



# *Challenges and Opportunities:* **Entering the SNP and DSNP Market**

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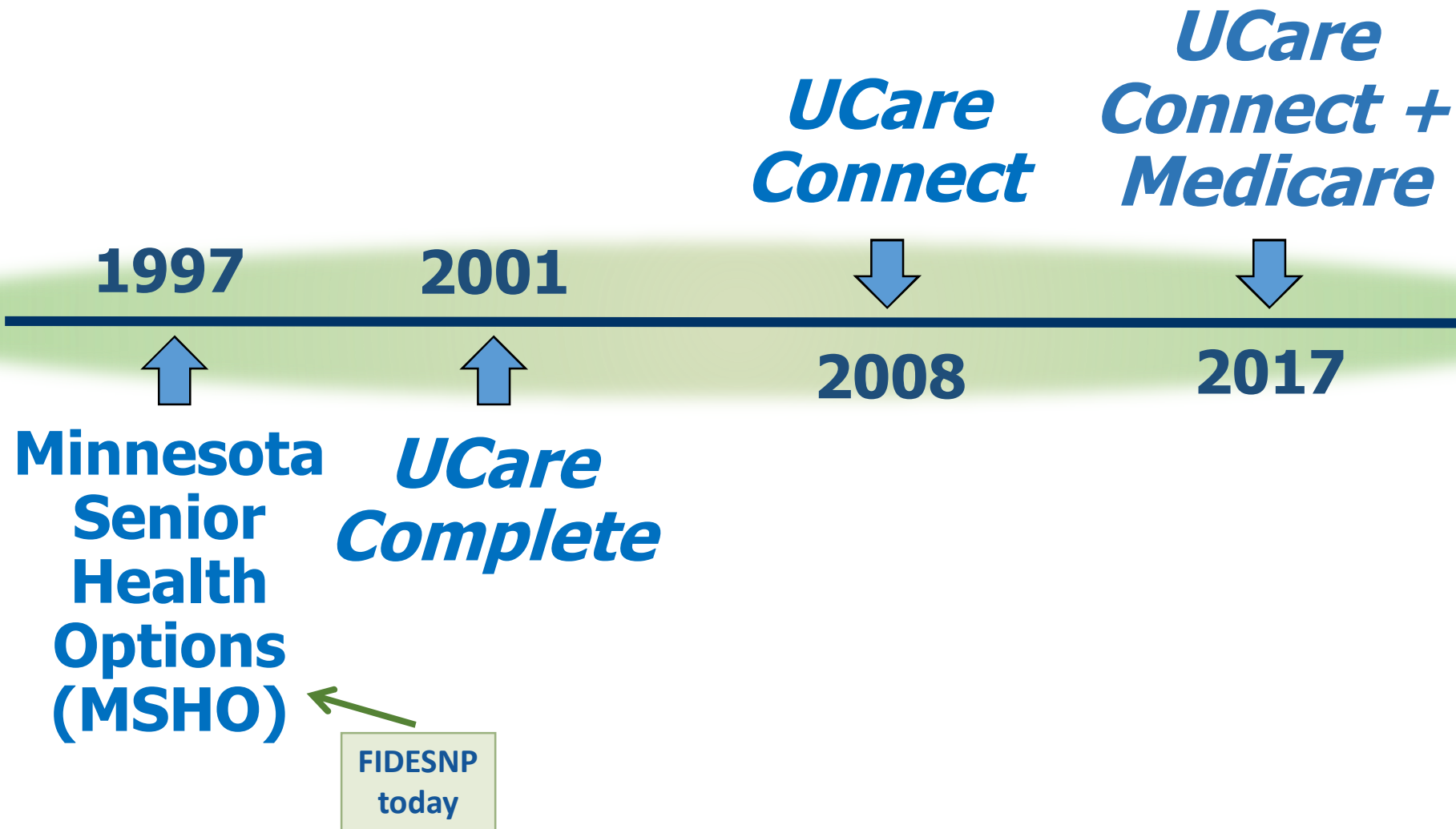


# UCare

- Independent, not-for-profit Minnesota health plan.
- Rooted in primary care.
- Strong consumer focus.
- 634 employees.
- 160,503 members.
  - ▶ *\* 5/1/17 Projected membership  
324,500*



# SNP and DSNP Timeline





# MSHO Timeline

- RWJF Grants:  
**1992** - \$230,000;  
**1995**: \$2.1M

- **1995**: CMS approved MN waiver for integrated Medicare/Medicaid Demo for 65+.

- **1997**: MSHO demo begins, named "Demonstration to Align Administrative Systems for Improvements in Beneficiary Experience."

- **2001**: UCare and MN-DHS work to implement Medicare/Medicaid Demo for people with disabilities 18-64. Services included MN disability waiver services.

- **2013 – 2018 (2020?)**: MSHO Dual Demo via MN-CMS MOU.

# MSHO Demographics (March 2017)

## Enrollment

- 11,608 members
- 34% non-metro

## Age

- 23% (65-69)
- 22% (70-74)
- 18% (75-79)
- 14% (80-84)
- 23% (85+)

## Ethnicity

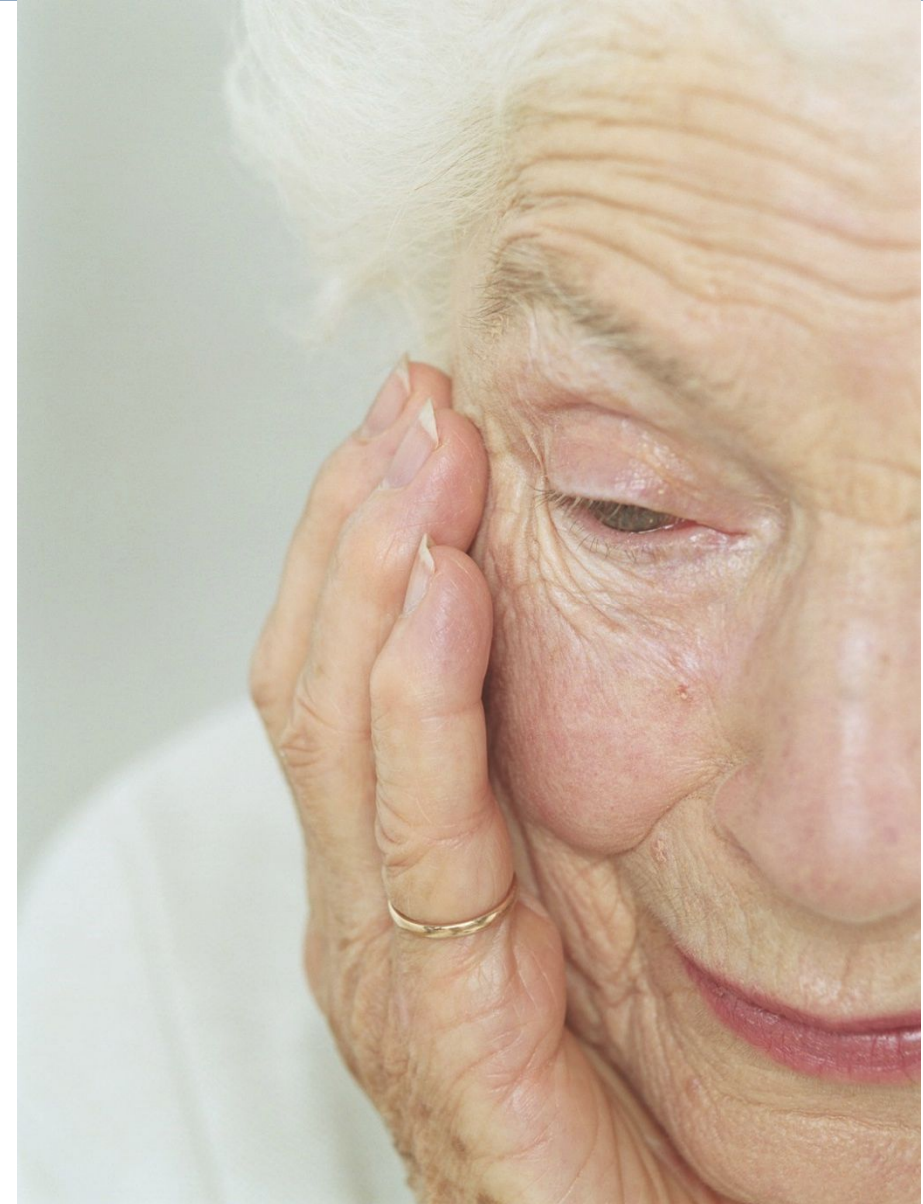
- 40% non-White
- Caucasian

## Gender

- 68% Female

## Living Status

- 38% Community Well
- 16% Institution
- 46% NHC/Waiver



# MSHO Features

- MOU signed by state and CMS (vs. 3-way contract).
- Two federal waivers:
  - Appeals timelines.
  - Joint state/federal material review in HPMS.
- State-CMS Contract Management Team.
- Clarified authority for integrated enrollment, materials development, etc.
- Annual joint CMS-State network review.



# MSHO Features

- One CAHPS (Consumer Assessment of Health Plan Satisfaction) survey for MSHO enrollees. State permitted to add questions to Medicare survey.
- State allows Medicare Quality Improvement Program (QIP) to meet state Performance Improvement Project (PIP) requirement.
- Health Outcomes Survey (HOS) developed in Somali.
- Modest grant funding to state for staff, evaluation, reporting, dual data base, materials, outreach.





# Improvements in Care

- HHS report highlights the effectiveness of the MSHO program by comparing similar beneficiaries inside and outside of the program.
- MSHO enrollees compared to FFS:
  - 48% less likely to have an IP stay.
  - 6% less likely to have an OP ER visit.
  - 13% more likely to receive home and community based long-term care services.





# UCare Connect + Medicare

Fully integrated Medicare and Medicaid coverage for dual-eligible SNBC enrollees. Offered in 11 Minnesota counties.



## Health care that starts with you.®

UCare was the first health plan in Minnesota to offer health care programs designed for people with disabilities. We continue this tradition by offering *UCare Connect + Medicare*, a new plan that combines the benefits and services of Medicare and Medical Assistance.

With our new plan you get:

- One card for medical, dental and prescription drug coverage.
- One number to call for health plan questions.

## UCare Connect + Medicare (SNBC)(HMO SNP)

A new plan from **UCare** that makes it **easy** for people with disabilities to get the **medications** and **care** they need

### Connect with the benefits of Medicaid, Medicare, Part D prescription drugs and so much more

- Get prescription drug coverage without a separate Part D plan. Go to [ucare.org](http://ucare.org) to make sure your prescription drugs are covered.
- Call the UCare 24/7 nurse line.
- Talk with a dedicated specialist for information on maintaining coverage during Medical Assistance renewal cycles.
- Get rides to and from medical and dental appointments through our Health Ride service, if you qualify (rides to the gym are not covered).

### Connect with dental care

- Call the UCare Dental Connection, your one-stop-shop for all your dental scheduling and coordination needs.
- Receive dental care aboard the UCare Mobile Dental Clinic when it's in your area.

### Connect with fitness and wellness

- Receive a free monthly gym membership through SilverSneakers.®
- Find tools to improve health and well-being at home with our free *Connect to Wellness Kit*.
- Enjoy a \$15 discount on community education classes (limits apply).
- Earn rewards for completing certain medical visits or tests.

## Learn More!

Call **1-800-707-1711** toll free  
 TTY: **1-800-688-2534**  
 8 a.m.-8 p.m., daily  
[ucare.org](http://ucare.org)



**YES!** I would like to learn more about UCare Connect + Medicare.



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_

I give permission for a sales person to call me.

### You are eligible for UCare Connect + Medicare if you:

- Have a certified disability.
- Are at least age 18 and under age 65.
- Are eligible for Medical Assistance and Medicare Parts A and B.
- Live in the UCare Connect + Medicare service area.



Health care that starts with you.®

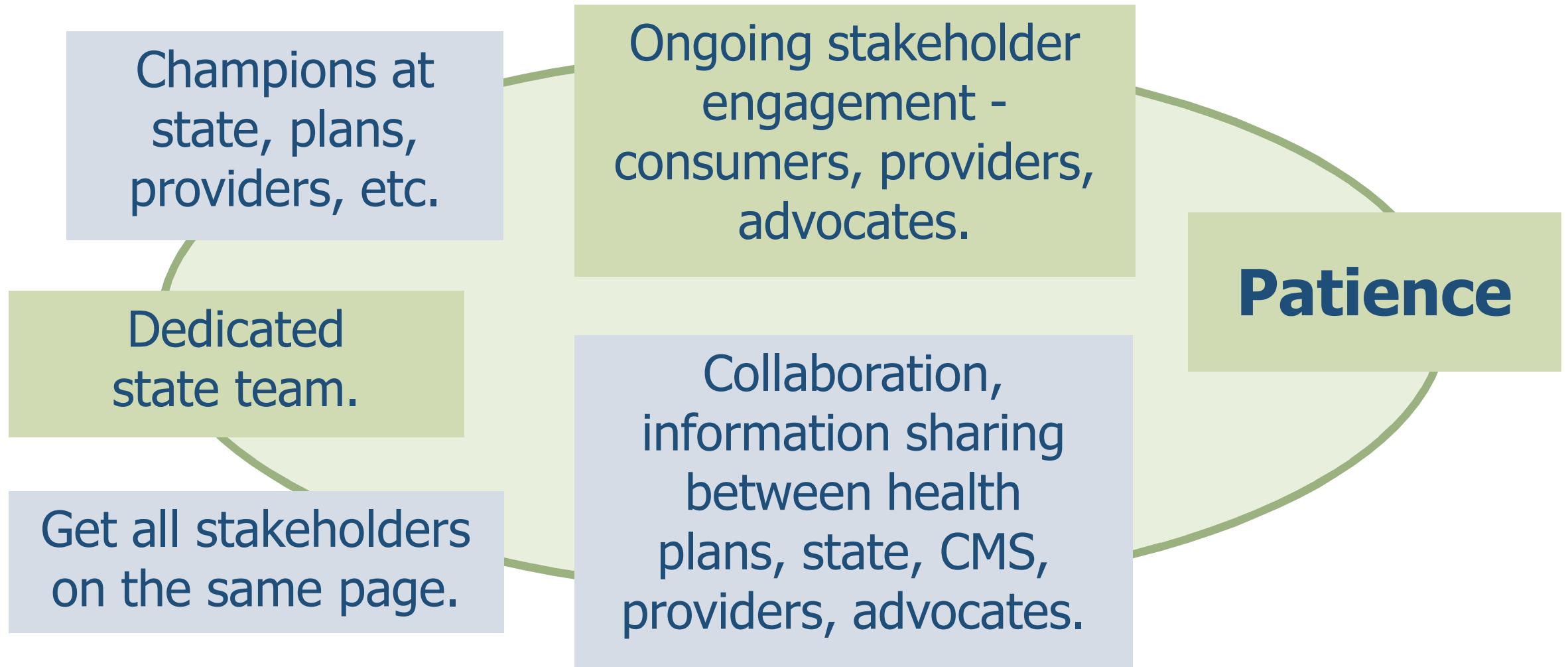
H5937\_092316\_2 DHS Approved (10062016)  
 CMS Accepted (10102016)

# MSHO and *Connect + Medicare* Member Benefits

- One card for medical, dental, and prescription drug coverage.
- One customer service number.
- Less billing confusion for member, doctor, and pharmacist.
- One Care Coordinator/Care Navigator.
- Mobile Dental Clinic provides expanded dental access.
- Emphasis on health and wellness.
- Member-centered care model.



# Requirements for Entering Market





# Challenges

- In absence of permanent authority, will we have to “unwind” MSHO in the future?
- Ongoing need to address situations where Medicare Advantage guidance conflicts with integrated processes.
- Ensuring auditors understand demonstration features.
- Includes people across “subsets” - community, community frail and institutional (so not eligible for frailty factor b/c “community frail” not isolated).
- Need Medicaid managed care products that feed SNPs across service areas.

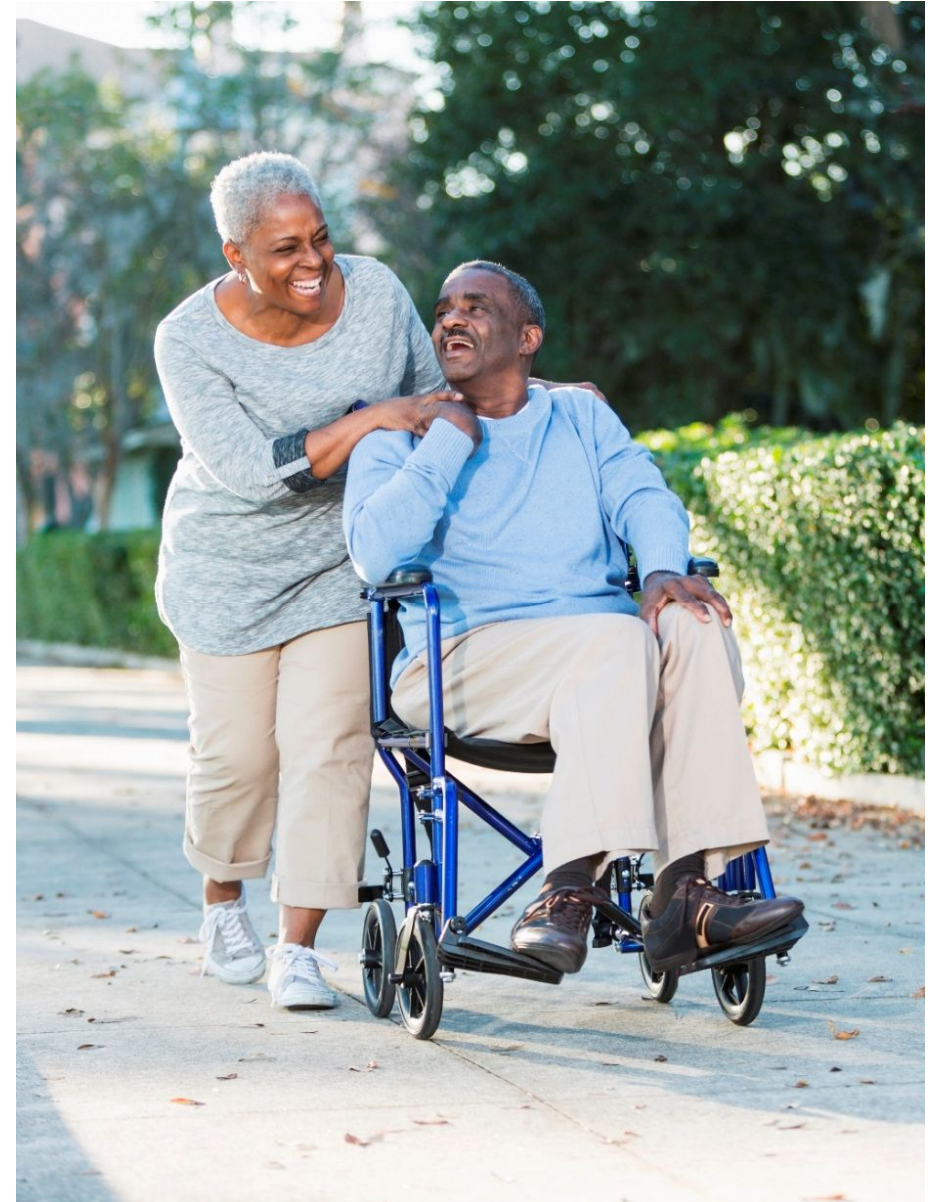


# Challenges

- Potential for misalignment of timing of state, health plan strategic initiatives.
- States and plans need to work together.

## *Example:*

- November CY 2016: Health plan required to submit Notice of Intent to Apply (NOIA) to CMS as placeholder for CY 2018 (new, expansion).
- February - June 2017: Health plan required to submit CMS application/bid for CY 2018 offering.
- March - Apr 2017: Typical MN procurement results for CY 2018.





# Opportunities

- **Build relationships** with stakeholders – consumers, advocates, community organizations, providers, counties, other health plans, state and federal legislators, state and federal regulators, industry, etc.
- **Take/support the long view** – It takes time for relationships to develop, ideas to gel, change the way things are.
- States/plans need to dedicate resources to **study/focus/work on integration** (e.g., comments to CMS, collaborate with state, across plans).





*Thank you*



**Health care that starts with you.®**