Using D-SNP Contracting as a Pathway to MLTSS

MLTSS Intensive – 2020 HCBS Conference

December 3, 2020
Agenda

- Welcome and Introductions
- D-SNP Contracting as a Pathway to MLTSS
- Idaho’s Path to Integration and MLTSS
- Q&A
Today’s Presenters

Alexandra Kruse, Associate Director, Medicare-Medicaid Alignment, CHCS

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D-SNP Contracting as a Pathway To MLTSS
States have increasingly developed MLTSS programs to:

» Deliver robust care coordination that offers person-centered care for individuals in need of LTSS

» Promote greater access to HCBS by incenting rebalancing from institutional care to community options

» Reduce fragmentation of care delivery both within the Medicaid program and across Medicare and Medicaid

Considerable state resources and the right climate are needed to first obtain buy-in and then design, implement, and oversee MLTSS programs.
New D-SNP Integration Standards

D-SNPs must meet at least one of the following criteria effective CY 2021:

1) Cover Medicaid behavioral health services and/or LTSS to be either:
   » A Fully Integrated Dual Eligible SNP (FIDE SNP), or
   » A Highly Integrated Dual Eligible SNP (HIDE SNP) or

2) Notify state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for group of high-risk enrollees to improve coordination during transitions of care

On November 24, 2020, CMS released a comprehensive list of D-SNP integration status based on CY 2021 State Medicaid Agency Contract reviews. Available at: [https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/D-SNPs](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/D-SNPs)

Direct Capitation to D-SNPs

- Direct capitation to D-SNPs offers an alternative path for coordination of Medicare, LTSS, and other Medicaid benefits.

- Particularly relevant for states that:
  - Do not have or plan to develop an MLTSS program
  - See value of benefit integration coupled with overlay of care coordination to reduce fragmentation of care
  - Have a considerable segment of LTSS eligible individuals already enrolled in D-SNPs
Direct Capitation to D-SNPs

- Offers states flexibility to determine the scope of benefits that would be integrated and to expand that scope overtime.

- State approaches vary from directly capitating D-SNPs for coverage of beneficiary cost sharing alone, to capitation for Medicaid “wrap around” benefits, and/or LTSS and behavioral health.

- In parallel, states can leverage the D-SNP care management model and use their contract authority to address Medicaid program goals and requirements.
Idaho’s Path to Integration and MLTSS
2011 – Legislative mandate
Late 2013 – Unable to participate in Capitated Financial Alignment Demonstration after plan withdrew
June 2014 – Launched D-SNP offering MLTSS benefits with one plan and voluntary enrollment
January 2018 – Second D-SNP joined the market
November 2018 – Launched companion Medicaid-only MLTSS program with mandatory enrollment structure
• Broad legislative mandate to transition duals into a managed care delivery system.

• Benefits of starting with a direct D-SNP contract included:
  • Initially very small enrollment gave us a good “test environment” to work through operational or contract issues with LTSS benefits.
  • Stability of the MA side permitted us to focus our efforts on integrating the LTSS benefits into an already solid framework.
  • Supported stakeholder engagement by broaching the concept of managed LTSS with a population oriented to Medicare Advantage.
  • As a state in its infancy of managed care, leveraging the existing capacity and structure of the D-SNP platform minimized the risk of program failure or launch problems (e.g., medical or pharmacy benefits)
Challenges

- Medicare expertise among state staff was relatively low.
- Network provider challenges, particularly among atypical Medicaid providers, and including claims system enrollment.
- Medicare cost-sharing and allocation for medical loss ratio reporting purposes.
- Coordination of benefits/reimbursement calculations.
Solutions

• Coordination with internal state SMEs regarding behavioral health services, HCBS services, and nursing facility care to ensure continuity between care delivery systems and contracts.

• Partnering with D-SNP contractors to address challenges
  • Participating plans have been very amenable to coordinated problem-solving.
  • State’s corrective action process has been relied on to work through issues building credibility and transparency with stakeholders.
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