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Better Experiences, Better Outcomes

Understanding the Impacts of the 2023 Managed Care Final Rule on Special Needs Plans and Members

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Health Care Compliance Conference
Managed Care Compliance Conference
February 2, 2023

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Agenda

- MA Final Rule – D-SNP Impacts
  - Enrollee Advisory Committees
  - New HRA Questions
  - New Integration Requirements and Opportunities
- Strategies for compliance with MOC contractual requirements
- CY 2024 Proposed Rule – D-SNP Impacts

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MA Final Rule – D-SNP and Dual Eligible Provisions

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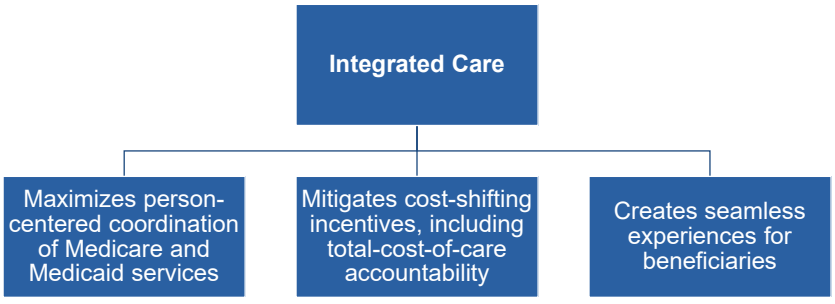
Improving Experiences for Dually Eligible Individuals



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D-SNP Implementation Timeline

- Oct 1 2022 – States converting MMPs to integrated D-SNPs to submit transition plans
- 2023
  - D-SNP EAC required
  - MOOP calculation change (to include accrued costs)
  - HIDE and FIDE SNP carve-outs codified
  - Capitated MMPs sunsetted if not transitioning to D-SNP
- 2024
  - All SNPs to include SDOH question in HRA
  - States eligible to begin pursing D-SNP only contracts
- 2025
  - Revised FIDE SNP definition and HIDE SNP definition implemented
  - All capitated MMPs transitioned to integrated D-SNPs

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Proposals Finalized that Apply MMP Features to D-SNPs

MMP Characteristic	FIDE SNP	HIDE SNP	Coordination-Only D-SNP
Enrollee advisory committee	Required	Same as FIDE	Same as FIDE
HRA to include social risk factors	Required	Same as FIDE	Same as FIDE
Exclusively aligned enrollment	Required starting 2025	-	-
Capitation for LTSS and behavioral health	Required starting 2025	-	-
Capitation for Medicare cost-sharing	Required starting 2025	-	-
Unified appeals & grievances	Required starting 2025 for all FIDE SNPs	-	Required for certain plans
Continuation of Medicare benefits pending appeal	Required starting 2025 for all FIDE SNPs	-	Required for certain plans
Integrated member materials	Finalized a new pathway for Sates to require for certain plans	Same as FIDE	Same as FIDE
Contract only includes in-State plans limited to dually eligible individuals; quality data/ratings based solely on performance in such contracts	Finalized a new pathway for Sates to require for certain plans	Same as FIDE	Same as FIDE
Mechanisms for joint Federal-State oversight	Finalized for States meeting specified criteria at § 422.107(e)	Same as FIDE	Same as FIDE
State HPMS access	Finalized for States meeting specified criteria at § 422.107(e)	Same as FIDE	Same as FIDE

87 Fed. Reg. 27704, 27796, Table 1

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Polling Question

Does your organization currently have an Enrollee Advisory Committee?

- Yes
- No
- Don't Know

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Enrollee Participation in Plan Governance

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Enrollee Advisory Committee (EAC)

- Medicare Medicaid Plans (MMP) and Program of All-Inclusive Care (PACE) organizations continue to use EAC to solicit input to
  - help identify and address barriers to high-quality, coordinated care
  - Solicit input on ways to improve access to covered services
  - Achieve health equity for underserved populations
  - Receive feedback on Plan processes
- CMS believes that the establishment of D-SNP EAC is a valuable beneficiary protection to ensure that enrollee feedback is heard by D-SNPs and to help identify and address barriers to high-quality, coordinated care

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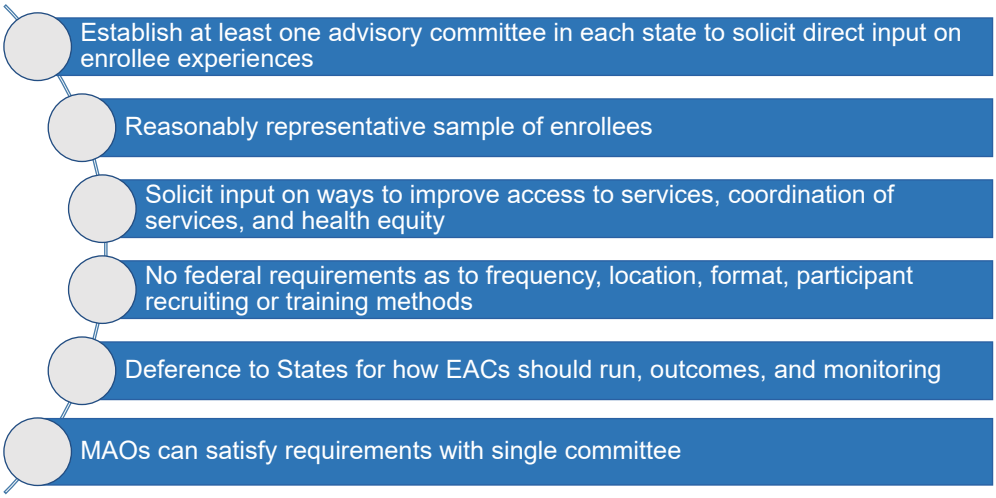
Enrollee Participation in Plan Governance (§ 422.107(f))



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Operational Considerations & Strategies

- ❖Establish Enrollee Advisory Committee (EAC) governance structure
  - ❑Determine Reporting Structure
  - ❑Create EAC Committee Charter
- ❖Define approach used in determining EAC committee membership so that it represents a "reasonably representative sample" of enrolled D-SNP members not limited to geography and service area, and demographic characteristics, but would also include those with
  - ❑Disabilities
  - ❑Limited English proficiency
  - ❑Limited literacy
  - ❑Limited digital literacy
  - ❑Lack of meaningful access to technology and broadband

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Operational Considerations & Strategies (cont'd)

- ❖Develop EAC implementation communication strategy for internal and key external stakeholders
- ❖Develop outreach strategy to recruit members
  - ❑ Will you offer stipends, transportation or transportation reimbursement for in-person meetings, and food and drink?
  - ❑ If you do, ensure that any incentives are structured to avoid an inadvertent impact on enrollee eligibility for public benefits
  - ❑Cautionary note – any provision of stipends, transportation reimbursement, or anything else of value to D-SNP enrollees serving on the enrollee advisory committee potentially implicates the Federal Anti-kickback Statute
- ❖Create training program for internal stakeholders and EAC members
- ❖Establish communication mechanism for providing feedback to EAC
  - ❑Identify how meaningful change(s) were made
  - ❑Provide rationale if unable to implement suggested change
  - ❑Key to establishing and maintaining trust and ongoing EAC engagement
- ❖Decide whether will delegate this function

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Process and System Considerations & Strategies

- Record Keeping
  - ❑Committee Membership
  - ❑Attendance Records
- Storage and retrieval of EAC meeting minutes and other supplemental documentation

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Polling Question

Has your organization started developing a work plan to incorporate social determinants of health into health risk assessments?

- Yes
- No
- Don't Know

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Adding SDOH Questions on Health Risk Assessments

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Standardizing Housing, Food Insecurity, and Transportation Questions on Health Risk Assessments (§ 422.101)

- Since 2014 CMS has taken actions to address social risk through the identification and standardization of screening for risk factors.
- Many dually eligible individuals contend with social risk factors related to food insecurity homelessness, lack of access to transportation, and low levels of health literacy.
- CMS believes that the addition of these questions to HRA will provide a more complete picture of each enrollee's risk factors that will improve coordination of necessary services that might help with food insecurity, housing instability or transportation and improved access to covered services.

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Social Determinants of Health and Health Risk Assessments (§ 422.101)

- At least one question on food security, housing stability and access to transportation required as part of HRAs
- Screening instruments to be specified in sub-regulatory guidance but questions will not be standardized
- Results must be addressed in individualized care plan.
- Did not finalize proposal to collect HRA data but will consider whether to do so in the future
- Effective beginning CY 2024

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Sample Questions from Other Medicare Contexts

Food

- **Within the past 12 months, you worried that your food would run out before you got money to buy more.**
  - Often true
  - Sometimes true
  - Never true
- **Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**
  - Often true
  - Sometimes true
  - Never true

Housing

- **What is your living situation today?**
  - I have a steady place to live
  - I have a place to live today, but I am worried about losing it in the future
  - I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

Transportation

- **Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?**
  - Yes, it has kept me from medical appointments or from getting my medications
  - Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
  - No

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Operational Considerations and Strategies

- ❖Determine if able to align related Medicaid HRA questions to minimize beneficiary and Plan burden
- ❖Revise HRA to include social risk factor questions
- ❖Determine risk stratification impact
- ❖Work with subcontracted entities to ensure they're ready to send and/or compile HRA result
- ❖Revise individualized care plan template to accommodate new assessment
- ❖Review supplemental benefits to assess how support these new risk areas
- ❖Use data to design and implement effective models of care (MOC)

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Process and System Considerations and Strategies

- ▪Must address results in individualized care plans
  - ❑Consult with enrollees about unmet needs
- ▪Data may inform supplemental benefit design
  - ❑Provide a more complete picture of each enrollee's risk factors, which may limit accessing care and achieving optimum health outcomes
  - ❑Develop a comprehensive, coordinated individualized care plan
  - ❑Connect enrollee with supplemental benefits that may help with food insecurity, housing instability, or transportation.
  - ❑Design and implement effective models of care (MOC)

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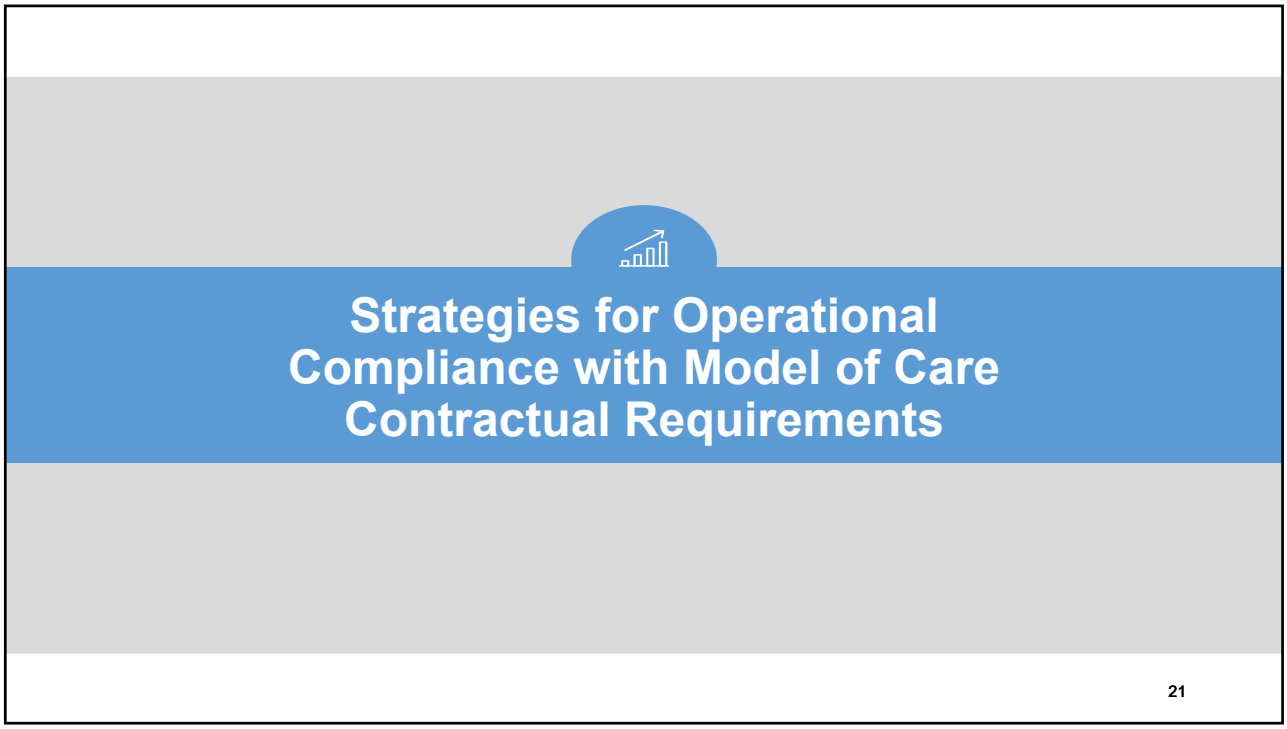

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Ensuring Regulatory Compliance

HRA Timeliness
- Aging inventory reports
- Daily huddles
- Monitoring and auditing metric on timeliness

ICP
- Use all available data for "general" ICPs
- Data mapping between HRA and ICP
- Monitoring and auditing metric on "comprehensive" ICP

Transition of Care
- Identify vulnerable enrollees & assign risk level
- Reporting capacity to capture admissions & discharges
- Monitoring and auditing metric for ICP updates post TOC

ICT
- Advance notice of ICT meetings
- Meeting minutes capture key points addressing goals
- Process for mailing ICT meeting minutes to ICT team

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Expanded Universe Subject to Unified Appeals and Grievance Procedures (§ 422.561)

- Since 2021, enrollees in certain D-SNPs go through one Medicare-Medicaid appeals process at plan level
- Previously limited to FIDE SNPs and HIDE SNPs with exclusively aligned enrollment
- Universe expanded to include Medicaid managed care plans that meet the following conditions:
  - Enrollment limited to beneficiaries enrolled in an affiliated Medicaid managed care plan;
  - Medicaid benefits covered under a capitated contract held by the MAO, its parent organization, or an affiliated entity
  - Medicaid coverage includes primary and acute care (including cost-sharing) plus at least one of the following: Medicaid home health services, certain medical supplies, equipment, and appliances, or nursing facility services

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Unified Appeals and Grievance Procedures: What is Required?

- Unified notices of appeals
- Unified timeframes for internal and external appeals
- No more than five levels of appeal
- Continuation of benefits pending first level decision
- Training for hearing officers to adjudicate both claims types
- Providing information on presenting evidence and testimony
- State Medicaid representation rules

Notices, timeframes, representation rules follow Medicaid guidelines

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Implementing Unified Appeals and Grievance Procedures

- **August 2022 – Addendum to the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for Applicable Integrated Plans**
  - Notification procedures
  - Procedures governing appointment of representative
  - Handling payment requests
  - Who may request an appeal
  - Processing expedited requests
  - Procedures and notification requirements for Medicaid-related appeals
  - Dismissals
  - Effectuation
  - Recordkeeping and reporting

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New Requirements and Opportunities for Integration

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Additional Pathways for Integration through State Contracts (§ 422.107)

Standalone D-SNP Contracts	Star Ratings specific to performance of local D-SNP	MLR specific to local D-SNP
Integrated member materials	Integrated SB, Formulary, and combined Provider and Pharmacy Directory*	More coordinated member experience
Joint State/CMS oversight	State-CMS coordination on program audits	State input on provider network exceptions

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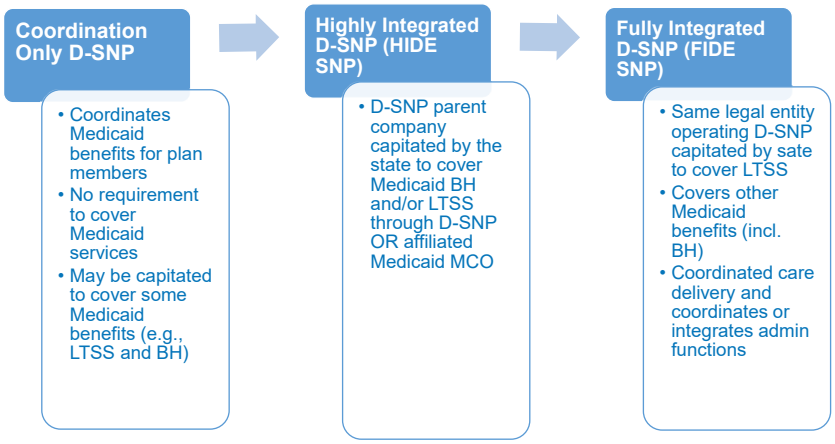
Levels of D-SNP Integration



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New Requirements for FIDE SNPs and HIDE SNPs for 2025 (§§ 422.2, 422.107)

Beginning 2025, FIDE SNP must:

have **exclusively aligned enrollment**

D-SNP membership limited to enrollees who receive Medicare and Medicaid coverage through one organization

Beginning 2025, FIDE SNP must:

Cover Medicaid home health, medical supplies, equipment and appliances, and behavioral services through capitated contract with state Medicaid agency

Beginning 2025, FIDE and HIDE SNPs must:

require that capitated contracts with the state Medicaid agency cover the entire D-SNP service area

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Other Changes to D-SNPs

- Attainment of the MOOP Limit (§§ 422.100 and 422.101) Permitting MAOs with Section 1876 Cost Contract Plans to Offer D-SNPs in the same service area (§ 422.503(b)(5)
- Technical Update to State Medicaid Agency Contract Requirements (§ 422.107)
- Compliance with Notification Requirements for D-SNPs that Exclusively Service Partial-Benefit Dually Eligible Beneficiaries (§ 422.107(d))

MA Proposed Rule for CY 2024 –D-SNP and Dual Eligible Provisions

SNP Proposals for CY 2024

Published: December 27, 2022; Comments due: February 13, 2023

C-SNP

- New definition restricts enrollment to individuals with a severe or disabling chronic condition
- Limits C-SNPs to those that focus on multiple chronic conditions on CMS-approved group of commonly co-morbid and clinically linked conditions.

I-SNP

- New definition of I-SNPs and three new definitions for each current I-SNP type
- New MOC requirement – contracts with long-term care institutions allow clinical and care coordination staff access to enrollees who are institutionalized

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SNP Proposals for CY 2024 (cont'd)

Published: December 27, 2022; Comments due: February 13, 2023

SNP Model of Care

- Propose to codify scoring and approval policy
- Same min standard for aggregate min benchmark of 70% currently used by NCQA
- Approval permits based on the final score on the aggregate min benchmark
- Opportunity to cure deficiencies once per scoring cycle

DSNP Look-alike Plans

- Closes a loophole in existing rules for D-SNP look-alike plans
- CMS will not contract (or renew a contract) with non-SNP MA plan segment if 80% of enrollment is eligible for Medicaid
- Exception for new plans with enrollment < 200
- Allows CMS to sever a segment from an MA plan and allow the remaining segments of that MA plan to continue
- Allows CMS to eliminate existing D-SNP look-alike segments prevent new D-SNP look-alikes

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Contacts and Questions

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