

Medicare - Medicaid InteGREATion

Compliance for Dual Eligible Products

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Speakers



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UHG & Dual Products Overview





UHC Medicare/Medicaid Blueprint

<h1>DSNP</h1>	<h1>FIDE</h1>	<h1>MMP</h1>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">States: AZ, DC, DE, FL, GA, HI, IA, KS, LA, MI, MS, MO, NE, NJ, NM, NY, NC, OH, PA, RI, TN, TX, VA, WA, WI</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># of Lives:</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">350,000</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">States: MA, NJ, AZ, FL, & TN</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># of Lives:</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">70,000</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">States: TX & OH</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"># of Lives:</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">25,000</div>

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UHC Dual Eligible Offerings

- UnitedHealthcare offers several products to serve the dual eligible population, including:
 - Dual Special Needs Plans (D-SNP): 26 markets
Specialized type of Medicare Advantage Prescription Drug Plan (MAPD) that is limited to dually eligible members and require additional Medicaid coordination and clinical programs.
 - Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP): 5 markets
A specific type of DSNP that has heightened integration criteria, including the health plan being at risk for Medicaid acute and long-term care benefits. Health plan must have contract with state in addition to the standard DSNP agreement (known as a MIPPA, more on that later).
 - Medicare-Medicaid Plans (MMP): 2 markets
Fully integrated product that is implemented with a three-way contract between the state, CMS, and the health plan.

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Complex & Diverse: Dual Eligible Populations



• Low Income Elderly

- More chronic conditions, cognitive, and functional limitations
- Poverty (86% <150% FPL)
- 50% rate health status as “fair” to “poor”
- Transient and underserved
- Outpatient and intermittent in-home services



• Under 65 Disabled

- Community or group home settings
- High rates of:
 - Significant physical disability
 - HIV/AIDS
 - Affective disorders
 - High utilization/complex LTSS



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Dual Special Needs Plans (DSNPs)



- Entitled to both Medicare and Medicaid.
- A specialized Medicare Advantage (MA) plan that exclusively enrolls special needs individuals.
- DSNPs are required to have an executed contract with applicable State Medicaid agencies. These have been coined the “MIPPA Contracts,” because this contractual requirement comes from the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Typical Benefits include:

- Medicare: All Medicare Advantage Plan benefits (Parts A, B, and D)
- Medicaid: Varies by state and MIPPA agreement; some states look for a high level of coordination and plans may be at risk for Medicaid dollars, other DSNP plans cover no Medicaid services, and provide only coordination of benefits.

Additional Benefits May Include:

- Medicare beneficiary cost sharing
- Drugs excluded from Part D
- “Wraparound” Medicaid acute care services (vision, dental, hearing, transportation)
- Other Medicaid services that overlap with Medicare (behavioral health, DME)
- Long-term supports and services (nursing facility, HCBS, home health, personal care assistance)
- Coordination with Social Needs (Senior centers, Meals on Wheels)

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Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNP)



- A FIDESNP is a type of DSNP that:
 - Enrolls special needs individuals eligible for Medicaid;
 - Provides dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization;
 - Has a CMS- approved MIPPA compliant contract with a State Medicaid Agency that includes coverage of specified primary, acute, and long-term care benefits and services, consistent with State policy, under risk-based financing;
 - Coordinates the delivery of covered Medicare and Medicaid health and long-term care services, using aligned care management and specialty care network methods for high-risk beneficiaries; and,
 - Employs policies and procedures approved by CMS and the State to coordinate or integrate enrollment, member materials, communications, grievance and appeals, and quality improvement.
- FIDE-SNPs receive capitation from three sources:
 1. Medicare in lieu of Parts A and B,
 2. Medicare Part D, and
 3. State Medicaid

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Medicare-Medicaid Plan (MMP)



- CMS created the Financial Alignment Initiative (FAI) to test an innovative payment and service delivery model to alleviate the fragmentation and improve coordination of services for Medicare-Medicaid Enrollees, enhance quality of care, and reduce costs for both the State and the Federal government.
- This demonstration product is referred to as a Medicare-Medicaid Plan, or “MMP.”
- An MMP provides dually-eligible beneficiaries access to Medicare and Medicaid benefits under a single managed care organization, through a three-way contract arranged directly with CMS and the state Medicaid agency, rather than the MIPPA agreements seen in a DSNP or FIDE-SNP.

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Fully Integrated Product Benefit Design UnitedHealthcare®

- Fully-Integrated Medicare (Federal) and Medicaid (State) benefit package
- Holistic, comprehensive, and inclusive focus
- Care coordination of services in/across all settings
- Plan is at full risk for Federal and State services
- All members have Medicaid and meet other eligibility requirements such as age, disability, and/or financial
- Successful public private sector partnership.

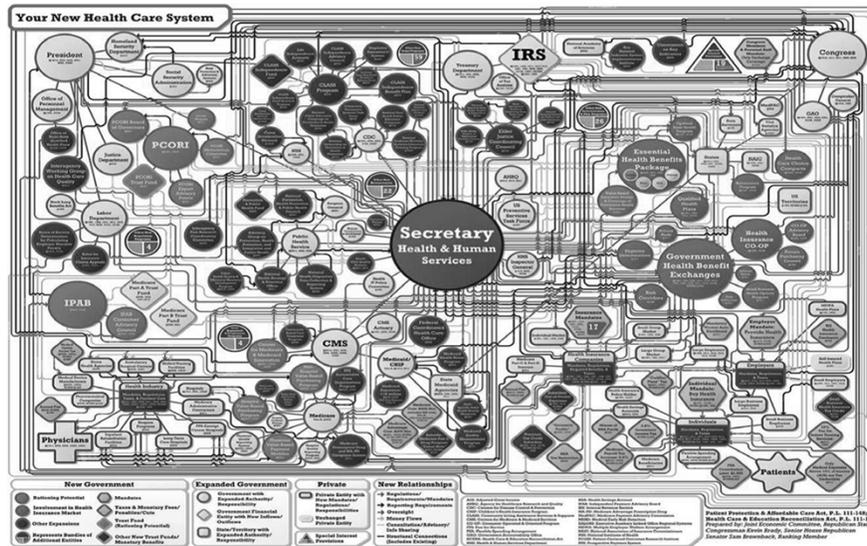
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Regulators and Requirements for Dual Products



Our Plans are Heavily Regulated



Medicare and Medicaid Regulatory Requirements

- CMS Regulations/Manuals – Medicare/Dual Eligible Programs
 - Medicaid Managed Care Manual
 - Medicare Managed Care Manual / Medicare Prescription Drug Benefit Manual
- State Laws and Regulations
- State Contracts
- Administrative Procedure Act – Governs CMS's implementation, interpretation, and enforcement of the Social Security Act and other laws

MIPPA



CMS requires, at a minimum, the following elements be included in the MIPPA contracts:

- MA Organization’s responsibilities, including financial obligations, to provide or arrange for Medicaid benefits
- Medicaid eligibility category for enrollment into SNP
- Medicaid benefits to be covered (provided or arranged) through the SNP
- Cost-sharing protections covered under the SNP
- Identification and sharing of information on Medicaid provider participation
- Verification process with the State of an enrollee’s Medicaid eligibility
- Service area covered by the SNP
- Contract period

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Contract Requirements & Regulation Application



Product	Laws and Regulations	Contract Requirements
Integrated Plans (MMP and FIDE)	<p>Federal Medicare requirements and State Medicaid requirements may both apply.</p> <ul style="list-style-type: none"> - If one is silent and the other has requirements, follow the requirements. - If both have requirements, and they are not in conflict, both will apply. - If both have requirements, and they are not the same, then the requirements that are most stringent to the plan and/or most beneficial to the member will apply. 	<p><u>MMP</u>: 3-way contract with State & CMS</p> <p><u>FIDE</u>: MIPPA + State Contract</p>
Non-integrated, standard DSNPs	<p>Federal Medicare requirements apply, unless the benefit or service is actually rooted in Medicaid. Then it will follow Medicaid guidelines.</p>	<p><u>DSNP</u>: MIPPA (in most cases this contract does not create any integration, but states and DSNPs can contract to integrate some or all Medicaid benefits)</p>

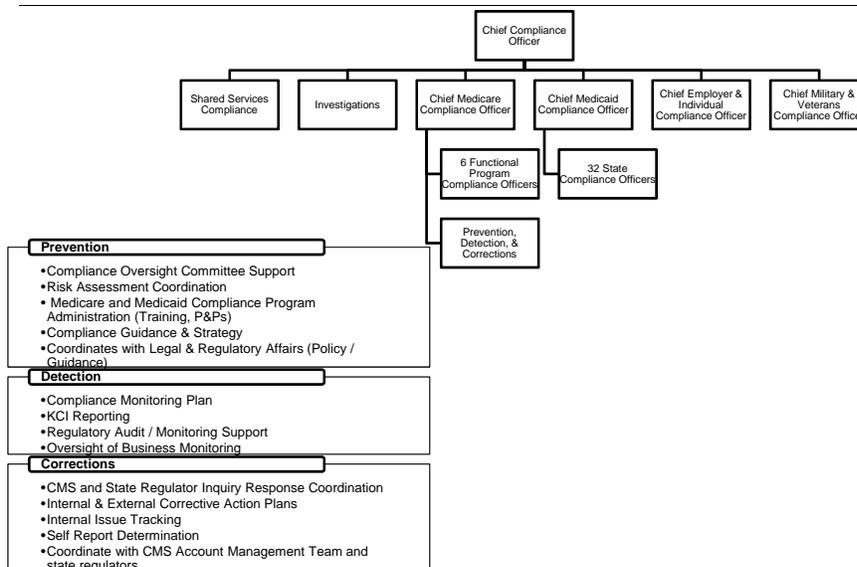
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InteGREATing Medicare & Medicaid



UHC Compliance Structure



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Compliance Oversight of Duals



Current State

- Fragmented oversight with multiple markets and regulators
- Different processes and organization of tasks in separate lines of business

Considerations

- How do we collaborate?
- How do we ensure communication on tasks such as risk assessment, remediation, materials strategy, and disclosures?
- How do we remain consistent and transparent across multiple regulators and potentially CMS regions?

Future State of Coordinated Compliance Role

Prevent	Detect	Correct
<ul style="list-style-type: none"> • Risk assessment • MIPPA • RFPs • DSNP and MMP P&P oversight • Consulting as Compliance DSNP SME 	<ul style="list-style-type: none"> • Escalation Path • Coordinated Compliance Monitoring • Consulting as Compliance DSNP SME 	<ul style="list-style-type: none"> • Self-Disclosures and remediation of identified issues • Coordinate correction efforts across Medicare & Medicaid

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Common Compliance Issues for Dual Products

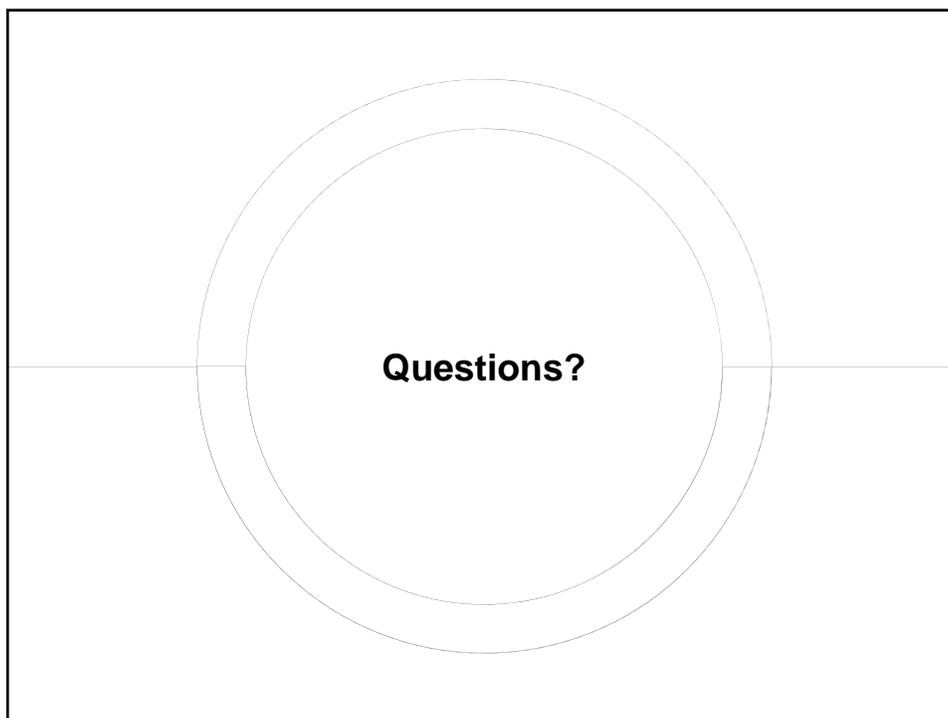
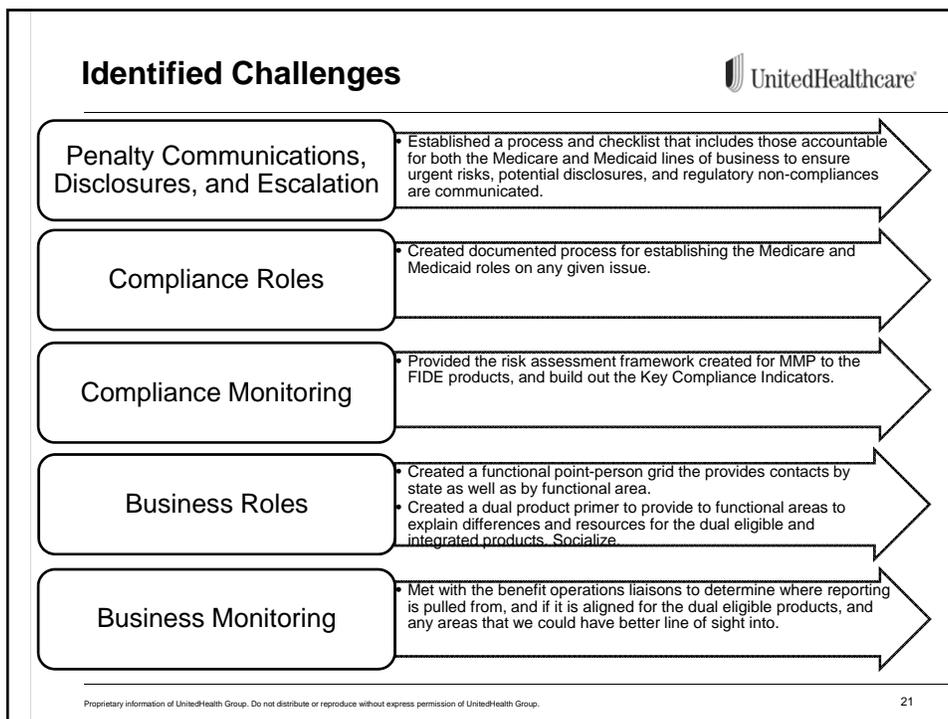


- MIPPA contract requirements
- Medicare vs Medicaid:
 - Benefit coverage
 - Networks
 - Marketing Materials
 - Clinical Model of Care and state specific contractual requirements and regulation
 - Grievance & appeals
 - Medicaid Eligibility

Rule of Thumb: Unless integrated or contracted, Medicare rules apply

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