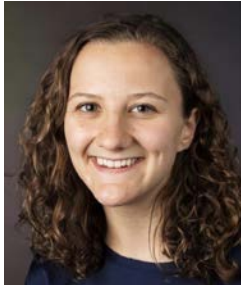


Avisery Webinar: Medicare Advantage Special Needs Plans

March 6, 2024



Presenters



Julia Juenemann
Medicare-Medicaid Coordination
Office, CMS



Kristi Sugarman Coats
Medicare-Medicaid Coordination
Office, CMS

Medicare plan landscape in Illinois

- Medicare Advantage enrollees: 918,370
 - Chronic Condition Special Needs Plans enrollees: 34,261
 - Institutional Special Needs Plans enrollees: 3,603
 - Illinois does not currently contract with any Dual Eligible Special Needs Plans
- Estimated total dually eligible individuals in IL: 206,400
 - Medicare-Medicaid Alignment Initiative enrollees: 90,140

Sources: CMS SNP Comprehensive File and Monthly MA Enrollment by State, January 2024

CMS.gov. Medicare Advantage/Part D Contract and Enrollment Data: Monthly Enrollment Data by Contract (January 2024)



Chronic Condition Special Needs Plans (C-SNP)

- C-SNPs are Medicare Advantage Special Needs Plans that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions and create a specialized product for the chronic conditions it serves.
- C-SNP eligible individuals must have one or more comorbid and medically complex chronic condition that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination.
 - Some applicable conditions include End Stage Renal Disease, diabetes, and chronic heart failure and other cardiovascular disorders.

All applicable conditions can be found under subsection (f)(9)(A) of the Social Security Act.



Institutional Special Needs Plans (I-SNPs)

- I-SNPs are Medicare Advantage Special Needs Plans that restrict enrollment to special needs individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) facility including:
 - a LTC skilled nursing facility,
 - a LTC nursing facility,
 - an intermediate care facility for individuals with intellectual disabilities, or
 - an inpatient psychiatric facility.

A complete list of acceptable types of institutions can be found in the [Medicare Advantage Enrollment and Disenrollment Guidance](#).

What is a D-SNP?

- D-SNPs are Medicare Advantage Special Needs Plans that enroll only dually eligible individuals.
- All D-SNPs must at least coordinate Medicaid benefits for their members.
- All D-SNPs must have a Model of Care that:
 - Explains how the D-SNP will coordinate care for its members,
 - Describes the plan's specialized provider network and interdisciplinary care team protocols,
 - Illustrates how the plan will measure and improve quality and performance over time, and
 - Describes the dually eligible populations to be served.

Differences Between D-SNPs and Medicare Advantage Plans

Requirement	D-SNPs	Medicare Advantage
Must hold a contract with Medicare	Yes	Yes
Cover Medicare benefits	Yes	Yes
Offer supplemental benefits (e.g., dental, vision, hearing, transportation)	Yes	Yes
Must hold a contract with the state Medicaid agency, with certain minimum requirements	Yes	No
Tailor benefits specifically for the needs of dually eligible individuals	Yes	No
Coordinate and/or integrate delivery of Medicare and Medicaid benefits (and states can impose additional requirements)	Yes	No
May cover Medicaid benefits *D-SNPs may do this through the D-SNP or through an affiliated Medicaid managed care plan offered by the same parent company. Not all D-SNPs cover Medicaid benefits.	Yes	No
Have a Model of Care (MOC) to describe how the plan will meet the needs of dually eligible individuals	Yes	No
Must establish and maintain at least one enrollee advisory committee in each state where the plan operates	Yes	No
(In 2024) Must collect information about enrollees' transportation, housing, and food security needs during health risk assessments	Yes	No

Using D-SNPs to Coordinate Care for Dually Eligible Individuals

- To operate in a state, a D-SNP must hold a contract with the state Medicaid agency, in addition to a contract with the CMS.
 - States can leverage their contracts with D-SNPs to require D-SNPs to take additional steps to integrate Medicare and Medicaid benefits, such as:
 - Requiring D-SNPs to cover Medicaid benefits through the D-SNP or through an affiliated Medicaid managed care plan,
 - Requiring state-specific care coordination activities,
 - Requiring D-SNPs to operate with exclusively aligned enrollment.

D-SNP Contracts with State Medicaid Agencies



States are **NOT** required to contract with D-SNPs generally or with particular D-SNPs. States may refuse to contract with certain D-SNPs or with all D-SNPs.



State contracts with D-SNPs must include certain **minimum contract elements**.



States may include **additional requirements** in their contracts with D-SNPs to improve administrative, clinical, and financial integration for enrollees.

Levels of D-SNP Integration

Coordination-Only D-SNP

- Coordinates Medicaid benefits for plan members (for example, by connecting members with Medicaid benefits and/or assisting with Medicaid appeal or grievance processes).
- Notify the state or the state's designee of **hospital and skilled nursing facility admissions** for a group of designated high-risk enrollees.
- May be capitated to cover some Medicaid benefits.

Highly Integrated D-SNP (HIDE SNP)

- D-SNP's parent company is **capitated by the state to cover Medicaid behavioral health and/or LTSS** benefits through the D-SNP or an affiliated Medicaid managed care plan.
- Starting in 2025, each HIDE SNP's capitated contract with the state for coverage of Medicaid benefits must apply to the entire service area for the D-SNP.

Fully Integrated D-SNP (FIDE SNP)

- The **same legal entity** operating the D-SNP is **capitated by the state to cover LTSS**.
- **Covers other Medicaid benefits** (including behavioral health) if the state does not carve those benefits out of the capitated contract.
- Has **coordinated care delivery** and coordinates or integrates certain administrative functions.
- Starting in 2025, FIDE SNPs must operate with exclusively aligned enrollment and cover Medicaid home health; medical supplies, equipment and appliances; and behavioral health services through a capitated contract with the state Medicaid agency.

Medicare-Medicaid Alignment Initiative

Transition to FIDE SNPs

- Medicare-Medicaid Alignment Initiative (MMAI) plans will end on December 31, 2025, and FIDE SNPs are slated to start January 1, 2026.
- FIDE SNPs may cover all Medicaid benefits covered by HealthChoice Illinois (LTSS, BH, home health) to maintain a high level of integration.
- FIDE SNPs may be required to coordinate Medicaid and Medicare benefits, integrate beneficiary notices, have a single member ID card, and have integrated appeals and grievances.

Medicare-Medicaid Alignment Initiative

Transition to FIDE SNPs (continued)

- FIDE SNPs will provide a similarly high level of integration of Medicare and Medicaid benefits as MMAI plans.
- CMS and HFS are planning to move enrollees from their ending MMAI plans to FIDE SNPs operated by the same parent organization.
- As the January 2026 transition gets closer, HFS, CMS, and the MMAI plans will share more information.

Source: [HFS MMAI Transition Plan](#) (September 2022)



Questions?

Feel free to contact:

kristin.sugarman-coats@cms.hhs.gov

julia.juenemann@cms.hhs.gov