



# **District Dual Choice (D-SNP) Program Expansion**

## **As of September 23, 2021**



## What is a Dual Eligible Special Needs Plan (D-SNP)?

- **A D-SNP, or Dual Eligible Special Needs Plan, is a type of Medicare Advantage Plan that is designed to meet the specific needs of dually eligible individuals**
  - Over 3 million beneficiaries enrolled in D-SNPs nationwide as of January 2021
  - Currently operating in 43 states and the District
- **D-SNPs were designed to better coordinate care between Medicare and Medicaid; states have been given increasing authority (and increasing compliance requirements) to improve integration**
  - In 2013, D-SNPs were newly required to have contracts with states, State Medicaid Agency Contracts (SMACs, also known previously as “MIPPA agreements”) that mandate certain minimum requirements for coordination
  - In 2018, federal D-SNP regulations increased integration standards by virtue of information-sharing requirements and further defining types of D-SNP models



# Current District Dual Choice (D-SNP) Program

- **More than 37,000 dually eligible individuals live in the District, and approximately 12,800 are enrolled in one of the District’s two current D-SNPs: Cigna or UnitedHealthcare**
  - Existing SMAC mandates certain Medicare-Medicaid care coordination activities, reporting, information-sharing, and more
  - 2020 and 2021 SMACs were minimally compliant with 2018 federal D-SNP integration standards by virtue of participation in the CRISP HIE
  - DHCF does not currently pay the D-SNPs any money; D-SNP enrollees access their Medicare benefits through the health plans and their Medicaid benefits through FFS

## Dually Eligible Individuals in the District, By the Numbers (2021)

<b>37,000+</b>	Dual Eligible Individuals
<b>12,800</b>	Enrolled in a D-SNP (United or Cigna)
<b>7,600</b>	Full Benefit Dually Eligible Individuals in a D-SNP
<b>5,200</b>	Partial Benefit Dually Eligible Individuals in a D-SNP
<b>52</b>	IDD/IFS enrollees or ICF residents in a D-SNP

Source: DHCF analysis of Medicaid claims and Medicare enrollment spans



# The District Dual Choice (HIDE SNP) Program in 2022

- In 2022, D-SNPs will provide Medicare *and* Medicaid benefits, combining both sets of services into a “one-stop shop” for beneficiaries
  - DHCF is requiring D-SNPs to become *Highly Integrated* D-SNPs or “HIDE SNPs” and will pay health plans a Medicaid capitation to cover all Medicaid services, with some exceptions
    - DHCF intends to include coverage for all EPD Waiver services (i.e., including assisted living services) and almost all other Medicaid services (including ADHP services under both 1915(i) and 1915(c)) in the Dual Choice program
    - **Persons with IDD or IFS waivers or residing in ICFs may enroll/remain enrolled in a D-SNP, but for Medicare benefits only.**
    - Community-based behavioral health services are also excluded from D-SNP Medicaid coverage in 2022



# 2022 HIDE SNP Planning

- **HIDE SNPs will be responsible for integrated, comprehensive care management**
  - Currently D-SNPs operate under a CMS- and NCQA-approved model of care (MOC)
  - DHCF intends to align and integrate care coordination and other standards in the *EPD* waiver program (e.g., assessment and care planning) into the MOC
  - DHCF will continue to require HIDE SNPs to report, as they do now, on a variety of MOC elements (these reports will support continued waiver compliance)

NCQA = National Committee for Quality Assurance



# 2022 HIDE SNP Planning

- **D-SNP enrollment will still be optional, but the decision will have implications for the way people receive both their Medicare and Medicaid benefits.**
  - Currently D-SNP enrollment is and will continue to be a beneficiary choice
    - Dual Choice enrollees have the right to leave, and can change their coverage during certain special election periods and once a quarter.
    - For most populations, enrollees cannot remain in their health plan for Medicare only.
  - For IDD, IFS and ICF beneficiaries, services will look very much the same.
    - Medicare benefits (and now including Medicaid cost-sharing) will continue to be the responsibility of the plan.
    - Medicaid benefits for these populations will continue to be authorized, delivered and paid in the same manner they are now.
    - This includes Medicaid State Plan services.



# Why is the Dual Choice Program expanding?

- **Dually eligible individuals frequently experience greater fragmentation of care across their joint Medicare and Medicaid coverage**
  - Medicare beneficiaries with social risk factors were found to have worse health outcomes on many quality measures, regardless of the providers they saw, and *dual eligible status was the most powerful predictor of the poor outcomes* (ASPE, 2016)
- **The District expects to improve health outcomes through more comprehensive care coordination, deduplication of services, and integration of primary, acute, and specialty care for this vulnerable population**
  - Studies of integrated Medicare-Medicaid care models find that dually eligible enrollees have reduced hospitalizations, readmissions, and nursing facility admissions (MACPAC, 2020)



# Next steps & coming milestones

- September:
  - Provider, beneficiary, and other stakeholder outreach
  - Submit 1915(a) and (c) and publish Invitations for Bids (IFB) for Medicaid contracts
- October – December:
  - Continue beneficiary & provider engagement
  - Begin plan readiness activities
- For more information, please visit the DHCF website on Dual Choice (D-SNP):  
<https://dhcf.dc.gov/page/district-dual-choice-d-snps>, or contact:

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