

Dual Eligible Special Needs Plans Default Enrollment: Updates and Resources

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Navigating Medicare

Prerequisite Learning

This presentation will provide an overview of Wisconsin's default enrollment policy. For more details, view the June 2022 SHIP training [recording](#) and [slides](#).



Agenda

Review of Default Enrollment

Current Plans and Timelines

Federal Policy Updates

Review of Resources

Overview of Dually Eligible Individuals (“Duals”)

Categories of Medicaid eligibility

What is Dual Eligibility?

- Dually eligible individuals (“duals”) have both Medicare and Medicaid.
- Medicaid beneficiaries can get Medicare (and become “dually eligible”) when they:
 - Turn 65.
 - Receive Social Security disability benefits for 24 months.

What is Dual Eligibility?

There are different categories of dual eligibility:

	Full benefit dually eligible	Partial benefit dually eligible
Have Medicare	√	√
Have full Medicaid	√	×
Have help with Medicare premiums through the Medicare Savings Program	- (possibly)	√

The new default enrollment policy will only affect full duals.

Check Your Understanding

An example of a “partial dual” is an individual who has:

- a) Medicare and full Medicaid only
- b) Medicare, full Medicaid, and a Medicare Savings Program
- c) Medicare and a Medicare Savings Program only

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- c) Medicare and a Medicare Savings Program only

Overview of Dual Eligible Special Needs Plans (D-SNPs)

Medicare Advantage plans for people with Medicaid

What are Special Needs Plans (SNPs)?

Special Needs Plans (SNPs) are a type of Medicare Advantage plan that limit membership to people with specific conditions or characteristics. There are three types of SNPs:

1. Chronic Condition SNP (C-SNP)
2. Institutional SNP (I-SNP)
3. Dual Eligible SNP (D-SNP)

What are Dual Eligible Special Needs Plans (D-SNPs)?

Dual Eligible Special Needs Plans (D-SNPs)

- Are a type of Medicare Advantage plan.
- Only accept dually eligible individuals as members.
- Must have a special “model of care” tailored to support duals.
- Must sign a contract with the state.
- Must follow requirements to coordinate with Medicaid benefits.

Who Can Enroll in D-SNPs?

Only dually eligible individuals can enroll in D-SNPs.

- D-SNP plans may choose whether they accept full Medicaid and/or different [Medicare Savings Program tiers](#).
- Only [Family Care Partnership](#) participants can enroll in Family Care Partnership D-SNPs.

Check Your Understanding

Dual Eligible Special Needs Plans:

- a) Have provider networks.
- b) Only accept dually eligible members.
- c) Coordinate with Medicaid benefits in accordance with state rules.
- d) All of the above.

Check Your Understanding

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- d) All of the above.

Poll: D-SNPs

Check all that apply:

Have you helped anyone...

- a) Determine if they were eligible for a D-SNP
- b) Do a plan comparison to see if the D-SNP was right for them
- c) Enroll in a D-SNP
- d) Utilize a D-SNP's extra benefits
- e) Resolve an issue with a D-SNP

Wisconsin's Goal to Improve Alignment

Implement default enrollment into D-SNPs

Wisconsin's Goal to Improve Alignment

- Wisconsin wants to improve care coordination for individuals who have Medicaid managed care and Medicare.
- Wisconsin is default enrolling SSI HMO* and Family Care Partnership MCO** members who become eligible for Medicare into aligned Dual Eligible Special Needs Plans (D-SNPs).

*Supplemental Security Income Medicaid Health Maintenance Organization

**Family Care Partnership Managed Care Organization

Wisconsin's Goal to Improve Alignment

Unaligned Enrollment:
Benefits received through
two separate programs

Medicare

Benefits
include
primary and
acute care

Medicaid

Benefits
include
long-term
services
and
supports

Aligned Enrollment:
Benefits managed by the
same company

**One company provides
managed care**

Medicare D-SNP

Benefits
include
primary and
acute care

Medicaid HMO/MCO

Benefits
include long-
term services
and supports

Default Enrollment

Starting off eligible Medicaid members with aligned Medicare plans

What is Default Enrollment?

Default enrollment is when individuals with SSI Medicaid HMOs or Family Care Partnership MCOs are enrolled into the organization's corresponding D-SNP when they first become eligible for Medicare.

Individuals have the option to opt out of default enrollment into the D-SNP.

What is Default Enrollment?

Beneficiary becomes Medicare eligible:

- Turns 65
- 25th month of disability

Beneficiary is automatically enrolled in **Company A's D-SNP** for their Medicare (with the option to opt out).

Beneficiary is in **Company A's SSI HMO.**

Beneficiary remains in **Company A's SSI HMO.**

Aligned Enrollment

Beneficiary is in
Company A's D-SNP
for their Medicare.

Beneficiary is in
Company A's
SSI HMO.

Who Can Get Default Enrolled in D-SNPs?

Members eligible to enroll in D-SNP

Family Care

Family Care Partnership

SSI

SSI Related Medicaid

SSI Related Deductible

MAPP

BadgerCare+ (BC+) Parent/Caretaker

BC+ Childless Adult

BC+ Extension

BC+ Other

Only Medicaid members in these programs who are **already enrolled in an SSI HMO or Partnership MCO by a participating company** can be default enrolled in a D-SNP **when they become eligible for Medicare.**

Who Can Get Default Enrolled in D-SNPs?

Members eligible to enroll in D-SNP

Family Care

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BC+ Childless Adult

BC+ Extension

BC+ Other

We expect up to 60 members a month to be eligible for default enrollment.

Who Cannot Get Default Enrolled in D-SNPs?

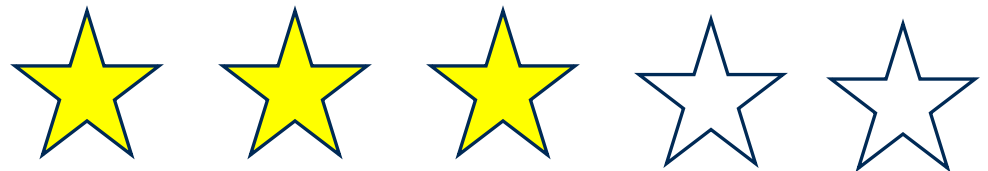
- **BadgerCare+ Medicaid members are NOT eligible for default enrollment.**
- **Current duals (who already have Medicare and Medicaid) are NOT impacted by default enrollment.**



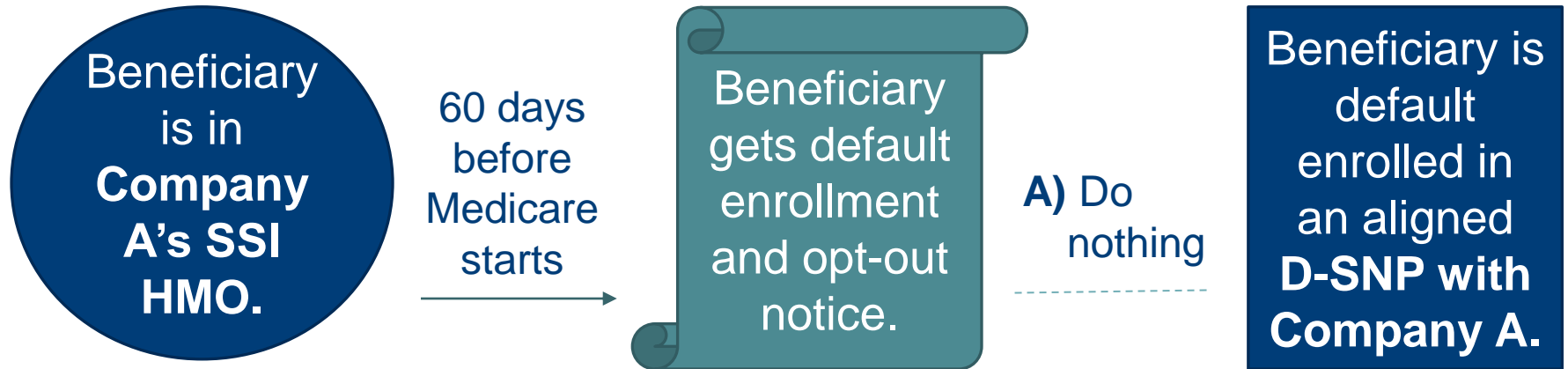
Beneficiary Protections: D-SNP Requirements

To implement default enrollment, D-SNPs must have and maintain:

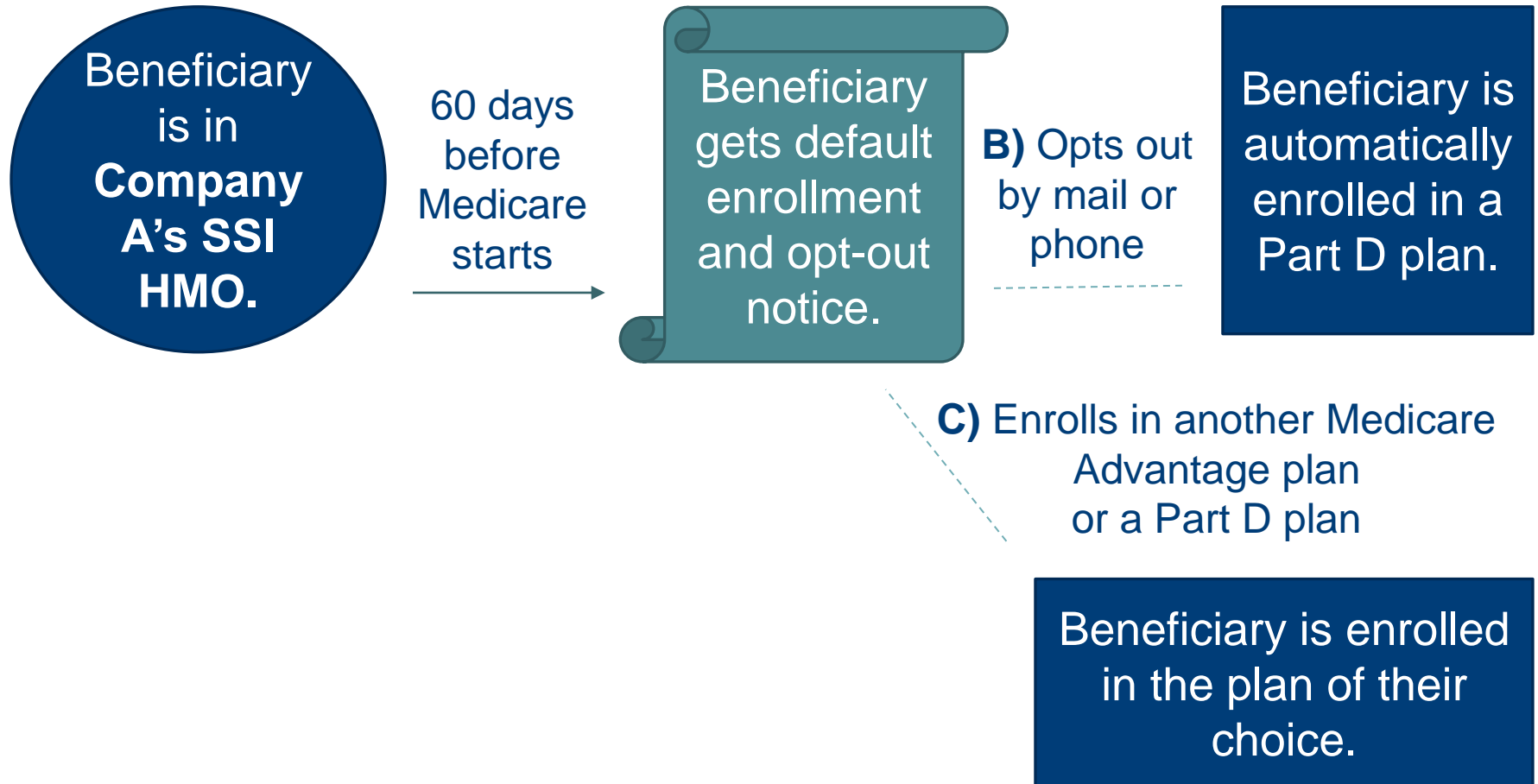
- A 3+ star rating.
- Significant overlap of Medicare and Medicaid providers in the county ($\geq 80\%$).
- Approval from the state Medicaid office and the Centers for Medicare and Medicaid Services (CMS).



Beneficiary Protections: Opting Out



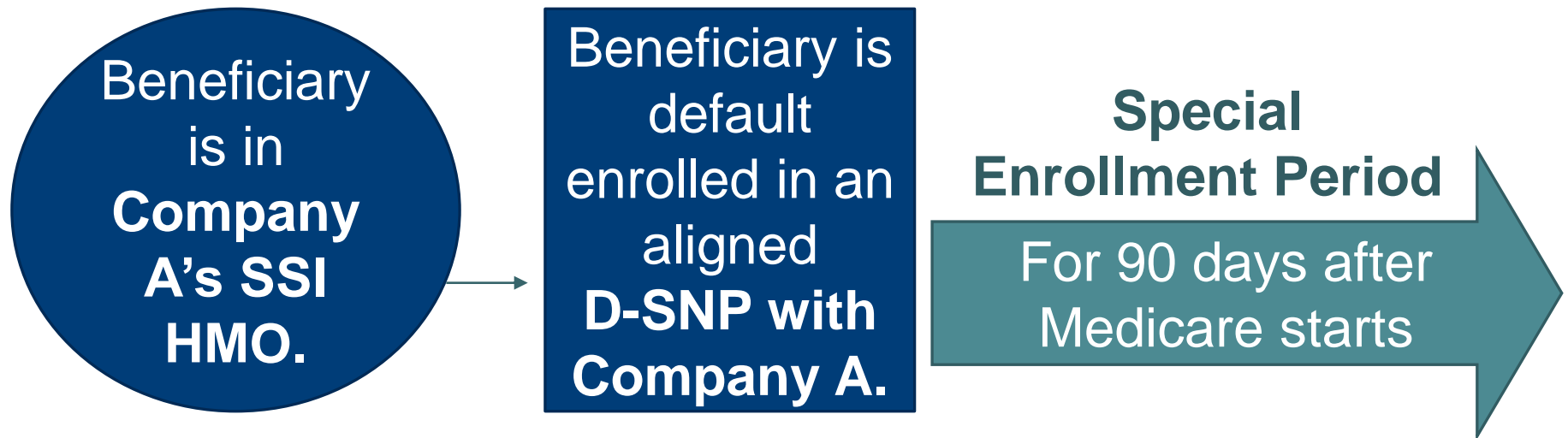
Beneficiary Protections: Opting Out



Beneficiary Protections: Special Enrollment Periods

State-Initiated Enrollment Special Enrollment Period (SEP):

Beneficiaries can make one change in the 90 days after Medicare coverage (through the D-SNP) begins.*



[*CMS Managed Care Manual, Chapter 2: 30.4.7](#)

Beneficiary Protections: Special Enrollment Periods

Ongoing Special Enrollment Period (SEP) for duals:

One change is allowed each quarter
for the first three quarters of the year.

(The fourth quarter is the annual Open Enrollment Period).



How Do Beneficiaries Decide if a D-SNP is Right for Them?

Beneficiaries should check:

- Whether their providers are in-network.
- Whether their prescriptions are covered by the D-SNP. (Note that pharmacies often struggle to bill Part B-covered drugs to Medicare Advantage plans.)
- Expected costs.
- Eligibility requirements and coverage details for any extra benefits.

Check Your Understanding

True or false: Default enrollment will affect BadgerCare+ members.

True or false: Default enrollment will affect people who already have both Medicare and Medicaid.

True or false: Default enrollment will affect some Medicaid members who are in an SSI HMO and are newly eligible for Medicare.

Check Your Understanding

True or Default enrollment will affect BadgerCare+ members.

True or Default enrollment will affect people who already have both Medicare and Medicaid.

True or false: Default enrollment will affect some Medicaid members who are in an SSI HMO and are newly eligible for Medicare.

Practice

A customer shows you a default enrollment notice they received and asks, “What does this mean?” What do you say?



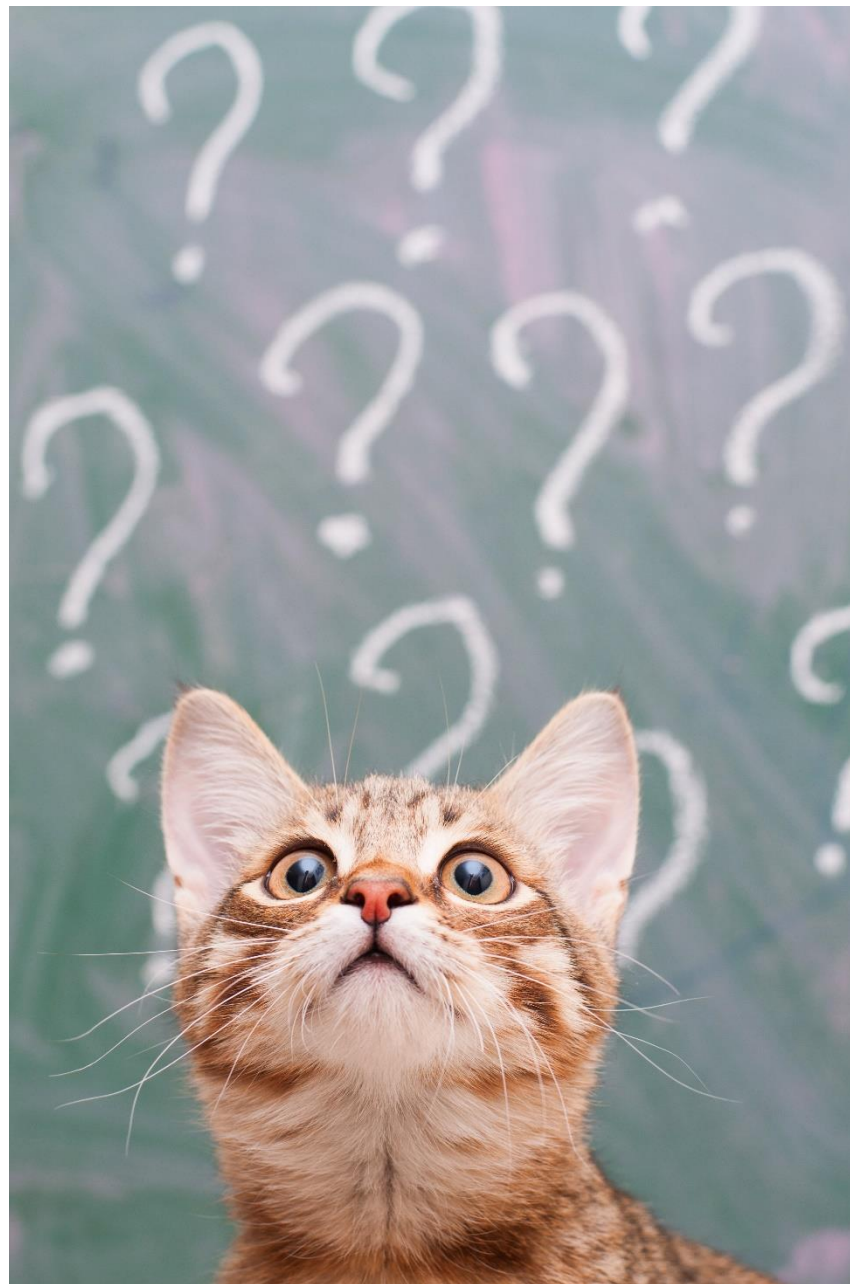
Practice

Sample response:

“Once you [turn 65], you’ll have both Medicare and Medicaid. Right now you have Medicaid with [Aetna]. This letter says that you’ll be starting off your Medicare with Aetna too so that your health care is coordinated.

Let’s check and make sure this [Aetna] Medicare plan is a good fit for you. You can choose a different plan if you want.”

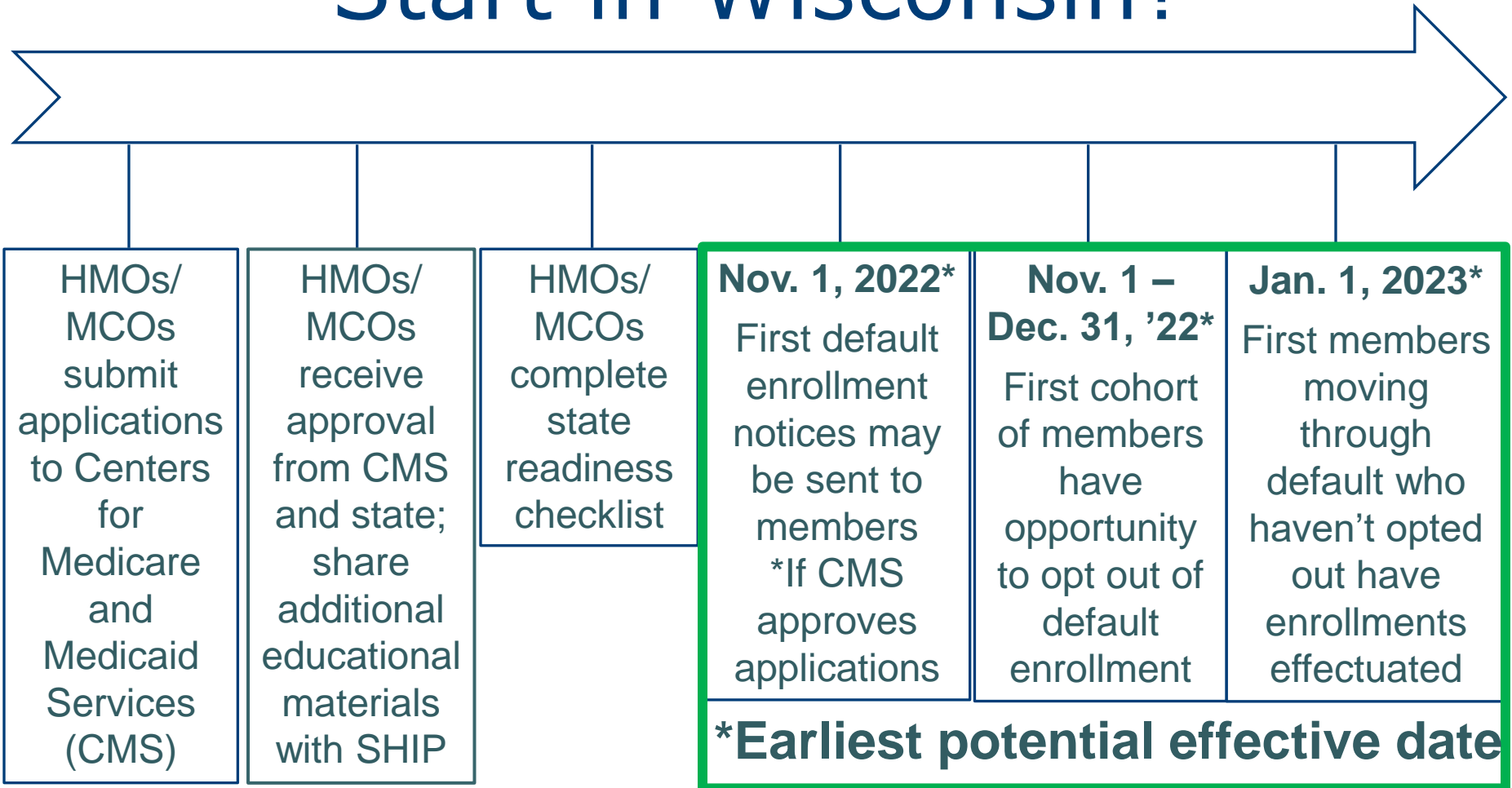
Questions?



Wisconsin Default Enrollment Updates

Participating plans and timelines

When May Default Enrollment Start in Wisconsin?



***Earliest potential effective date**

Medicare counselors' involvement

Which Plans are Implementing Default Enrollment?

As of October 5, 2022, **two companies have been approved to begin default enrollment.** Two more are awaiting CMS approval.

Default enrollment will start after the companies complete state readiness checklists.

Plans implementing default enrollment will be listed on the Department of Health Services (DHS) [D-SNP webpage](#).

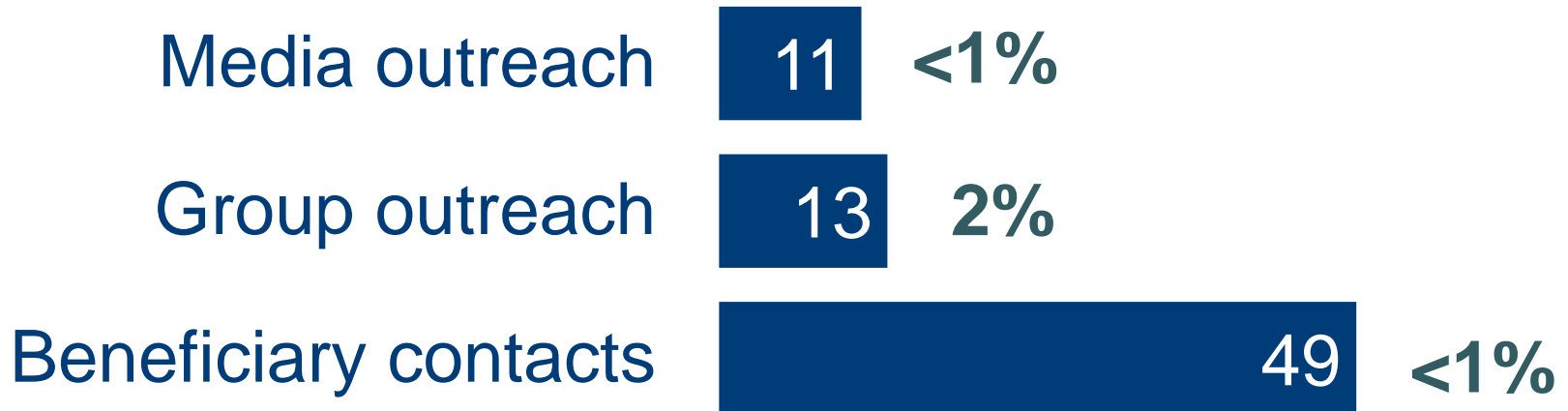
SHIP Reporting Instructions

- When discussing Special Needs Plans, **select “Duals Demonstration” as the Topic(s) Discussed** under Additional Topic Details in SHIP assessment forms. (“D-SNP” will be added as a topic in the future.)
- For default enrollment contacts, also **type “default enrollment” in Special Use Field 3.**



SHIP Data

As of Oct. 5, **D-SNPs were rarely discussed** in SHIP counseling sessions and outreach events **in 2022.**



Federal Policy Updates

New requirements for D-SNPs

New Requirement: Enrollee Advisory Committee

Beginning in 2023, D-SNP companies must establish 1+ enrollee advisory committee for each state in which a D-SNP is offered.

- Committees must include a representative sample of members.
- D-SNPs must ask the committees for advice on:
 - Improving access to covered services
 - Coordination of services
 - Health equity

New Requirement: Data on Social Risk Factors

Beginning in 2024, all Special Needs Plans' health risk assessments must include questions about enrollees':

- Housing stability.
- Food insecurity.
- Access to transportation.



Federal Contracting of SNP “Look-Alikes”

D-SNP “look-alikes” are Medicare Advantage plans designed to attract dual eligibles.

Look-alikes are **not** D-SNPs:

- Don't have a contract with the state Medicaid office
- Have no obligation to coordinate Medicare and Medicaid benefits
- Don't need to offer low cost-sharing.

Federal Contracting of SNP “Look-Alikes”

- **Wisconsin does not currently have any D-SNP looks-alike plans.**
- In 2019, 35 states had look-alike plans.
- Starting 2022, CMS will no longer approve or renew contracts for look-alike plans with $\geq 80\%$ enrollment of duals in states where D-SNPs are available. Members will be transitioned into a D-SNP.

Resources

For beneficiaries and professionals

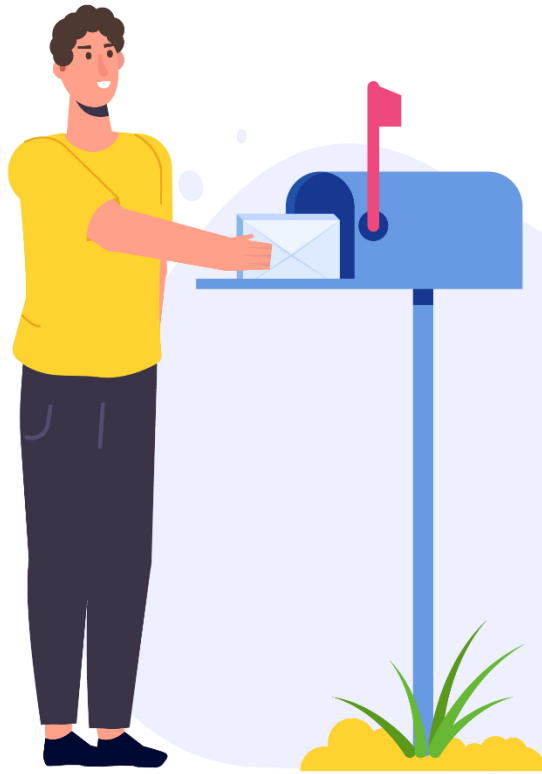
Resources for Professionals

[GWAAR Medicare Outreach and Assistance Resources](#) webpage under Dual Special Needs Plans (D-SNPs):

[D-SNP Default Enrollment FAQ for SHIP Counselors](#) (includes glossary)

Pro tip: save the links to DHS publications because they will always lead to the most current version of the resource!

Resources for Professionals and Beneficiaries



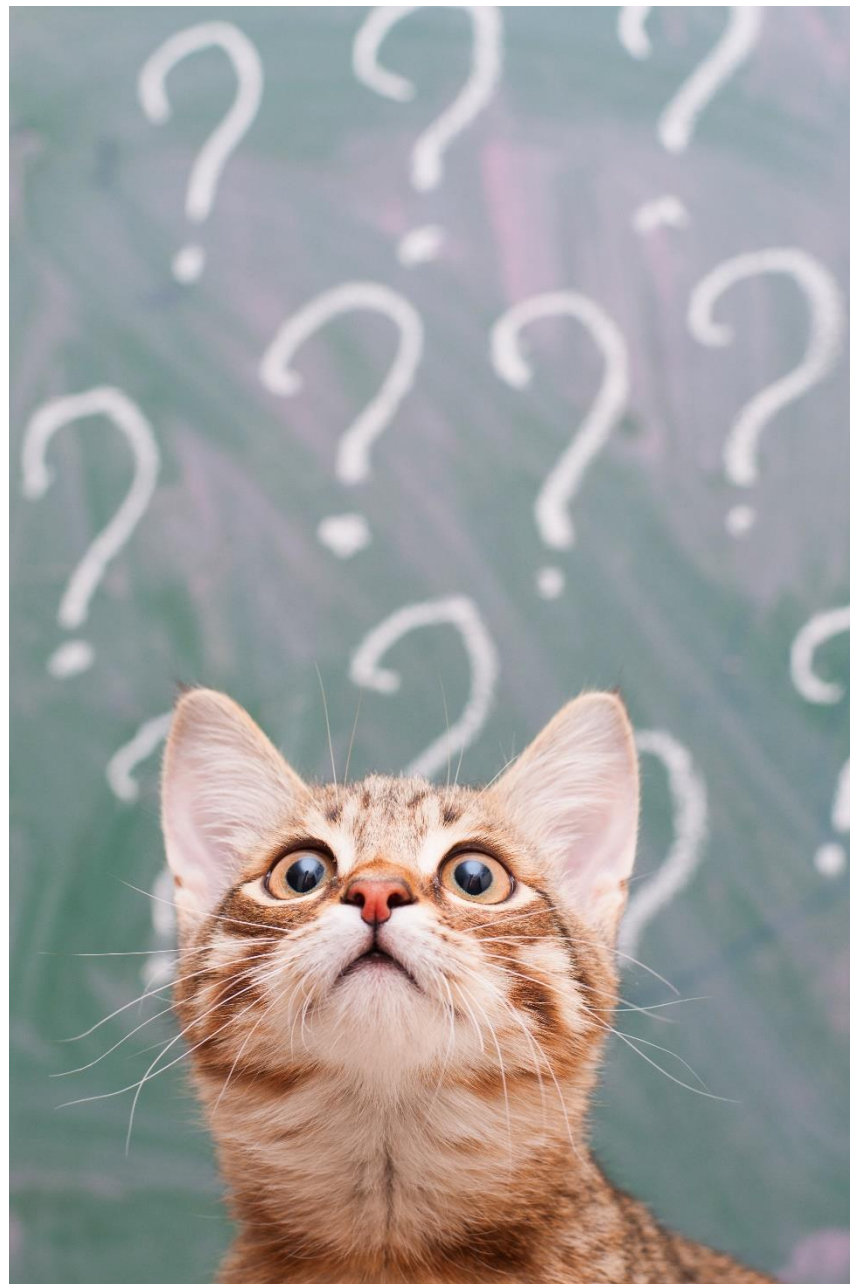
- Sample default enrollment notices
([SSI Medicaid](#) and [Family Care Partnership](#))
- [Spreadsheet](#): D-SNPs' service areas and Medicaid eligibility
- Coming soon:
Plan comparison summaries

Resources for Beneficiaries

- [Department of Health Services D-SNP webpage](#)
- [FAQ for members](#)



Questions?



Presenter Information

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