

Testimony
Senate Bill No. 2265
Senate Appropriations Committee
Senator Bekkedahl, Chairman
February 2, 2023

Chairman Bekkedahl, and members of the Senate Appropriations Committee, I am Krista Fremming, Interim Director of Medical Services with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2265.

North Dakota Medicaid has about 15,000 members who are dually eligible for both Medicaid and Medicare. This Bill would create the option for dually eligible members to participate in a dual special needs plan (DSNP). The Department would establish contracts with one or more insurers who would offer a Medicare Advantage plan specifically for dually eligible individuals, otherwise known as a DSNP.

Research shows that members who participate in DSNPs have reduced use of institutional care and increased use of home and community-based services. DSNPs also offer benefits not typically covered by Medicare or Medicaid, or both, such as gym memberships, vouchers for healthy food, an allowance for over-the-counter health products and care coordination.

Care coordination is particularly important to ensure members understand their Medicare and Medicaid benefits and can access the right services at the right time. States can establish state-specific provisions aimed at better coordinating Medicare and Medicaid services. An example would be requiring the DSNP to coordinate services and supports around hospital discharges or other care transitions.

We believe a DSNP will improve member care, satisfaction and outcomes. The full-time equivalent positions in this Bill will enable the Department to have dedicated team members to develop and implement the program. These team members would execute the following tasks:

- Prior to DSNP(s) implementation:
 - Determine language and terms for the contract
 - Determine the contracting period
 - Determine the service area for the DSNP
 - Determine the categories of eligibility allowed for enrollment
 - Determine the process to coordinate care between the DSNP and Medicaid programs
 - Determine the performance reporting requirements
 - Review and execute contract with the DSNP.
- Ongoing after implementation:
 - Provide Medicaid eligibility information to DSNP
 - Provide Medicaid provider information to DSNP
 - Collect DSNP enrollment reports
 - Monitor DSNP performance against contract terms
 - Review and oversight of other required reporting and performance expectations
 - Overall monitoring of DSNP performance

Managed care contracts require dedicated support for appropriate oversight. DSNPs can bring a coordinated approach for achieving better health within this complex population, allowing ND's dual eligible residents to age in place longer and improve outcomes overall.

This concludes my testimony. I would be happy to respond to any questions the committee may have. Thank you.

Dually Eligible Individuals

Some low-income individuals qualify for health care coverage through both Medicare and Medicaid. These dual eligible individuals experience high rates of chronic illness like high blood pressure, diabetes and heart disease with many having behavioral health and long-term care needs.¹

Medicare Eligibility Criteria

Federal health insurance program

- Age 65 or older
- Under age 65 with a disability such as:
 - Intellectual/developmental disabilities
 - Cognitive disabilities
 - Physical disabilities
 - Behavioral health needs
 - Chronic medical conditions
- Any age with End-Stage Renal Disease



Medicaid Eligibility Criteria

State/Federal health insurance program

- Meet income and asset requirements
Serves qualifying low-income individuals
- Children
 - Adults
 - Pregnant women
 - Older adults
 - People with disabilities

ABOUT
15,000

North Dakotans are dual eligible for **Medicare** and **Medicaid**

ND Dual Eligible Individuals Have Complicated Health Needs



About **1 in 6** have been diagnosed with two or more chronic conditions such as

- Diabetes
- Alzheimer's disease
- Heart disease
- Chronic obstructive pulmonary disease
- Asthma



About **1 in 4** have a behavioral health condition such as

- Depression
- Bipolar disorder
- Schizophrenia
- Anxiety



About **4 in 10** use long-term services and supports such as

- Basic care
- Nursing facility services
- Home and community-based (HCBS) services

¹https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Dual_Condition_Prevalence_Comorbidty_2014.pdf

