

Module 2: Part C and Other Medicare Health Plans-CMS Update

15. D-SNPs

There are different types of D-SNPs, including:

- fully integrated dual-eligible (FIDE) D-SNPs, which provide full benefit dual-eligible enrollees coordinated access to Medicare and Medicaid benefits (including Medicaid primary care acute care, and long-term services and supports) under a single organization that has both a Medicare Advantage and Medicaid managed care contract. Beginning in 2025, FIDE SNP membership is limited to individuals who receive their Medicaid benefits through the organization or a parent or affiliate of the organization.
- highly integrated dual-eligible (HIDE) D-SNPs, which cover Medicaid benefits under a capitated contract between the State Medicaid agency and the MA organization, the MA organization's parent organization, or an affiliate. HIDE SNPs cover long-term services and support, or behavioral health services.
- coordination-only D-SNPs, which are not FIDE or HIDE D-SNPs and generally have certain obligations to notify the state Medicaid agency or its designee of hospital and skilled nursing facility admissions for certain high-risk full-benefit dual eligible individuals.

16. D-SNPs

- Applicable Integrated Plans are certain D-SNPs and entities with a Medicaid managed care organization contract with the state (MCO) that work together to coordinate Medicare and Medicaid benefits furnished to full benefit dual eligible enrollees, where the state requires D-SNP enrollment to be limited to individuals enrolled in both the MCO and D-SNP. Applicable Integrated Plans include, but are not limited to:
 - FIDE SNPs or HIDE SNPs that under state policy may only enroll full-benefit dual eligibles whose Medicaid benefits are covered under an MCO contract with the State and either: the MA organization offering the D-SNP, the D-SNP's parent organization, or another entity that is owned and controlled by the D-SNP's parent organization.
- Applicable Integrated Plans are required to have unified appeals and grievances processes for Medicare and Medicaid benefits that simplify the grievance and appeals steps for their dual eligible enrollees and require the plan to continue benefits pending an appeal decision.

Module 3: Medicare Part D Prescription Drug Coverage

6. Overview of Changes for 2025

As part of the Inflation Reduction Act, Congress made several changes to the Part D program that will be implemented for the first time in 2025 and are further addressed in this training. Those changes include:

- Eliminating the coverage gap phase from the standard Part D benefit structure and eliminating the manufacturer coverage gap discount program
- Adding a new manufacturer discount program, under which manufacturers typically pay a 10 percent discount for applicable drugs in the initial coverage phase and a 20 percent discount for applicable drugs in the catastrophic phase
- Capping beneficiary out-of-pocket costs at \$2000
- Adding a new program (the Medicare Prescription Payment Plan) that provides beneficiaries the option to pay their out-of-pocket Part D prescription drug costs in monthly amounts over the year, instead of paying at the point of service.

The legislation also imposed certain other requirements on drug manufacturers that may reduce the cost of Part D drugs.

15. Formularies

- Part D plans generally do not cover all drugs available in each category of Part D covered drugs because in some cases several similar drugs are available to treat the same medical condition.
- Part D plans include the Part D drugs they will cover on a list known as a “formulary.”
 - Formularies are developed by pharmacists, doctors, and other experts.
- Part D plan formularies must include:
 - At least two drugs in each therapeutic category.
 - Generic and brand-name drugs.
 - All or substantially all so called “protected class” drugs
 - There are six protected classes, which are categories of drugs that treat life-changing or life-sustaining conditions:
 - Antidepressants
 - Antipsychotics
 - Anticonvulsants
 - Immunosuppressants (for prophylaxis of organ transplant rejection)
 - Antiretrovirals
 - Antineoplastics

21. Part D Plan Benefits: The Standard Benefit Plan for 2025 (Illustrated)

Medicare Module 3 – Part D Standard Benefit Enrollee Cost Sharing

Catastrophic Coverage Enrollee pays \$0
\$2000 (out-of-pocket threshold)
Initial Coverage Enrollee Pays 25% of prescription drug costs
\$590 (deductible)
Deductible Enrollee pays 100%

* Note that because the manufacturer's discount and enrollee cost sharing are both calculated based on the plan's negotiated price of the drug, the applicable discount will not affect the application of the standard 25 percent coinsurance or the application of a copayment unless, after the discount is applied to the negotiated price of the drug, the enrollee cost sharing would exceed the discounted price.

Module 5: Enrollment Guidance Medicare Advantage and Part D Plans

44. Beneficiary Pre-enrollment Information – Complaints, Cancellation, and Items Applicable to Only Certain Types of Plans

- Prior to enrollment agents must review with beneficiaries how they can file a complaint.
- They must also explain the right to cancel the enrollment and provide the date through which cancellation can occur.
- If a beneficiary is interested in/eligible for enrollment in an MSA, the agent must review with the beneficiary the need to maintain a trust/custodial account to remain enrolled in the MSA.
- If a beneficiary is interested in/eligible for enrollment in a special needs plan, the agent must discuss the following with the beneficiary as applicable:
 - The need to qualify for chronic/disabling condition requirement for C-SNPs
 - The need to have Medicaid to qualify for D-SNP.
 - The need to require an institutional level of care to qualify for I-SNP.