

107 - MEDICARE DUAL SPECIAL NEEDS PLANS - AHCCCS MEMBERS

EFFECTIVE DATE: 04/01/12, 10/01/13, 09/01/14, 10/01/15, 07/01/16

REVISION DATE: 06/06/13, 08/27/14, 05/14/15, 08/20/15, 03/14/16

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, and RBHA Contractors. This Policy applies to organizations that currently have a contract, or will be pursuing a contract, with the Centers for Medicare and Medicaid (CMS) to operate as a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP). D-SNPs are a type of Medicare Advantage plan which limit enrollment to Medicare beneficiaries who are also receiving Medicaid benefits. The purpose of this Policy is to maximize care coordination for AHCCCS Acute Care members, ALTCS/EPD members, and members enrolled in a RBHA who are dually eligible for both Medicare and Medicaid.

II. DEFINITIONS**ACUTE CARE DUALS**

AHCCCS beneficiaries who are determined eligible for AHCCCS acute care benefits, including but not limited to AHCCCS members eligible under 1931, SSI MAO, and AHCCCS Care, who are enrolled in Medicare Part A and/or Part B.

ALTCS DUALS

Persons who have been determined eligible for the ALTCS/EPD or DD Program because they require an institutional level of care and meet financial and other eligibility criteria for Title XIX eligibility and who are also enrolled in Medicare Part A and/or Part B.

DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP)

A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage plan that enrolls beneficiaries who are entitled to both Medicare (Title XVIII) and Medical Assistance from a State Plan under Title XIX (Medicaid), and offers the opportunity of enhanced benefits by combining those available through Medicare and Medicaid.

EQUITY PARTNER

Sponsoring organizations or parent companies of the managed care organization that share in the returns generated by the organization, both profits and liabilities, consistent with the partnership agreement.

**MEDICARE IMPROVEMENTS
FOR PATIENTS AND
PROVIDERS ACT (MIPPA)
AGREEMENT**

Agreement entered into by AHCCCS and Contractor to coordinate care for individuals in Arizona who are enrolled in Medicare and receiving assistance under Medicaid. The MIPPA agreement outlines requirements which aim to improve care coordination and timely information sharing by both parties for dual eligible members enrolled in a Medicare Advantage Dual Eligible Special Needs Health Plan consistent with 42 CFR 422.107, Section 164 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and Section 3205 of the Affordable Care Act.

**REGIONAL BEHAVIORAL
HEALTH AUTHORITY
(RBHA)**

A Managed Care Organization that has a contract with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible persons assigned by the administration to the managed care organization. Additionally the Managed Care Organization shall coordinate the delivery of comprehensive physical health services to all eligible persons with a serious mental illness enrolled by the administration to the managed care organization.

III. POLICY

Beginning January 1, 2013, Federal regulations required that all D-SNPs have a contract in place with the State Medicaid Agency which outlines the specific dual eligible population the D-SNP will serve as well as care coordination and cost sharing obligations (MIPPA Agreements) as described in 42 CFR 422.107.

A. ACUTE CARE DUALS

In spring 2013, AHCCCS awarded Acute Care contracts to successful bidders of the Request for Proposal (RFP) process for provision of acute care services beginning October 1, 2013. As a requirement of this contract, all Contractors are required to operate a D-SNP beginning January 1, 2014 in all counties in which they were awarded a contract.

Beginning January 1, 2014, in order to align more dual members in the same plan for both programs, AHCCCS will not contract with any D-SNPs operating in counties in which they do not *also* have an Acute Care contract. Alignment of dual eligible members in the same plan for both Medicare and Medicaid services provides members with one entity that coordinates all aspects of care, thus decreasing fragmentation of care and reducing confusion for members, providers, and Contractors related to service delivery.

Beginning October 1, 2015, Acute Care Contractors are responsible for the provision and coordination of general mental health and substance abuse behavioral health services for adult members in any Medicare arrangement who are age 18 and older.

B. ALTCS/EPD DUALS

In May 2011, AHCCCS awarded new contracts for the ALTCS/EPD Program covering the time period of October 1, 2011 through September 30, 2014, with the possibility for two 1-year contract extensions. As a requirement of this contract, all Contractors are required to operate a D-SNP beginning January 1, 2014 in all counties in which they were awarded a contract.

Beginning January 1, 2014, in order to align more dual members in the same plan for both programs, AHCCCS will not contract with any D-SNPs operating in counties in which they do not *also* have an ALTCS/EPD contract. Alignment of dual eligible members in the same plan for both Medicare and Medicaid services provides members with one entity that coordinates all aspects of care, thus decreasing fragmentation of care and reducing confusion for members, providers, and Contractors related to service delivery.

C. ALTCS/DD DUALS

ALTCS services for members who have a Developmental Disability (DD) are provided by the Department of Economic Security (DES), Division of Developmental Disabilities (DDD) as specified in State Law. Therefore, D-SNPs do not have contracts directly with AHCCCS for serving DD members and there are no requirements for D-SNP participation. However, the MIPPA agreements signed with AHCCCS Contractors permits enrolling DD members if the plan includes them as a covered population.

D. RBHAS

The RBHAs are required to contract with CMS for a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) product (companion D-SNP) or offer a D-SNP through one of the equity partners (equity D-SNP) in the organization, due to market viability concerns.

The RBHA's companion D-SNP or equity D-SNP is required to be the sole organization that manages the provision of Medicare benefits to dual eligible members determined to be SMI and who are enrolled with the RBHA and may not delegate or subcontract with another entity.

The RBHA's companion D-SNP or equity D-SNP must meet all Medicare Advantage requirements to remain in compliance and continue operating as a D-SNP in order to provide Medicare services to eligible individuals.

The RBHAs must establish branding for its companion D-SNP that ensures it is easily identifiable to members and providers as an integrated plan for both Medicare and Medicaid.

AHCCCS will sign MIPPA Agreements as necessary with the RBHAs to meet CMS requirements.

E. DATA SHARING

Claims data for Medicare beneficiaries enrolled with a D-SNP is not currently available to AHCCCS. Therefore, AHCCCS requires that all current AHCCCS Contractors operating D-SNPs submit Medicare claims to AHCCCS. Medicare Parts A/B and D data are currently available for beneficiaries in Fee-for-Service Medicare and shall be provided to Contractors by AHCCCS. This data will be used by AHCCCS and Contractors for care coordination and other operational activities related to dual eligible members.

F. CARE COORDINATION

All D-SNPs must ensure timely coordination of care with the member's Medicaid Contractor. Detailed requirements are outlined in the MIPPA Agreement.

G. PROCESS

AHCCCS has developed a MIPPA agreement template for use by each D-SNP, per CMS regulations 42 CFR 422.107 and Chapter 16-B, Section 40.5.1 of the Medicare Managed Care Manual. All contracts must describe the following:

1. The D-SNP organization's responsibility, including financial obligations, to provide or arrange for Medicaid benefits;
2. The category(ies) of eligibility for dual-eligible beneficiaries to be enrolled under the D-SNP, as described under by the Social Security Act at sections 1902(a), 1902(f), 1902(p), and 1905;
3. The Medicaid benefits covered under the D-SNP;
4. The cost-sharing protections covered under the D-SNP;
5. The identification and sharing of information on Medicaid provider participation;
6. The verification of enrollee's eligibility for both Medicare and Medicaid;
7. The service area covered by the D-SNP; and
8. The contract period for the D-SNP.

The AHCCCS Medicare Specialist will coordinate with each D-SNP representative to facilitate the MIPPA agreement process in advance of the CMS deadlines. D-SNPs are required to submit their MIPPA Agreement to CMS by July 1st of each year. To ensure that AHCCCS has adequate time to review the agreements, executed agreements must be received

by AHCCCS no later than June 15th. AHCCCS may choose to sign a multi-year agreement with D-SNPs to cover multiple CMS contract years.

IV. REFERENCES

- Acute Care Contract, Section D
- ALTCS/EPD Contract, Section D
- RBHA Contract, Scope of Work
- Section 164 of the Medicare Improvement for Patients and Providers Act of 2008
- Section 3205 of the Affordable Care Act
- 42 CFR 422.107
- Chapter 16-B, Section 40.5.1 of the Medicare Managed Care Manual
- Social Security Act Sections 1902(a), 1902(f), 1902(p), and 1905
- Medicare Improvements for Patients and Providers Act (MIPPA) Agreement

IMPLEMENTATION 07/01/16