New Medicare-Medicaid Integration Policies for D-SNPs for 2021

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Kristen Renkes: Our next session will highlight the new integration and unified appeals and grievance requirements and provide guidance on the contracts and operational changes needed for each type of D-SNP beginning for contract year 2021. Please join me in welcoming Julie Jones and Tobey Oliver.

Julie Jones: Hi everyone. I'm Julie Jones, and this is Tobey Oliver, and today we're going to be talking about the new Medicare/Medicaid integration requirements for D-SNPs.

So, first of all I was going to go over some of the learning goals. First of all, the integration requirements that were included in the CMS 4185F final rule, we discussed at the spring conference. I'm going to go over those a little bit again. Then the 2021 MAPD application is currently out for public comment, so I'll discuss some of the changes that are included in that state Medicaid agency contract requirements. Then Tobey Oliver is going to take over the presentation and talk about the unified appeals and grievance requirements, as well as some of the resources that we have available for you, and then we'll go ahead and open up things for questions.

So, I'm going to quickly go over some of the major changes to the D-SNP requirements. First of all, the BBA of 2018 authorized D-SNPs permanently for the first time since they were put in place in 2006. It also included new integration requirements for respect to Medicare/Medicaid

for D-SNPs beginning in 2021. So, then in the final rule, we created three integration pathways for D-SNPs. And the first two involve some level of carveouts. I'm sorry, not carveouts. The first two are capitated options. The first is to become a fully integrated dual-eligible SNP, or a FIDE SNP, and the second is a highly integrated dual-eligible SNP, or a HIDE SNP. So, I'm not going to go over those definitions in depth, because we covered them in the spring conference.

And the last option is everyone else, and this will be likely the majority of what the plans will fall into, is that the requirement is notify the state and/or their designee of hospital and SNP inpatient admissions for some group of high-risk enrollees.

So, I'm not going to go over these next two slides in detail, but, you know, we want to include them because they really show what's required for a HIDE SNP versus a FIDE SNP and the differences between the two of them. But if you have any questions regarding what group you think your plan falls into, please come to us. An MCO is definitely available for technical assistance, and our contact information is at the end of the presentation. I did want to point out quick that for the FIDE SNP we've been getting some questions about behavioral health, and a carveout by the state is acceptable.

So, as I referenced previously, those states that don't qualify as HIDE or FIDE SNPs must include a new notification requirement in this MIPA state Medicaid agency contracts. So, the purpose of the integration requirement is for those D-SNPs to improve coordination between the D-SNP and the state Medicaid agency during transitions of care, such as Hospital admissions or skilled nursing facility emissions.

So, we tried to include a lot of flexibility in the requirements for the states as to the approach that best meets their needs, because we understand that the states have varying levels of integration currently. So, the states can choose to use an existing system infrastructure that they currently

have in place and/or health information exchanges. The flexibility allows the states to scale their integration efforts over time.

So, any D-SNPs that do not meet one of the categories of integration, as I described, will be subject to marking and enrollment sanctions, beginning plan years 2021 through 2025. And these sanctions will continue until CMS can confirm that the integration requirements have been met. And so, in order to do this, CMS is going to create a process for sanctioned D-SNPs to come off sanction through a CAP process so that we can determine whether the integration requirements have been met. Then, at that time, we'll let the plans know that they can come off sanction.

Now I'm going to talk a little about the application process itself. So, CMS released the MAPD application for public comment on September 12th, and you still have a few days to provide us comments, until November 12th, at www.regulations.gov, and we really do appreciate any comments that you provide to us. CMS will release the application in January of 2020, then, as in previous years, the SMAC for each state that plan operates that will be due to CMS on the first Monday in July, which will be July 6th, 2020. For the 2021 review process, all D-SNPs must submit the SMAC applicable attestations and any applicable matrices as required. You'll know any application that there are changes to Attestation Section 5.4 and the matrices 5.11 and 5.12.

So, one of the major changes for the 2021 is that all D-SNPs must either submit a new contract or a current contract with a contract amendment. So, Evergreen contracts with letters of good standing will not be acceptable. As part of the attestations in Section 5.4, D-SNPs must indicate which of the three criteria they meet, either the FIDE, HIDE, or notification requirements, and then CMS will look at that and determine whether those requirements have been met.

Another difference in 2021 is that we'll be conducting the FIDE and HIDE determinations as the same time as we review the rest of the SMAC. So,

once those are finished, we'll then release this status review letters, and, as applicable, any intermediate sanctions in the fall.

So, I wanted to take a few minutes to go into the new requirement for those D-SNPs that don't qualify as FIDE or HIDE SNPs. So, the SMAC specify a process for notification or arranging for another entity to notify the state and/or their designee of hospital and SNP admissions for at least one group of high-risk full-benefit dually eligible individuals identified by the state. The SMAC must describe the process, the timeframe and methods by which the notice is provided, and the specific group of individuals for whom the notice is provided. There is flexibility for the state in the manner which the notification occurs and how the data is exchanged, as well as the specific group of high-risk individuals that are selected by the state. Also, a D-SNP or state could arrange for another entity to perform their notification rules.

So, Tobey Oliver is going to be, shortly, going over another one of the new SMAC requirements, which is that for the applicable integrated plans, they must have a unified appeals and grievance process. Overall, we really want to encourage D-SNPs to start working with their states on these requirements as soon as possible, since we know that the contracting process does take time.

So, I'm not going to go over these next three slides in detail, but we wanted to include a chart of the timeline for the SMAC process coming up, and this was included in the October 7th HPMS memo that we released.

Okay, so now to see if you're still awake, we have a polling question for you, and it is, when is the 2021 executed state Medicaid agency contracts due into CMS? Okay, it looks like the majority of you got this correct. The answer is C, July 2020. And now I'm going to turn things over to Tobey Oliver.

Tobey Oliver: Thanks, Julie. Good morning everyone. As Julie mentioned, we are also going to be rolling out an integrated appeals and grievance process in

response to requirements that were also set out in the Bipartisan Budget Act of 2018, the Integrated Appeals and Grievance process will apply to a subset of D-SNPs. That subset of D-SNPs is what we're calling applicable integrated plans, and that is D-SNPs that, through the agreement with the state, limit membership to individuals enrolled in both D-SNPs and an affiliated Medicaid MCO, so a fairly small subset of current D-SNPs. This will apply as of January 1, 2021.

And coming up with the integrated process, we were looking to integrate the Medicare/Medicaid requirements. Those requirements are fairly aligned in most ways. In places where they were not aligned, we really mostly used the governing principle of choosing a stand that is the most protective for the enrollees, which was a standard that was set out in the Bipartisan Budget Act.

So, a couple of important provisions in there that we just wanted to remind everybody of that we hope that you're thinking about now. We did allow for state flexibility, to where the state most likely in their current Medicaid program, has a standard or a requirement that is more beneficial or protective for enrollees than what we laid out in the decent regulations. The states will be able to implement that requirement instead of what we've laid out in the regulations. However, that is going to need to be explicitly stated in the SMAC. And so, as Julie has been emphasizing, that's something you need to be talking to your states about now to make sure it's in the SMAC in time for it to be submitted to us in July, as most of you have down pact for the approved SMAC requirements.

In addition, another big new requirement from Medicare in the integrated appeals and grievance process will be the continuation of benefits at level one while the appeal is pending. So, this is something that currently exists in Medicaid but not Medicare. While the enrollee's level-one plan level appeal is pending with a plan, they'll be able to continue any benefits that were previously approved.

So, a good example of this would potentially be like home health, something that's already in place, but the plan is letting the enrollee know that they're going to reduce it or stop it or something, and the enrollee is appealing it, they can have that service continue while the plan level appeal is going on. So, we're assuming that this will probably require some systems changes and things to make sure that you're ready to handle those continuation of benefits requests in 2021, so please be thinking about how to make that happen now.

Since we finalized the rule in the spring, we've been working on lots of materials and information to get ready to release to everyone. Most, if not all of these materials, will be out for public comment at some point, and we really, really encourage you to, if you know or work with or are part of an applicable integrated plan or know an appeals and grievance board, please take a look at these and the other materials that we put out there and give us feedback. It makes all the documentations and processes better for everyone.

So, the first one that is actually already out for public comment, is the new IDN. This is the Integrated Denial Notice. It's going through the PRA process, so it's out for public comment through that process. We have a link to it a little bit later in the slides. You have until December 17th to comment on it. You'll notice that it's a lot different than the current IDN. We did a lot of revamping to try to make it more understandable for enrollees, and easier to understand the process, which were also all things that were laid out in the BBA for us to think about in doing integrated notices.

Then we are also doing a couple of other integrated notices, one related to appeal decisions, and another related to the right to an expedited grievance. We're going to put those out for public comment as well. We're waiting to get the feedback on the IDN, so that any feedback that we get, we can incorporate into these other two notices before we put those out for public comment as well. So, those will be out for public comment sometime after December 17th.

We are also working on audit protocols to integrate the new applicable integrated plan requirements into the audit protocols. Those will be out for public comment sometime relatively soon, we think. We are also working on EOC materials with CM to make changes to the EOC to capture the unified procedures for the integrated applicable plans, which will also go out for public comment, as well as guidance procedures for the applicable integrated plans in the unified procedures. We'll get those out for public comment soonish.

So, now we have another poll just to get a sense of who is out there in the audience. So, does your organization have any applicable integrated plans? All right, we've got a little bit of a split. Oh, no. All right, that's a little more what I expected. So, it's a rather small subset of D-SNPs that will have integrated plans. Oh, a pretty good split. All right.

So, now just moving back to some general resources, guidance, information, just another reminder here that the SMACs are due to CMS in just eight short months, July, as most of you got right on our polling question, so please start planning now working with your states. You need to have that finalized back by July 6th, 2020. And if you're an integrated plan, you need to be planning for any operational changes that you'll need to make before 2021 as well.

We've been working closely are ICRC, the Integrated Care Resource Center, on some resources, and they're also going to be putting out some model contract language, so they've been putting out some resources. This first one, the update on state contracting with D-SNPs, it's from July 2019. It's an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare/Medicaid alignment for dually eligible enrollees.

The second one here, promoting information sharing is from August 2019, and it highlights approaches by three states, Oregon, Pennsylvania, and Tennessee, to develop and implement information-sharing processes for their D-SNPs that support care transitions. It includes examples of

contract language and strategies to encourage plan collaboration and problem solving around information sharing.

And then the third one that we have listed here on information sharing to improve care coordination is from September 2019. It has key questions and considerations that states can review as they begin working with D-SNPs and other parties to design and implement information sharing requirements. And as I mentioned, ICRC will also be disseminating sample contract language sometime relatively soon.

As Julie mentioned, we really encourage anyone with questions or who would like additional TA to reach out to us. We've set up a D-SNP webpage. This is not a page that encompasses all things D-SNP. It really is just is focused on these new requirements and resources. We have some of the things that are linked here, including the link to the IDN PRA notice, so you can go there to find the link to give us feedback on the IDN that's out there for public comment.

We also have included here a link to the application PRA notice, which is also out for public comment now. I think it's November 17th.

Julie Jones: 12th.

Tobey Oliver: 12th. You have to get feedback in on that. And we also included our mailbox here that you can send us questions and reach out to us for TA assistance. So, that is what we have for our presentation.

Kristen Renkes: And we do have a few questions for you that have been submitted to us. Will CMS be conducting outreach to states regarding the new requirements?

Julie Jones: Yes. We are definitely in the process of doing that through several different methods. First of all, through ICRC, which you saw some resources up there. Also, through the National Association of Medicaid Directors, and then also directly through MMCO, and, you know, we're very happy to provide technical assistance there.

Kristen Renkes: And will CMS be providing sample SMAC language to states that they can share with plan?

Julie Jones: Yes. We've already got up the language for the notification requirements on the ICRC website that was shown here, and we will be releasing additional sample language for FIDE and HIDE SNPs, either in November or December, so shortly.

Kristen Renkes: Okay. And what do we do as an organization if we have been submitted Evergreen contracts for some time and are having a hard time identifying the correct point of contact within the state to work with an update or revision of the SMAC?

Julie Jones: We strongly encourage you to reach out either directly to MMCO or through your account manager, and then we can help put you in touch with the correct staff in the state and facilitate that interaction.

Kristen Renkes: And state policy in my state says that enrollment must be aligned between the D-SNP and the affiliated Medicaid MCO, but enrollment is never 100 percent aligned due to movement of members. Is my entity an applicable integrated plan?

Tobey Oliver: Yes. The important thing is the state policy. We recognize that movement of members may mean that a hundred percent aligned enrollment at every moment of every day is not possible. But the important thing is whether it's the state's policy that each plan has aligned enrollment.

Kristen Renkes: And what is an example of a Medicare service that could be continued under the new regulation while the plan level appeal is pending?

Tobey Oliver: Probably the most common service where this would come up would be home health, a lot of Medicare services are more like single visit. But home health is a good example of one that could be going on for a period of time and be reduced or stopped after it was already previously approved, so that would be one where an enrollee could potentially have

the service continue while they appeal to have it held at the same amount or increased, et cetera.

Kristen Renkes: And will separate D-SNP model materials be developed separate from the SNP models for ANOC and EOC?

Tobey Oliver: We will be integrating the information into the EOC, and we will be putting it out for public comment.

Will it be separate?

Julie Jones: No, integrated.

Kristen Renkes: Okay. And is there an expected date for the release of CMS model SMAC model language which will support HIDE and FIDE SMAC contract components through ICRC?

Julie Jones: Yes. As I mentioned before, ICRC is the issue that SMAC sample language either in November or December.

Kristen Renkes: And this one is two parts. Will CMS be defining what is included in the CMS definition of LTSS? If so, what is the timeline for that or will this be deferred to the state?

Julie Jones: So, on that, obviously, my overall answer. Each state Medicaid agency has their own requirements for LTSS, and we refer people to the chart that is included in the slides for the requirements for FIDE and HIDE SNP. So, did you want to ask the rest?

Kristen Renkes: Yeah. So, they said, consistent with the state policy, as required by state Medicaid agency contract with California's Department of Healthcare Services, our D-SNP plan covers LTC, CBAS, and currently MSSP under the medical RAP process? Will there be any new requirements from CMS besides these services?

Julie Jones: Okay. So, for LTSS, those FIDE and HIDE requirements, for the FIDE, they must cover at least 180 days of nursing home coverage, and then

LTSS services in the community. And then for a HIDE SNIP, they must either cover LTSS or behavioral health. Although, for both HIDE and FIDE SNIPs, a carveout is acceptable. So, if you have any specific questions about carveouts, we encourage you to contact us so that we can really target technical assistance to those types of needs.

Kristen Renkes: And what is included in the CMS definition of BH? Currently consistent with the California state policy, DHCS requires mild to moderate BHT and screening to be covered under the medical RAP process. The county has financial and clinical oversight of specialty mental health. Will there be any new requirements besides these services?

Julie Jones: So, again, each state has their own requirements for behavioral health services, and that, for us, that chart of the FIDE and HIDE SNP requirements, again, will be helpful. So, for FIDE SNPs, they must have behavioral health unless there's a carveout, and then for HIDE SNPs, again, they must cover you at either LTSS or behavioral health services. So, again, for any questions about carveouts, please feel free to contact us so we can target our assistance and you actually included calls with plans.

Kristen Renkes: Okay. One more. Depending on which of the three integration criteria we pursue, notification process, HIDE, or FIDE SNPs, will we be expecting a timeline from CMS or DHCS customized to each option, or should we anticipate the timeline will be the same for all options?

Julie Jones: Yeah, the time line is the same for all options, and I would point you, again, to that chart that we include in the slides from the October 7th HPMS memo that lays out timeline requirements.

Kristen Renkes: Okay. Do we have a question from the audience?

Gail Pryde: Hi. Gail Pryde from United Health Care. You mentioned the auto protocols under appeals and grievances. Will any of the other areas of the protocols be updated or revised based on this, such as the SNP model of care section?

Julie Jones: We don't have any plans to do so at this time.

Gail Pryde: Okay. Thank you.

Kristen Renkes: Do we have another? No? I guess not. All right. Thank you so much, Julie and Tobey. We'll switch over to the session evaluation. You know what to do. Text "22333 CMS 2019 fall" or go to pollev.com/CMS2019fall.

And we will now take about a 20-minute break. This would be a great time to see Vicky at the table just outside here. And we'll see you back at 11:00.