

NextBlue
OF NORTH DAKOTA



ND

Dual Eligible Special Needs Plan (DSNP) Managed Care Arrangements

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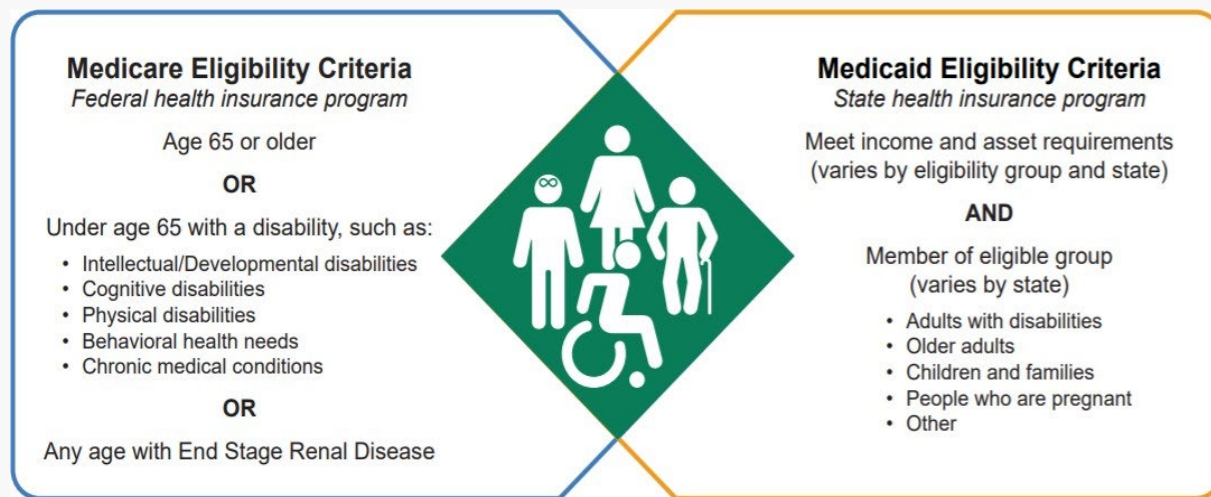
January 23, 2023

Managed Care Overview

- Managed Care is a health care delivery system organized to **manage cost, utilization, and improve quality.**
- Managed care provides for the delivery of health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs).
- By contracting with MCOs to deliver health care services to their members, states can better manage utilization of health services and take advantage of MCO's experience in payment and care innovations.

Dual Eligible Special Needs Plan Overview

- A Dual Eligible Special Needs Plan (DSNP) is a Medicare Advantage (MA) Coordinated Care Plan (CCP) that is specifically designed to provide targeted care coordination to dually eligible individuals, who qualify for both Medicare and Medicaid. However, the level of Medicaid coverage may differ for select individuals (e.g., partial or full Medicaid benefits).

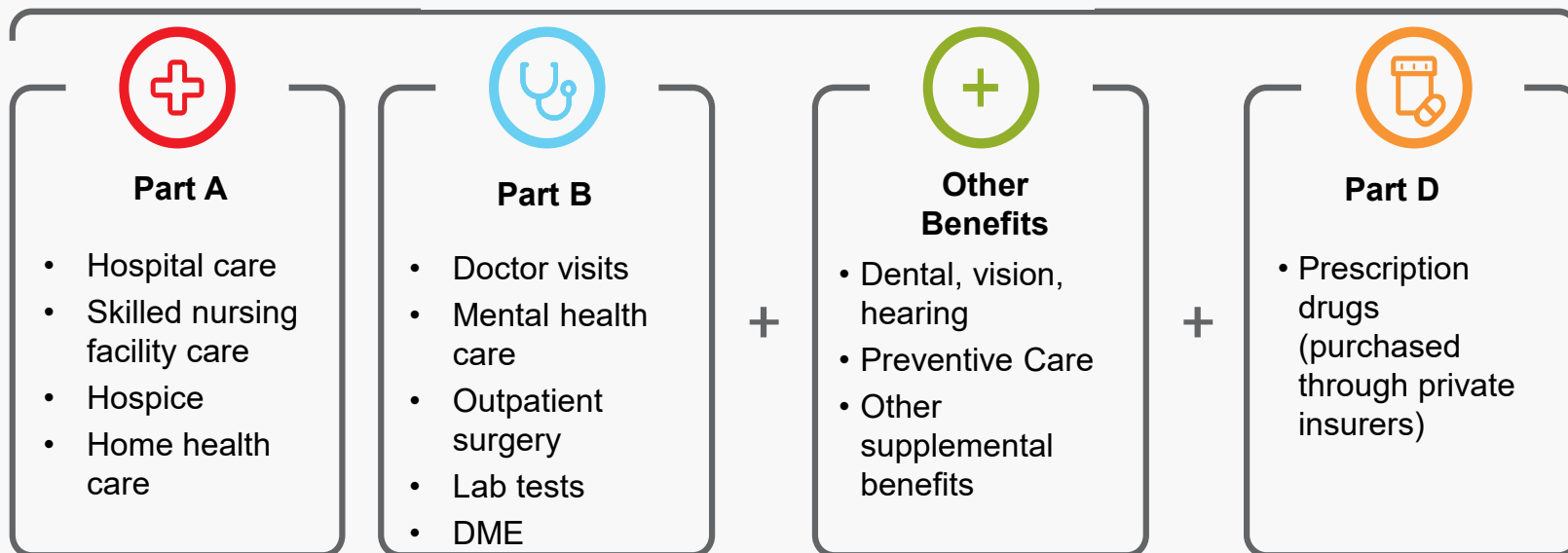


- In addition to D-SNP plans, other types of SNP plans are available with limited enrollment. These include:
 - Institutional or I-SNP (e.g., nursing home)
 - Chronic conditions management or C-SNP (e.g., renal disease, chronic heart failure, dementia)

DSNP is a complete package



Medicare Advantage (Part C)



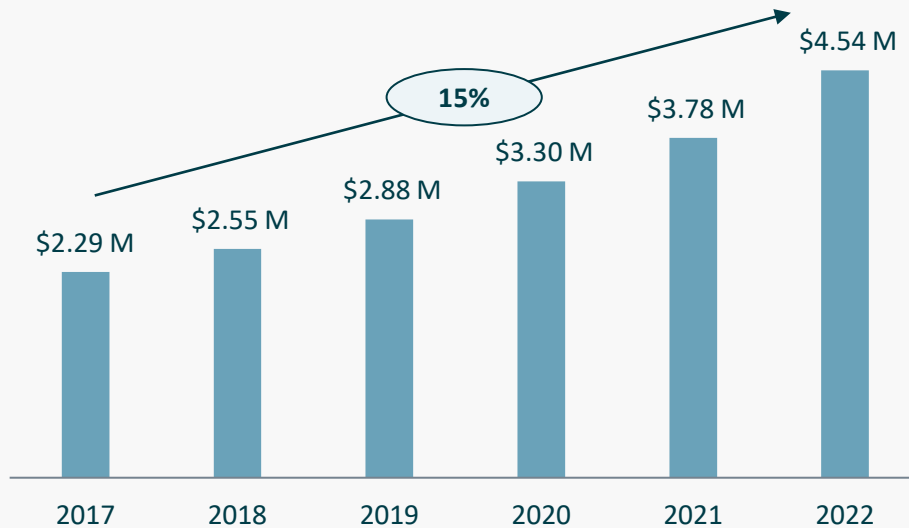
+ Medicaid

= Dual Special Needs Plan (DSNP)

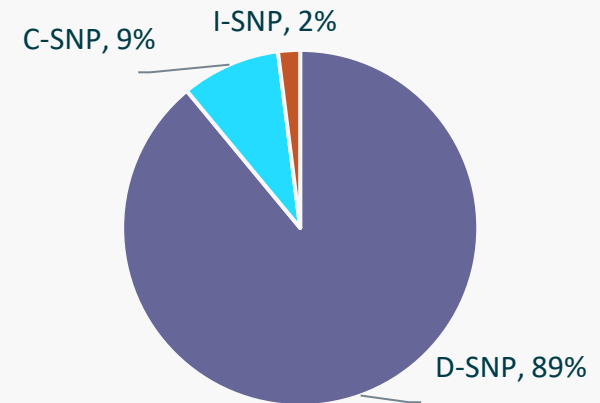
National Trends

- Over the last five years, the number of D-SNP plans offered has doubled (2017-2022).
- D-SNP is the most popular type of SNP plan offered nationally, accounting for **89% of SNP enrollment**.
- North Dakota is one of only a few states nationally that does not offer DSNP.

SNP Enrollment 2017-2022



SNP Enrollment, 2022



Benefits of D-SNP (1/2)

- Dually eligible beneficiaries are a medically, behaviorally, functionally and socially complex population.
- Without the coordination provided through D-SNP, increased challenges are faced by this population due to Medicare and Medicaid silos. These challenges include:
 - Fragmentation in administration, delivery, financing
 - Misaligned incentives leading to cost shifting, inefficient spending, poor health outcomes
 - Difficulty navigating the highly complex system for both members and providers
- Under a D-SNP plan, coordination between Medicare and Medicaid is required and streamlined.

Beneficiary Protections

- 1 Core Protections**
 - Robust Model of Care (MOC)
 - Care coordination between Medicare and Medicaid
 - Network adequacy assurance and Interdisciplinary Care Teams (ICT)
 - No additional cost sharing
- 2 Marketing and Enrollment**
 - One ID card and simple communications (e.g. one summary of benefits)
 - Additional enrollment periods
 - Timely notification of eligibility
- 3 Appeals and Grievances**
 - Combined appeals and grievances process
- 4 Consumer Education and Cultural Competency**
 - Health status non-discrimination
 - Proficient, high-caliber customer service
 - MOC requires an understanding of the ethnic profile and needs of beneficiaries

Benefits of D-SNP (2/2)

- Either Medicare or Medicaid will pay as primary depending on the type of service.

	Medicare (Primary Payer)	Medicare and Medicaid Overlapping Benefits	Medicaid (Primary Payer)
Hospital Visits	Inpatient and Outpatient Care	Behavioral Health and Substance Use Disorder Treatment	
Provider Visits			
Long-term Care	Nursing Facility – Skilled Nursing	Home Health	Nursing Facility – Custodial Care Home and Community-Based Services (HCBS)
Other	Prescription Drugs*	Durable Medical Equipment	Non-Emergency Medical Transportation

Note: Not an exhaustive list.
*Medicare covers most prescriptive drugs. However, a very small number of drugs are excluded from Medicare Part D coverage and may be covered by Medicaid.

Care and Benefits Members Receive while in a D-SNP Plan

Member Centric Model of Care

Primary Care

- Access to additional benefits, not included in a standard Medicare plan: vision, prescriptions, etc.
- Delivers a comprehensive care plan for the member's needs and risks

Social Care

- Social work support
- Financial support:
 - Healthy food cards
 - Meal programs
- Address the lifestyle preferences and sub-cultural nuances and other barriers of disenfranchisement

Preventative Care

- Behavioral health services
- Diet and nutritional education
- Over-the-counter allowance

Health and Well-being

- Home and community-based services
- Fall prevention
- Personal emergency response system
- End-of-life support services

Care Support

- Access to Care Management Team
- Support to improve outcomes



Example Care Management Team* with D-SNP



Care Coordinator

Assists with benefit navigation and appointment scheduling



Member Advocate

Assists member with Medicaid recertification and accessing Medicaid benefits



Social Worker

Identifies and addresses social determinants of health and provides assistance with accessing community resources and support

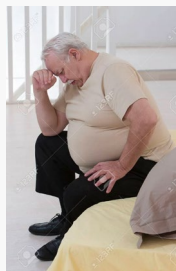


Primary Care Physician

Assesses member's needs and risk levels; develops and oversees care plan

*Each member can customize their own Care Management Team with recommendations from their care coordinator after an initial assessment

Rob, a caregiver with multiple health issues: “The time and money to care for myself is becoming too much, especially when I have my brother and nephews needs to worry about”



... at a Glance

- Enrolled in Medicaid
- Takes care of his brother and nephew
- Suffers from multiple conditions including diabetes
- Numerous surgeries including a gastric bypass
- Currently takes 14 prescription drugs
- Rob’s home is not barrier free, his bathroom is on the second floor and the stairs are difficult to climb

Goals & Motivations

- Has strong mental health
- Needs affordable prescription drugs
- Requires regular check-ins

Demographics

- Male, single, senior citizen
- Socially engaged, involved with several organizations
- Low income
- Multiple chronic conditions

Rob’s Persona

Health Insurance

Personal Health



**The light blue is the member’s persona before the D-SNP while the dark blue shows the member while on a D-SNP plan

Rob’s Journey

Pre D-SNP

D-SNP



Coordination

Rob communicates directly with his physicians as needed and will schedule his own appointments.

A care coordinator works with Rob to develop an individualized care plan and continuously check up on him as he is at high risk of falling.



Living

Rob will continue to have to navigate through his difficult living situation.

Rob will receive at home care from either a nurse or practitioner as needed.



Prescriptions

Rob is paying out of pocket for the non-covered cream he uses for his knees.

All of Rob’s prescription drugs will be covered. Rob will also have an over-the-counter allowance for his knee cream that he uses.



Cost

Rob has financial trouble as he has to pay premiums for Medicare.

Enrolling in a D-SNP will eliminate some of the Medicare premium costs.

John, a 19-year old student with a recent physical disability: “I need too much medical support which prevents me from focusing on my education and building my career”



... at a Glance

- Enrolled in Medicaid
- Is a current student
- Has C5 quadriplegia
- Lived in a high-level physical disability care home near his university, now lives in a condominium
- Engaged in the community, often volunteering and currently on the Board for Creative Living

Goals & Motivations

- Wants to be involved with the community and several social organizations
- Motivated to pursue his career and continue his education

Demographics

- Male, single, young adult
- Significant physical disability
- Social, involved with several organizations and family
- Currently lives in a care home

John's Persona

Health Insurance

Personal Health



Usage



Savviness



Well-being



Desire to manage



Commitment to act

**The light blue is the member's persona before the D-SNP while the dark blue shows the member while on a D-SNP plan

John's Journey

Pre D-SNP

D-SNP



Coordination

John is responsible for his own health coordination and works directly with his physicians on status updates

John's care team will perform an assessment, provide recurring check-ins and help coordinate medical equipment as needed.



Supplemental Benefits

John coordinates his own transportation and pays out of pocket when he needs to leave his community

John will receive transportation coordinated by his care team when needed and a transportation benefit to reduce the costs



Cost Savings

John has increasingly high hospital bills every time he is admitted

John will receive additional covered hospital days when he is admitted to a hospital



Motivations and Goals

Without John's care management team he wouldn't have found a connection to the care home and various other communities.

John now lives a very social life, trying to advocate for others with physical disabilities and pursuing his career in the IT industry.

Key Takeaways

- State and CMS contract with Managed Care Organizations and define scope and oversee programs
- Managed care takes a whole-person approach to care that addresses physical, behavioral, and social risk factors
- Managed care arrangements allow for additional benefit flexibility, including benefits not otherwise obtainable
- Health plan takes the financial risk/responsibility for beneficiaries enrolled in the DSNP program

SB2265 allows DHHS to obtain the resources needed to set up and facilitate managed care plan(s) which will allow for more predictable spend per beneficiary