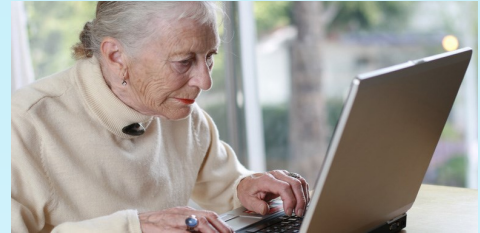


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202138 MAY 27, 2021

IHCP announces changes to 2022 contracts for Medicare Advantage plans focused on dually eligible members

The Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP) is making specific changes to its contracts with Dual Eligible Special Needs Plans (D-SNPs). D-SNPs are Medicare Advantage plans that only enroll dually eligible members.



The OMPP is required to contract with any Medicare Advantage Organization (MAO) operating or planning to operate a D-SNP within the state. While these State Medicaid Agency Contracts (SMACs) must meet certain basic requirements, the State may include additional elements in these contracts to advance the State's goals for dually eligible members.

To advance the State's goals, the OMPP has made specific changes to its SMAC for calendar year 2022. These changes include an Acknowledgment of Awareness section establishing the vision for D-SNPs in the context of the State's ongoing efforts for Long-Term Services and Supports (LTSS) reform for older adults in Medicaid. This section makes the contracting D-SNP aware of this vision and its potential impact for future D-SNPs contracting with the State:

- The State values the opportunities for increased integration of care and improved health outcomes that the alignment of Medicaid and Medicare systems could provide, and views increased alignment as a primary tool to achieve its LTSS program goals. To support these values, the State is currently developing a Managed Medicaid Long-Term Services and Supports program (mLTSS) for existing fee-for-service (FSS) LTSS programs for individuals aged 60 and older. This program would serve a significant proportion of dually eligible members.
- The State views D-SNPs as a critical component of any new mLTSS program to better align and integrate care for its dually eligible members.
- The State intends for its mLTSS program to be fully operational in the first quarter of Calendar Year (CY) 2024.
- The State intends to require all mLTSS plans to develop and operate statewide companion D-SNPs.
- The State may ultimately choose to limit D-SNP marketplace participation with an expectation that only contractors with the same parent company as a Medicaid managed care entity (MCE) that is awarded a mLTSS contract would continue to operate in the State post-mLTSS implementation. The State views this potential requirement as the best way to ensure sufficient and sustainable alignment and integration between Medicaid and Medicare in a mLTSS system into the future.
- In the contract years prior to mLTSS implementation, the State anticipates continually developing and enhancing its SMAC requirements for D-SNPs operating in the state. The State intends to build more robust partnerships and increased collaboration with all MAO contractors to effectively advance integration goals for Indiana's dually eligible members, to improve health outcomes for dually-eligible individuals in Indiana through increased alignment of care, and to best position the State for future mLTSS program success.

Indiana's 2022 SMAC will also include many new requirements for D-SNPs operating in the state that address specific State goals around better integration and alignment of care for dually eligible individuals, as follows:

Coordination of care, services and payments

- To better coordinate the care and services across systems, D-SNPs must assist in the coordination of all needed Medicaid services for dually eligible members. D-SNPs must also facilitate better access to Medicaid services and programs and actively refer members to appropriate Medicaid programs and providers – including Medicaid home and community-based service (HCBS) providers.
- The D-SNP must have formal written care coordination policies for members the State designates as “high-risk.” The D-SNP will also be responsible for updating their Models of Care (MOCs) to reflect current policies and procedures for these members.
- D-SNPs must refer members it identifies as having “strong predictors of needing LTSS” to the appropriate Indiana Area Agency on Aging (AAA). Members do not have to be receiving LTSS at the time of referral. “Strong predictors of needing LTSS” include:
 - Admission to a skilled-nursing facility (SNF)
 - Needing help with Activities of Daily Living (ADLs)
 - Having a diagnosis of dementia
- To support effective care coordination practices and enhanced plan capacity, all Indiana D-SNPs must maintain a level of access to the Indiana Health Information Exchange (IHIE) that will be prescribed by the State.
- D-SNPs must regularly communicate and consult with each Indiana Area Agency on Aging (AAA) to maintain current contact information, as well as a sufficient working knowledge of AAA operations and practices to be incorporated in written care coordination policies.



Eligibility and enrollment

The D-SNP must provide six months of continuous eligibility to support continuity of care for those members who might otherwise lose access to their D-SNP coverage due to temporary loss of Medicaid eligibility.

Reporting requirements

In addition to previous SMAC reporting requirements, D-SNPs must now provide:

- Monthly Medicare encounter data no later than 15 business days from the first day of the following month of the encounter. Encounter data must include at minimum all hospital, Skilled-Nursing Facility (SNF) and Emergency Department (ED) utilization.
- Quality assessment data and deliverables that include summary-level and patient-level Healthcare Effectiveness Data and Information Set (HEDIS) data; the D-SNP's National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit Report; all Medicare Health Outcomes Survey (HOS) data feedback reports provided to the D-SNP by the Centers for Medicare & Medicaid Services (CMS); and any reports or materials pertaining to annual D-SNP participation in the Medicare Advantage and Prescription Drug Plan (MA & PDP) Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey.

Reporting requirements (continued)

- All information and materials related to the supplemental benefits the D-SNP offers to its members, including all relevant information and materials pertaining to the D-SNP's Plan Benefit Package (PBP) bid.
- Any materials referencing Indiana Medicaid program benefits or Indiana Medicaid programs or policies. The D-SNP must submit these materials to the FSSA for review and written approval prior to submission to CMS and use by the D-SNP.



Indiana D-SNPs are prohibited from using the Medicaid provider listing as a resource for marketing purposes. Any attempt to use the Medicaid provider information without obtaining explicit written approval from the FSSA may result in contract termination.

For questions regarding Indiana's changes to its 2022 SMAC contracts for D-SNP Medicare Advantage plans focused on dually eligible members, or to request a copy of Indiana's full draft 2022 SMAC contract, please email Andrew Bean at andrew.bean@fssa.in.gov. The FSSA will be working with all D-SNPs and the Centers for Medicare & Medicaid Services (CMS) to finalize 2022 SMAC agreements by the July 5, 2021, CMS deadline.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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