



## Tips to Improve Medicare-Medicaid Integration Using D-SNPs:

# Designing an Integrated Summary of Benefits Document

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States are increasingly contracting with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) to better integrate Medicare and Medicaid benefits for dually eligible enrollees in order to increase care coordination and improve beneficiaries' experience of care. D-SNPs whose enrollees are also enrolled in aligned Medicaid managed care (MMC) or managed long-term services and supports (MLTSS) plans can receive their Medicare and Medicaid benefits in a seamless, coordinated manner.<sup>1</sup> In these arrangements, member materials that describe both Medicare and Medicaid benefits in an integrated, understandable way are an important component in improving the beneficiary experience. 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 (SB) document.

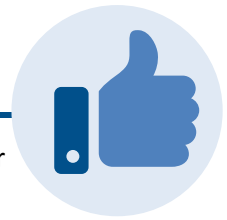
## Background

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All Medicare Advantage plans, including D-SNPs, are required to provide a SB to enrollees to help them understand the benefits covered by the plan and any relevant cost-sharing associated with those benefits. The Centers for Medicare & Medicaid Services (CMS) requires D-SNPs to include Medicaid benefit information in the SB document.<sup>2</sup> States have the opportunity to develop contractual requirements for D-SNP regarding how that information is presented and/or to require the use of an integrated SB template for aligned plans, provided the content of the SB is consistent with all CMS guidance.<sup>3</sup> Such additional requirements can be critical to achieving clear, consistent presentation of Medicaid benefit information across D-SNPs and within each D-SNP's SB document.

For a D-SNP to develop an integrated SB, the plan must be structured in ways that allow Medicare and Medicaid benefits to be integrated. Specifically, all its enrollees must:

- Be full benefit dually eligible beneficiaries (FBDEs) and therefore eligible for the Medicaid benefits described in the integrated SB.<sup>4</sup>
- Be entitled to the same cost sharing protections for Medicare services so that the SB can describe uniform cost sharing that is not dependent on Medicaid status, the enrollment of D-SNP-contracted providers in Medicaid, or coverage limitations in the state plan.<sup>5</sup>
- Receive Medicare and Medicaid benefits from the same organization, that is, all D-SNP enrollees must also be enrolled in an aligned Medicaid plan.<sup>6</sup>



## Benefits of Integrated Summary of Benefits Documents

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Integrated SB documents are designed to make benefit information clearer and easier for dually eligible beneficiaries to understand. In an integrated SB document, information regarding Medicare and Medicaid benefits and cost sharing can be presented in a comprehensive fashion, instead of requiring beneficiaries to read separate documents or separate summaries for each program. Benefits of an integrated document may include:

- ✓ **More beneficiary engagement.** Beneficiaries are more likely to read shorter, simpler materials in full, and less likely to read all or some of a document if there is too much information being presented.<sup>7</sup>
- ✓ **Improved comprehension.** Shorter materials with clear, audience-focused content and formatting can improve reader comprehension.<sup>8</sup>
- ✓ **Better retention of information.** Creating an integrated SB that is better organized and more user-friendly could improve information retention among older adults, as research has shown that organization can be just as important as readability in improving comprehension for this population.<sup>9</sup>

Because comprehension of plan benefits is critical to beneficiaries' navigation of integrated care programs, development of clear, streamlined SB documents may improve beneficiary experience in integrated care programs. Integrated SB documents also allow for presentation of state or program-specific information and use of state- or program-specific terminology and descriptions for integrated care programs and services, which can aid state and health plan marketing efforts to boost program recognition among beneficiaries.

## Approaches to Integrating Summary of Benefits Documents

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States can use two approaches to achieve integration of D-SNP SB documents:

### Approach 1:

The first (most comprehensive) approach to integrating the SB document is to collaborate with CMS to design an integrated SB template and require all aligned D-SNPs in the state to use that template. (States interested in using this option should contact the CMS Medicare-Medicaid Coordination Office at [mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov) and note that the process takes approximately 10-12 months.<sup>10</sup>) To date, both Minnesota and Massachusetts have worked with CMS to develop integrated SB documents for use with D-SNPs in their respective states. The development of the integrated SB templates used in Minnesota and Massachusetts was informed not only by experience in these two states, but also by CMS' experience developing integrated SB documents for the Financial Alignment Initiative capitated model demonstration projects operating in ten states.<sup>11</sup> The integrated SB template has also been consumer tested on multiple occasions, including most recently with enrollees in Massachusetts' Senior Care Options program.

On pages 188-190 of the CY2019 Draft Call Letter for Medicare Advantage and Part D plans issued on February 1, 2018,<sup>12</sup> CMS expresses interest in partnering with additional states to develop SB templates for integrated care programs. Designing a state-specific integrated SB template offers the greatest degree of state flexibility and input in developing clear, effective beneficiary communication about the state's

integrated care program(s).<sup>13</sup> This approach allows states to require D-SNPs to use consistent program language and formatting that are most appropriate for the document’s audience. For example, Minnesota’s SB template includes a program-specific “Frequently Asked Questions” section and organizes Medicare and Medicaid benefit information by type of health care need.<sup>14</sup> Minnesota also incorporated a section on benefit limitations, exceptions, and rules into the format of its SB template document, where health plans provide a single description of the parameters involved in accessing both Medicare and Medicaid benefits. Requiring the use of a single SB template can also simplify administrative review processes (if the state reviews D-SNP plan materials) and allows beneficiaries to make “apples to apples” comparisons across D-SNP plan options.

## Approach 2:

States not yet prepared to design an integrated SB template for aligned D-SNPs can still take steps to ensure that D-SNPs provide clear, straightforward Medicaid information to their dually eligible enrollees. Specifically, states can incorporate requirements into D-SNP contracts regarding SB document content and structure to ensure comprehensive presentation of Medicare and Medicaid benefit information, accurate representation of Medicaid benefits and cost sharing information, and utilization of appropriate state-specific terminology to describe Medicaid benefits and programs.

## Key Steps in Developing Integrated SB Documents



Regardless of which approach a state uses, states should consider taking the following key steps when aiming to require integrated SB documents:

### ✓ *Review CMS guidelines and sample summary of benefits documents*

States working to achieve integration in SB documents may wish to first review the Medicare SB guidelines and SB sample included in the CMS Medicare Marketing Guidelines<sup>15</sup> for Part D and Medicare Advantage plans, particularly the guidelines that list the order in which benefits must be described and minimum content standards for the SB document. (CMS guidance regarding the sequence of benefit information in the SB document must still be followed in integrated SB documents.) Reviewing the Medicare Marketing Guidelines can also help states see where state guidance/requirements can be most useful. While the CY2018 Medicare Marketing Guidelines require D-SNPs to incorporate Medicaid benefit and cost sharing information into SB documents, the guidelines do not designate how Medicaid benefits should be described or represented.<sup>16</sup> States can play a critical role in providing clarity for D-SNPs regarding the presentation of Medicaid benefits and cost sharing information in the SB document.

In addition to reviewing CMS guidelines, states may also want to request existing SB documents from D-SNPs operating in their state to see how Medicaid benefits are presented currently. Such a review may help the state to identify and prioritize areas of the document in most need of standardization, as well as to identify promising practices in current D-SNP SB documents that could be incorporated into state SB requirements or templates.

### ✓ *Collect feedback from key stakeholders*

As states work to develop integrated SB templates and/or draft contractual requirements regarding D-

SNP SB documents, soliciting feedback from beneficiary representatives, D-SNPs, and other relevant stakeholders (e.g., CMS, beneficiary advocates, enrollment counselors, providers) can help to ensure that the final documents are clear and easy for beneficiaries to understand, compliant with appropriate CMS guidelines, and feasible for D-SNPs to produce within required timeframes.<sup>17</sup>

### ✓ ***Incorporate requirements into D-SNP and MMC contracts***

States can incorporate a variety of SB document requirements into D-SNP State Medicaid Agency Contracts (SMACs).<sup>18</sup> States may also wish to incorporate parallel requirements into state contracts with Medicaid managed care/MLTSS plans to ensure that informational materials shared by aligned plans are consistent in content and terminology.

For states that have not created an integrated SB template, contractual requirements can be a particularly useful tool to guide plan presentation of Medicaid benefit information in SB documents. Contractual requirements could include specifications regarding:

- What Medicaid benefit and/or cost sharing information must be included in the SB document;
- The manner or format to be used in integrating Medicaid information into the document (for example, presenting Medicare and Medicaid benefit information for overlapping benefit categories in a comprehensive manner);
- Presentation of Medicare and Medicaid benefit information side-by-side in chart format or of certain Medicaid-only benefits separately, such as long term services and supports;
- Terminology that should be used to describe Medicaid benefits;
- Other program information that states want D-SNPs to include in the SB document (e.g., the program FAQ used in the Minnesota and Massachusetts integrated SB templates); and
- Submission of the SB document for state review (submission process, deadlines, and required steps when correction/revision is necessary).

States that elect to work with CMS to create an integrated SB template may want to incorporate a requirement into their SMACs with D-SNPs regarding the use of that template, as well as specifications regarding submission of the SB document for state review (submission process, deadlines, and required steps when correction/revision is necessary).

## **Building Knowledge**



For more information about D-SNP SB documents and contracting with D-SNPs to enhance care integration for dually eligible beneficiaries, see:

### ***Resources on the Summary of Benefits Document***

- CMS. Medicare Marketing Guidelines: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html> (In CY2018 guidelines, see section 60.1 and Appendix 4 for Summary of Benefits information.)
- CMS. CY2018 Summary of Benefits sample document for Medicare Advantage plans: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY2018->

[SummaryofBenefits\\_Sample.pdf](#). (Medicare Advantage plans are not required to use this document as a template, but they are required to display plan benefits in a certain order, as described in the Medicare Marketing Guidelines, and this sample document illustrates the sequence requirements described in the Medicare Marketing Guidelines.)

- ICRC. Spotlight highlighting Minnesota’s Summary of Benefits template:  
<http://www.integratedcareresourcecenter.com/PDFs/2017%2007%2026%20Spotlight%20New%20Summary%20of%20Benefits%20Model%20Document.pdf>

### **Resources on Using D-SNPs to Integrate Care for Dually Eligible Beneficiaries**

- ICRC. “Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment.” (April 2018):  
[http://www.integratedcareresourcecenter.com/PDFs/ICRC\\_DSNP\\_Aligning\\_Enrollment.pdf](http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf)
- ICRC. “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](http://www.integratedcareresourcecenter.com/pdfs/icrc_dsnp_issues__options.pdf)
- ICRC. “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](http://www.integratedcareresourcecenter.com/PDFs/Key_MA_Dates_for_States_Contracting_with_D-SNPs.pdf)
- ICRC. Webinar on State Contracting with D-SNPs (December 2017):  
<http://www.integratedcareresourcecenter.com/webinar.aspx?v=26>



ICRC staff are also available to provide technical assistance to states wishing to explore the possibility of aligned enrollment and related integration topics. Requests for ICRC technical assistance can be sent to [ICRC@chcs.org](mailto:ICRC@chcs.org).

## **TIPS TO IMPROVE MEDICARE-MEDICAID ALIGNMENT USING D-SNPS SERIES**

This tip sheet series describes policy steps states can take to improve the integration of Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) with their Medicaid behavioral health and managed long-term services and supports programs. Better integration of Medicare and Medicaid helps to promote higher-quality more coordinated care for dually eligible beneficiaries.

### **ABOUT THE INTEGRATED CARE RESOURCE CENTER**

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by **Mathematica Policy Research** and the **Center for Health Care Strategies**. For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).

## ENDNOTES

<sup>1</sup> Weir Lakhmani, E. and Kruse, A. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." (April 2018). Integrated Care Resource Center. Available at: [http://www.integratedcareresourcecenter.com/PDFs/ICRC\\_DSNP\\_Aligning\\_Enrollment.pdf](http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf)

<sup>2</sup> SB documents are part of the Medicare Advantage plan disclosure requirements described at 42 CFR section 422.111(b)(2). All D-SNPs are required to include a comprehensive written statement (see 42 CFR section 422.111) that includes information about Medicaid benefits and cost-sharing. Additionally, D-SNPs serving both and full benefit and partial benefit dually eligible individuals (for whom there is cost-sharing under the plan) must explain in their SB documents that cost sharing amounts vary based on an individual's level of cost sharing assistance. Annual guidelines for plan production of SB documents are included in the Medicare Marketing Guidelines available here: <https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

<sup>3</sup> This requirement is part of the 2018 Medicare Marketing Guidelines and could change in future releases of those guidelines.

<sup>4</sup> Aligned D-SNP enrollees may include individuals requiring a nursing home level of care (NHLOC) as well as individuals who do not require this level of care at the time of enrollment, as all enrollees are ultimately able to receive managed long term services and supports (MLTSS) in the same manner (through the D-SNP or through their aligned Medicaid plan) if they are assessed as needing LTSS at any point while they are enrolled in aligned plans.

<sup>5</sup> D-SNPs can offer zero dollar cost-sharing to all members in the plan. Providing zero dollar cost-sharing can make the SB document much simpler for beneficiaries to read (while simultaneously making the plan's benefits easier for beneficiaries to navigate. D-SNPs can offer zero dollar cost-sharing in one of two ways: (1) a D-SNP can be designated as a Zero Dollar Cost-Sharing D-SNP when the plan benefit package is submitted to CMS; or (2) a D-SNP may decide to charge beneficiaries no cost-sharing for any services as part of their plan benefit design. States can work with the D-SNPs in their state to evaluate these two options and determine whether one may be feasible, in order to further simplify D-SNP benefits and, in turn, SB documents.

<sup>6</sup> Weir Lakhmani, E. and Kruse, A. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." (April 2018). Integrated Care Resource. Available at: [http://www.integratedcareresourcecenter.com/PDFs/ICRC\\_DSNP\\_Aligning\\_Enrollment.pdf](http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf)

<sup>7</sup> Harris-Kojetin, Lauren D. et al. "Beneficiaries' Perceptions of New Medicare Health Plan Choice Print Materials." (2001). *Health Care Financing Review*, vol. 23, no. 1, pp.21-35. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194729/pdf/hcfr-23-1-021.pdf>

<sup>8</sup> Boudewyns et al. "Influence of patient medication information format on comprehension and application of medication information: A randomized, controlled experiment." (2015). *Patient Education and Counseling*, vol. 98, pp. 1592–1599.

<sup>9</sup> Chin, J. et al. "A Multi-faceted Approach to Promote Comprehension of Online Health Information Among Older Adults." (2017). *The Gerontologist*, vol. 00, no. 00, pp. 1-10. Available at <https://doi.org/10.1093/geront/gnw254>

<sup>10</sup> The process of developing an integrated SB template with CMS takes approximately 10-12 months, as CMS first develops content based on the previous year's national template and other state models. Then, content must be updated as necessary to reflect policy and other changes for the following contract year. Therefore, states interested in working with CMS to develop an integrated SB template for CY2020 should begin working with CMS in summer 2018.

<sup>11</sup> Information about the CMS Financial Alignment Initiative capitated model demonstrations is available on the CMS Medicare-Medicaid Coordination Office webpage: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/CapitatedModel.html>

<sup>12</sup> CMS. "Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter." (February 1, 2018). Available at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvgtSpecRateStats/Downloads/Advance2019Part2.pdf>

<sup>13</sup> Typically, D-SNP plans must follow a specific format for SB documents described in the Medicare Marketing Guidelines issued by CMS on an annual basis. The format of this document must apply broadly to all Medicare Advantage plans throughout the United States, so the template itself is not tailored specifically to the needs of and services available to dually eligible beneficiaries enrolled in state integrated care programs (though D-SNPs are granted some flexibility in how they integrate Medicaid benefit information into the document). If a state chooses to partner with CMS in designing an integrated SB template, the template format and content can be adjusted to fit the state's individual program and the needs of its enrollees, providing D-SNPs in that state with a clear, consistent method of representing Medicaid benefit information.

<sup>14</sup> It is important to note that while the development of a state-specific integrated SB documents offers the greatest opportunity for flexibility in language and incorporation of state-specific information into the document, the sequencing of information and the specific information included in the document must remain aligned with CMS guidance.

<sup>15</sup> CMS. "Medicare Marketing Guidelines." Issued July 20, 2017. Available at: [https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines\\_Final072017.pdf](https://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/Downloads/CY-2018-Medicare-Marketing-Guidelines_Final072017.pdf)

<sup>16</sup> Ibid.

<sup>17</sup> D-SNPs must submit their State Medicaid Agency Contracts (SMACs) to CMS by July 1 of each year for the following calendar year, and final SB documents must be posted on the plans' websites by September 30. Plans typically begin developing SB documents in the summer, once CMS releases the Medicare Marketing Guidelines for the following year, in order to ensure appropriate time to develop plan-specific content, submit the documents for state review if required, and print/mail the documents to enrollees (while simultaneously posting on the plan's website, as well).

<sup>18</sup> SMACs are also often referred to as "MIPPA" contracts because the contracts were originally required by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), with updated SMAC requirements issued by the Affordable Care Act.