SNP Alliance Issue Brief

Integrating Program Administration for Medicare/Medicaid Beneficiaries

June 2012

Background

January 2013 enrollment targets for the Financial Alignment Initiative were important to build strong momentum early in the process, but did not provide CMS and states sufficient time to develop a complete set of integrated policies for program administration in areas such as procurement, enrollment, coverage determinations, and marketing. It will be important for CMS and states to work with plans and other partners to develop a fully integrated set of administrative materials so that each demonstration effort has a single set of administrative policies governing their programs as soon as possible.

The following recommendations evolved from experience attained through advancing program integration under prior demonstration authority and in conjunction with integration efforts pursued under Special Needs Plan authority.

Procurement, Enrollment, Eligibility and Coverage Decisions

To simplify and improve the administration of integrated programs and consumer access to benefits, the SNP Alliance recommends efforts be made to:

1. Fully align CMS and state procurement and contracting timelines.
2. Protect vulnerable beneficiaries who are auto enrolled or passively enrolled in integrated plans.
3. Provide for one enrollment card for Medicare Parts A, B and D and Medicaid benefits, as several plan demonstrations have proposed.
4. Provide for uniform accretion and deletion dates for Medicare/Medicaid enrollments.
5. Permit states to modify the standard Medicare enrollment form to integrate information about state and county Medicaid enrollment options.
6. Permit plans to make integrated coverage decisions and coordinate denial of coverage notices so plans only send out denial notices if neither Medicare nor Medicaid pays for the service.
7. Create one document for notices of non-coverage/denial of benefits. At a minimum, permit integrated SNPs to modify standard Medicare Summary Notice and Notice of Non-Coverage documents to include correct, accurate information about Medicaid benefits.
8. Allow plans to align Medicare and Medicaid timeframes for filing grievances and appeals with a 90-day filing maximum, by interpreting Medicare's definition of "good cause" exceptions to its 60-day timeframe to include the alignment of Medicare and Medicaid.
9. Implement the following changes regarding redetermination of Medicaid eligibility:
    a. Align redetermination with Medicare plan year and require only one annual redetermination.
    b. Require states to offer presumptive eligibility for beneficiaries 65 and older that have been enrolled in Medicaid for at least 12 consecutive months since they are highly unlikely to lose eligibility as a result of increased income and redetermination costs are likely to exceed savings produced by temporary disenrollment from Medicaid.
    c. States should notify plans 60 days in advance of enrollees' redetermination dates so they can help beneficiaries file redetermination paperwork to prevent disruption in coverage and adverse impacts on health.
    d. The SSA should notify plans of SSI redeterminations so they can help adults with disabilities file timely paperwork.
10. Establish process for immediate notification of plans regarding a beneficiary's disenrollment to enable them to address relevant transition issues.
11. In cases where income eligibility standards differ between under- and over-65 beneficiaries, deem beneficiaries eligible to remain in the plan when they become 65.
12. To promote timely access to Medicaid eligibility data, allow integrated plans, where appropriate, to confirm Medicaid eligibility via the MMR indicator; and enhance updating and alignment of Medicare and Medicaid data files.
13. CMS should permit integrated plans serving vulnerable sub-populations to access Medicare and Medicaid clinical, pharmacy, and utilization data prior to enrollment to support care needs from day one and facilitate an effective care transition without benefit or service disruptions.
14. Permit integrated plans to conduct the comprehensive assessment of health status prior to enrollment so that plans can assess health needs and ensure needed

providers and services are available from day one to facilitate an effective care transition without benefit or service disruptions.

Marketing and Member Communication

The loss of waivers governing marketing and member communications under the legacy integration demonstrations, combined with MIPPA-related marketing restrictions intended to prevent marketing abuses, have made it difficult for plans to fully integrate member materials and communications and to educate beneficiaries about the potential advantages of integrated specialty care options.

To remove these barriers, we recommend the following:

1) Strengthen policy for continued integration of enrollment, member materials, benefit determinations; e.g., one summary of benefits, explanation of benefits, member handbook, etc. covering Medicare and Medicaid benefits.
2) Allow beneficiaries to receive a simple, comprehensive and integrated description of all Medicare and Medicaid benefits and services for which they are eligible and that are covered by the plan in the Evidence of Coverage, and in Section 2 of the Summary of Benefits for Medicare.
3) Explanation of Benefits (EOBs) for full duals should not include references to cost sharing and MOOP limits since they have no cost-sharing obligations.
4) Enhance Secret Shopper program by:
    a. Revising Secret Shopper scripts for integrated plans to recognize inclusion of Medicaid benefits since answers to questions will differ between "Medicare only" and integrated products; e.g., "does your plan cover custodial nursing home care?" would be a "no" for a Medicare plan but a "yes" for a fully integrated plan.
    b. Establishing dedicated Secret Shoppers for integrated plans.
    c. Improving Secret Shopper education on dual products, including developing an FAQ on integrated products.
5) Waive Outbound Eligibility Verification for fully integrated plans sold by in-house enrollment staff. Lengthy prescribed scripts that revisit enrollment decisions and letters with high reading levels are confusing to dual applicants and, in some cases, incite fear and cause beneficiaries to believe they have erred in plan selection, even after a comprehensive, in-depth review of the integrated plan option in advance of application.
6) Allow principal care physicians, interdisciplinary care team members, and other allied health professionals to recommend specific plan options where they perceive clinical benefits to be of importance to the beneficiary, consistent with practices under the legacy integration demonstrations.
7) Provide integrated plans with access to data on dual eligibles for mail outreach.

CMS Communications with States, Plans and Stakeholders

To reduce unnecessary confusion and help advance a true partnership in the administration of Medicare and Medicaid benefits and services, the SNP Alliance recommends that CMS and states:

1) Establish a standard CMS communication vehicle on integrated plan policies to ensure timely and consistent information to ROs, states, and plans.
2) Ensure greater transparency on administrative, financing, and oversight policies and procedures.
3) Establish a mechanism for the MMCO to routinely disseminate to states and other stakeholders learnings from the state integration demos, pilots from the Innovations Center, the Financial Alignment Initiative, and other initiatives focused on advancing integration.
4) Offer plans and states a venue for resolving disputes, clarifying requirements, and/or helping reach mutually agreeable terms for DSNP contracting for plans not participating in demonstrations and related initiatives.
5) Build CMS website with DSNP contracting support that provides state contact information (staff names, email, phone numbers) for contract negotiations, rate setting, etc.; lists state Medicaid benefits; posts contract templates/samples for discretionary use by plans and states; and other appropriate support for DSNP contracting.