



MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP

DATE: January 20, 2015

TO: Dual Eligible Special Needs Plans

FROM: Kathryn A. Coleman
Acting Director

SUBJECT: Notification to Dual Eligible Special Need Plans of Deadline to Request CMS Approval to Offer Additional Supplemental Benefits

This notice informs Medicare Advantage Organizations (MAOs) currently operating Dual Eligible Special Needs Plans (D-SNP) of the deadline to request that CMS determine if this D-SNP(s) meets CMS standards to offer additional supplemental benefits as part of the 2016 benefit package.

Regulations at 42 CFR 422.102(e) allow D-SNPs that meet a high standard of integration and specified performance and quality-based standards to offer supplemental benefits beyond those currently permitted for Medicare Advantage (MA) plans. These additional benefits are outlined in Chapter 16b of the Medicare Managed Care Manual. The deadline for MAOs to submit their request for review by CMS is: **6:00 pm EST on January 30, 2015.**

MAOs with current D-SNPs shall submit their request to CMS's mailbox located at: <https://dmao.lmi.org>. This request should also include the following identifying information for the MAO:

- Contract Number/ID
- Contract Name
- Plan Number/ID
- Plan Type
- Contract Year

As a reminder, CMS limits this benefit flexibility to qualified D-SNPs because CMS believes those plans are best positioned to achieve the objective of keeping dual eligible beneficiaries who are at risk of institutionalization in the community. Once CMS is notified of an existing D-SNP's intent to offer these supplemental benefits, CMS will review the following elements for each requesting D-SNP:

- 2015 State Medicaid Agency Contract,
- Past Performance Scores, and
- Quality-based Criteria.

Chapter 16b of the Medicare Managed Care Manual¹ provides minimum contract requirements and quality standards that CMS will apply in conducting this review. As discussed under section 40.4.4 of Chapter 16b, the D-SNP must meet the following minimum contract requirements in order to qualify for benefits flexibility:

- Be a specialized MA plan for dually-eligible special needs individuals described in Section 1859(b)(6)(B)(ii) of the Act;
- Be operational in the upcoming contract year and have operated the entire previous calendar year;
- Facilitate access to all covered Medicare benefits and all Medicaid benefits covered in the State Medicaid plan;
- Have a current capitated contract with a State Medicaid Agency that includes coverage of specified primary, acute, and long-term care benefits and services to the extent capitated coverage is consistent with State policy;
- Coordinate delivery of covered Medicare and Medicaid primary, acute, and long-term care services throughout its entire service area; and
- Possess a valid contract arrangement with the State, in accordance with CMS policy and the requirements at 42 CFR Section 422.107.

In order to meet the quality standards for benefits flexibility eligibility, the D-SNP must also:

- Have received a 3-year approval of its model of care most recently reviewed by the National Committee for Quality Assurance (NCQA); and
- Either be part of a contract with a current 3 star (or higher) overall rating on the Medicare Plan Finder website, or, if the D-SNP is part of a contract that does not have sufficient enrollment to generate a star rating, achieve a 75% or greater on at least five of the following most recent SNP plan-level HEDIS measures:
 - Controlling Blood Pressure;
 - Appropriate Monitoring of Patients Taking Long-Term Medications;
 - Board Certified Physicians (Geriatricians);
 - Care for Older Adults -Medication Review;
 - Care for Older Adults – Functional Status Assessment;
 - Care for Older Adults - Pain Screening; and
 - Medication Reconciliation Post-Discharge.

In addition, the D-SNP cannot be a poor performer, i.e., not be part of a contract with a score of 2 points or more on either the Part C or the Part D portion of the previous application cycle past performance review methodology. The past performance methodology currently analyzes the performance of MA and Part D contracts in 11 distinct performance categories, assigning negative points to contracts with poor performance in each category. The analysis uses a 14-month look-back period.

¹ MAOs should reference Chapter 16b located on the CMS website at: <http://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/Downloads/Chapter-16b.pdf>.

CMS intends to provide MAOs with a determination of whether the D-SNP(s) meets required qualifications in late February 2015. This will provide approved D-SNPs with more lead time to structure their benefit package if they choose to take advantage of this benefit flexibility.

If you have any questions regarding this notification, please submit your inquiry to our mailbox located at: <https://dmao.lmi.org>. Once you are in the mailbox, please select the SNP/SRC tab. In the Issue box, please enter the words “Additional Supplemental Benefits.”