

# Dual Products

## *Navigating State and Federal Oversight*

HCCA Managed Care Conference  
January 27, 2020



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### Agenda



Dual Product Overview

Regulators and Requirements for Dual Products

Compliance Implications (and beyond Compliance)

Trivia and Questions

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# Dual Products Overview



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## What are Dual Special Needs Plans (D-SNPs)?




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Dual Special Needs Plans (D-SNPs) are **health care plans for people who qualify for both Medicare and Medicaid**. The elderly, people with disabilities and/or limited income may qualify.

Most programs cover:

				
Hospital stays	Doctor visits	Prescription drugs	Coordination of care between Medicare & Medicaid	Additional benefits such as dental and transportation

**DSNPs can help make health care more affordable.**

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## Dual Special Needs Plans

<p><b>Who?</b></p> <ul style="list-style-type: none"> <li>• Individuals with:</li> <li>• Both Medicare and Medicaid</li> </ul>	<p><b>What?</b></p> <ul style="list-style-type: none"> <li>• Medicare Parts A/B (also known as part C) and D</li> <li>• Care coordination</li> <li>• Special clinical programs and Models of Care to manage certain conditions</li> </ul>	<p><b>Where?</b></p> <ul style="list-style-type: none"> <li>• At home</li> <li>• Community-based</li> <li>• Facility-based</li> </ul>	<p><b>When?</b></p> <ul style="list-style-type: none"> <li>• Special Enrollment Periods (SEP)</li> <li>• Open Enrollment Periods (OEP)</li> </ul>	<p><b>Why?</b></p> <ul style="list-style-type: none"> <li>• Gives duals access to care with plans designed to meet their unique needs</li> </ul>	<p><b>How?</b></p> <ul style="list-style-type: none"> <li>• Follows Medicare Advantage rules</li> <li>• Members may pay little to none of their own money for services</li> </ul>
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## Types of Dual Products

<p style="text-align: center;"><b>D-SNP</b> <i>Dual Special Needs Plan</i></p> <ul style="list-style-type: none"> <li>• Medicaid acts as a wrap around program; and</li> <li>• CMS is the primary authority, followed by the State.</li> </ul>	<p style="text-align: center;"><b>HIDE-SNP (2021)</b> <i>Highly Integrated Dual Special Needs Plan;</i></p> <ul style="list-style-type: none"> <li>• Coupled with an at-risk Medicaid contract for Behavioral Health, and/or Long-Term Services and Supports;</li> <li>• DSNP and Medicaid MCO must be owned and controlled by the SNP's parent organization; and</li> <li>• CMS is the primary authority, followed by the State.</li> </ul>	<p style="text-align: center;"><b>FIDE-SNP</b> <i>Fully Integrated Dual Special Needs Plan</i></p> <ul style="list-style-type: none"> <li>• Coupled and integrated with a comprehensive Medicaid contract and inclusive of at least 180 days skilled nursing facility coverage;</li> <li>• Behavioral Health is required (unless carved out by State)</li> <li>• DSNP and Medicaid MCO must be same legal entity; and</li> <li>• CMS is the primary authority, followed by the State.</li> </ul>	<p style="text-align: center;"><b>MMP</b> <i>Medicare-Medicaid Plan</i></p> <ul style="list-style-type: none"> <li>• Time-limited demonstration integrating care;</li> <li>• Allows passive enrollment; and</li> <li>• CMS &amp; the State share authority through a three-way contract.</li> </ul>
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Individuals dually eligible for Medicare and Medicaid; Medicare is the primary payer; Members may be subject to out-of-pocket costs; and Medicaid covers Medicare cost-sharing.

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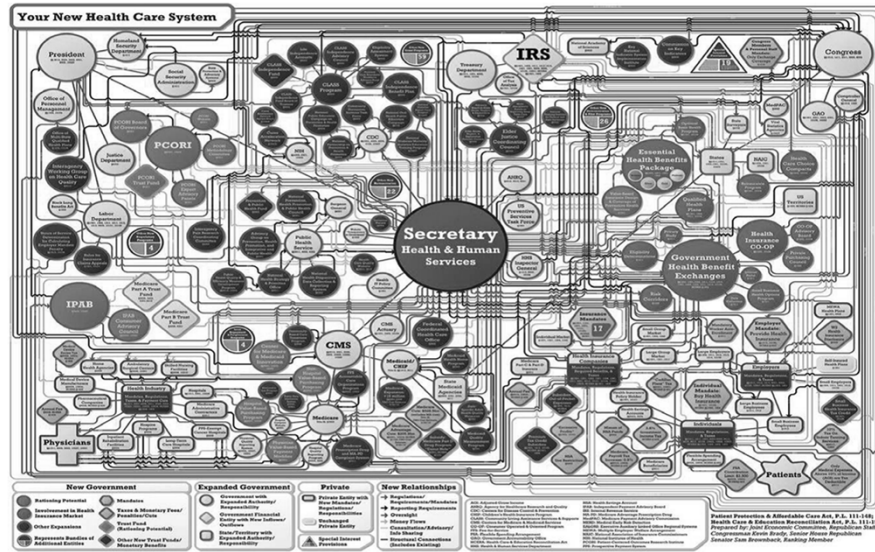
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# Regulators and Requirements for Dual Products



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## Many Government Partners!



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General Regulatory Landscape		UnitedHealthcare
<input type="checkbox"/> Social Security Act – Established the Medicare Program		
<input type="checkbox"/> Code of Federal Regulations – 42 CFR 422 & 423		
<input type="checkbox"/> Medicare Managed Care Manual		
<input type="checkbox"/> State Medicaid Agency Contract (SMAC)		
<input type="checkbox"/> State Laws and Regulations		


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Bipartisan Budget Act of 2018 D-SNP Integration Requirements			UnitedHealthcare
<b>Arranging for Medicaid Services</b> 2020	<b>Grievances and Appeals Coordination</b> 2020	<b>SNP Integration Requirements</b> 2021	
<ul style="list-style-type: none"> <li>• Determine how a member receives or would receive needed Medicaid services;</li> <li>• Make arrangements with the relevant Medicaid programs; and</li> <li>• Train staff and network providers on the availability of LTSS and behavioral health services covered by Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact the appropriate Medicaid representative;</li> <li>• Request authorization for Medicaid coverage;</li> <li>• File a grievance or appeal;</li> <li>• Obtain documentation to support a grievance or appeal; and</li> <li>• Complete forms and take procedural steps.</li> </ul>	<ul style="list-style-type: none"> <li>• FIDE SNP;</li> <li>• HIDE SNP; or</li> <li>• Notify state/designee(s) of hospital and skilled nursing facility admissions for high-risk enrollees.</li> </ul>	

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<h2 style="margin: 0;">State Medicaid Agency Contracts (SMACs)</h2>	
<p><b>CMS requires, at a minimum, the following elements be included in the SMAC contracts:</b></p>	
<p>The description of the mechanism for coordinating Medicaid services under either Medicaid FFS, UHC, or a Medicaid plan operated by another health plan;</p>	
<p>Medicaid eligibility category for enrollment into D-SNP;</p>	
<p>Medicaid Benefits Covered by the D-SNP;</p>	
<p>Cost-sharing protections covered under the D-SNP;</p>	
<p>Identification and sharing of information on Medicaid provider participation;</p>	
<p>Verification process with the State of an enrollee's Medicaid eligibility;</p>	
<p>Service area covered by the D-SNP; and</p>	
<p>Contract period.</p>	
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<h2 style="margin: 0;">State Medicaid Agency Contracts (SMACs)</h2>	
<p><b>CMS requires additional elements be included in the SMAC based on the type of D-SNP. Examples include:</b></p>	
<p><b>D-SNP</b></p>	<ul style="list-style-type: none"> <li>Criteria for identification of the group of high-risk full-benefit dual eligible individuals; and</li> <li>The timeframe that we have to provide notification of hospital or skilled nursing facility admission to the State Medicaid Agency or its designee(s).</li> </ul>
<p><b>HIDE</b></p>	<ul style="list-style-type: none"> <li>Medicaid benefits (LTSS and/or BH) covered under a capitated contract between the State Medicaid Agency and the MA organization offering the SNP, the SNP's parent organization, or another entity that is owned and controlled by the SNP's parent organization; and</li> <li>Exclusively aligned enrollment (if applicable in your State); and</li> <li>Exclusively aligned HIDEs must integrate Appeals and Grievances.</li> </ul>
<p><b>FIDE</b></p>	<ul style="list-style-type: none"> <li>Medicaid benefits (LTSS, including 180 days of nursing care and BH) covered under a capitated contract between the State Medicaid Agency and the MA organization;</li> <li>The entity holding the capitated contract with the state Medicaid agency is the same legal entity as the entity holding the Medicare Advantage contract with CMS;</li> <li>Delivery of Medicare and Medicaid services using care coordination, specialty care network methods for high-risk beneficiaries, and implements policies to integrate beneficiary communications, enrollment, grievances and appeals, and quality improvement;</li> <li>Exclusively aligned enrollment (if applicable in your State); and</li> <li>Exclusively aligned FIDEs must integrate Appeals and Grievances.</li> </ul>
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# Compliance Implications



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## Compliance Oversight of Duals

*What do Compliance Professionals need to do?*



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Written Standards

- Review and changes and make necessary updates to Compliance P&Ps.

High-Level Oversight

- Does your CO have oversight of your dual products?
- Are your dual products captured, and where?

Training & Education

- Are there any Compliance trainings that need revised (e.g., FWA reporting with added Medicaid components)?

Reporting and Investigations

Enforcement & Discipline

Auditing & Monitoring

- Will the scope of your audits change? Is your organization prepared? Are you monitoring new requirements?

Response & Prevention

- Is your business adequately prepared for new changes? Are you able to respond to any possible corrective actions?
- Self-Disclosures to multiple regulators.

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**Additional Compliance Considerations**  
*Areas to consider that fall outside of the traditional 7 elements*

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- Regulatory Reporting
- Operational Compliance
  - Appeals & Grievances
  - Model of Care
- SMAC
  - Discussion with State
  - Implementation
- Materials Reviews
- Policy/Advocacy

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**Trivia**

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Oregon contracts with a sponsor for a wide array of Medicaid behavioral health services, but Medicaid LTSS is, by law, all in fee-for-service. The same legal entity holds a D-SNP contract in the same service area. What type of plan is the D-SNP?

- a. Fully Integrated SNP (FIDE SNP)
- b. Highly Integrated SNP (HIDE SNP)
- c. A Regular Old D-SNP

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Pennsylvania contracts with a sponsor for Medicaid managed LTSS, including full range of HCBS and nursing facility services. Another legal entity in the same parent org has a D-SNP contract in the same service area. What type of plan is the D-SNP?

- a. Fully Integrated SNP (FIDE SNP)
- b. Highly Integrated SNP (HIDE SNP)
- c. A Regular Old D-SNP

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New York contracts with a D-SNP sponsor for Medicaid managed LTSS, including a full range of HCBS and nursing facility services. By law, Medicaid behavioral health services are covered in fee-for-service. The same legal entity holds the D-SNP contract in the same service area. What type of plan is the D-SNP?

- a. Fully Integrated SNP (FIDE SNP)
- b. Highly Integrated SNP (HIDE SNP)
- c. A Regular Old D-SNP

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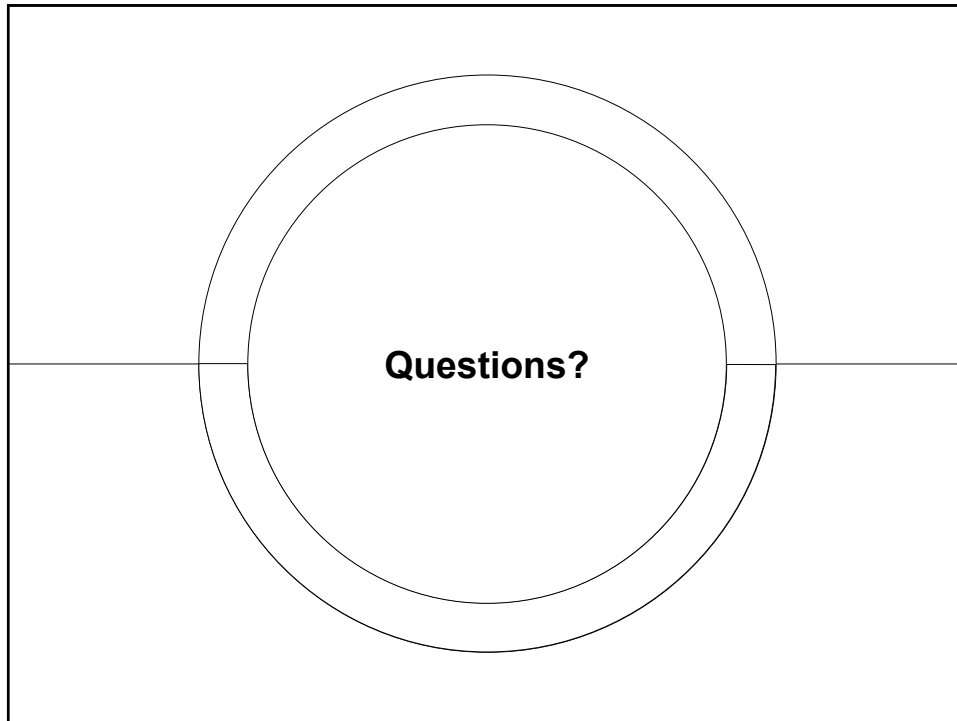
What types of plans are required to unify appeals and grievances?

- a. All D-SNPs
- b. Just FIDE SNPs and HIDE SNPs
- c. Just FIDE SNPs and HIDE SNPs with “exclusively aligned enrollment.”
- d. Any D-SNP with “exclusively aligned enrollment.”

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## Resources



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Final Rule (42 CFR 422, 423, 438, 498)	<a href="https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare">https://www.federalregister.gov/documents/2019/04/16/2019-06822/medicare-and-medicaid-programs-policy-and-technical-changes-to-the-medicare-advantage-medicare</a>
Sample Language for State Medicaid Agency Contracts with Eligible Special Needs Plans	<a href="https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans">https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans</a>
CMS Medicare-Medicaid Coordination Office	<a href="https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index">https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index</a>

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