2015 Medicare Product Medicare Advantage

Dual Eligible Special Needs Plan (DSNP) Overview

Amerigroup RealSolutions®
Medicare Advantage Plans

Dual Eligible Special Needs Plan (DSNP) Overview

- What is a Special Needs Plan?
    - Medicare “Part C” Medicare Advantage Program Basics
    - Kinds of Medicare Advantage (MA) Plans
- Dual Eligible Special Needs Plans
    - DSNP categories
    - Eligibility Reminders
    - Model of care (MOC)
    - DSNP Claims Processing
- Helpful References
    - Medicare Managed Care Manual (Chapter 16-B: Special Needs Plans)

Medicare Advantage (MA) Program

Part C Medicare Advantage

- Medicare Part A and B benefits administered through private "coordinated care" plans approved by CMS
- MA plans provide statutory and supplemental benefits:
  - Cost sharing less than regular Medicare
  - Benefits and services not covered by regular Medicare

– MA plans must meet CMS standards for provider networks, quality programs, appeal processes, other key functions
– CMS sets capitation payment rates by county using federal formula
– Plan capitation payments are risk-adjusted to reflect beneficiary health status and demographics

Medicare Advantage Basics

- Coordinated care features
  - Precerts, authorizations, referrals
  - Contracted provider networks in defined service area
  - Care management for complex/high acuity members
- Marketing
  - Open to all Medicare beneficiaries (except ESRD, hospice)
  - Marketing and advertising permitted
- Distribution
  - Sold by employed or independent insurance agents
  - Individual enrollments – no auto assignment

Kinds of Medicare Advantage (MA) Plans

- Coordinated care plans
  - HMO, HMO/POS
  - Local and Regional PPOs
  - Private fee for service (PFFS); largely converted to PPOs
- Special Needs Plans (SNPs)
  - Dual eligible SNPs
  - Chronic condition SNPs
  - Institutional SNPs
- Drug plan perspective
  - Medicare Advantage/Prescription Drug (MA-PDs)
  - Prescription Drug Plans (PDPs); freestanding, few health benefits

What is a Special Needs Plan?

- It is a Medicare "Part C" –Medicare Advantage (MA) Program
- In 2003, Congress passed the Medicare Modernization Act (MMA). It enabled insurance companies to create, market and sell a different kind of Medicare Advantage plan known as Special Needs Plans (SNP)
- There are three types of Special Needs Plans:
  1. Chronic Special Needs Plans (CSNP) – for individuals with (specific) severe or disabling chronic conditions;
  2. Institutional Special Needs Plans (ISNP) – for institutionalized beneficiaries (long-term care facility, for example);
  3. Dual Special Needs Plans (DSNP) – for individuals who are eligible for both Medicare and Medicaid

Medicare/Medicaid Integration

The Medicare Improvements for Patients & Providers Act of 2008 (MIPPA) requires the Managed Care Organization (MCO) to have a SNP agreement with each state we offer a DSNP in.

- MCO holds a Medicare contract with CMS
  - Medicare Part A, B and D benefits
  - Supplemental benefits
  - Approved D-SNP and model of care
- MCO holds a Medicaid/SNP agreement with State Medicaid Office
  - Sets aid categories eligible for SNP: full dual/QMB+, QMB, SLMB+
  - Coverage for Medicare cost sharing or Medicaid, LTC or HCBS services depends on the level of SNP agreement between the State and Health Plan
  - How providers bill for Medicare cost sharing and services depends on the level of SNP agreement between the State and Health Plan
- DSNP plans are NOT Medicare Medicaid Plans (MMPs)

State SNP Agreements ~ 3 Principle Models

- Agreements specify benefits, cost sharing, member protections, exchange of member eligibility and provider information.
- State can impose additional coordination & reporting requirements

Model 1 Data Sharing & Coordination	Model 2 Data Sharing, Coordination & Cost Sharing	Model 3 Data Sharing, Coordination, Cost Sharing & Benefits
a) Share Medicaid provider participation data	a) Share Medicaid provider participation data	a) Share Medicaid provider participation data
b) Exchange Medicare/Medicaid eligibility data	b) Exchange Medicare/Medicaid eligibility data	b) Exchange Medicare/Medicaid eligibility data
c) Exchange of medical/ drug utilization data	c) Exchange of medical/ drug utilization data	c) Exchange of medical/ drug utilization data
d) Coordinate Care for all benefits to help Beneficiary	d) Coordinate Care for all benefits to help Beneficiary	d) Coordinate Care for all benefits to help Beneficiary
e) Medicare cost sharing remain with state Medicaid Program	e) Medicaid benefits remain with state Medicaid Program	**e) DSNP administers some or all Medicaid and/or LTC benefits**
f) Medicaid benefits remain with state Medicaid Program	**f) DSNP administers Medicare cost sharing**	**f) DSNP administers Medicare cost sharing**

2015 Dual SNP Agreements by State

State	Agmt Type	Categories	2015 Service Areas by county
Florida	Model 3	FBDE, QMB, QMB+,	• H8991 – Amerivantage Specialty (HMO DSNP)
Georgia	Model 1	FBDE, QMB, QMB+, SLMB+	• H4211 - Amerivantage Specialty (HMO DSNP)
New Jersey	Model 3	FBDE, QMB, QMB+,	• H3240 - Amerivantage Specialty (HMO DSNP)
New York	Model 1	FBDE, QMB, QMB+, SLMB+	• H6181 - Amerivantage Specialty (HMO DSNP)

2015 Dual SNP Agreements by State

State	Agmt Type	Categories	2015 Service Areas by county
Tennessee	Model 1	FBDE, QMB, QMB+, SLMB+	• H7200 – Amerivantage Specialty (HMO DSNP)
Texas	Model 2	FBDE, QMB, QMB+, SLMB+	• H5817 – Amerivantage Specialty (HMO DSNP)
Washington	Model 1	FBDE, QMB+, SLMB+	• H1894 – Amerivantage Specialty (HMO DSNP)

2015 Dual Advantage (HMO DSNP)

Dual Advantage (Dual Eligible SNP)
Medicare Part A and B coverage
Supplemental benefits
Cost share for most services
Must be Medicaid eligible
Medicaid pays cost sharing
No OON benefit*
Part D prescription drug coverage

*All plans have coverage for ER and urgent care. Out-of-area renal dialysis always is available from any provider.

Dual Eligible Aid Categories

Coverage	Full Benefit Dual Eligible	QMB & QMB (+)	SLIMB & SLIMB (+)	QDWI	QI
Part B premium covered by state?	Yes	Yes	Yes	Partial coverage	Partial coverage
Medicare cost sharing covered by state?	Yes	Yes	YES – in some states	No	No
Medicaid benefits provided?	Yes	QMB+ only	YES – in some states	No	No
Can join our Medicare dual eligible SNP?	YES	YES	YES – in some states	No	No

Eligibility Reminders

Our Dual Eligible Special Needs Plans

1. Only enroll beneficiaries with no Medicare cost sharing

2. Cost sharing from DSNP claims are covered through Medicaid under the Model 1 DSNP State contracts (i.e., all our products in 2015)

Eligibility for Medicare Advantage and DSNP

- Live in plan's **service area**
- Entitled to **Medicare Part A**
- Enrolled in **Medicare Part B**
- Do not have **End Stage Renal Disease** (ESRD) at time of enrollment
- Join during an **enrollment period**
- Must also agree to receive care from contracted plan providers
- Additional requirements for dual eligible SNPs

- **Special Election Period (SEP)** – all DSNP members can move from plan to plan each month while they are Medicaid Eligible.
- For those that lose Medicaid Eligibility, they have a SEP beginning the month they receive the notice of the loss of eligibility, plus two additional months to make an enrollment choice.

2015 Dual Eligible Special Needs Plans

Copays based on LIS Level

LIS Level	Part D Deductible	Generic Copay	Brand Copay
1	Covered	$2.65	$6.60
2	Covered	$1.20	$3.60
3	Covered	$0	$0
4	Partially covered	15%	15%

2015 DSNP Overview

Model of Care (MOC)

- The MOC is a CMS requirement for organizations that apply to offer a Special Needs Plan. These goals and objectives must be communicated, measured and tracked.
- These updates are in your Medicare Provider Manual.
- In addition to specific goals and objectives, the MOC will:
- Include a specialized provider network and nationally-recognized clinical practice guidelines;
- Conduct Health Risk Assessments to identify the special needs
- Add services for the most vulnerable beneficiaries including, but not limited to those beneficiaries who are frail, disabled, or near the end-of-life.

Interdisciplinary Care Team (ICT)

- Interdisciplinary Care Team (ICT) – a component of the MOC.
- The ICT is a team of caregivers from different professional disciplines and/or services who work together to coordinate and/or deliver services focused on care planning, optimizing quality of life and support for the individual and/or family

DSNP Claims Processing

- Because we only enroll members who are protected from balance billing, providers cannot balance bill anyone on a DSNP plan.
- Each claim received is processed by the system to identify the best match for proper processing. This means the system looks at all eligibility not just under the plan identified on the claim.
  - Dual Eligible – has both Medicare and Medicaid
- Claims are then processed in accordance to the benefits filed within those plans.
- Coverage of Medicare Cost Share will depend on the services and Medicaid allowable (Lesser of Logic or COB requirements for the state may be used).

DSNP Claims Processing

- Because we only enroll members who are protected from balance billing, providers cannot balance bill anyone on a DSNP plan
- How are provider claims paid under one our agreements?
  - Refer to your Medicare Advantage/HMO agreement
  - Each claim received is processed by the system to identify the best match for proper processing.
    - This means the system looks at all eligibility not just under the plan identified on the claim.
  - Claims are then processed in accordance to the benefits filed within those plans.
  - Coverage of Medicare Cost Share will depend on the services and Medicaid allowable (Lesser of Logic or COB requirements for the state may be used)

Helpful References

- Provider Portal
- Provider Solutions
- Medicare Managed Care Manual (Chapter 16-B: Special Needs Plans)

  http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c16b.pdf

Full Benefit Dual Eligible (FBDE)

- Individual who is eligible for Medicaid either categorically or through optional coverage groups, such as Medically Needy or special income levels for institutionalized or home and community-based waivers

- Does not meet the income or resource criteria for a QMB or an SLMB

Qualified Medicare Beneficiary (QMB)

QMB Only

- Individual who is entitled to Medicare Part A, has income that does not exceed 100% of the Federal Poverty Limit (FPL) and has resources which do not exceed three times the Supplemental Security Income (SSI) limit, adjusted annually for inflation.
- Medicaid pays the Medicare Part A premiums, if any, Medicare Part B premiums and (to the extent consistent with the Medicaid State plan) Medicare deductibles and coinsurance for Medicare services provided by Medicare providers

QMB Plus

- Individual who meets all the standards for QMB eligibility, meets the financial criteria for full Medicaid coverage and is entitled to all benefits available to a QMB as well as all benefits available under the State Medicaid plan to a fully eligible Medicaid recipient **OR**
- Individual who is eligible for Medicaid either categorically or through optional coverage groups, such as Medically Needy or special income levels for institutionalized or home and community-based waivers, and does not meet the income or resources criteria for a QMB or SLMB.

Specified Low-Income Medicare Beneficiary (SLMB)

SLMB Only

- Individual who is entitled to Medicare Part A, has income that exceeds 100% of the FPL but less than 120% of the FPL and has resources that do not exceed three times the SSI limit, adjusted annually for inflation
- The only Medicaid benefit for which an SLMB is eligible is payment of Medicare Part B premiums. An SLMB who does not qualify for any additional Medicaid benefits is called an “SLMB Only”.

SLMB Plus

- Individual who meets the standard for SLMB eligibility, meets the financial criteria for full Medicaid coverage and is entitled to payment of Medicare Part B premiums as well as all benefits available under the State Medicaid plan to a fully eligible Medicaid recipient
- These individuals often qualify for full Medicaid benefits by meeting the Medically Needy standards or through spending down excess income to the Medically Needy level

Qualified Disabled and Working Individual

- Individual who lost Medicare Part A benefits due to returning to work but is eligible to enroll in and purchase Medicare Part A, does not have an income that exceeds 200% of the FPL, has resources that do not exceed 3 times the SSI limit, adjusted annually for inflation, and may not be otherwise eligible for Medicaid

- Only eligible for Medicaid payment of Part A premiums

Qualifying Individual

- Individual who is entitled to Medicare Part A, has income that is at least 120% of the FPL but less than 135% of the FPL and has resources that do not exceed three times the SSI limit, adjusted annually for inflation

- Similar to an SLMB in that the only benefit available is Medicaid payment of the Medicare Part B premium; however, expenditures for any QI are 100% federally funded and the total expenditures are limited by statute

Amerivantage is an HMO plan with a Medicare contract and a contract with the Georgia Medicaid program. Enrollment in Amerivantage depends on contract renewal.

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