CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

MATHEMATICA Policy Research

Working toward Solutions for Integration: Updates from Guidance and Proposed Rules

SNP Alliance Fall Forum

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About ICRC

- Established by CMS to advance integrated care models for dually eligible beneficiaries
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Website http://www.integratedcareresourcecenter.com
  - Browse briefs and TA tools
  - Listen to webinars
  - View state integration activities
  - Sign up for e-alerts and newsletters

Agenda

- Promoting Integration through Aligned Enrollment
- New CMS Rules and Guidance
- State Policy Approaches for Achieving Aligned Enrollment
- Discussion

Promoting Integration through Aligned Enrollment

Overview: Aligned Enrollment

- "Aligned" enrollment occurs when dually eligible beneficiaries are enrolled in Dual Eligible Special Needs Plans (D-SNPs) and Medicaid managed care plans sponsored by the same parent company
- A single entity is responsible for substantially all Medicare and Medicaid benefits
  - Plans have a financial stake in ensuring that enrollees receive high-quality, cost-effective care and avoid unnecessary hospitalization and institutionalization

Benefits of Aligned Enrollment

- Aligned incentives and coordinated benefits administration
- One entity is responsible for all care and:
  - Has data on all beneficiary services, allowing for holistic care coordination across full spectrum of care
  - Facilitates communication across multiple providers (all providers in plan's network)
- Simpler for beneficiaries and providers to navigate
  - **Providers:** Service payments administered by single payer, streamlined payment of Medicare cost-sharing
  - **Beneficiaries:** Single plan (and, in some cases, ID card) for navigating benefits; plan communications can be integrated, and therefore easier to understand

New CMS Rules and Guidance

New CMS Rules and Guidance, CY2019

- Bipartisan Budget Act of 2018 – CHRONIC Care Act provisions
  - Emphasis on integrated care
    - SNP permanence + greater integration requirements for D-SNPs starting in 2021
    - Expanded Medicare-Medicaid Coordination Office (MMCO) authority
    - Integrated appeals and grievances regulations by April 1, 2020
  - Opportunity for Medicare Advantage plans (including D-SNPs) to offer expanded non-medical supplemental benefits

- CMS CY2019 Medicare Advantage and Part D Final Rule
  - Modifications to default enrollment (previously known as "seamless conversion")
  - Expansion of passive enrollment

New CMS Rules and Guidance: Default Enrollment

- States and D-SNPs may use default enrollment to provide continuity of coverage from a Medicaid managed care plan into an aligned D-SNP and Medicaid managed care plan offered by the same parent organization (when Medicaid beneficiaries become eligible for Medicare)
- CMS guidance issued August 31, 2018
- To receive CMS approval for default enrollment, several criteria must be met

New CMS Rules and Guidance: Default Enrollment

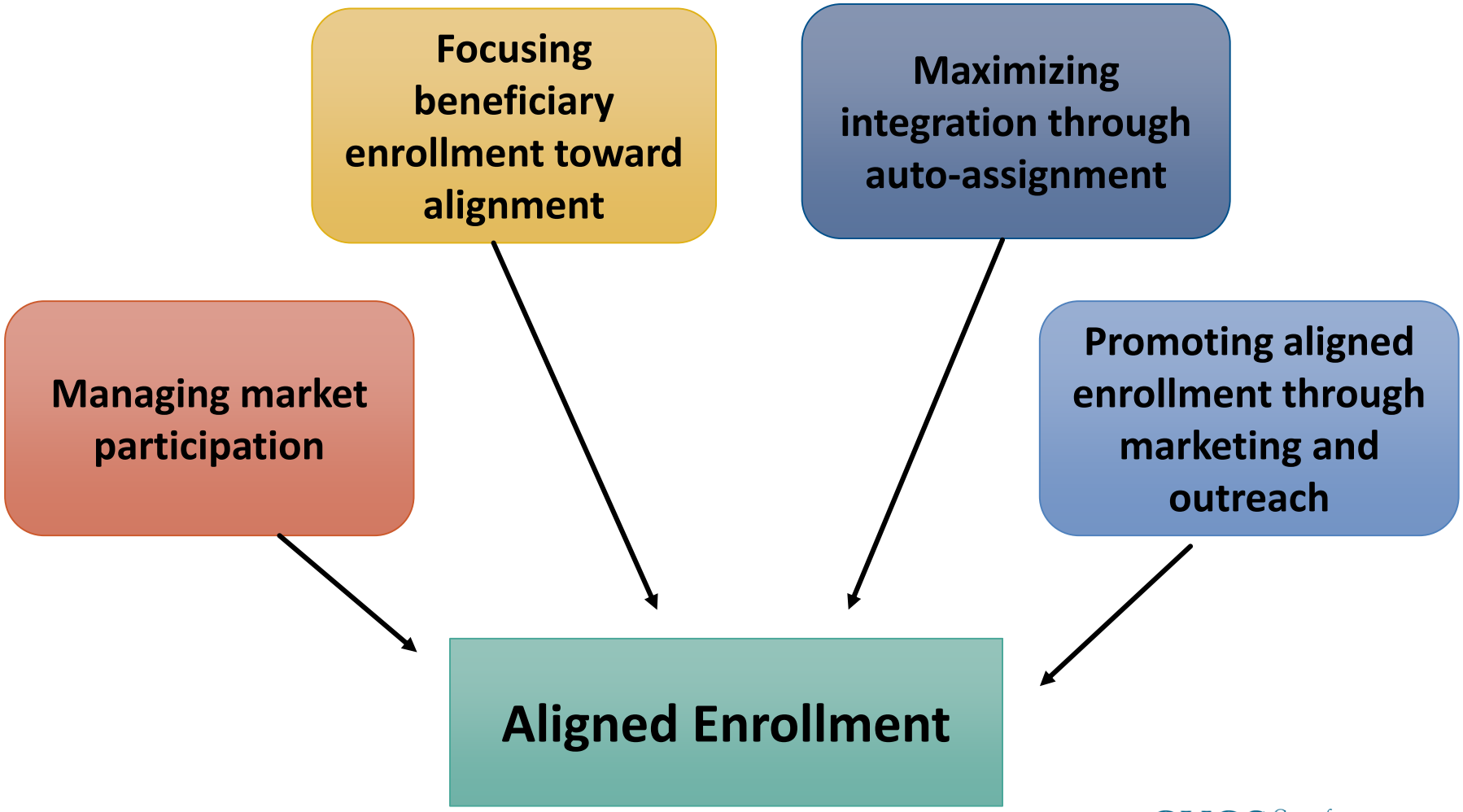
- The default enrollment process used by the D-SNP must meet the following requirements:
  - Coverage in the D-SNP begins on the first day of the month that the individual's Medicare Part A and B coverage is effective
  - MA organizations must issue a notice to the individual no fewer than 60 days before the effective enrollment date
  - The notice must include certain specific information
- MA organizations must implement default enrollment processes in a non-discriminatory manner.
- CMS will grant authority for default enrollment in renewable periods of up to five years and retains the authority to suspend or rescind a plan's approval at any time if it determines that the plan is not in compliance with the requirements.

New CMS Rules and Guidance: Passive Enrollment

- Limited expansion of passive enrollment authority for full benefit dually eligible beneficiaries enrolled in an integrated D-SNP in cases when integrated Medicare and Medicaid coverage would otherwise be disrupted.
- CMS can authorize passive enrollment if, after consulting with the state Medicaid agency contracting with the integrated D-SNPs, it determines passive enrollment will promote integrated care and continuity of care for full benefit dually eligible beneficiaries.
- Passively enrolled beneficiaries will receive at least two advance notices and have the ability to make another coverage choice both before and after the effective date of enrollment.

State Policy Approaches for Achieving Aligned Enrollment

State Policy Approaches for Achieving Aligned Enrollment



Managing Market Participation

- **Require contracted Medicaid managed care plans to offer companion D-SNPs in the same service area**
  - State examples:[1] Arizona, Hawaii, Massachusetts, Minnesota, Pennsylvania, Tennessee, Texas,[2] Virginia,[3] and Wisconsin

- **Only contract with D-SNPs whose parent organizations have Medicaid managed care contracts with the state**
  - State examples: Arizona, Hawaii, Idaho,[4] Massachusetts, Minnesota, New Jersey, Tennessee,[5] Virginia

[1] New Mexico requires Medicaid managed care plans to offer D-SNPs, but not in the same service area.
[2] Texas requires Medicaid managed care plans in certain counties to offer D-SNPs.
[3] Virginia Medicaid managed care plans are required to offer a D-SNP within 3 years of Medicaid contract award.
[4] Idaho contracts with two FIDE SNPs who contract with the state to cover all Medicaid benefits.
[5] D-SNPs contracted with the state of Tennessee before January 2014 are exempt from this requirement.

Focusing Beneficiary Enrollment Toward Alignment

- **Limit D-SNP enrollment to full-benefit dually eligible (FBDE) beneficiaries to allow delivery of a uniform Medicare-Medicaid benefit package**
  - State examples: Arizona, Hawaii, Idaho, Massachusetts, Minnesota, New Jersey, New York,[1] Virginia, Wisconsin[1]
- **Limit D-SNP enrollment to individuals enrolled in companion Medicaid managed care plans**
  - State examples: Idaho, Massachusetts, Minnesota, New Jersey

[1] New York and Wisconsin restrict enrollment in their integrated FIDE SNPs to FBDEs, but both states also allow operation of other D-SNPs (which are not part of the states' integrated care programs); those additional D-SNPs may be allowed to enroll partial benefit dually eligible beneficiaries.

Maximizing Integration through Auto-Assignment

- Allowing (or requiring) D-SNPs to seek approval for default enrollment of Medicaid managed care members when they become Medicare-eligible
  - State examples: Arizona; Tennessee
- Use automatic assignment to enroll beneficiaries into Medicaid managed care plans that align with their D-SNP enrollment
  - State examples:
    - In New Jersey and Minnesota,[1] when a beneficiary enrolls in a Fully Integrated D-SNP (FIDE SNP), the state automatically enrolls the beneficiary into the FIDE SNP's companion Medicaid managed care plan.
    - Idaho contracts with two FIDE SNPs to cover Medicaid benefits, so enrollment into the FIDE SNP for Medicaid benefits is automatic when a beneficiary joins a FIDE SNP for their Medicare benefits.
- Use passive enrollment to maintain aligned enrollment with Medicaid managed care re-procurements or D-SNP non-renewals
  - No current state examples of implementation

[1] Minnesota serves as the third party administrator for FIDE SNP plans, so the state receives and processes FIDE SNP enrollments. When the state receives a FIDE SNP enrollment, it sends the enrollment data to CMS and automatically enrolls the beneficiary in the companion Medicaid managed care plan.

Promoting Aligned Enrollment through Marketing and Outreach

- State conducts outreach to dually eligible enrollees regarding the benefits of aligned enrollment and steps to enroll in aligned plans
  - » State examples: Arizona
- Require D-SNPs to target marketing to their existing Medicaid managed care enrollees
  - » State examples: Arizona, Virginia
- Engage and train state enrollment counseling/enrollment broker staff and/or other benefits counselors (State Health Insurance Assistance Program (SHIP) volunteers, Aging and Disability Resource Centers (ADRCs), etc.)
  - » State examples: Arizona

Discussion

ICRC Resources

Tip Sheets and Technical Assistance Tools

- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment (April 2018): https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf
- Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Designing an Integrated Summary of Benefits Document (June 2018): https://www.integratedcareresourcecenter.com/PDFS/DSNP_SB_Tip_Sheet.pdf
- State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options (November 2016): https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Issues__Options.pdf

Webinars

- Aligning Coverage for Dually Eligible Beneficiaries Using Default and Passive Enrollment (July 2018): https://www.integratedcareresourcecenter.com/webinar/aligning-coverage-dually-eligible-beneficiaries-using-default-and-passive-enrollment
- Update on State Contracting with D-SNPs (December 2017): https://www.integratedcareresourcecenter.com/PDFs/ICRC_WWM_D-SNP_Contracting%20DRAFT%2012-17%20for%20508%20review.pdf

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