D-SNP Basics: What Advocates Need to Know

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been denied and excluded from justice, such as older women, older adults of color, LGBTQ older adults, and older immigrants and older adults with limited English proficiency.
Justice in Aging’s Commitment to Advancing Equity

To achieve Justice in Aging, we must:

• **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

• Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.
• Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.
• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.
Today’s Agenda

• What are D-SNPs and how do they work
• Enrollment issues
• Benefits and integration with Medicaid
• What’s ahead—proposed regulatory changes

• Throughout—
  • What you need to know when working with clients
  • Broader advocacy opportunities
What Are D-SNPs
Dual Eligible Special Needs Plans

• Subset of Medicare Advantage
• Core elements unique to D-SNPs
  • Enrollment limited to duals or subset of duals
  • State Medicaid Agency Contract (SMAC or MIPPA contract)
  • Requirement for some coordination with Medicaid services
D-SNPs Are Growing—Fast!

- Started in 2006, permanent in 2018
- Almost 3 million enrollees-- more than 1 in 4 duals
- D-SNPs operate in 44 states and DC
- 700 plans
- 93% of duals live in a county where at least one D-SNP is available.
- Dual eligibles have poorer health; more likely to be admitted to hospital and 3x more likely to use emergency department
Who Regulates D-SNPs?

• CMS (Medicare) sets ground rules
• States use SMACs (State Medicaid Agency Contracts) to impose additional requirements

SMACs are key. States have broad discretion about how D-SNPs will operate.
Paths to Enrollment

• Active enrollment—agents and brokers can market D-SNPs

• Default enrollment—at state option
  • Individual newly eligible for Medicare
  • State has Medicaid managed care
  • Into D-SNP by same entity operating the dual’s Medicaid MCO.
  • Requires notice with opportunity to opt-out

• Advocacy points: adequacy and clarity of default notices, care continuity.
Disenrollment

• In all cases, can change plans or move to Original Medicare during any available enrollment period.
• In states with exclusively aligned enrollment, if change to another D-SNP, will need to change Medicaid MCO.
Enrollment: Who Can Enroll

• Federal rules: OK for partial duals, i.e., those only with Medicare Savings Program (MSPs). States can narrow eligibility.
  • MSPs offer no Medicaid benefits so nothing to coordinate
  • But D-SNP supplemental benefits are sometimes valuable to MSP-only individuals

• Should partial duals be excluded from D-SNPs? Have separate D-SNPs?
Enrollment: Aligned Enrollment

- Aligned Enrollment: D-SNP has matching Medicaid managed care plan (MCO)
- Exclusively Aligned Enrollment: D-SNP membership limited to enrollees in matching MCO
- Unaligned: D-SNP sponsor without a matching MCO
  - D-SNP members in fee-for service Medicaid, or
  - In misaligned MCO operated by another sponsor
- In Medicaid managed care states, consider SMAC requirement to align or exclusively align enrollment
Levels of Integration
Categories of D-SNPs

- **FIDE-SNP (Fully integrated D-SNP):** SNP has a contract with the state to provide virtually all Medicaid services to its members.
- **HIDE-SNP (Highly integrated D-SNP):** SNP or its matching MCO has a contract with the state to provide most Medicaid services, but OK not to include either behavioral health or LTSS.
- **Other D-SNPs:** may have contract with state for some Medicaid services or none. State can set requirements.
More on FIDE-SNPs

• Similar to Medicare-Medicaid plans in Financial Alignment Initiative (Duals demo) because one entity provides all Medicare and Medicaid services.

• Difference: Medicare and Medicaid funding streams are not co-mingled. Separate accountability.

• FIDE-SNPs get higher level of payment from Medicare.
More on HIDE-SNPs

- Can keep 2 entities: MCO and D-SNP as long as controlled by same sponsor
- Exclusive alignment not required unless state says so. But proposed regs may change this
- Can be stepping stone to FIDE-SNP status

**Remember**—most D-SNPs today are *not* FIDE-SNPs or HIDE-SNPs
FIDE-SNP

Medicare And Medicaid

HIDE-SNP

Same sponsor

Medicaid

Medicare

Long Term Services & Supports or Behavioral Health
Full Integration v. Carve-outs

• Full integration promotes coordination but important to do no harm
• Strong consumer protections needed for any transition of carved-out services
• Planning and preparation are critical
• Prioritize beneficiary experience and beneficiary access
D-SNP Specifics
Communications

• Aligned D-SNPs can combine enrollment information, provider directories, etc. for both Medicare and Medicaid services

• Advocacy items:
  • Apply translation requirements most favorable to beneficiaries
  • Test clarity of communications with focus groups and consumer advisory councils.
  • 800 numbers able to field both Medicare and Medicaid questions
Integrated Appeals

- Plan Organizational Determination looks at both Medicare and Medicaid criteria
- Reconsideration by plan also decides based on both criteria
- Integrated denial notice and integrated request for reconsideration
- Higher levels of appeal are not integrated
Integrated Appeals

Medicare Appeals Council

Admin. Law Judge

Medicare Independent Review Entity

Redetermination

Medicare

Medicaid

State Court

Medicaid Fair Hearing

Org. Determination

Medicare

Medicaid

Medicaid
Integrated Appeals Advocacy

• Advocacy points:
  • Quality of appeal communications and denials
  • Require more broadly? Not just exclusively aligned?
  • Other ways to improve appeals short of complete integration.
Care Coordination

• Navigating both benefits
• Ensuring communication among providers
• Assisting with accessing non-health benefits
• Coordinating during transitions- hospital/skilled nursing/home, etc.
• Assisting with maintaining Medicaid eligibility
• Good data exchange throughout
Supplemental Benefits

• All MA plans can offer supplemental benefits beyond Part A and Part B
• D-SNP benefits should complement, not duplicate Medicaid benefits
• Should be tailored to characteristics of dual population
Social Determinants of Health

• SDOH: conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (HHS definition)

• Examples: homelessness, food insecurity, social isolation, poverty, elder abuse
Social Determinants of Health

• D-SNP responsibility to:
  • Learn the individual’s situation
  • Address SDOH
    • Through supplemental benefits
    • Through referrals to other sources of assistance
    • Through collaborations and partnerships
State Advocacy
State Advocacy—First Step

• Get up to speed:
  • What is the local and state D-SNP landscape now?
  • What is your state planning?
  • Are advocates at the table?
State Advocacy Issues

- State’s commitment of resources to oversight, developing state Medicare expertise
- Effective channels for beneficiary input from inception through implementation
- Substantive issues: beneficiary communications, appropriate supplemental benefits, transitions, etc.
- Transparency and accountability: data collection
Current Rulemaking

• Overall, a positive step:
  • More clarity and accountability
  • Allow separate contracts for D-SNPs so performance can be better evaluated.
  • Require consumer advisory committees for all D-SNPs
  • Standardize housing, food insecurity and transportation questions on health risk assessments
  • Tighten definitions for FIDE-SNPs and HIDE-SNPs
Online Resources

- Dual Eligible Special Needs Plans: What Advocates Need to Know (justiceinaging.org)
- Chapter 6 Improving Integration for Dually Eligible Beneficiaries Strategies for State Contracts with Dual Eligible Special (macpac.gov)
Questions?

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