

STATE OF MAINE
Department of Health and Human Services
 Office of MaineCare Services (OMS) and
 Office of Aging and Disability Services (OADS)



REQUEST FOR INFORMATION
 Related to
Managed Care Service Delivery for Dually Eligible Members

RFI Coordinator	<p><i>All communication regarding this RFI <u>must</u> be made through the RFI Coordinator identified below.</i></p> <p>Name: Joseph Zamboni Title: Program and Policy Manager, Office of Aging and Disability Services Contact Information: joseph.zamboni@maine.gov</p>
Submitted Questions Due	<p><i>All questions <u>must</u> be submitted to the RFI Coordinator identified above by:</i></p> <p>Date: October 11, 2019, no later than 5:00 p.m., local time</p>
Response Submission	<p>Submission Deadline: October 22, 2019, no later than 5:00 p.m., local time Submit to: joseph.zamboni@maine.gov. Please submit as an email attached document less than 20 pages. Do not sent promotional materials.</p>

State of Maine - Department of Health and Human Services Managed Care Service Delivery for Dually Eligible Members

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RFI DEFINITIONS/ACRONYMS

The following terms and acronyms shall have the meaning indicated below as referenced in this Request for Information:

<u>Term/Acronym</u>	<u>Definition</u>
CMS	Federal Centers for Medicare and Medicaid Services
Department	The Maine Department of Health and Human Services
D-SNP	Dual Eligible Special Needs Plan
LTSS	Long-Term Services and Supports
MMP	Medicare-Medicaid Plan Capitated Model
OADS	The Department's Office of Aging and Disability Services
OMS	The Department's Office of MaineCare Services
Respondent	Any individual or organization submitting a response to this RFI
RFI	Request for Information
RFP	Request for Proposal
SNP	Special Needs Plan
State	State of Maine

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PART I INTRODUCTION

A. Purpose and Background

The Department's Office of MaineCare Services (OMS) and Office of Aging and Disability Services (OADS) are seeking information regarding Managed Care options for the coordination of Medicare and Medicaid benefits for dually eligible members. This request is an opportunity for interested parties to help the Department better understand this subject matter and the current marketplace.

The Department is interested in learning more about opportunities to:

1. use a managed care delivery system to improve coordination and value for dually eligible beneficiaries;
2. have OMS better coordinate and leverage the services available through Dual Eligible Special Needs Plans (D-SNPs);
3. take advantage of the capitated model under CMS' Financial Alignment Initiative (FAI), under which the Department would enter into a three-way contract between the state, a Medicare-Medicaid Plan (MMP), and Federal Centers for Medicare and Medicaid Services (CMS).

Dual Eligible Special Needs Plans

D-SNPs are a type of Special Needs Plan (SNP) that are offered as a Medicare Advantage (MA) coordinated care plan as described in [42 CFR 422](#).

D-SNPs are restricted to consumers that are entitled to both Title XVIII (Medicare) and Title XIX (Medicaid) and are designed to provide targeted care and services to consumers with unique needs. A D-SNP is required to have a contract with each state's Medicaid program in which it intends to operate, addressing how the plan will coordinate Medicare and Medicaid covered services.

The Department supports efforts designed to improve care coordination and quality of care for dually eligible beneficiaries. While there are currently four (4) D-SNP providers in the State, many eligible beneficiaries are not enrolled in a D-SNP plan. The Department is seeking a better understanding of how D-SNP plans are currently working, why more eligible consumers are not enrolled in this service, and what the potential may be to improve and leverage these services in the future.

Medicare-Medicaid Plan (MMP) Capitated Model

Medicare-Medicaid Plan (MMP) health plans operating under the Capitated Model of CMS' Financial Alignment Initiative deliver an integrated set of services for dually eligible individuals, and incentivize more person-centered models of care. MMP's are aimed at achieving better outcomes with lower costs. Maine does not currently have any MMPs.

B. Current Conditions

According to CMS data for August 2019, four (4) Medicare Advantage (MA) Providers offer Dual Eligible Special Needs Plans (D-SNPs) in Maine, with over 10,000 enrollees in fourteen (14) of Maine's sixteen (16) counties. Data indicates that thousands of other eligible Maine residents qualify for a D-SNP plan, but are not currently enrolled.

Maine has 48 Medicare Advantage plans but does not currently have any Medicaid Managed Care plans or Medicare-Medicaid Plans (MMPs).

C. Challenge Statement

Through this request, the Department seeks to obtain information from managed care plans and other interested parties that either currently serve or have a potential interest in serving dually eligible members in Maine through a D-SNP, MMP or other capitated model to determine whether and how the Department and dually eligible members may benefit from leveraging one of these approaches in the state of Maine.

PART II INFORMATION SOUGHT

The Department seeks information regarding managed care service delivery for dually eligible members and welcomes all responses, including creative suggestions and feedback to enhance and expedite all future processes while providing efficient, reliable and high-quality outcomes.

The Department encourages interested parties to respond to any and/or all relevant aspects of this request by providing detailed yet succinct responses that demonstrate experience and/or interest regarding the coordination of Medicare and Medicaid benefits for dually eligible members through D-SNPs, MMPs or other Capitated Model.

A. General Information

Provide a brief overview of your organization.

1. Identify yourself and the organization you represent:
 - a. Name of respondent;
 - b. Organization and affiliation;
 - c. Address (organizational, if responding on behalf of an entity); and
 - d. Contact information (phone number(s) and email address).

B. Feedback Requested

To further respond to this request, provide answers to the following questions:

1. Identify your organization's experience(s) with managed care service delivery for dually eligible members, including the model of service delivery (e.g. D-SNP, MMP Capitated Model, Medicare Advantage, Medicaid Managed Care Organization, other), and states/regions in which the organization has delivered the service(s).
2. Would your organization be interested in offering a comprehensive, integrated package of Medicare and MaineCare services in a Capitated Model?
 - a. If yes, what would make Statewide (vs regional) service attractive?
 - b. What subsets of the dual eligible population would your organization be most interested in targeting?
 - c. What barriers might preclude your organization from participating?
 - d. How would your organization integrate behavioral health?
 - e. How would your organization integrate long-term services and supports (LTSS)?
 - f. What supplemental or "value-add" benefits would your organization consider offering (e.g. benefits to address social needs such as food and transportation)?
 - g. What type of provider groups would your organization partner with?
3. Describe how your organization currently coordinates with Medicaid and Medicare providers.
 - a. What is working well?
 - b. What improvements in coordination does your organization recommend?

4. Describe your organization's experience partnering with community-based organizations, including:
 - a. LTSS care coordination entities;
 - b. Area Agencies on Aging;
 - c. Centers for Independent Living;
 - d. Housing Authorities;
 - e. Community Mental Health Centers; and
 - f. Money Follows the Person Agencies.
5. Describe how your organization engages providers in value-based purchasing.
 - a. What incentive structures are used?
 - b. What other strategies are used?
6. Federal rules require D-SNPs to notify the State when enrollees experience certain transitions of care, starting in 2021.
 - a. If applicable, describe your organization's experience with such notifications in other states.
 - b. Does your organization have recommendations for how the D-SNP and State may coordinate to ensure this process is effective at improving outcomes?
7. What distinguishes the needs of dually eligible members from Medicare-only or Medicaid-only members? How would your organization address these needs under one of these managed care models?
8. Describe strategies your organization would use to engage dually eligible members. Include strategies you would use to engage members at enrollment, during a screening or assessment process, through the complaint and grievance process, through care coordination, and through ongoing quality improvement efforts.
9. Describe your organization's framework and strategies to ensure the achievement of quality health outcomes for the dually eligible population. Describe how these are different from strategies used for Medicare-only or Medicaid-only populations.
10. Describe your organization's approach to collecting, reporting and using data, including, but not limited to:
 - a. Capturing services related to social determinants of health and/or supplemental benefits;
 - b. Capturing and reporting both Medicaid and Medicare encounter data; and
 - c. The technology utilized, and whether it is custom built or sourced from a third party.
11. Please provide any additional ideas or information that you believe should be considered as Maine studies the feasibility of managed care models for dually eligible beneficiaries.