



DSNP 301

Coordination and Integration



Pathways to D-SNP Integration

Individuals who are dually eligible represent a diverse population, often with complex care needs, and are tasked with navigating Medicare and Medicaid separately. This can lead to an uncoordinated set of:

- Benefits
- Eligibility criteria
- Providers
- Cost sharing requirements

D-SNPs must meet extensive care coordination requirements, which are not applicable to non-SNP Medicare Advantage products, to assess comprehensive needs and to implement a person-centered care plan that offers timely and coordinated services.

D-SNPs have the potential to deliver enhanced coordination and integration of Medicare and Medicaid benefits which can improve the care experience and health outcomes for members.

Given the heterogeneous demographic characteristics and complex care needs of the dually eligible population, integrated care models that incorporate both medical and social needs are critical. D-SNPs can coordinate care between Medicare and Medicaid to help solve these issues and can be tailored to be most appropriate for individuals with varying levels of eligibility and needs.

The Centers for Medicare & Medicaid Services (CMS) encourages states to provide integrated care, which they define as **“ provid[ing] the full array of Medicaid and Medicare benefits through a single delivery system in order to provide quality care for dual eligible enrollees, improve care coordination, and reduce administrative burdens.”**

CMS grants D-SNP plans additional benefit flexibility to offer non-primary health related benefits to the entire population based on a member’s low-income subsidy status (LIS). In contrast, Medicare Advantage plans only allow this benefit flexibility for members who meet select criteria for chronic illness.¹

Integrated care can lower costs by removing duplicative and unnecessary services and ensuring members receive the care they need when they need it. Integration can also result in improved health outcomes.







Studies show that enrollees in integrated plans experience lower hospitalizations and readmissions.²



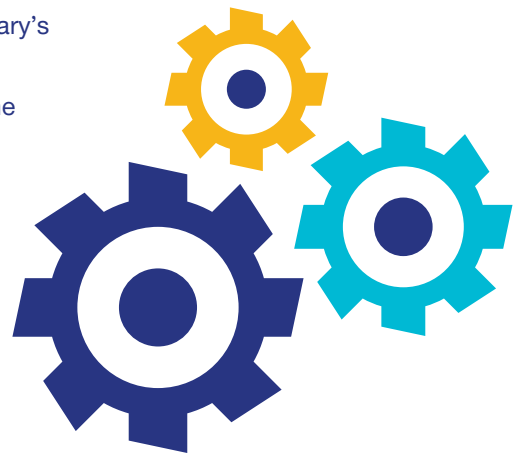
Enrollees with aligned Medicare and Medicaid plans experienced improved outcomes related to utilization of services and quality of care.³

Through an integrated D-SNP, one in which the state has elected to offer Medicaid benefits through the same health plan that offers the D-SNP Medicare benefits, beneficiaries can manage a more simplified and streamlined health care experience, including:

 <p>One</p>	 <p>One</p>	 <p>One</p>	 <p>One</p>
One singular insurance card for all services	One case manager to coordinate both medical and social needs	One case manager to coordinate both medical and social needs	One provider network for all medical services

These streamlined processes allow the case manager to focus on the beneficiary's holistic needs such as, the responsibility of:

- Providing transportation to appointments
- Managing home care duties
- Seeking out home health agencies



¹ Centers for Medicare & Medicaid Services. Integrating care. Accessed June 28, 2022.

² <https://www.macpac.gov/wp-content/uploads/2019/07/Evaluations-of-Integrated-Care-Models-for-Dually-Eligible-Beneficiaries-Key-Findings-and-Research-Gaps.pdf>

³ Kim H, Charlesworth C, McConnell K, Valentine J, Grabowski G. Comparing Care for Dual-Eligibles across Coverage Models: Empirical Evidence from Oregon. Medical Care Research and Review. Published November 2017. Accessed June 28, 2022.