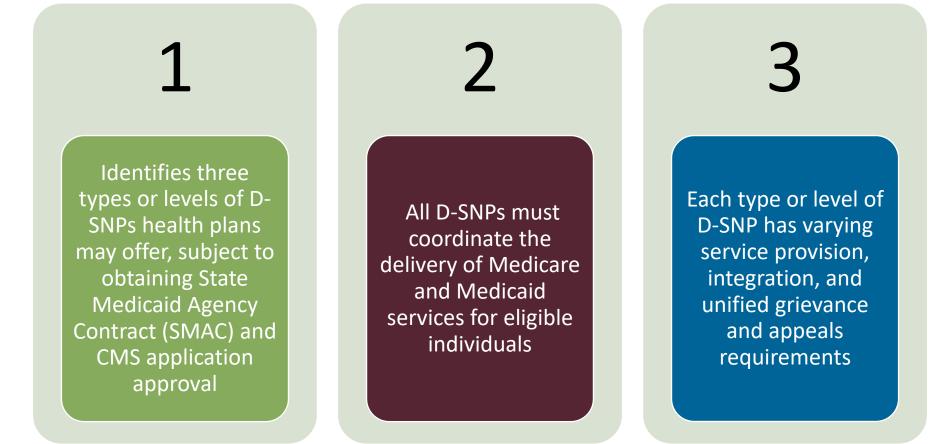
THREE D-SNP CLASSIFICATIONS FOR 2021

New Coordination/Integration Standards For D-SNPS

Regulatory Changes:

Medicare Advantage (MA) Calendar Year 2020 and 2021 Final Rule included three major provisions that impact D-SNP operations and strategy



Level of Coordination/Integration Required

D-SNP that is not a HIDE or FIDE SNP

- No requirement to provide coverage of Medicaid services
- May provide coverage of Medicaid services, including LTSS and BH for eligible individuals

Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP)

- Offered by an MA organization that provides coverage, consistent with state policy, of LTSS, BH or both under a capitated contract between the MA organization and state Medicaid agency or MA organization's parent organization (or another entity that is owned and controlled by the parent organization) and Medicaid agency
- Not required to have a Medicaid managed care contract under Section 1903(m) of SSA

Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

- Provides access to Medicare and Medicaid benefits under a single entity that holds both an MA contract with CMS and a Medicaid managed care organization contract under Section 1903(m) of SSA
- Capitated contract with Medicaid provides coverage, consistent with state policy, of specified primary care, acute care, BH, LTSS, and at least 180 days of NF services during plan year
- Complete carve-out of BH coverage by the State Medicaid agency is permitted

D-SNP INTEGRATION RULES

Integration Requirements for D-SNPs without HIDE or FIDE SNP Designation

Share data on hospital and skilled nursing facility (SNF) admissions for at least one group of high-risk full-benefit dual eligible individuals enrolled in the D-SNP, as determined ty the state

- + States are given flexibility to:
 - + Identify group(s) of high-risk full-benefit dual eligible individuals
 - + Outline manner of notification
 - + Designate what entity receives the notification
- + CMS is encouraging states to work with D-SNPs to set up notification process
- CMS is encouraging D-SNPs to engage with states and stakeholders to identify entities in a position to act on the data to support the high-risk group(s) identified



HIDE SNP Integration Requirements

+ Must meet D-SNP requirements, except D-SNP requirement to share data on hospital and skilled NF admissions for one high-risk group

FIDE SNP Integration Requirements

- + Coordinate delivery of Medicare and Medicaid services using aligned care management and specialty care network methods for high-risk beneficiaries
- + Coordinate or integrate enrollee materials, enrollment, communications, grievance and appeals, and quality improvement
- + Not required to share data on hospital and SNF admission data for one high-risk group

HIDE SNPs and FIDE SNPs with *exclusively aligned enrollment* are clinically and financially responsible for provision of Medicare and required Medicaid benefits and must conduct unified grievances and appeals

D-SNPs that only enroll Partial-Benefit Dually Eligible Individuals are deemed as meeting the D-SNP integration requirements if the MA organization offering the partial-benefit-only D-SNP *also offers a D-SNP limited to FBDEs in the same state*

+ CMS is considering future rulemaking on this topic

Source: January 17, 2020 Medicare-Medicaid Coordination Office Memorandum: Additional Guidance on CY 2021 Medicare-Medicaid Integration Requirements for Dual Eligible Special Needs Plans (D-SNPs)

Timeline for Meeting New D-SNP Requirements in MA CY 2020 and 2021 Final Rule

Calendar Year 2020

+ All D-SNPs must assist enrollees with Medicaid-related grievances and address access to care issues (such as filing appeals) as part of the responsibility to coordinate the delivery of Medicaid benefits

Calendar Year 2021

- + For *integration requirements* D-SNPs must meet <u>one</u> of the following:
 - + Meet FIDE SNP designation requirements
 - + Meet HIDE SNP designation requirements
 - + Have a contract with the state specifying process to sharing information on hospital and skilled NF admissions for at least one high-risk group

Source: October 7, 2019 Medicare-Medicaid Coordination Office Memorandum to Dual Eligible Special Needs Plans, CY 2021 Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for Dual Eligible Special Needs Plans (D-SNPs)

State Medicaid Agency Contract (SMAC) and Changes

All D-SNPs must submit CY 2021 contracts to CMS by July 6, 2020

Minimum SMAC Documentation Elements Effective 2021

- **1.** Responsibility to coordinate the delivery of Medicaid benefits; and if applicable, responsibility to provide Medicaid services
- 2. Category(ies) and criteria for eligibility for dually eligible individuals to be enrolled
- 3. Medicaid benefits covered under a capitated contract between the state Medicaid agency and the MA organization offering the D-SNP, the D-SNP's parent organization, or another entity owned and controlled by the D-SNP's parent organization
- 4. Cost-sharing protections covered under the D-SNP
- 5. Identification and sharing of information on Medicaid provider participation
- 6. Verification of enrollees' eligibility for both Medicare and Medicaid
- 7. Service area covered by the D-SNP
- 8. Contract period for the D-SNP
- 9. For D-SNP that is not a HIDE for FIDE SNP, requirement for notification of hospital or SNF admissions for at least one designated group of high-risk enrollees (NEW)

10. For D-SNP that is an applicable integrated plan, requirement for the use of unified appeals and grievance procedures (NEW)

Source: October 7, 2019 Medicare-Medicaid Coordination Office Memorandum to Dual Eligible Special Needs Plans, CY 2021 Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for Dual Eligible Special Needs Plans (D-SNPs)

CMS Key SMAC Dates and Related Activities for New Requirements

Month/Year	Activity
Fall 2019	States and D-SNPs begin drafting change to SMAC to ensure compliance States plan for any needed MCO contract changes
Winter 2020	States and D-SNPs identify and create any new policies and procedures needed in response to contract changes
January 2020	CMS released Contract Year 2021 MA (SNP) applications
February 2020	SNP applications due to CMS
Spring 2020	States and D-SNPs finalize SMACs
June 2020	D-SNPs not renewing MA contracts notify CMS in writing Bid submission deadline
July 2020	D-SNPs submit SMAC and related documents to CMS by Monday July 6, 2020 HIDE and FIDE SNPs must request CMS review of SMAC to confirm compliance with the contract requirements for HIDE and FIDE SNPs
July/August 2020	D-SNPs work with CMS and states to address deficiencies in SMACs
Summer 2020 – Fall 2020	States and D-SNPs finalize policies and procedures for CY 2021
August/September 2020	CMS issues SMAC status review letters and, as applicable, intermediate sanction letters D-SNPs send Annual Notice of Change and Evidence of Coverage (including information about any changes to grievances and appeals procedures for applicable integrated plans) to current enrollees
January 1, 2021	Effective date for most April 2019 rule provisions

Source: October 7, 2019 Medicare-Medicaid Coordination Office Memorandum to Dual Eligible Special Needs Plans, CY 2021 Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements for Dual Eligible Special Needs Plans (D-SNPs)