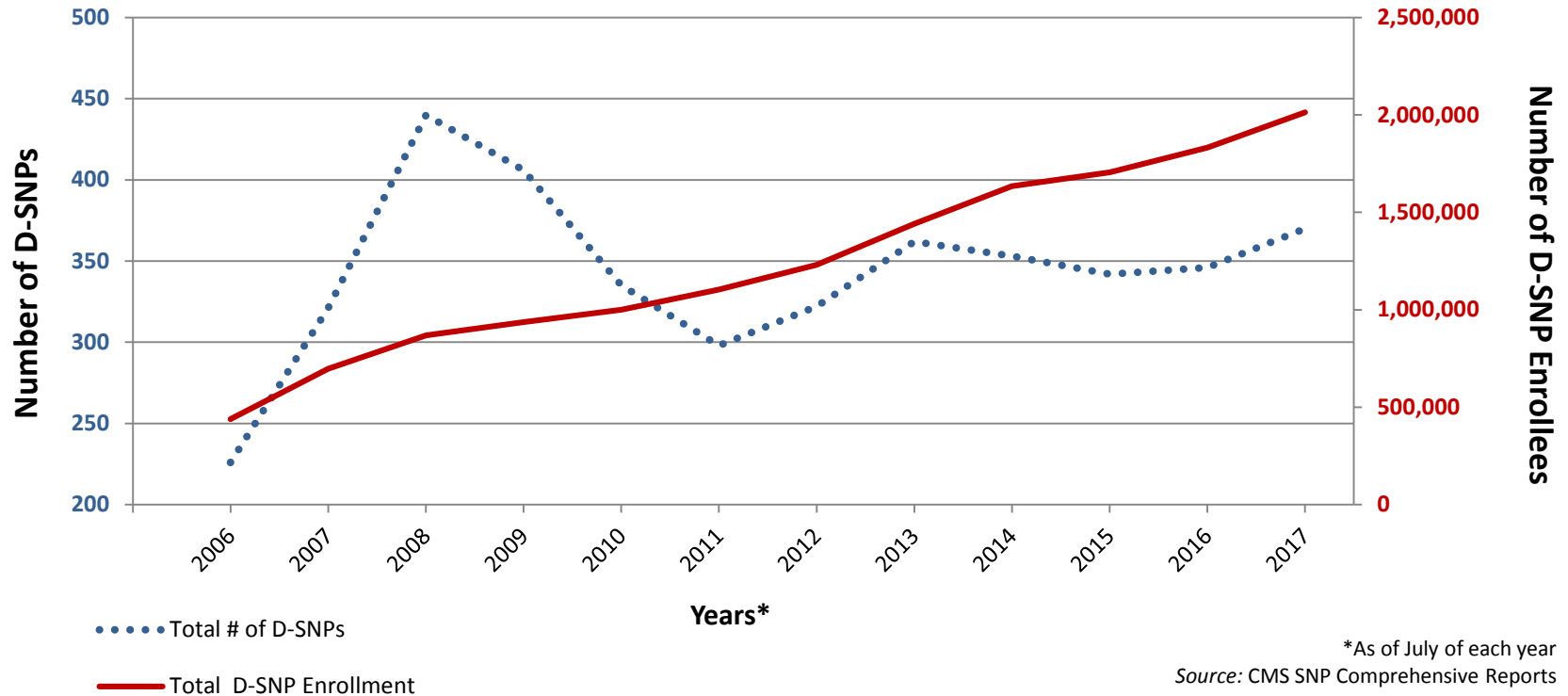
- Minimum Medicare Improvements for Patients and Providers Act (MIPPA) requirements
- Additional Resources

Introduction

History and Purpose of D-SNPs

- D-SNPs were authorized in 2003 and began operating in 2006
 - D-SNPs: A type of Medicare Advantage-Prescription Drug plan (MA-PD) only for Medicare-Medicaid enrollees
 - Before 2013: D-SNPs were not required to have contracts with state Medicaid agencies
 - Steady enrollment growth — Now over 2 million in 41 states, DC, and PR
 - NY D-SNP enrollment: 230,000 statewide
- D-SNPs focus on a subset of the Medicare population with special characteristics and needs
 - Can provide better coordination of services for Medicare-Medicaid enrollees
 - Other SNP types: chronic or disabling condition (C-SNPs) and institutional (I-SNPs)

Growth in D-SNPs and Enrollment, 2006-2017



SOURCES: CMS SNP Comprehensive Reports. Available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>; and ICRC analysis of CMS Monthly Enrollment by Contract reports, available at: <http://www.chcs.org/media/ICRC-MMP-Enroll-by-State-October-2017.pdf>.

Level of Integration of MA Plans

	MA-PD*	D-SNP**	MMP***
State Contracting Involvement	None	Must have a contract with the state that includes minimum MIPPA requirements	3-way contract between plan, CMS, and state
Medicaid Benefits Covered	None	Ranges from no Medicaid benefits to Medicare cost-sharing and wrap-around Medicaid benefits to all Medicaid covered benefits including LTSS and BH	Medicare cost-sharing, wrap-around Medicaid benefits, and LTSS; may include BH
Level of Medicare and Medicaid Alignment	None	Responsibility to coordinate delivery of Medicare and Medicaid services; may include option for beneficiaries to enroll in aligned D-SNPs and Medicaid plans operated by the same company, and coordination of enrollment, materials, appeals, etc.	Extensive including unique joint state and federal oversight and financing

* Medicare Advantage-Prescription Drug Plan (MA-PD): As of November 2017, there were 459 MA-PD contracts with 18.7 million enrollees.

** Dual Eligible Special Needs Plan (D-SNP): As of November 2017, there were 191 D-SNP contracts with 2.1 million enrollees. States have opportunities to create robust requirements for both administrative alignment and coordination of Medicare and Medicaid services.

*** Medicare-Medicaid Plan (MMP): As of November 2017, there were 59 MMP contracts in 10 states with 408,000 total enrollees. MMP operation is limited to areas covered under CMS approved financial alignment demonstrations.

D-SNP Opportunities and Comparison to Other Platforms

D-SNP Integration Basics

- Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs)
 - Provide all Medicare benefits and provide or coordinate Medicaid benefits
 - Separate contracts with CMS and state
 - Linked in many states to “companion” Medicaid managed long-term supports and services (MLTSS) plans to provide coverage of Medicaid benefits
 - Medicare Advantage Fully Integrated Dual Eligible SNPs (FIDE SNPs)
 - A special CMS-designated category of D-SNPs that cover all or most Medicaid LTSS, behavioral health in some states, and other Medicaid benefits through companion Medicaid plans
 - May receive additional CMS Medicare payment through a frailty adjustment
 - Most integrated D-SNP option

State Contracting with D-SNPs

- As of January 2013, D-SNPs must have a contract with state Medicaid agency (i.e., MIPPA contracts)*
- At a minimum:
 - D-SNP agrees to “provide Medicaid benefits, or arrange for benefits to be provided”
 - State Medicaid agency agrees to allow the D-SNP to serve and coordinate care for Medicare-Medicaid enrollees
 - State contract with D-SNP must include eight minimum MIPPA requirements (see Appendix to slides for details)
- States may go beyond MIPPA minimums to provide improved administrative, clinical, and financial integration for D-SNP enrollees

* MIPPA Section 164 as amended by the Affordable Care Act of 2010 requires that D-SNPs have such a contract by CY 2013 and each subsequent year to continue to operate as a D-SNP. (See 42 CFR 422.107)

Detailed Comparison: D-SNPs and MMPs

Feature	Dual Eligible Special Needs Plans	Medicare-Medicaid Plans (MMPs)
State Contracting Involvement	<ul style="list-style-type: none"> Must have a contract with the state that includes minimum MIPPA requirements 	<ul style="list-style-type: none"> 3-way contract between plan, CMS, and state
Covered Benefits	<ul style="list-style-type: none"> Medicare primary and acute services Medicaid benefits at the state's discretion including cost-sharing, wrap-around Medicaid benefits, or all Medicaid covered benefits including LTSS and behavioral health (BH) Option to offer supplemental benefits 	<ul style="list-style-type: none"> One set of comprehensive benefits Must include or coordinate provision of all Medicaid benefits, Medicare cost-sharing, wrap-around Medicaid benefits, and LTSS; may include BH Option to offer supplemental benefits
Financial Model and Incentives	<ul style="list-style-type: none"> Separate Medicare and Medicaid payments can be integrated by plan Savings from reduced Medicare service use accrue to plan and Medicare; no direct mechanism for states to share in Medicare savings Subject to Stars ratings; potential bonus payments 	<ul style="list-style-type: none"> Integrated Medicare and Medicaid payments Plan savings from reduced Medicare use are shared with the state and CMS Quality withholds will apply Stars rating system and bonus payments do not apply
Medicare/Medicaid Alignment	<ul style="list-style-type: none"> Must coordinate delivery of Medicare and Medicaid services; may enroll beneficiaries in aligned D-SNPs and Medicaid plans operated by the same company, and coordinate enrollment, materials, appeals, etc. 	<ul style="list-style-type: none"> Extensive including unique joint state and federal oversight and financing Integrated enrollment broker Joint marketing templates and review of materials

D-SNP State Spotlight – New Jersey

- Leverage D-SNP platform as a pathway to full integration for a maximum number of dually eligible beneficiaries
- NJ requires D-SNPs to:
 - Offer an MLTSS plan and limit D-SNP enrollment to beneficiaries entitled to full Medicaid benefits
 - Request CMS designation to operate as a FIDE-SNP
 - Establish robust care coordination and administrative alignment requirements under MIPPA agreement

Aligned Enrollment Approach	Sample MIPPA Requirements
<ul style="list-style-type: none">• Limit D-SNP enrollment to those choosing companion Medicaid plans• State assigns members who select a D-SNP for Medicare to the D-SNP's NJ Medicaid plan, creating ongoing alignment between Medicare and Medicaid enrollments• State educates dually eligible beneficiaries on enrollment benefits	<ul style="list-style-type: none">• Strong coordination of care provisions• Coverage of Medicare cost-sharing, wrap-around Medicaid benefits, LTSS and BH• Sharing of MA encounter, financial, and quality reporting data with state• State ensures that D-SNP aligns beneficiary materials, provider notifications, member communications, grievance and appeals processes, etc.

Contact Information and Questions

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Send additional questions to:
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Appendix: MIPPA Requirements and Related Resources

Minimum MIPPA Requirements

D-SNP contracts with states must cover:

1. MA organization's responsibilities, including financial obligations, to provide or arrange for Medicaid benefits
 - *Contracts must clearly outline the process by which the D-SNP agency provides and/or arranges for Medicaid benefits. All contracts must specify how the Medicare and Medicaid benefits are integrated and/or coordinated.*
2. Categories of eligibility for dually eligible beneficiaries to be enrolled under the D-SNP, including the targeting of specific subsets
 - *Contracts must clearly identify the dually eligible population that is eligible to enroll in the D-SNP. A D-SNP may only enroll dually eligible individuals as specified in the state Medicaid agency contract. For Medicare Advantage organizations whose contract with the state is for Medicaid managed care, enrollment in a D-SNP offered by the organization must be limited to the same category of Medicaid dually eligible beneficiaries as are permitted to enroll in that organizations' Medicaid managed care contract.*
3. Medicaid benefits covered under the SNP
 - *Contracts must include information on benefit design and administration, and assignment of responsibility for providing or arranging for the covered benefits. Contracts must specify the Medicaid benefits covered, including any benefits not covered by Original Medicare.*

Minimum MIPPA Requirements *(Cont.)*

4. Cost sharing protections covered under the D-SNP

- *Contracts must affirm that the D-SNP will not impose cost sharing on specified dually eligible beneficiaries that exceeds the amounts permitted under the state Medicaid plan if the individual were not enrolled in the D-SNP. In addition, the D-SNP must meet all Medicare Advantage maximum out-of-pocket requirements.*

5. Identification and sharing of information on Medicaid provider participation

- *Contracts must describe the process by which the state will identify and share information on providers contracted with the state Medicaid agency for inclusion in the SNP provider directory.*

6. Verification of enrollee's eligibility for both Medicare and Medicaid

- *Contracts must ensure that the D-SNP will receive real-time access to information from the state Medicaid agency to verify the eligibility of dually eligible enrollees. The contract must describe the eligibility verification process in detail.*

7. Service area covered by the SNP

- *Contracts must clearly identify the covered service area(s) in which the state has agreed the Medicare Advantage organization may market and enroll.*

8. Contracting period for the SNP

- *Contracts must include a period of performance between the state Medicaid agency and the D-SNP of at least January 1 through December 31 of the year following the due date of the contract. Contracts may be multi-year or evergreen as long as an entire calendar year is covered.*

Related Resources

Websites

- Integrated Care Resource Center
 - <http://www.integratedcareresourcecenter.com>
- CMS Medicare-Medicaid Coordination Office
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html>
- CMS Monthly Enrollment Reports
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/index.html>

Resources

- Integrated Care Resource Center. “State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options.” November 2016.
http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Issues_Options.pdf,
- Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC). “Beneficiaries Dually Eligible for Medicare and Medicaid: Data Book.” January 2017.
http://medpac.gov/docs/default-source/publications/jan17_medpac_macpac_dualsdatabook.pdf?sfvrsn=0
- Integrated Care Resource Center. “Medicare Basics: An Overview for States Seeking to Integrate Care for Medicare-Medicaid Enrollees.” Updated June 2017.
http://www.integratedcareresourcecenter.com/PDFs/ICRC_Medicare_Basics_Updated_June_2017.pdf