

Spotlight: Budget Agreement Includes Provisions Related to Integrated Care and Dual Eligible Special Needs Plans

The Bipartisan Budget Act of 2018, passed by Congress and signed by the President on February 9, includes elements related to integrated care and Dual Eligible Special Needs Plans (D-SNPs) that had been part of the CHRONIC Care Act passed the Senate unanimously in November 2017. Section 50311 of the Budget Act (pp. 129-137) contains a number of provisions that may be of interest to states seeking to improve care for people dually eligible for Medicare and Medicaid:

- **Permanent authorization for D-SNPs**, Institutional Special Needs Plans (I-SNPs), and Chronic Condition Special Needs Plans (C-SNPs). Authorization had been scheduled to expire at the end of 2018.
- **Increased integration of D-SNPs** by requiring that, for 2021 and later years, plans meet "one or more" of the following three requirements "to the extent permitted by state law":
 - Coordinate long-term services and supports or behavioral health services or both and meet an additional minimum set of requirements to be established by CMS based on input from stakeholders, such as timely notification to the state of hospitalizations, emergency room visits, and hospital or nursing home discharges; assigning one primary care provider to each enrollee; or sharing data to improve coordination;
 - Meet the requirements for a Fully Integrated Dual Eligible SNP (FIDE SNP) (other than the requirement that the plan have a similar level of frailty as the PACE program), or enter into a capitated contract with the state Medicaid agency to provide long-term services and supports or behavioral health services or both.
 - In cases where an individual is enrolled in both a D-SNP and a Medicaid plan providing long-term services and supports or behavioral services operated by the same parent organization, that organization must assume "clinical and financial responsibility" for both Medicare and Medicaid benefits.
- **Potential suspension of enrollment if D-SNPs do not meet integration requirements.** If, during plan years 2021 through 2015, the Secretary of Health and Human Services determines that a D-SNP has not met the requirements for increased integration, the Centers for Medicare & Medicaid Services (CMS) may suspend enrollment in the D-SNP, and the plan must submit information describing how it will come into compliance.
- **Development of a unified grievance and appeals process for Medicaid and Medicare items and services (not including Part D drugs) provided by D-SNPs.** The unified process is to be informed by stakeholder comments and developed by April 2020. The procedures developed, which will be included in D-SNP state contracts for 2021 and subsequent years, should:
 - Be most protective for the enrollee and compatible, to the extent feasible, with unified timeframes and consolidated access to external review mechanisms;
 - Take into account differences in state Medicaid plans to the extent necessary;
 - Be easily navigable by the enrollee; and

- Include: (1) a single written notification of enrollees' rights to grievances and appeals; (2) single pathways for resolution of grievances and appeals; (3) notices written in plain language and accessible formats, including non-English languages; (4) unified timeframes; and (5) requirements for how D-SNPs must process, track, and resolve grievances and appeals, to ensure beneficiaries are notified of decisions in a timely way.
 - Provide for continuation of benefits pending appeal.
- **Establishes the Medicare-Medicaid Coordination Office (MMCO) as a "dedicated point of contact" for states** within CMS to address misalignments that arise with the integration of D-SNPs and Medicaid programs, including:
 - Establishing a uniform process for disseminating information to state Medicaid agencies impacting contracts between those agencies and D-SNPs, and
 - Establishing basic resources for states interested in exploring such plans as a platform for integration, such as a model contract or other tools.
- **MedPAC/MACPAC study and report to Congress on D-SNPs** by March 2022 and biennially through 2032 on how D-SNPs are integrating care through the integration mechanisms described above perform on HEDIS, CAHPS, or other measures in comparison to each other and to the Medicare-Medicaid Plans operating under Financial Alignment Initiative demonstrations or other types of Medicare Advantage plans serving similar populations.
- **Authority for quality measurement at the plan level for SNPs.** The Secretary is authorized to require reporting of quality measures for SNPs at the plan rather than the contract level, after considering the feasibility and burden associated with reporting of HOS, HEDIS, CAHPS, or other measures at the plan level. The Secretary is also required to consider such plan-level reporting for all Medicare Advantage plans.
- **GAO study and report on state-level integration between D-SNPs and Medicaid** by February 2020 that includes characteristics of states that contract with D-SNPs and that cover Medicaid long-term services and supports (LTSS) through managed care, the types of D-SNPs states contract with, the characteristics of D-SNP enrollees, how LTSS are provided, efforts by states to transition beneficiaries receiving LTSS from institutional to community settings, and barriers and opportunities for advancing Medicare-Medicaid integration for dually eligible individuals.

As CMS implements the provisions of these sections of the budget agreement, ICRC will communicate progress and provide resources for states and other interested stakeholders.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit <http://www.integratedcareresourcecenter.com>.

Subscribe for updates from the Integrated Care Resource Center.
Send queries to: ICRC@chcs.org

To unsubscribe, send an e-mail with "Unsubscribe ICRC" in the subject line to TRuscoll@chcs.org