

2023 SENATE HUMAN SERVICES

SB 2265

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
1/23/2023

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

10:28 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** were present.

Discussion Topics:

- Dual special plan
- Recipients
- In home support

10:29 AM **Senator Kathy Hogan District 21**, introduced SB 2265 in favor. #14885

10:32 AM **Megan Houn, Vice President of Public Policy and Governmental Affairs, ND Blue Cross Blue Shield**, introduced Chelsey Matter and Michael Van Scoy, verbal in favor.

10:34 AM **Chelsey Matter, Executive Director Government Programs**, testified in favor. #15165

10:45 AM **Dr. Michael Van Scoy, Chief Medical Officer Arkos Health ND** online testified in favor. #15176

10: 50 AM **Kirsten Dvorak, Executive Director of the Arc of North Dakota**, testified in favor. #15149

10:55 AM **Roxane Romanick, Executive Director, Designer Genes of North Dakota Inc.**, verbally testified in favor.

11:00 AM **Krista Fremming, Interim Director of Medical Services North Dakota Department Health and Human Services**, testified in favor. #15499

11:05 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
1/23/2023

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

2:55 PM **Madam Chair Lee** called the committee work meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston are present. Senator Hogan** was absent.

Discussion Topics:

- Committee action

Senator K. Roers moved **DO PASS** and **REREFER** to **APPROPRIATIONS**.
Senator Weston seconded the motion.

Chelsey Matter, Executive Director Government Programs Blue Cross Blue Shield of ND, provided additional information verbal.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

The vote was held open 5-0-1.

Senator Hogan was absent; the vote was held open. **Senator Hogan** votes yes on SB 2265 on the afternoon of January 24, 2023

3:15 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, *Committee Clerk*

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
1/24/2023

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

2:18 PM **Madam Chair Lee** called the committee work meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, and Hogan** were present.

Discussion Topics:

- Committee action

January 23, 2023 at 3:00 PM **Senator K. Roers** moved **DO PASS** and **REREFER** to **APPROPRIATIONS**. **Senator Weston** seconded the motion. Senator Hogan was absent during the January 23, 2023 meeting. Today Senator Hogan voted yes.

Final vote:

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Kent Weston	Y

Roll call vote: 6-0-0.

Senator Hogan will carry SB 2265.

2:19 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, *Committee Clerk*

REPORT OF STANDING COMMITTEE

SB 2265: Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2265 was rereferred to the **Appropriations Committee**. This bill does not affect workforce development.

2023 SENATE APPROPRIATIONS

SB 2265

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2265
2/2/2023

A BILL for an Act relating to a dual special needs plan for Medicaid; and to provide an appropriation.
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9:10 AM Chairman Bekkedahl opened the hearing on SB 2265.

Members present : **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.**

Discussion Topics:

- Dual managed care plan
- Coordination of benefits
- Member care
- Complexities of coordination

9:10 AM Senator Kathy Hogan, introduced the bill, testimony #18598, 18597

9:15 AM Krista Fremming, Interim Director of Medical Services with the Department ND Health and Human Services, testified in favor, testimony #18786

9:25 AM Megan Houn, Blue Cross, introduced **Chelsea Matter**, testified in favor, verbally.

9:26 AM Chelsea Matter, Executive Director of Government Programs, Blue Cross, testified in favor #15165

9:33 AM Kirsten Dvorak, Executive Director of the Arc of North Dakota, testified in favor, testimony # 18347

9:36 AM Chairman Bekkedahl assigned this bill to the Health and Human Services Division.

9:36 AM Chairman Bekkedahl closed the hearing.

Peter Gualandri on behalf of Kathleen Hall, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2265
2/13/2023

Relating to a dual special needs plan for Medicaid; and to provide an appropriation

8:31 AM Chairman Bekkedahl opened the hearing on SB 2265.

Members present: **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, and Mathern.**

Discussion Topics:

- Committee Action

8:31 AM Senator Dever introduced the bill verbally.

8:32 AM Senator Dever moved DO PASS

8:32 AM Senator Mathern seconded.

8:33 AM Senator Davison proposed Amendment LC 23.0653.03001.

8:36 AM Senator Dever withdrew his motion.

8:36 AM Senator Mathern withdrew his second.

8:36 AM Senator Dever moved AMENDMENT LC 23.0653.03001.

8:36 AM Senator Kreun seconded.

8:37 AM Roll call vote

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y
Senator Rust	Y

Passed 16-0-0

8:38 AM Senator Dever moved DO PASS as AMENDED

8:38 AM Senator Mathern seconded.

8:38 AM Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	Y
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	Y
Senator Scott Meyer	Y
Senator Jim P. Roers	Y
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y
Senator Rust	Y

Passed 16-0-0

Senator Dever will carry the bill.

8:39 AM Chairman Bekkedahl closed the meeting.

Peter Gualandri on behalf of Kathleen Hall, Committee Clerk

February 6, 2023

PK
1/31
2-13-2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2265

Page 1, line 11, after "APPROPRIATION" insert "- DEPARTMENT OF HEALTH AND HUMAN SERVICES - DUAL SPECIAL NEEDS PLAN"

Page 1, line 12, replace "\$356,269" with "\$237,516"

Page 1, line 14, after "funding" insert "a"

Page 1, line 14, replace "positions" with "position"

Page 1, line 16, remove "and one-half"

Page 1, line 16, replace "positions" with "position"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment reduces the number of FTE positions authorized to administer the Medicaid and Medicare dual special needs plan from 1.5 to 1.0 and reduces the amount of salary funding provided from \$356,269 to \$237,516.

REPORT OF STANDING COMMITTEE

SB 2265: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (16 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2265 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 11, after "**APPROPRIATION**" insert "**- DEPARTMENT OF HEALTH AND HUMAN SERVICES - DUAL SPECIAL NEEDS PLAN**"

Page 1, line 12, replace "\$356,269" with "\$237,516"

Page 1, line 14, after "funding" insert "a"

Page 1, line 14, replace "positions" with "position"

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STATEMENT OF PURPOSE OF AMENDMENT:

This amendment reduces the number of FTE positions authorized to administer the Medicaid and Medicare dual special needs plan from 1.5 to 1.0 and reduces the amount of salary funding provided from \$356,269 to \$237,516.

2023 HOUSE HUMAN SERVICES

SB 2265

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2265
3/8/2023

Relating to a dual special needs plan for Medicaid.

Chairman Weisz called the meeting to order at 2:18 PM.

Chairman Robin Weisz, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Vice Chairman Matthew Ruby not present.

Discussion Topics:

- Dual eligibility
- Managed care plan
- Prescribing practices

Sen. Hogan introduced SB 2265 with supportive testimony (#22546).

Megan Hoone, with Blue Cross Blue Shield in North Dakota, spoke in support.

Chelsey Matter, with Next Blue Managed Care Coordinator, supportive testimony (#26877).

Dr. Michael Van Scoy, Chief Medical Officer for Arkos Health North Dakota, supportive testimony (#23027).

Kirsten Dvorak, Executive Director of the ARC of North Dakota, supportive testimony (#22864).

Dillan Wheeler, Head of Government Affairs for Sanford Health in North Dakota, supportive testimony (#22916).

Krista Fremming, Interim Director of Medical Services with the Department of Health and Human Services, supportive testimony (#26874)(#26875).

Additional written testimony:

Matt Schafer, Government Relations Director, supportive testimony (#21985).

Daniel Gulya, attorney for the North Dakota Protection & Advocacy Project, supportive testimony (#22969).

Chairman Weisz adjourned the meeting at 2:54 PM.

Phillip Jacobs, Committee Clerk

2023 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2265
3/27/2023

Relating to a dual special needs plan for Medicaid.

Chairman Weisz called the meeting to order at 3:27 PM.

Chairman Robin Weisz, Vice Chairman Matthew Ruby, Reps. Karen A. Anderson, Mike Beltz, Clayton Fegley, Kathy Frelich, Dawson Holle, Dwight Kiefert, Carrie McLeod, Todd Porter, Brandon Prichard, Karen M. Rohr, Jayme Davis, and Gretchen Dobervich present. Rep. Clayton Fegley not present.

Discussion Topics:

- Committee work
- Amendments

Chairman Weisz called for a discussion on SB 2265.

Rep. Porter moved to adopt amendment (#23.0653.04001) to SB 2265 as follows:

Page 1, line 16, remove "The department is authorized one"

Page 1, remove lines 17 and 18

Renumber accordingly

Seconded by Rep. McLeod.

Motion carries by voice vote.

Rep. McLeod moved a do pass as amended and rereferral to the Appropriations Committee on SB 2265.

Seconded by Rep. Beltz.

Roll Call Vote:

Representatives	Vote
Representative Robin Weisz	Y
Representative Matthew Ruby	Y
Representative Karen A. Anderson	N
Representative Mike Beltz	Y
Representative Jayme Davis	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	AB
Representative Kathy Frelich	Y

Representative Dawson Holle	N
Representative Dwight Kiefert	Y
Representative Carrie McLeod	Y
Representative Todd Porter	Y
Representative Brandon Prichard	N
Representative Karen M. Rohr	N

Motion carries 9-4-1

Carried by Rep. Beltz.

Chairman Weisz adjourned the meeting at 3:34 PM.

Phillip Jacobs, Committee Clerk

23.0653.04001
Title.05000

Adopted by the House Human Services
Committee

March 27, 2023

DR

141

3-27-23

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2265

Page 1, line 16, remove "The department is authorized one"

Page 1, remove lines 17 and 18

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2265, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (9 YEAS, 4 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2265 was placed on the Sixth order on the calendar.

Page 1, line 16, remove "The department is authorized one"

Page 1, remove lines 17 and 18

Renumber accordingly

2023 HOUSE APPROPRIATIONS

SB 2265

2023 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Brynhild Haugland Room, State Capitol

SB 2265
4/5/2023

Relating to a dual special needs plan for Medicaid; and to provide an appropriation

11:15 AM Chairman Vigesaa Called the meeting to order and roll call was taken-

Members present; Chairman Vigesaa, Representative Kempenich, Representative B. Anderson, Representative Bellew, Representative Hanson, Representative Kreidt, Representative Martinson, Representative Mitskog, Representative Meier, Representative Mock, Representative Nathe, Representative J. Nelson, Representative O'Brien, Representative Pyle, Representative Richter, Representative Sanford, Representative Schatz, Representative Schobinger, Representative Strinden, Representative G. Stemen and Representative Swiontek.

Members not Present- Representative Monson and Representative Brandenburg

Discussion Topics:

- Coordinate Care
- Save the State Money

Representative Weisz- Introduces the bill and its purpose.

Representative Richter Move a Do Pass

Representative Martinson Seconds the Motion

Committee Discussion- Roll call vote

Representatives	Vote
Representative Don Vigesaa	Y
Representative Keith Kempenich	Y
Representative Bert Anderson	Y
Representative Larry Bellew	N
Representative Mike Brandenburg	A
Representative Karla Rose Hanson	Y
Representative Gary Kreidt	Y
Representative Bob Martinson	Y
Representative Lisa Meier	Y
Representative Alisa Mitskog	Y
Representative Corey Mock	Y
Representative David Monson	A

Representative Mike Nathe	Y
Representative Jon O. Nelson	Y
Representative Emily O'Brien	Y
Representative Brandy Pyle	Y
Representative David Richter	Y
Representative Mark Sanford	Y
Representative Mike Schatz	N
Representative Randy A. Schobinger	Y
Representative Greg Stemen	Y
Representative Michelle Strinden	Y
Representative Steve Swiontek	A

Motion Carries 18-2-3 Representative Beltz will carry the bill

11:24 AM Chairman Vigesaa Closed the meeting for SB 2265

Risa Berube, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2265, as engrossed and amended: Appropriations Committee (Rep. Vigesaa, Chairman) recommends **DO PASS** (18 YEAS, 2 NAYS, 3 ABSENT AND NOT VOTING). Engrossed SB 2265, as amended, was placed on the Fourteenth order on the calendar.

2023 CONFERENCE COMMITTEE

SB 2265

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
4/18/2023
Conference Committee

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

9:01 AM **Chair Lee** called the meeting to order. **Senators Lee, Cleary, Hogan and Representatives McLeod, Fegley, Davis** are present.

Discussion Topics:

- Proposed amendment
- Conference committee decision

Senator Lee calls for discussion.

9:02 AM **Representative McLeod** presented information on amendment verbally.

9:03 AM **Krista Fremming, Interim Medical Services Division Director, North Dakota Department of Health and Human Services**, provided information verbally.

9:13 AM **Chair Lee** closed the conference committee meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
4/20/2023
Conference Committee

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

3:02 PM **Chair Lee** opened the conference committee meeting. **Senators Lee, Cleary, Hogan and Representatives McLeod, Fegley, Davis** are present.

Discussion Topics:

- Bill update
- Block grant
- Digital fingerprinting machines

Committee discussion SB 2065.

3:03 PM **Representative McLeod** provided information. No written testimony.

3:04 PM **Krista Fremming, Interim Medical Services Director, ND Department of Health and Human Services**, provided information verbally.

3:05 PM **Senator Hogan** provided information.

3:14 PM **Chair Lee** closed the conference committee meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2265
4/21/2023
Conference Committee

Relating to a dual special needs plan for Medicaid; and to provide an appropriation.

10:30 AM **Chair Lee** opened the conference committee meeting. **Senators Lee, Cleary, Hogan and Representatives McLeod, Fegley, Davis** were present.

Discussion Topics:

- Proposed amendment
- Conference committee decision

Committee discussion SB 2265.

Representative John Nelson provided information verbally.

Senator Hogan moved Senate accede to House Amendments.

Senator Cleary seconded the motion.

Roll call vote – motion carried 6-0-0.

Representative McLeod is the House bill carrier.

Senator Hogan is the Senate bill carrier.

Additional Information:

Krista Fremming, Interim Medical Services Director, North Dakota Department of Health and Human Services in neutral #27770, 27771

10:42 AM **Chair Lee** closed the conference committee meeting.

Patricia Lahr, Committee Clerk

**2023 SENATE CONFERENCE COMMITTEE
 ROLL CALL VOTES**

BILL/RESOLUTION NO. SB 2265 as engrossed

Senate Human Services Committee

- Action Taken** **SENATE accede to House Amendments**
 SENATE accede to House Amendments and further amend
 HOUSE recede from House amendments
 HOUSE recede from House amendments and amend as follows
- Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Senator Hogan Seconded by: Senator Cleary

Senators					Representatives				
	4/21		Yes	No		4/21		Yes	No
Lee, Chair	X		Y		McLeod, Chair	X		Y	
Cleary	X		Y		Fegley	X		Y	
Hogan	X		Y		Davis	X		Y	
Total Senate Vote			3		Total Rep. Vote			3	

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Hogan House Carrier McLeod

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2265, as engrossed: Your conference committee (Sens. Lee, Cleary, Hogan and Reps. McLeod, Fegley, Davis) recommends that the **SENATE ACCEDE** to the House amendments as printed on SJ page 1462 and place SB 2265 on the Seventh order.

Engrossed SB 2265 was placed on the Seventh order of business on the calendar.

TESTIMONY

SB 2265

Senate Human Services Committee
SB 2265
January 23, 2023
Senator Kathy Hogan

Chairman Lee and members of the Senate Human Service Committee, my name is Kathy Hogan, and I represent District 21.

SB2265 allows for the creation of a managed care plan for North Dakotans dually eligible for both Medicare and Medicaid. Currently, dually eligible beneficiaries have limited care management options that results in confusion and misunderstanding for some disabled and/or elderly recipients. We know navigating two government programs can be a challenge. This bill gives DHHS the necessary support needed to develop and facilitate a dual managed care contract, also known as a Dual Special Needs Program or DSNP.

DSNPs are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible beneficiaries. Originally authorized as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, DSNPs began operating in 2006. As of February 2022, DSNPs were operating in 45 states with over 4 dually eligible beneficiaries enrolled.

The goal of the program is to integrate and align services in ways that assure person-centered care is delivered, improving member health outcomes and overall quality of life. DSNP plans offer many additional benefits, Medicare and Medicaid do not offer such as prescription drug benefits, coverage for over-the-counter health items, and a care management team to support the beneficiary, providing things such as in-home support when needed.

Attached is a link to some additional resources on DSNP <https://www.macpac.gov/subtopic/medicare-advantage-dual-eligible-specialneeds-plans-aligned-with-medicaid-managed-long-term-services-and-supports/>

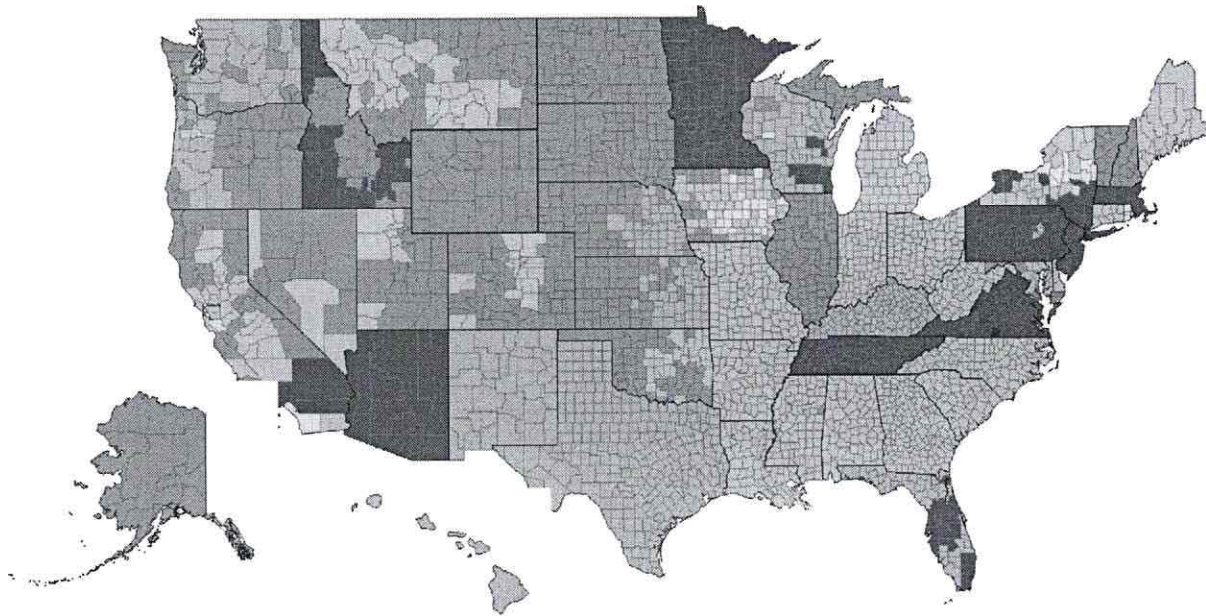
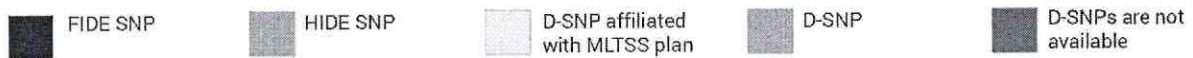
Thank you, Madam Chair, I am more than willing to attempt to answer any questions you may have.

Medicare Advantage dual eligible special needs plans

Dually Eligible Beneficiaries

Dual eligible special needs plans (D-SNPs) are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible beneficiaries. Originally authorized as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA, P.L. 108-173), D-SNPs began operating in 2006. Legal authority was extended several times and made permanent in the Bipartisan Budget Act of 2018 (P.L. 115-123). As of February 2022, D-SNPs were operating in 45 states and the District of Columbia with about 3.8 million dually eligible beneficiaries enrolled (CMS 2022).

Most Integrated Type of Dual Eligible Special Needs Plan (D-SNP) Available by County, 2021



Notes: The map shows the most integrated type of D-SNP available in each county as of February 2021. Multiple types of D-SNPs may be available in the same county. FIDE SNP is fully integrated dual eligible special needs plan. HIDE SNP is highly integrated dual eligible special needs plan. MLTSS is managed long-term services and supports. D-SNPs are affiliated with MLTSS plans when they are operated by the same parent company. Medicare-Medicaid Plans offered under the Financial Alignment Initiative, not shown on this map, are available in 9 states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas.

Source: MACPAC analysis of Centers for Medicare & Medicaid Services Medicare Advantage 2021 bid data and state websites.

D-SNPs are required to contract with states but states are not required to contract with D-SNPs (Verdier et al. 2016). The contracts must cover eight minimum MIPPA requirements, including:

- the Medicare Advantage organization's responsibilities—including financial obligations—to provide or arrange for Medicaid benefits;
- categories of eligibility for dually eligible beneficiaries to be enrolled under the D-SNP, including the targeting of specific subsets;
- Medicaid benefits covered under the D-SNP;
- cost-sharing protections covered under the D-SNP;
- information about Medicaid provider participation and how that information is to be shared;
- verification process of an enrollee's eligibility for both Medicare and Medicaid;
- service area covered under the SNP; and
- period of the contract.

States have authority under their MIPPA contract to add additional requirements for D-SNPs that further integrate care. Some states have maximized their MIPPA authority and are providing fully integrated care through D-SNPs.

Fully integrated dual eligible special needs plan (FIDE SNP). FIDE SNPs fully integrate care for dually eligible beneficiaries under a single managed care organization. FIDE SNPs were enacted by the Patient Protection and Affordable Care Act (P.L. 111-148, as amended) and permanently authorized, along with regular D-SNPs, in the Bipartisan Budget Act of 2018 (P.L. 115-123). They must have a contract with the state Medicaid agency that complies with the MIPPA requirements above and includes coverage of primary, acute, and long-term services and supports benefits. FIDE SNPs must also cover behavioral health benefits unless the state carves behavioral health out of the capitation rate. FIDE SNPs may be eligible for a payment adjustment to account for the cost of serving a high concentration of frail individuals, depending on their enrollees' risk scores.

Highly integrated dual eligible special needs plan (HIDE SNP). HIDE SNPs have a higher level of integration than typical D-SNPs. The HIDE SNP designation was created to implement new requirements for D-SNPs that were enacted in the Bipartisan Budget Act of 2018 (P.L. 115-123) and were first made available in 2021. HIDE SNPs must have a contract with the state Medicaid agency that complies with the MIPPA requirements above and includes coverage of long-term services and supports benefits or behavioral health or both.

D-SNP affiliated with managed long-term services and supports (MLTSS). States may integrate care for dually eligible beneficiaries enrolled in their MLTSS programs with D-SNPs. A state that aligns its MLTSS program with a D-SNP typically requires either (1) that the D-SNP operate a companion MLTSS plan or (2) that the MLTSS plan offer a D-SNP. Medicaid MLTSS programs have become more prevalent in recent years. As of November 2020, 25 states operated MLTSS programs, up from 8 in 2004 (Lewis et al. 2018; Advancing States 2020).

For more information on D-SNPs, see MACPAC's June 2021 report to Congress, *Improving Integration for Dually Eligible Beneficiaries: Strategies for State Contracts with Dual Eligible Special Needs Plans*.



Senate Human Services
SB 2265
January 23th, 2023

Senator Lee and committee members. I am Kirsten Dvorak, Executive Director of The Arc of North Dakota; we have six chapters throughout the state of North Dakota that advocate on behalf of individuals with intellectual and/or developmental disabilities (IDD) for full inclusion in their community of choice.

Today I am here to share the confusion that my son Radek age 23, and I have endured being dual-enrolled with Medicare and Medicaid. Some on the committee have met my son Radek; he was diagnosed at the age of 2 1/2 with autism. Currently, he is attending Minot State with the help of ASTEP. This program helps students with intellectual and developmental disabilities navigate college through case management and with the support of mentors. He also works for BEK running camera for sporting events and interns with the Minot Minotorros running camera during home games. My son does have case management through Dept. of Health and Human Services, but no services. In addition, he is still on our insurance.

Last year Radek received a letter stating that he would start Medicare in September, with no instructions on how the two would work together. We tried to contact his case manager at the time. However, she knew nothing about it and said we should call SSI. We tried to cancel Medicare. However, we were told that it's not easy to reinstate. So we were told to call our human service zone. However, he was disenrolled the last time we tried to call and adjust his Medicaid, and the person he dealt with wasn't so kind. So he has not made that call. He doesn't even know what to ask for.

It is truly unfair and overwhelming for families and individuals to navigate the system alone when they are already stretched to their limits taking care of a loved one. It is also concerning to see that the system needs to be improved in understanding how to provide help. We must ensure that families are given the help and support they need to ensure their loved ones are well taken care of. We must work together to ensure that families have access to the necessary resources to make the process easier and more efficient.

Kirsten Dvorak

701-222-1854

NextBlue
OF NORTH DAKOTA



ND

Dual Eligible Special Needs Plan (DSNP) Managed Care Arrangements

Chelsey Matter, Executive Director, Government Programs
Beth West, President, NextBlue

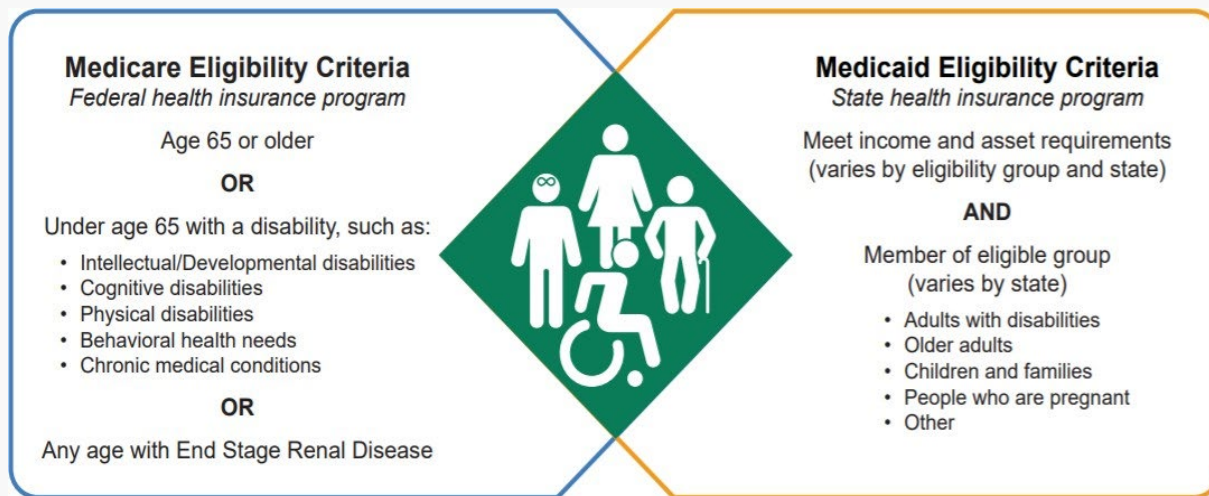
January 23, 2023

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).

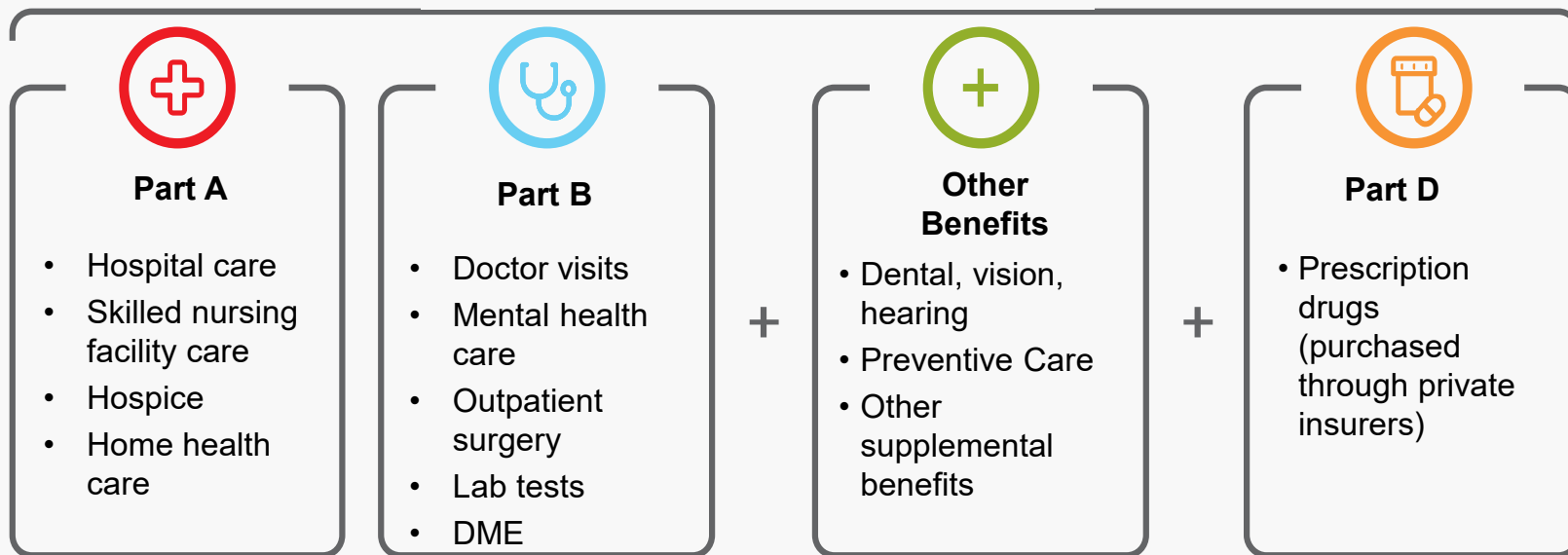


- In addition to D-SNP plans, other types of SNP plans are available with limited enrollment. These include:
 - Institutional or I-SNP (e.g., nursing home)
 - Chronic conditions management or C-SNP (e.g., renal disease, chronic heart failure, dementia)

DSNP is a complete package



Medicare Advantage (Part C)



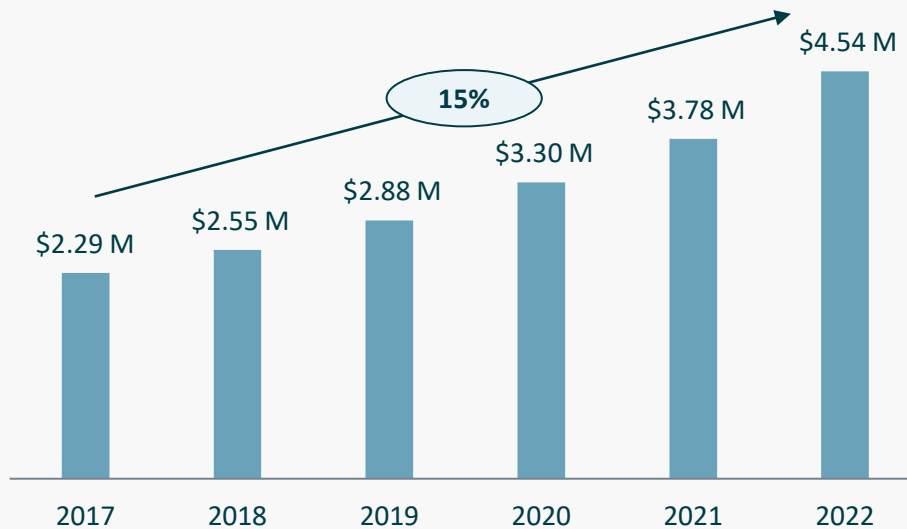
+ Medicaid

= Dual Special Needs Plan (DSNP)

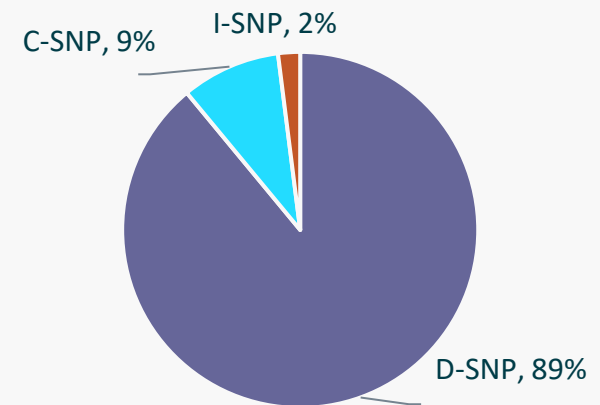
National Trends

- 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

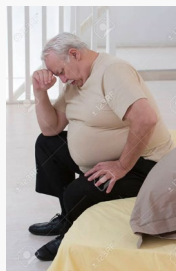


Primary Care Physician

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



Testimony
Senate Bill No. 2265
Senate Human Services Committee
January 23, 2023

Madam Chair and Members of the Senate Human Services Committee,

Please accept this written testimony in support of Bill No. 2265, intended to create a Dual Special Needs Plan, (D-SNP).

For 17 years, I provided medical directorship for 3 dual special needs plans. The effects were apparent in the second year of operations:

1. Increased percentage of patients living in the community instead of long-term care facilities
2. Improved outcomes, including quality measures, falls, fractures, and advanced care directive completion
3. Fewer Emergency Room visits due to preventable conditions.
4. Improved safety and stewardship of pharmacy prescribing practices.
5. Decreased expenditures compared to budget.

There are several crucial elements in a D-SNP program that are required for success:

1. Provision of delegated care management, with annual audit for compliance and outcomes
2. Support of clinical care models that best serve the dual-eligible population
3. A high value provider network, with annual assessment of performance and payment
4. Improved access and advocacy to membership and their caregivers. This includes a health plan with special membership outreach and services.

It is ironic that the most dispossessed of our community, ie the low-income elderly, often are the highest cost utilizers of health care for the state. The burden of marginalization and illness is heavy. However, there is opportunity here. The promise for North Dakota is that a proactive approach that combines advocacy, stewardship, and best clinical practices, can yield positive results.

Sincerely,
Michael S. Van Scoy, MD, FACP
Chief Medical Officer, Arkos Health ND

Testimony
Senate Bill No. 2265
Senate Human Services Committee
Senator Lee, Chairman
January 23, 2023

Chairman Lee, and members of the Senate Human Services 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. Medicare, the federal program, provides coverage for individuals over age 65 as well as those who are under 65 and have a disability. Medicaid, the joint federal and state program, provides coverage for individuals who meet income and asset requirements and are members of eligible groups including adults with disabilities, older adults, children and families, pregnant women and other low-income adults.

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 Medicare Advantage plan specifically for dually eligible individuals, otherwise known as a DSNP.

Dually eligible members generally have greater needs than the other groups covered by Medicaid. We know that 70 percent of dually eligible members have three or more chronic conditions such as diabetes, Alzheimer's disease, heart disease or an intellectual disability. We also

know that about 40 percent of dually eligible members have a behavioral health disorder such as depression, anxiety, bipolar disorder or schizophrenia. This leads to a disproportionate share of Medicaid and Medicare spending on services for dually eligible members.

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:

- Develop and execute contract(s) with the DSNP.
- Monitor DSNP performance.
- Determine the process to coordinate care between the DSNP and Medicaid programs.
- Provide ongoing information on Medicaid member eligibility and Medicaid providers to the DSNP.

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



**Senate Appropriation
SB 2265
Testimony Kirsten Dvorak
February 1st, 2023**

Senator Bekkedahl and committee members. I am Kirsten Dvorak, Executive Director of The Arc of North Dakota; we have six chapters throughout the state of North Dakota that advocate on behalf of individuals with intellectual and/or developmental disabilities (IDD) for full inclusion in their community of choice.

Today I am here to share the confusion that my son Radek age 23, and I have endured being dual-enrolled with Medicare and Medicaid. My son Radek; was diagnosed at 2 1/2 with autism and has a rare seizure disorder. Currently, he is attending Minot State with the help of ASTEP (Advancing Students Toward Education and Employment Program). This program helps students with intellectual and developmental disabilities navigate college through case management and with the support of mentors. He also works for BEK Sports running camera for sporting events and interns with the Minot Minotorros running camera during home games. Radek does have case management through Dept. of Health and Human Services, but no services. In addition, he is still on our insurance.

Last year Radek received a letter stating that he would start Medicare in September, with no instructions on how the two would work together. We tried to contact his case manager at the time. However, she knew nothing about it and said we should call SSI. We tried to cancel Medicare. However, we were told that it's not easy to reinstate. So we were told to call our human service zone. However, he was disenrolled the last time we tried to call and adjust his Medicaid, and the person he dealt with wasn't so kind. So he has not made that call. He doesn't even know what to ask for.

It is truly unfair and overwhelming for families and individuals to navigate the system alone when they are already stretched to their limits taking care of a loved one. It is also concerning to see that the system needs to be improved in understanding how to provide help. We must ensure that families are given the help and support they need to ensure their loved ones are well taken care of. We must work together to ensure that families have access to the necessary resources to make the process easier and more efficient.

Kirsten Dvorak
701-222-1854

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Hint: Try a plus sign between words. Example: provider+tax

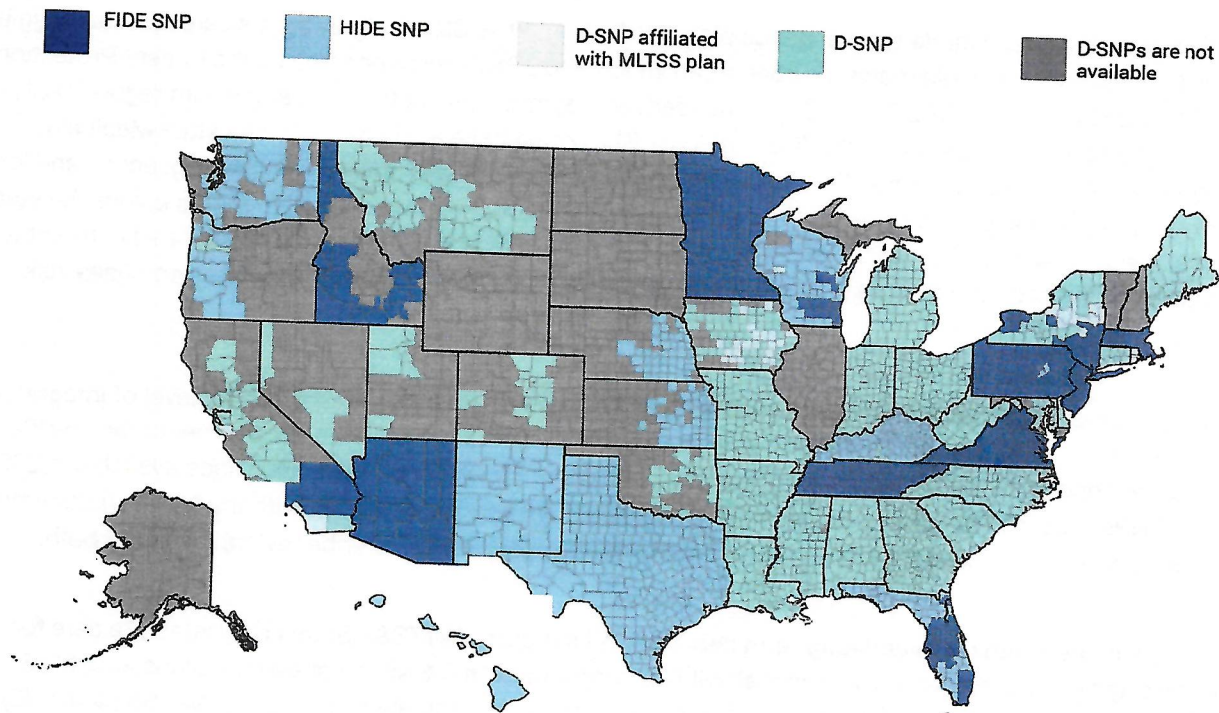
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Medicare Advantage dual eligible special needs plans

Dually Eligible Beneficiaries

Dual eligible special needs plans (D-SNPs) are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible beneficiaries. Originally authorized as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA, P.L. 108-173), D-SNPs began operating in 2006. Legal authority was extended several times and made permanent in the Bipartisan Budget Act of 2018 (P.L. 115-123). As of February 2022, D-SNPs were operating in 45 states and the District of Columbia with about 3.8 million dually eligible beneficiaries enrolled (CMS 2022).

Most Integrated Type of Dual Eligible Special Needs Plan (D-SNP) Available by County, 2021



Notes: The map shows the most integrated type of D-SNP available in each county as of February 2021. Multiple types of D-SNPs may be available in the same county. FIDE SNP is fully integrated dual eligible special needs plan. HIDE SNP is highly integrated dual eligible special needs plan. MLTSS is managed long-term services and supports. D-SNPs are affiliated with MLTSS plans when they are operated by the same parent company. Medicare-Medicaid Plans offered under the Financial Alignment Initiative, not shown on this map, are available in 9 states: California, Illinois, Massachusetts, Michigan, New York, Ohio, Rhode Island, South Carolina, and Texas.

Source: MACPAC analysis of Centers for Medicare & Medicaid Services Medicare Advantage 2021 bid data and state websites.

D-SNPs are required to contract with states but states are not required to contract with D-SNPs (Verdier et al. 2016). The contracts must cover eight minimum MIPPA requirements, including:

- the Medicare Advantage organization's responsibilities—including financial obligations—to provide or arrange for Medicaid benefits;
- categories of eligibility for dually eligible beneficiaries to be enrolled under the D-SNP, including the targeting of specific subsets;
- Medicaid benefits covered under the D-SNP;
- cost-sharing protections covered under the D-SNP;
- information about Medicaid provider participation and how that information is to be shared;
- verification process of an enrollee's eligibility for both Medicare and Medicaid;
- service area covered under the SNP; and
- period of the contract.

States have authority under their MIPPA contract to add additional requirements for D-SNPs that further integrate care. Some states have maximized their MIPPA authority and are providing fully integrated care through D-SNPs.

Fully integrated dual eligible special needs plan (FIDE SNP). FIDE SNPs fully integrate care for dually eligible beneficiaries under a single managed care organization. FIDE SNPs were enacted by the Patient Protection and Affordable Care Act (P.L. 111-148, as amended) and permanently authorized, along with regular D-SNPs, in the Bipartisan Budget Act of 2018 (P.L. 115-123). They must have a contract with the state Medicaid agency that complies with the MIPPA requirements above and includes coverage of primary, acute, and long-term services and supports benefits. FIDE SNPs must also cover behavioral health benefits unless the state carves behavioral health out of the capitation rate. FIDE SNPs may be eligible for a payment adjustment to account for the cost of serving a high concentration of frail individuals, depending on their enrollees' risk scores.

Highly integrated dual eligible special needs plan (HIDE SNP). HIDE SNPs have a higher level of integration than typical D-SNPs. The HIDE SNP designation was created to implement new requirements for D-SNPs that were enacted in the Bipartisan Budget Act of 2018 (P.L. 115-123) and were first made available in 2021. HIDE SNPs must have a contract with the state Medicaid agency that complies with the MIPPA requirements above and includes coverage of long-term services and supports benefits or behavioral health or both.

D-SNP affiliated with managed long-term services and supports (MLTSS). States may integrate care for dually eligible beneficiaries enrolled in their MLTSS programs with D-SNPs. A state that aligns its MLTSS program with a D-SNP typically requires either (1) that the D-SNP operate a companion MLTSS plan or (2) that the MLTSS plan offer a D-SNP. Medicaid MLTSS programs have become more prevalent in recent years. As of November 2020, 25 states operated MLTSS programs, up from 8 in 2004 (Lewis et al. 2018; Advancing States 2020).

For more information on D-SNPs, see MACPAC's June 2021 report to Congress, *Improving Integration for Dually Eligible Beneficiaries: Strategies for State Contracts with Dual Eligible Special Needs Plans*.

Senate Appropriations Committee
February 2, 2023
SB 2265
Senator Kathy Hogan

Chairman Bekkedahl and members of the Senate Appropriations Committee, my name is Kathy Hogan, and I represent District 21.

SB2265 allows for the creation of a managed care plan for North Dakotans dually eligible for both Medicare and Medicaid. Currently, dually eligible beneficiaries have limited care management options that result in confusion and misunderstanding for some disabled and/or elderly recipients. We know navigating two government programs can be a challenge. This bill gives DHHS the necessary support needed to develop and facilitate a dual managed care contract, also known as a Dual Special Needs Program or DSNP.

DSNPs are a type of Medicare Advantage plan designed to meet the specific needs of dually eligible beneficiaries. Originally authorized as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, DSNPs began operating in 2006. As of February 2022, DSNPs were operating in 45 states with over 4 million people enrolled in these programs.

The goal of the program is to integrate and align services in ways that assure person-centered care is delivered, improving member health outcomes and overall quality of life. DSNP plans offer many additional benefits which Medicare and Medicaid do not offer such as prescription drug benefits, coverage for over-the-counter health items, a care management team to support the beneficiary, and providing things such as in-home support when needed.

Attached are additional resources on DSNP plans. During the committee hearing, we heard from many families and providers about the problems with coordination of benefits and supporting of this model.

Thank you, Chairman Bekkedahl. I am more than willing to attempt to answer any questions you may have.



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

PO Box 9310
Minneapolis, MN 55440-9310
952-992-2900



February 14, 2023

Senator Kathy Hogan
North Dakota State Capitol
2112 Senate Drive
Bismarck, ND 58501-1978

Re: SB 2265 Dual Special Needs Plan -- Support

Dear Senator Hogan:

I am writing today to convey Medica's steadfast support of Senate Bill 2265 permitting the Department of Health and Human Services to establish at least one Dual Special Needs Plan (DSNP) in the state of North Dakota. We also support providing the Department with the resources needed to carry out this effort.

Medica is an independent and nonprofit health care organization with approximately 1.5 million members in twelve states, and has offered individual health insurance coverage in the state of North Dakota since the early 1990's. Medica's mission is to be the trusted health plan of choice for our customers, members, partners, and our employees. Medica was among the first Managed Care Organizations (MCO) to join the original dual demonstration project serving seniors in Minnesota in 1985, and has been offering Dual Special Needs Plans (DSNP) since 2006. Medica is one of the original managed care organizations to participate in the Minnesota Senior Health Options (MSHO) product, a fully integrated DSNP that incorporates in all Medicare and Medicaid benefits.

At its core, an effective DSNP brings simplicity to how vulnerable North Dakotans interact with two very complicated and cumbersome programs. Today these seniors and people with disabilities receive bills from Medicare they do not need to pay, receive notifications irrelevant to their care and condition, and interact with a fragmented system of benefits and care. A DSNP is designed to reduce clutter and confusion for beneficiaries while improving coordination of their care.

The DSNP model relies on coordinated care as a means for improving management of chronic conditions, coordinating members' clinical care and simplifying the process for members when accessing their Medicare benefits. In serving our DSNP members, Medica assigns each member a care coordinator who helps the member navigate various clinical or social barriers to care and works together with the member to improve their overall health and well-being. Medica has relied on offering supplemental services allowing members to live in their homes longer, with dignity. Simple steps such as focusing on nutrition, paying a member's heat bill or arranging for a cleaning service helps meet our members' most basic needs, which translates into reducing emergency room visits and lengthy stays in a long term care setting.

PO Box 9310
Minneapolis, MN 55440-9310
952-992-2900



According to a study completed by the U.S. Department of Health and Human Services on the MSHO program, Fully Integrated Dually Eligible (FIDE) Special Needs Plan enrollees are 48% less likely to have a hospital stay and if so, had 27% fewer stays than enrollees in a Medicaid-only plan. Enrollees had 38% fewer emergency room visits than enrollees in a Medicaid only plan. Enrollees were 2.7 times more likely to have a primary care visits than enrollees in Medicaid only plans. Enrollees are 13% more likely to have home and community based services than traditional Medicaid enrollees. When executed effectively, the DSNP model will translate into better outcomes and lower costs for our most vulnerable citizens.

I respectfully request the North Dakota Legislature to enact SB 2265 this year in order to empower the Department to pursue this meaningful step in serving our most vulnerable North Dakotans. Additionally, I would respectfully request that the Legislature approve funding needed for the Department to hire the personnel needed to support these efforts. Thank you for your consideration and please contact me if you would like to discuss this issue further.

Sincerely,

Matt Schafer
Government Relations Director
matthew.schafer@medica.com | 612.701.5637

House Human Services Committee
March 8, 2023
SB 2265
Senator Kathy Hogan

Chairman Weisz and members of the House Human Services Committee, my name is Kathy Hogan, and I represent District 21.

SB2265 allows for the creation of a managed care plan for North Dakotans dually eligible for both Medicare and Medicaid. Currently, dually eligible beneficiaries have limited care management options that result in confusion and misunderstanding for some disabled and/or elderly recipients. We know navigating two government programs can be a challenge. This bill gives DHHS the necessary support needed to develop and facilitate a dual managed care contract, also known as a Dual Special Needs Program or DSNP.

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The goal of the program is to integrate and align services in ways that assure person-centered care is delivered, improving member health outcomes and overall quality of life. DSNP plans offer many additional benefits Medicare and Medicaid do not offer such as prescription drug benefits, coverage for over-the-

counter health items, and a care management team to support the beneficiary, providing things such as in-home support when needed.

Attached are additional resources on DSNP plans. During the committee hearing, we heard from many families and providers about the problems with coordination of benefits and supporting of this model.

Thank you, Chairman Weisz; I am more than willing to attempt to answer any questions you may have.



House Human Services
SB 2265
March 7, 2023

Rep. Weisz and committee members. I am Kirsten Dvorak, Executive Director of The Arc of North Dakota; we have six chapters throughout the state of North Dakota that advocate on behalf of individuals with intellectual and/or developmental disabilities (IDD) for full inclusion in their community of choice.

Today I am here to share the confusion that my son Radek age 23, and I have endured being dual-enrolled with Medicare and Medicaid; Radek was diagnosed at 2 1/2 with autism. Currently, he is attending Minot State with the help of ASTEP. This program helps students with intellectual and developmental disabilities navigate college through case management and with the support of mentors. He also works for BEK running camera for sporting events and interns with the Minot Minotorros running camera during home games. My son does have case management through Dept. of Health and Human Services, but no services. In addition, he is still on my husband's insurance.

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It is truly unfair and overwhelming for families and individuals to navigate the system alone when they are already stretched to their limits taking care of a loved one. It is also concerning to see that the system needs to be improved in understanding how to provide help. We must ensure that families are given the help and support they need to ensure their loved ones are well cared for. We must work together to ensure that families can access the necessary resources to make the process easier and more efficient.

Kirsten Dvorak
701-222-1854



March 8, 2023

Chairman Weisz and Members of the House Human Services Committee –

My name is Dylan Wheeler, Head of Government Affairs for Sanford Health Plan – submitting comments in **SUPPORT** of SB2265, which establishes a Dual Special Needs Program (D-SNP) in North Dakota. We appreciate the thoughtful forward looking approach by the sponsors Senators Lee and Hogan, and Representatives Dobervich and Strinden. SB2265 represents a great opportunity for the North Dakota Department of Health and Human Services to work collaboratively with the health plans in the State to implement, operationalize, and optimize a DSNP in North Dakota. Based on comments and testimony during the Senate debate, it is our understanding that this plan would be open to all plans to participate, so long as criteria related to care-coordination are met.

For Sanford Health Plan, we have a long-established and firm understanding of what it takes to effectuate a Special Needs Program (SNP). Through our current Institutional Special Needs Program (I-SNP), which is a SNP for institutionalized enrollees, Sanford Health Plan has a proven approach to improve the clinical outcomes of our members through our preventative and proactive approach to health care. As we have seen with other bills this session, North Dakotans should be empowered with choice in a health plan – even with a D-SNP. Sanford Health Plan has an established SNP network within ND, which covers 15 counties across the state. In addition, we bring experience in recently implementing a Medicare Advantage plan, which is delivering another high-value high-quality insurance option in North Dakota. Finally, nearly 85% of our I-SNP population is already dually eligible for Medicare and Medicaid – hence, we understand the rules, regulations, and requirements needed to care for dual eligible members.

In summation, Sanford Health Plan again appreciates the efforts of the sponsors, the ND Department of Health and Human Services, and look forward to collaborating with all stakeholders with the passage of SB2265.

Thank you for your time and diligent consideration.

Respectfully Submitted,

Dylan Wheeler, JD, MPA
Head of Government Affairs
Sanford Health Plan

House Human Services Committee

Senate Bill 2265 – March 8, 2023

Testimony of Daniel Gulya, Attorney, Protection and Advocacy

Chairman Weisz and members of the House Human Services Committee:

My name is Dan Gulya; I am an attorney with the North Dakota Protection & Advocacy Project (P&A). P&A protects the human, civil and legal rights of people with disabilities. The agency's programs and services seek to make positive changes for people with disabilities where we live, learn, work and play.

P&A supports this effort to help individuals access the Medicaid and Medicare services that may be available for them under a dual supplemental needs plan. We appreciate the detail laid out by DHHS indicating that the primary focus of the new FTE will be care coordination and navigation. Getting in the right door is the first step to treatment. Understanding the eligibility process, what services are available and where, is an important first step in accessing the services that North Dakota is attempting to provide.

You can help individuals and make a prudent fiscal choice for North Dakota at the same time. I respectfully request support for SB 2276. Thank you, and I would be glad to answer any questions.

Daniel Gulya, Protection & Advocacy

danigulya@nd.gov

328-3946



Testimony
Senate Bill No. 2265
Senate Human Services Committee
January 23, 2023

Madam Chair and Members of the Senate Human Services Committee,

Please accept this written testimony in support of Bill No. 2265, intended to create a Dual Special Needs Plan, (D-SNP).

For 17 years, I provided medical directorship for 3 dual special needs plans. The effects were apparent in the second year of operations:

1. Increased percentage of patients living in the community instead of long-term care facilities
2. Improved outcomes, including quality measures, falls, fractures, and advanced care directive completion
3. Fewer Emergency Room visits due to preventable conditions.
4. Improved safety and stewardship of pharmacy prescribing practices.
5. Decreased expenditures compared to budget.

There are several crucial elements in a D-SNP program that are required for success:

1. Provision of delegated care management, with annual audit for compliance and outcomes
2. Support of clinical care models that best serve the dual-eligible population
3. A high value provider network, with annual assessment of performance and payment
4. Improved access and advocacy to membership and their caregivers. This includes a health plan with special membership outreach and services.

It is ironic that the most dispossessed of our community, ie the low-income elderly, often are the highest cost utilizers of health care for the state. The burden of marginalization and illness is heavy. However, there is opportunity here. The promise for North Dakota is that a proactive approach that combines advocacy, stewardship, and best clinical practices, can yield positive results.

Sincerely,
Michael S. Van Scoy, MD, FACP
Chief Medical Officer, Arkos Health ND

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



Testimony
Engrossed Senate Bill No. 2265
House Human Services Committee
Representative Weisz, Chairman
March 8, 2023

Chairman Weisz, and members of the House Human Services 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 Engrossed Senate Bill No. 2265.

North Dakota Medicaid has about 15,000 members who are dually eligible for both Medicaid and Medicare. Medicare, the federal program, provides coverage for individuals over age 65 as well as those who are under 65 and have a disability. Medicaid, the joint federal and state program, provides coverage for individuals who meet income and asset requirements and are members of eligible groups including adults with disabilities, older adults, children and families, pregnant women and other low-income adults.

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 Medicare Advantage plan specifically for dually eligible individuals, otherwise known as a DSNP.

Dually eligible members generally have greater needs than the other groups covered by Medicaid. We know that 70 percent of dually eligible members have three or more chronic conditions such as diabetes, Alzheimer's disease, heart disease or an intellectual disability. We also

know that about 40 percent of dually eligible members have a behavioral health disorder such as depression, anxiety, bipolar disorder or schizophrenia. This leads to a disproportionate share of Medicaid and Medicare spending on services for dually eligible members.

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 position in this Bill will enable the Department to have a dedicated team member to build and implement the program.

- 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

DSNP 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.

The Senate reduced the appropriation from \$356,269 to \$237,516 and reduced the full-time equivalent position request from one and one-half positions to one position to coordinate the planning and implementation of the Medicaid dual special needs plan.

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

Dual Eligible Special Needs Plan (DSNP) Managed Care Arrangements

Chelsey Matter, Executive Director, Government Programs
Beth West, President, NextBlue

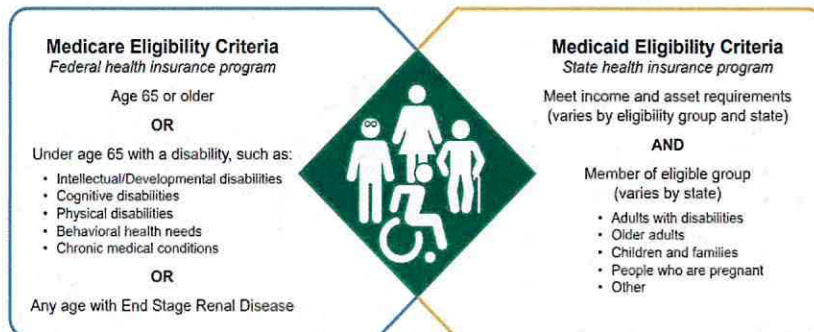
March 8, 2023

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.

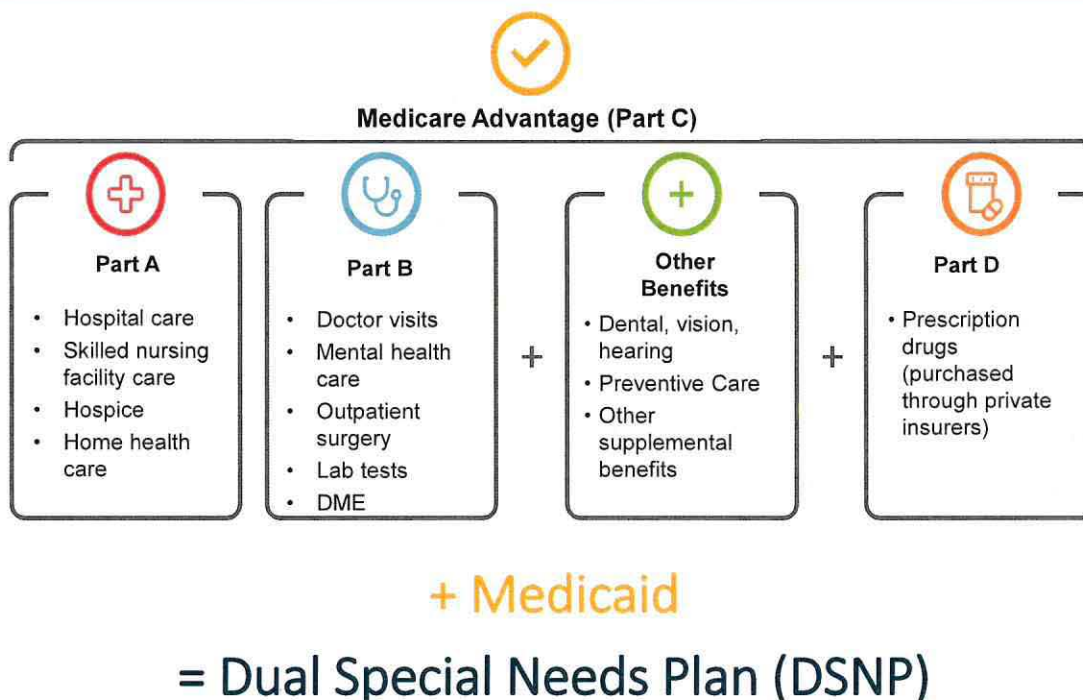
Dual Eligible Special Needs Plan Overview

- 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).



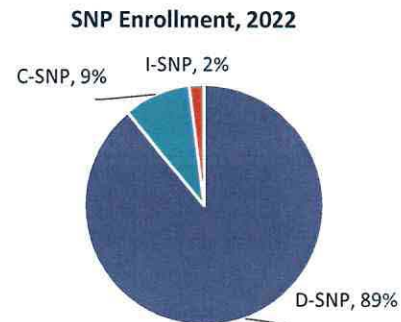
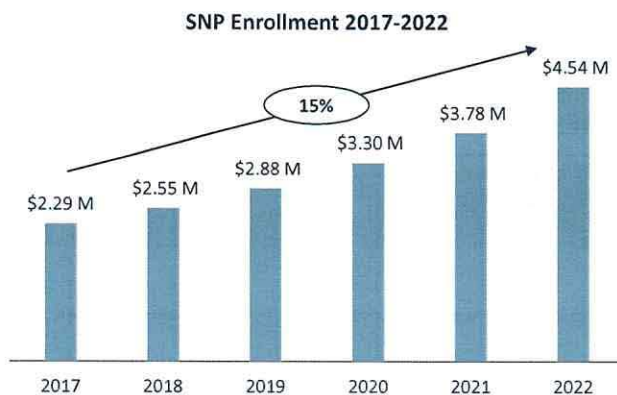
- In addition to D-SNP plans, other types of SNP plans are available with limited enrollment. These include:
 - Institutional or I-SNP (e.g., nursing home)
 - Chronic conditions management or C-SNP (e.g., renal disease, chronic heart failure, dementia)

DSNP is a complete package



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.



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)

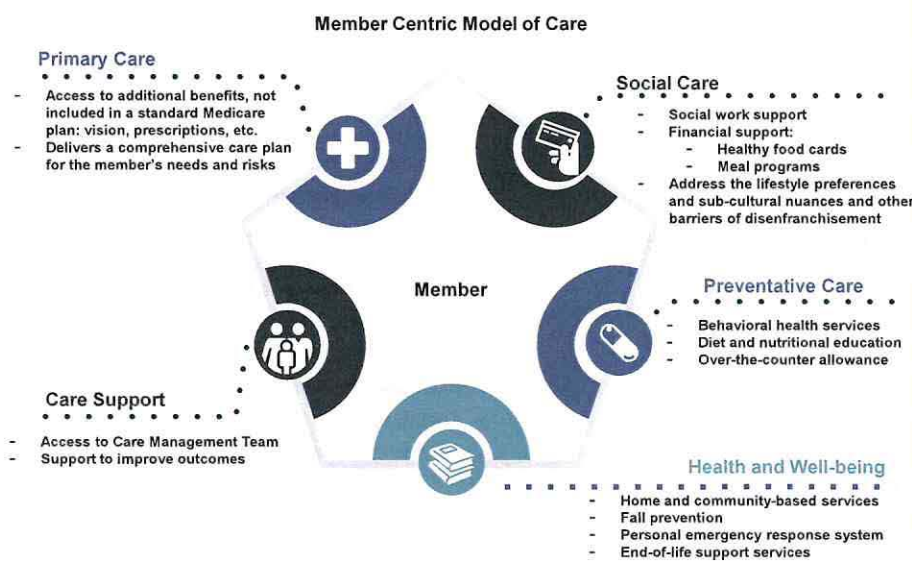
- Either Medicare or Medicaid will pay as primary depending on the type of service.

	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



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



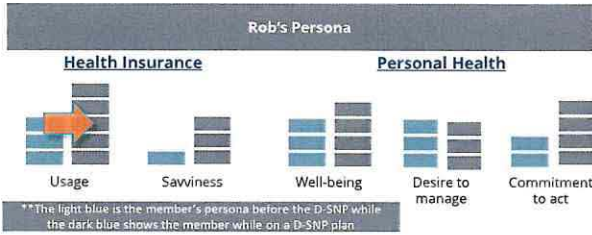
- Enrolled in Medicaid
- Takes care of his brother and nephew
- Suffers from multiple conditions including diabetes
- Numerous surgeries including a gastric bypass
- Currently takes 14 prescription drugs
- Rob's home is not barrier free, his bathroom is on the second floor and the stairs are difficult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



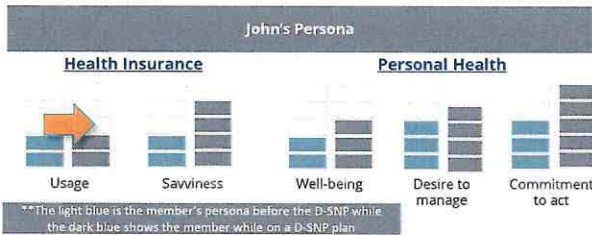
- Enrolled in Medicaid
- Is a current student
- Has CS quadriplegia
- Lived in a high-level physical disability care home near his university, now lives in a condominium
- Engaged in the community, often volunteering and currently on the Board for Creative Living

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 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

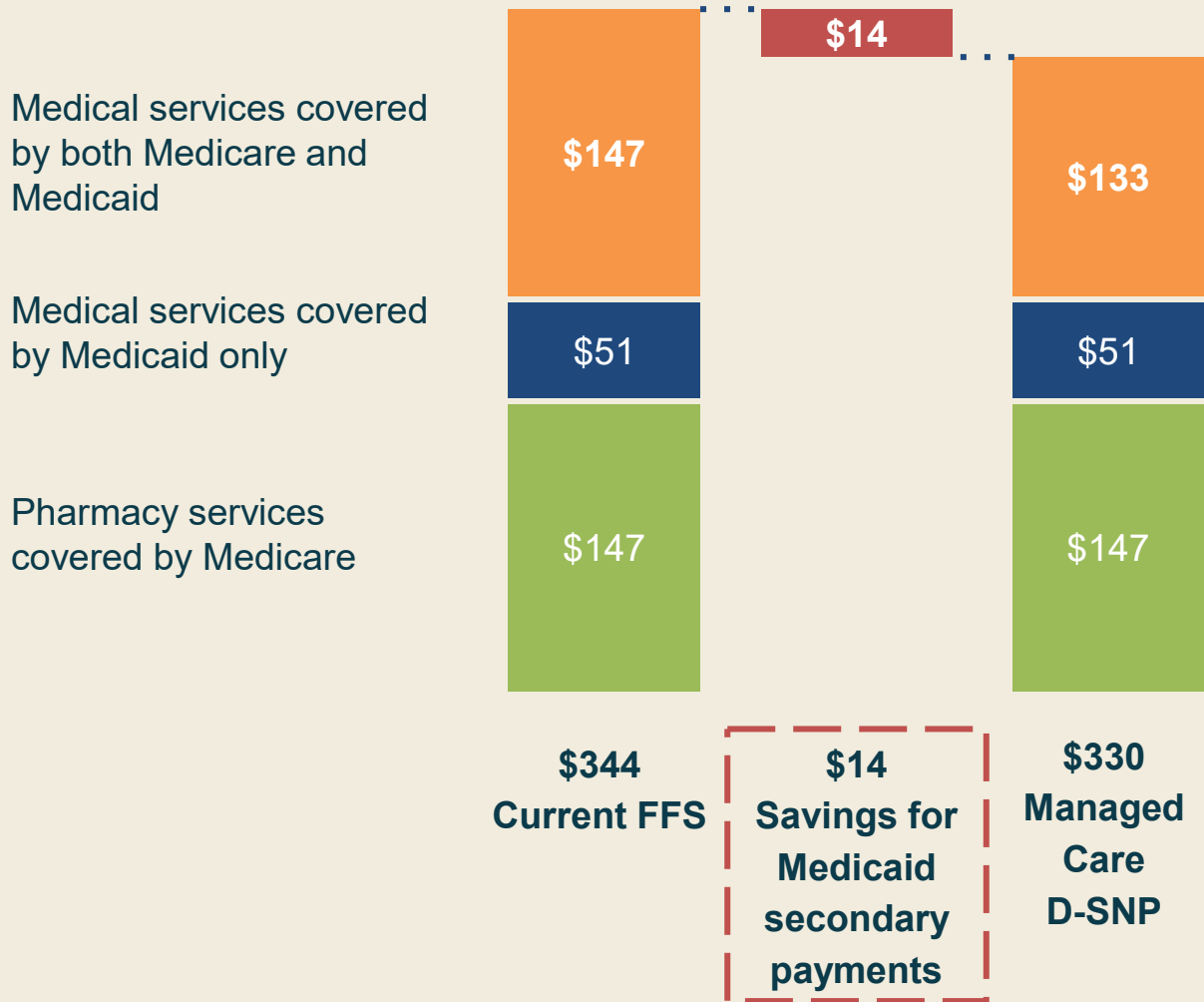
Dual Special Needs Plan (D-SNP) North Dakota Business Case

May 2022



NextBlue of North Dakota Insurance Company is an independent licensee of the Blue Cross Blue Shield Association.

Financial benefits to North Dakota of D-SNP



Based on conservative estimates, the state could see **\$13.90 savings** related to your Medicaid liability, which represents 9.5% of services covered by both Medicare and Medicaid (\$147) and 4.0% of total Medicaid covered services (\$344)*.

*Covered services may vary by state, the above represents an initial estimate of total covered services. Currently the \$13.90 savings is a conservative estimate that does not include savings from Rx which will not be directly impacted by D-SNP.

By moving to managed care, there will likely be better coordination and thus additional savings from Rx services.

Financial benefits to North Dakota of D-SNP

D-SNP can generate Medicaid savings

Launching D-SNP can generate ~\$192K and ~\$575K in year 1 and 2+, respectively, based on the estimated **PMPM savings** and assumed D-SNP **penetration rate**.

ND needs to mobilize the following steps

Add one resource to coordinate MIPAA/SMAC with the D-SNP plans, provide access to validate Medicaid eligibility, and provide access to Medicaid provider information

To unlock the net cash flows to the state

Assuming the cost of FTE of \$80K per year, D-SNP can bring the state net cash flow of ~\$102K in year 1 and ~\$495K in year 2+.

	Year 1	Year 2+	Notes
PMPM Savings	\$13.90	\$13.90	2
Dual Eligible Members	11,556	11,556	3
Penetration Rate	10%	30%	4
D-SNP Members	1,149	3,448	
D-SNP Member Months	13,793	41,378	
Total Medicaid Savings	\$191.8K	\$575.3K	
Cost of FTE*1	\$80K	\$80K	5
Net Cash Flow	\$101.8K	\$495.3K	

Notes:

1. Estimated total savings were based on conservative approach reflecting savings from medical costs only (i.e. did not include potential savings from drug costs) and assuming average savings from the basics of managed care (e.g. network, authorization; adding in care coordination could drive higher savings).
2. See prior slide for details on \$13.90 Medicaid PMPM savings.
3. Based on eligible membership published by CMS - sum of 3 categories with full Medicaid benefits.
4. Penetration rate represents the portion of dual eligible members that actually sign up for D-SNP. Estimated final penetration rate to be 30% based on Nebraska 28% (peer state which recently established Medicaid managed care program) and national average 30%; assumed Year 1 penetration rate of 10%.
5. Cost of one FTE uses \$80K per year as a placeholder.

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	Medicaid Eligibility Criteria
Federal health insurance program	State/Federal health insurance program
<ul style="list-style-type: none"> ⊕ Age 65 or older ⊕ Under age 65 with a disability such as: <ul style="list-style-type: none"> • Intellectual/developmental disabilities • Cognitive disabilities • Physical disabilities • Behavioral health needs • Chronic medical conditions ⊕ Any age with End-Stage Renal Disease 	<p>Meet income and asset requirements Serves qualifying low-income individuals</p> <ul style="list-style-type: none"> • 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