

**Quarterly State Resource Center Technical Assistance Call
January 23, 2014 1:00 PM EST**

Meeting Attendees:

Participant	Affiliation
Marie Altieri	New York
Jennifer Amato	Booz Allen Hamilton
Patty Bazin	Hawaii
Carol Briley	Indiana
Jorie Coll	Minnesota
Frankie Dichio	Florida
Teri Green	Wyoming
Alexandra Kravitt	Booz Allen Hamilton
Alice Lind	Washington
Leah Matuszewski	Arkansas
Doug Montgomery	Indiana
Eric Nevins	DMAO, CMS
Sheila Pugatch	Idaho
Melissa Staud	DMAO, CMS
Elizabeth Wood	New Jersey
Wanda Wright	Alabama

Purpose

The first Quarterly Technical Assistance call was coordinated to help States with any D-SNP contracting questions and other related questions as necessary. In addition, the call afforded CMS the opportunity to gather information regarding what resources the State Resource Center (SRC) can provide to enhance its assistance to the States or what topics of discussion should be covered on future calls. To kick off the call, Melissa Staud and Eric Nevins from the Division of Medicare Advantage Operations (DMAO) at CMS provided contracting process related announcements and fielded questions from the States. Announcements included that Special Needs Plan (SNP) proposals are due on February 25, 2014 and that State Medicaid Agency contracts are due by July 1, 2014 for contract year (CY) 2015.

The following questions were raised during the call:

Questions and Answers

1. Has Congress authorized Dual Eligible SNPs (D-SNPs) to be extended through 2015? (Leah Matuszewski, Arkansas)

D-SNPs have been extended through January 1, 2015, and CMS will need to accept CY 2015 proposals should the authorization be extended further.

2. Will Models of Care (MOCs) be made available for States to review, and if so, what is the timeline for their availability? (Alice Lind, Washington)

CMS is in the process of reviewing the SNP MOC summaries developed by the National Committee for Quality Assurance (NCQA). The summaries will be made public in late February. The states will be able to read the summaries on the CMS website on the SNP webpage.

3. Can States restrict enrollment in counties where there are also Fully Integrated Dual Eligible (FIDE) models under the Financial Alignment Demonstration? If possible, what would be the timeline for gaining CMS approval? (Alice Lind, Washington)

There are currently no restrictions per county under the D-SNP program. States should include notice of enrollment restrictions in the CY 2015 contract applications.

Under the Financial Alignment demonstration, States are permitted to passively enroll beneficiaries into Medicare-Medicaid Plans (MMPs) with CMS approval. Passive enrollment can be requested by a State for approval by CMS. Upon CMS approval, passive enrollment parameters will be determined based on the specifics of State requests. Beneficiaries can decline enrollment in an MMP and remain in their existing coverage. Furthermore, options do exist for beneficiaries enrolled in certain plans that also offer demonstration plans to be transitioned to the same organization's MMP.

Generally, States proposing to conduct passive enrollment will need to have a minimum of two MMPs available in order to preserve beneficiary choice consistent with Medicaid rules. If a State already has a Medicaid waiver/exception to operate only one plan, such as in a rural area of the State, CMS will honor that waiver/exception.

4. Can States include a termination clause in their contract specifying that they can terminate D-SNPs without cause? If terminating without cause is permitted, when would States have to notify D-SNPs that they are terminating their plan? (Leah Matuszewski, Arkansas)

States are able to include termination language in their contract as long as it is not in conflict with the 90-day notice for non-renewals and it is compliant with the eight Medicare Improvements for Patients and Providers Act (MIPPA) elements.

5. Were there any changes in the form of the contract from CY 2014 and CY 2015? (Leah Matuszewski, Arkansas)

Although there are no formal contract templates, the requirements will remain the same for 2015, which is that all contracts must address all eight MIPPA requirements. Contracts may also be drafted as multi-year or evergreen contracts, which remain valid until a change is made in the contract as long as the entire calendar year is covered. In this case, the plan may indicate the evergreen clause within the contract and provide an explanation when the State issues an update.

The Booz Allen facilitator read the following questions and answers, which were submitted via the SRC mailbox:

1. If an agreement between a Medicare Advantage (MA) organization and a State cannot be reached by the annual contract submission deadline, will CMS grant an extension?

No, CMS will not grant extensions; all contracts are due by July 1 of year preceding the contract year. For example, for CY2015, contracts must be submitted by July 1, 2014.

2. Are MA organizations required to reach out to the States to fix their deficiencies?

MA organizations should reach out to the State immediately upon receipt of the deficiency letter to begin addressing any deficiencies. CMS only permits 30 days to cure any deficiencies.

3. What are the actions CMS takes once determining that a D-SNP contract is missing MIPPA-required language?

CMS Central Office (CO) and Regional Offices (ROs) work together when reviewing and approving contracts. However, communication with States and MA organizations regarding contracts primarily comes from CMS ROs. Each RO works closely with States and MA organizations to identify contract deficiencies and assist all parties in revising contracts to meet MIPPA and other requirements. If any MIPPA elements are not met, the D-SNP will receive a deficiency letter. CMS will permit a 30-day cure period for the D-SNP to correct the noted deficiencies.

4. What data do the States and MA organizations need to share with each another?

CMS requires States and MA organizations to share sufficient data with each other to allow for the coordination and/or integration of Medicare and Medicaid benefits. CMS expects that these communications will include information on the providers participating in Medicaid, as well as providers in the D-SNP's provider network.

Conclusion

M. Staud informed States that in order to be considered a FIDE SNP, plans must include long-term care provisions in their contracts. Coordination of Benefits (COB) contracts do **not** meet the requirements for FIDE SNP status.

States are encouraged to provide suggestions via email (State_Resource_Center@cms.hhs.gov) for topics to be discussed during Technical Assistance calls and other related events. States were also reminded that they should reach out to the SRC if they have input regarding the inclusion or development of D-SNP contracting resources.

The next quarterly Technical Assistance call will be held in mid-April and an invite announcing the next call will be sent out by the end of March.