JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Dual Eligible Special Needs Plans (D-SNPs) Basics

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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 marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Our Commitment to Justice

- We believe that to advance justice in aging, we must ensure that everyone has access to what they need as they age, without discrimination and regardless of race, gender, gender identity, sexual orientation, ability, language or country of origin.
- We push for policies that will ensure that those experiencing the greatest barriers to economic security, health care, and housing can exercise their rights and fully access the services and programs they need.

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Agenda

1. D-SNP types
2. D-SNP eligibility
3. D-SNP enrollment
4. Benefits
5. Care Coordination
6. Protections

Types of D-SNPs

What are D-SNPs?

- **Subset of Medicare Advantage**
  - Compared to Original Medicare, Medicare Advantage has narrower provider networks, more prior authorization, and can offer additional benefits.
- **Core elements unique to D-SNPs**
  - Enrollment limited to dually eligible individuals; can be more limited
  - Governed by contracts with the federal government and the state

Medicare Advantage Types

- Special Needs Plans
  - Dual-Eligible Special Needs Plans (D-SNPs)
  - Chronic Condition Special Needs Plans (C-SNPs)
  - Institutional Special Needs Plans (I-SNPs)
- Other Medicare Advantage plans

D-SNP Types

- **Fully Integrated D-SNP (FIDE SNP):** Has a contract with the state to provide virtually all Medicaid services to its members.
- **HIDE SNP (Highly Integrated D-SNP):** The D-SNP, or its aligned Medicaid managed care organization, has a contract with the state to provide most Medicaid services.
- **Coordination Only D-SNP (CO D-SNP):** The D-SNP must follow federal requirements to coordinate care across delivery systems.

Who Regulates D-SNPs?

- The Centers for Medicare and Medicaid Services (CMS) sets minimum ground rules.
- States can use State Medicaid Agency Contracts (SMACs) to impose additional requirements, including enrollment and care coordination

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

Resource: Justice in Aging, SMAC Toolkit

Example: Abby (1 of 3)

Abby is a SHIP counselor who wants to put together a complete list of D-SNPs available in her state. She wants to include information about restrictions in provider networks, available benefits and medications, and how different plans coordinate with Medicaid.

Example: Abby (2 of 3)

Abby uses Medicare Plan Finder to find D-SNPs available in her area, and some information about providers and benefits is available. She uses CMS' SNP data website to identify which designations apply (HMO, PPO, FIDE, HIDE, AIP, etc.). She looks up each plan's Evidence of Coverage document online to get more information about the benefits offered by each plan, including supplemental benefits like dental.

Example: Abby (3 of 3)

For Abby's state, D-SNP and Medicaid plan affiliation information is not available online. Her office reaches out to the state's Medicaid agency for information about which Medicaid managed care organizations are affiliated with which D-SNPs.

D-SNP Eligibility

Eligibility for D-SNPs

- Generally, a person has to be enrolled in both Medicaid and Medicare to be eligible for a D-SNP
  - If a person loses Medicaid, they may be deemed eligible and remain in D-SNP for a period of time.
- D-SNP eligibility varies by state and plan
- D-SNP eligibility can be limited to a subset of dually eligible individuals

D-SNP Eligibility for Partial Benefit Dually Eligible Individuals

- Definition: Partial benefit dually eligible individuals are enrolled in Medicare and a Medicare Savings Program (MSP), but not full Medicaid benefits.
- Some states do not allow partial benefit dually eligible individuals to enroll in a D-SNP.

D-SNPs and Medicaid Managed Care Enrollment

- D-SNPs often have an affiliated Medicaid managed care organization (MCO).
  - For example, Sigma Medicaid MCO affiliated with Sigma Medicare D-SNP.
  - *42 CFR 422.2 (definition of "aligned enrollment")*
- Does a person have to be enrolled in (or in the process of enrolling in) the affiliated Medicaid MCO?
  - Sometimes. "Aligned enrollment" is required for enrollment in FIDE SNPs and AIPs, and can be required for other D-SNPs.
  - *42 CFR 422.2 and 422.561*

Example: Tatiana

- Tatiana is enrolled in fee-for-service Medicaid and Original Medicare. She wants to enroll in a Kappa D-SNP, which is advertising a number of supplemental benefits.
- Tatiana's SHIP counselor sees that Kappa D-SNP is requiring aligned enrollment in a Kappa Medicaid MCO. The counselor provides Tatiana information about the requirement to enroll in the Kappa Medicaid MCO and that it might affect Tatiana's Medicaid benefits.

D-SNP Enrollment

Do People Have to Enroll in Medicare Managed Care?

- **No**. No one is required to enroll in Medicare managed care.
- Some states have chosen to opt for "default enrollment." That means that some individuals are enrolled into a D-SNP during their initial enrollment period.
  - Must be given the opportunity to opt out and notice.

Enrollment and Disenrollment

- Dually eligible individuals can leave Medicare Advantage **any time** using the "Monthly Special Enrollment Period."

  See Justice in Aging's Fact Sheet: Important Changes in 2025 to Special Enrollment Periods for Low-Income Medicare Enrollees

- The website Joining a Plan talks about when a person can join, drop, or switch Medicare Advantage plans.

Example: May

May is in a D-SNP and was prescribed a medication not covered by her D-SNP. May has a few choices:

- She can ask for a formulary exception to get her medication covered.
- She can use an enrollment period to change to another D-SNP or another Medicare Advantage plan that covers her medication.
- She can use the "Monthly Special Enrollment Period" to leave her D-SNP, join Original Medicare, and pick a new Part D plan that covers her medications.

May works with a SHIP counselor to evaluate her options; changing plans can change access to care

Benefits

Part A and B Benefits

- All Medicare Advantage plans must provide Part A and Part B benefits (*42 CFR 422.101)*
  - E.g. hospital, skilled nursing facility, home health, hospice, physician services, therapies, tests, x-rays, medically necessary transportation, medical equipment, some medications.
- For more information on Part A and Part B benefits, see CMS' Medicare and You and Medicare.gov.

Part D Benefits

- All D-SNPs must include Part D prescription drug benefits. Different D-SNPs cover different prescriptions
  - Use Medicare Plan Finder (click on plan details) to research covered prescriptions and any limits that may apply
- Low-Income Subsidy covers premiums and cost-sharing
- Medicaid offers very limited medication coverage for dually eligible individuals

See Medicaid and Medicare Part D Overview

Access to Medicare and Medicaid Benefits

- State Medicaid agencies must ensure that Medicaid benefits are available to MCO enrollees.
  - *42 CFR 438.206(a); see also 130 CMR 508.007(C) and 508.008(C)*
- Medicare Advantage plans must ensure access to covered benefits (applies to HMOs, PPOs, and other plans).
  - *42 CFR 422.112; 42 CFR 422.4(a)(1)(iii)(A)*
- All D-SNPs are required to offer assistance with Medicaid benefits, including requests for service and navigating Medicaid appeals and grievances.
  - *42 CFR 422.562(a)(5)(i)*

Supplemental Benefits

- Supplemental benefits can include dental, vision, hearing, long-term care, nutrition, and other benefits.
  - To find supplemental benefits, look at Medicare Plan Finder ("More Details" and "Additional Benefits") and Evidence of Coverage documents.
- Note that it can be hard to distinguish Part A and B coverage from supplemental benefits in Evidence of Coverage documents.

Coordination with Medicaid

- Medicaid will often cover care when Medicare coverage runs out.
  - CMS, Provider Enrollment and Third Party Liability for Items and Services Rendered to Dually Eligible Individuals (Jan. 2025)
- In a few states, joining a D-SNP can restrict eligibility for 1915(c) waiver services.

Example: Maria

- Maria is a dually eligible individual and enrolled in Kappa D-SNP. She had a stroke recently and needs a wheelchair for part-time work outside her home. She cannot stand for long periods of time.
- Kappa D-SNP reviews Maria's request and covers it under her Medicaid benefits. Medicare will not cover the wheelchair because Maria primarily needs it for use outside of her home. Medicaid's coverage criteria considers use outside the home.

Care Coordination

Care Coordination for D-SNP SMACs

- At a minimum:
  - Coordinate services across the delivery spectrum and assist with transitions of care
  - Establish a care plan and care team
  - Assist with maintaining Medicaid eligibility
- All D-SNPs required to follow new federal requirements for individualized care plans.
  - *42 CFR 422.101(f)*
- See JIA's SMAC toolkit on care coordination

Example: Gary (1 of 2)

Gary is on full-benefit Medicaid and Medicare. He received a notice that his FIDE SNP had hit its maximum allowance cap for dental services. He brought the notice to his advocate.

The advocate found the notice confusing, because Gary had only run out of the Medicare supplemental dental benefit, not his state's Medicaid dental coverage.

Example: Gary (2 of 2)

Since Gary has exhausted his Medicare coverage, his Medicaid dental benefit should pay primary. A Medicare denial should not be necessary. Gary's FIDE SNP should have alerted him to his available Medicaid dental benefit, and given him information about which providers would be in network for Medicaid dental.

Gary accessed his Medicaid benefits through the FIDE SNP, and, with his SHIP counselor's help, filed a complaint about the plan's failure to coordinate benefits using the Complaint Tracking Module.

Protections

Medicare Costs

- Medicaid will often pay for premiums and Medicare cost-sharing for a dually eligible person, **whether or not a person is in managed care.**
- FIDE SNPs are now required to pay all deductibles, cost-sharing, and co-insurance.
  - *42 CFR 422.2 (definition of FIDE SNP)*
- Medicare Advantage plans are required to guard against improper billing.
  - *42 CFR 422.504(g)(1)*

Prior Authorization

- For "basic benefits" and ongoing active treatment, prior authorization approvals must be **in effect as long as medical necessity continues**.
  - *42 CFR 422.112(b)(8)(i) (applies to HMOs, PPOs, and other plans)*
- The Medicare Advantage organization **must not disrupt or require reauthorization** for an active course of treatment for new plan enrollees for a period of at least 90 days.
  - *42 CFR 422.112(b)(8)(ii) (applies to HMOs, PPOs, and other plans)*
- Prior authorization is limited to specific circumstances.
  - *42 CFR 422.138*

Network Adequacy

Requirements:

- Must demonstrate an adequate provider network that allows for meaningful access to covered services.
  - *42 CFR 422.116*
- Meet "time and distance" standards and other specific provider network standards.
  - *42 CFR 422.120*
- When MA networks are insufficient to satisfy enrollee need, plans are mandated to provide coverage of medically necessary covered benefits from out-of-network providers at in-network cost sharing.
  - *42 CFR 422.112*

Organizational Determinations, Appeals, and Grievances

- All Medicare Advantage plans must follow federal requirements about organizational determinations, grievances, and appeals.
- Applicable Integrated Plans (AIPs) are required to integrate determinations and appeals
  - Considering both Medicare and Medicaid rules when processing the first two levels of appeal
  - In some circumstances, continuation of benefits while appeal pending
  - *42 CFR 422.629 - 634; 42 CFR 431.230(b)*

Enrollee Feedback

- Each D-SNP must have an Enrollee Advisory committee, with member participation.
- Using 1-800-MEDICARE and speaking with a SHIP counselor can help resolve issues, and can also give CMS feedback about plan performance.

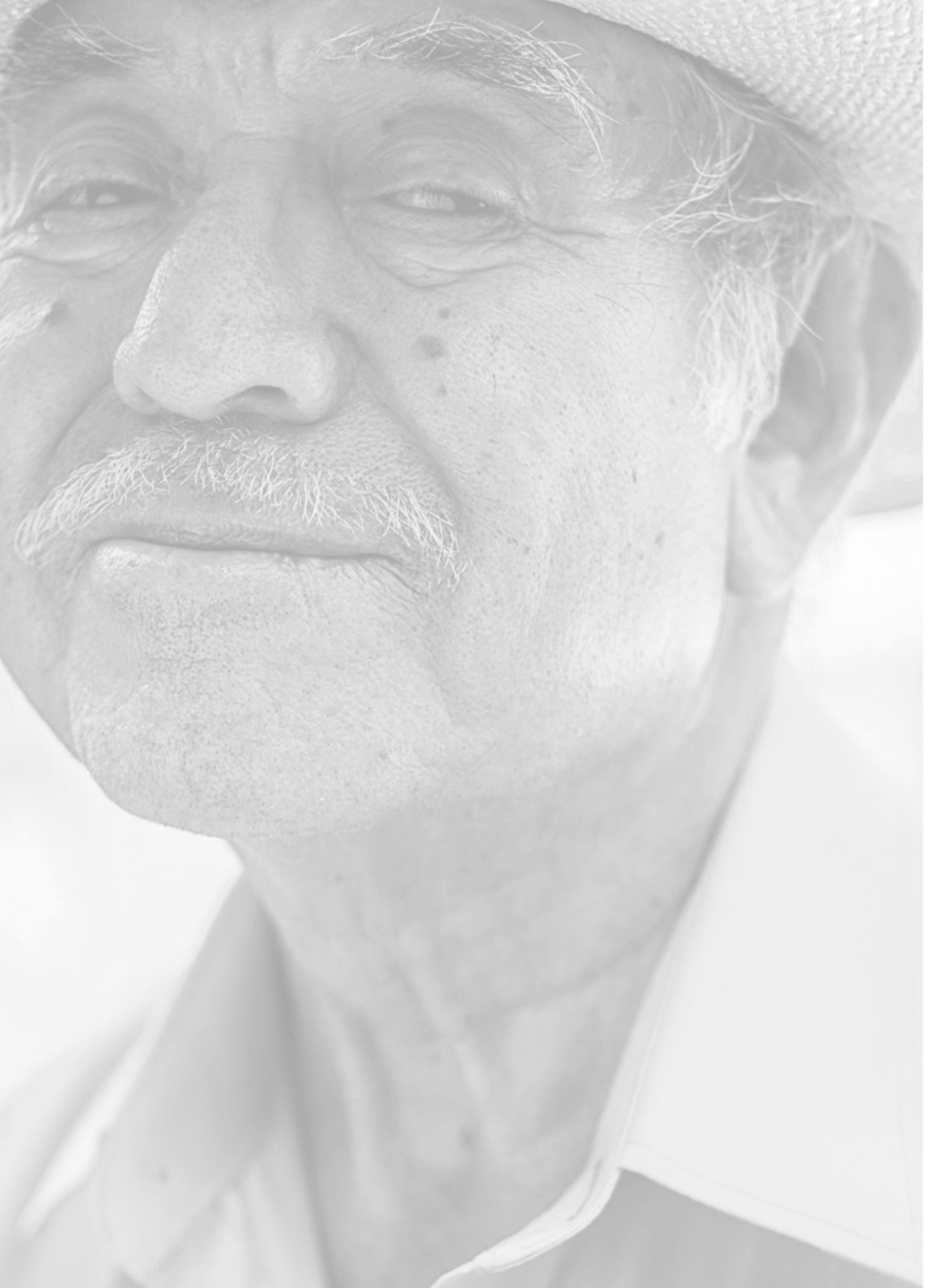
Advocacy and Resources

Opportunities for Advocacy

- Join local Enrollee Advisory Committee as advocates
- Comment on SMACs
- Connect with local SHIP counselors

Justice in Aging Resources

- SMAC Toolkit
  - Member Rights
  - Provider Network Protections
  - Care Coordination
  - Eligibility & Enrollment
- D-SNP Frequently Asked Questions
- D-SNP Basics
- Duals Integration Principles



Questions?

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