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
• Jim Verdier, Integrated Care Resource Center
• 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)

• 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)
### 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)

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Moderated Panel Discussion – Approaches to Alignment and Integration
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- Sue Kvendru, State of Minnesota
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<thead>
<tr>
<th>State MLTSS Programs</th>
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<tr>
<td>Minnesota Senior Health Options (MSHO) Program</td>
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<tr>
<td>New Jersey FamilyCare Program</td>
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<tr>
<td>TennCare CHOICES in LTSS (CHOICES)</td>
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## MLTSS and D-SNP Alignment: MN, NJ, TN

<table>
<thead>
<tr>
<th>State Program</th>
<th>D-SNP Requirements</th>
<th>Medicaid services provided on a capitated basis</th>
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<tbody>
<tr>
<td></td>
<td>State contracts only with D-SNPs that have a companion Medicaid plan</td>
<td>State requires Medicaid contractors to offer D-SNPs</td>
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<tr>
<td>MN: MSHO*</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NJ: NJ FamilyCare</td>
<td>Yes, D-SNP must offer a Medicaid managed care product</td>
<td>No</td>
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<tr>
<td>TN: TennCare CHOICES**</td>
<td>No</td>
<td>New requirement in 2015</td>
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*Minnesota Senior Health Options (MSHO)  
**TennCare CHOICES in LTSS (CHOICES)
### State Requirements for D-SNP Reporting and Notifications in MN, NJ, TN

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<thead>
<tr>
<th>State</th>
<th>Medicare Advantage Reports and Notifications Submitted to State</th>
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<tbody>
<tr>
<td></td>
<td>Medicare Advantage Quality/Performance Reports</td>
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<tr>
<td>MN</td>
<td>✓</td>
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<tr>
<td>NJ</td>
<td>✓</td>
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Moderated Panel Discussion - Approaches to Alignment and Integration

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Questions and Discussion
Resources


• 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](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