



New Medicare-Medicaid Integration Policies in the CY 2020 C&D Final Rule

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Polling Question #1

Welcome! We're glad you could join us this afternoon. Please tell us who you represent:

- A. A D-SNP
- B. Another MA plan
- C. A PDP
- D. Another organization



Learning Goals

- Summarize D-SNP Medicare-Medicaid integration requirements
 - New and revised definitions
 - Assistance with Medicaid coverage, appeals, and grievances
 - New and revised state Medicaid agency contracting requirements
- Summarize new D-SNP unified appeals and grievance procedures
- Provide resources for more information
- Answer your questions



Who is Impacted?

Provision	Impacted D-SNPs	Applicability Date
§ 422.2: Definitions	All D-SNPs	1/1/2020
§ 422.107(c)(1)-(3): Modified State Medicaid Agency Contracting Requirements	All D-SNPs	1/1/2020
§ 422.562(a)(5): Providing Assistance with Medicaid Coverage, Appeals, and Grievances	All D-SNPs	1/1/2020
§ 422.107(d): Notification of Hospital and SNF Admissions for High-Risk Enrollees	D-SNPs except FIDE/HIDE SNPs	1/1/2021
§§ 422.629 – 422.634: Unified Grievances and Appeals	FIDE/HIDE SNPs with exclusively aligned enrollment (“applicable integrated plans”)	1/1/2021
§ 422.107(c)(9): New State Medicaid Agency Contract Requirement	FIDE/HIDE SNPs with exclusively aligned enrollment (“applicable integrated plans”)	1/1/2021



D-SNP Medicare-Medicaid Integration

- The Bipartisan Budget Act of 2018 requires a minimum level of Medicare-Medicaid integration for all D-SNPs beginning CY 2021.
- CMS-4185-F requires that D-SNPs meet at least one of the following criteria by CY 2021:
 - Be a FIDE SNP
 - Be a HIDE SNP
 - Notify state/designee(s) of hospital & SNF inpatient admissions for some high-risk enrollees



Definitions (§ 422.2)

- D-SNP:
 - Coordinates the delivery of Medicare and Medicaid services
 - **May** provide coverage of Medicaid services, including long-term services and supports and behavioral health services
 - Has a contract with the state Medicaid agency
 - After January 1, 2021, satisfies one of three criteria for Medicare-Medicaid integration



Definitions (§ 422.2) – cont.

- Fully Integrated Dual Eligible SNP (FIDE SNP):
 - Provides Medicare and Medicaid benefits under a single entity that:
 - Has an MA contract with CMS; **and**
 - Has a Medicaid MCO contract with a state
 - Provides coverage, consistent with state policy, of Medicaid benefits, including:
 - Long-term services and supports (LTSS); **and**
 - Nursing facility services for at least 180 days per plan year



Definitions (§ 422.2) – cont.

- Highly Integrated Dual Eligible SNP (HIDE SNP):
 - Provides coverage, consistent with state policy, of:
 - LTSS; **and/or**
 - Behavioral health services
 - Provides LTSS and/or BH services under a capitated contract between the Medicaid agency and:
 - The MA organization; **or**
 - The MA organization's parent organization; **or**
 - Another entity owned and controlled by the MA organization's parent organization.



FIDE SNP vs HIDE SNP

	FIDE SNP	HIDE SNP
Must have a contract with the state Medicaid agency that meets the requirements of a managed care organization.	Yes	No
May provide coverage of Medicaid services via a PIHP or a PAHP.	No	Yes
Must provide coverage of applicable Medicaid benefits through the same entity that contracts with CMS to operate as an MA plan.	Yes	No. Contract may be with (1) the MA organization offering the D-SNP; (2) the MA organization's parent organization; or (3) another entity owned and controlled by the MA organization's parent organization.

FIDE SNP vs HIDE SNP – cont.

	FIDE SNP	HIDE SNP
Must provide coverage of long-term services and supports (LTSS).	Yes	No , if it otherwise covers behavioral health services.
Must provide coverage of behavioral health services.	No - Complete carve-out of behavioral health coverage by the state Medicaid agency is permitted.	No , if it covers LTSS.
Must provide coverage of 180 days (minimum) of nursing facility services during the plan year.	Yes	No



Definitions (§ 422.2) – cont.

- Aligned Enrollment
 - When a dual eligible individual is enrolled in both a D-SNP and an affiliated Medicaid MCO.
- Exclusively Aligned Enrollment
 - When a D-SNP, through an agreement with the State, limits membership to individuals with aligned enrollment.



Assistance with Medicaid Coverage, Appeals, Grievances (§ 422.562(a)(5))

- Final rule establishes standards for all D-SNPs to assist members with:
 - Obtaining Medicaid-covered services & resolving coverage and authorization issues
 - Providing assistance with filing grievances and requesting appeals
- Assistance must be provided when plan becomes aware of enrollee's need for a Medicaid-covered service
- Aligns with D-SNP obligation to coordinate delivery of Medicare and Medicaid benefits under § 422.2



State Medicaid Agency Notification Requirement (§ 422.107(d))

- Effective January 1, 2021:
 - D-SNPs that are **not** FIDE/HIDE SNPs must include a new notification requirement in state Medicaid agency contracts
- Purpose:
 - To improve care coordination between the D-SNP and the state Medicaid agency during transitions of care
- Approach:
 - Flexible. States can use existing systems and/or Health Information Exchanges (HIEs).



State Medicaid Agency Notification Requirement (§ 422.107(d)) – cont.

- D-SNP (or a designated entity) must notify the state (and/or individuals/entities designated by the state):
 - Of hospital & SNF inpatient admissions
 - For at least one group of high-risk full-benefit dual eligible individuals
- State determines:
 - Who is “high risk”
 - Who will be notified
 - The timeframe for the notification
 - The notification method



Polling Question # 2

True or False, all D-SNPs must notify the state of all hospital and SNF admissions?

- A. True
- B. False



Intermediate Sanctions (§ 422.752)

- CMS will impose intermediate sanctions:
 - During plan years 2021 through 2025
 - On MA organizations with a D-SNP contract that do not meet one of the three integration criteria in D-SNP definition (§ 422.2)
- Sanctions continue until integration criteria are met



Revised State Medicaid Agency Contract Requirements (§ 422.107(c))

Current Contract Requirement	Revised Contract Requirement
The MA organization's responsibility, including financial obligations, to provide or arrange for Medicaid benefits.	The D-SNP's: (1) responsibility to coordinate the delivery of Medicaid benefits; and (2) if applicable , responsibility to provide coverage of Medicaid services
The category(ies) of eligibility for dual-eligible beneficiaries to be enrolled under the SNP.	The category(ies) and criteria for eligibility for dual eligible individuals to be enrolled under the D-SNP
The Medicaid benefits covered under the SNP.	The Medicaid benefits covered under a capitated contract between the State Medicaid agency and the MA organization offering the SNP, the SNP's parent organization, or another entity that is owned and controlled by the SNP's parent organization



D-SNP Unified Appeals & Grievances (§§ 422.629 – 422.634)

- The Bipartisan Budget Act of 2018 requires, to the extent feasible as determined by the Secretary, unifying grievances and appeals procedures for D-SNPs beginning CY 2021.
- CMS-4185-F establishes the specific unified processes “applicable integrated plans” must implement by 2021.



Policy Goals for Unified Appeals & Grievance Processes

- Medicare and Medicaid processes differ in numerous ways
 - Examples: filing and adjudication timeframes, availability of benefits continuing while the appeal is pending, and levels of review and the availability of an expedited grievance process
- These differences can be confusing and harmful for enrollees and lead to duplicative activities



Policy Goals for Unified Appeals & Grievance Processes – cont.

- Principles in developing the process
 - Adopt most enrollee-protective Medicare or Medicaid rule
 - Compatible with unified timeframes and consolidated access to external review
 - Take into account differences under state Medicaid plans (i.e., state flexibility)
 - Easily navigable by enrollees



Definitions (§ 422.561)

- What is an “applicable integrated plan”?
 - A FIDE-SNP or HIDE-SNP with exclusively aligned enrollment; **and**
 - The Medicaid managed care organization through which one of the following entities covers Medicaid services for D-SNP enrollees:
 - The D-SNP; **or**
 - The D-SNP’s parent organization; **or**
 - Another entity that is owned and controlled by the D-SNP’s parent organization



Polling Question #3

My organization operates at least one “applicable integrated plan.”

- A. Yes, we do
- B. No, we do not
- C. I’m not sure



Key Elements of Unified Appeals & Grievance Processes

- Applicable integrated plans will adopt:
 - Single plan-level **grievance process** with uniform timelines and procedures (§ 422.630)
 - Integration of **coverage determination** (§ 422.631) and plan-level appeals (**integrated reconsiderations** § 422.633)
 - Plan should apply Medicare and Medicaid coverage criteria
 - One set of timelines
 - Rules for parties and representation



Key Elements of Unified Appeals & Grievance Processes – cont.

- Notice Requirements
 - Statute requires a single written notification of all applicable grievances and appeal rights
 - CMS will develop model notices and instructions
 - Experience from Financial Alignment Initiative notices will inform development



Key Elements of Unified Appeals & Grievance Processes – cont.

- Plans will send one single integrated denial notice (§ 422.631(d)(1))
 - Model IDN will be beneficiary tested and will go through PRA comment process
 - Comments are encouraged!
 - Focus on plain language, helping enrollees “easily determine the status of the grievance or appeal”



Key Elements of Unified Appeals & Grievance Processes – cont.

- Continuation of benefits while the appeals is pending (§ 422.632)
 - Medicaid law requires continuation of ongoing benefits if member files appeal timely (within 10 days of notice) and requests continuation
 - Integrated process adds protection for ongoing Medicare services through the plan level of appeal
- Subsequent appeals levels unchanged (§ 422.634)
 - Medicare: IRE/ALJ/Appeals Council
 - Medicaid: State fair hearing, any other state external review



Polling Question #4

All D-SNPs must adopt integrated grievance and appeals processes by 2021.

- A. True
- B. False



Implementation & Technical Assistance

- 2021 is right around the corner! D-SNPs should start planning now to:
 - Work with their respective states
 - Make revisions to state Medicaid agency contract revisions due July 2020
 - If applicable integrated plans, begin planning for operational changes necessary for unified appeals and grievance procedures
- CMS will provide subregulatory guidance:
 - HPMS memoranda and manual chapter updates



Implementation & Technical Assistance – cont.

- Integrated Care Resource Center will provide states with:
 - Best practices for sharing inpatient hospital and SNF admission
 - Best practices for providing D-SNPs with information on enrollees' Medicaid coverage
 - Model contract language
 - State-specific technical assistance



Resources for More Information

- CMS-4185-F: <https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf>
- Integrated Care Resource Center:
<https://www.integratedcareresourcecenter.com/>
- Questions on this presentation:
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