Managing the Risks of Fully Integrated Dual Eligible Special Need Plans (FIDE SNPs)

By Kim Browning, CHRS, PMP, CHC October 2015

An extension of the Dual Eligible Special Needs Plans (D-SNPs) created by the Centers for Medicare & Medicaid Services (CMS); CMS' Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) were established by the Affordable Care Act in 2010 to provide the highest degree of unified care to individuals dually eligible to receive Medicare and Medicaid benefits.

As with D-SNPs, the vitality of the FIDE SNP project is contingent on the proclivity of program administrators to proactively engage in risk adjustment activities that ensure just compensation for the providers who service the health needs of this extremely at-risk population. A casual approach to risk adjustment not only jeopardizes the project's continuation, but endangers the noteworthy goal of buoying population health by way of providing accurate and complete medical diagnoses.

A Bona Fide Motivation to Coordinate Care

The impetus behind the establishment of the FIDE SNP project can be discovered by examining two pressing realities that dominated the care of every dual eligible beneficiary prior to the implementation of the Affordable Care Act:

First, the operational procedures and goals that define the individual organizational process models of the Medicare and Medicaid programs differ far too greatly to allow for an amenable division of financial costs. In fact, administrators of both programs have often charged the "other side" with cost-shifting due to unwarranted coverage denials, inadequate discharge planning, slipshod quality management, and systematic failures in provider oversight. These often irreconcilable disagreements produced the unwanted effect of pitting these notable programs against one another - oftentimes with beneficiaries, and their complex care plans, caught in the crossfire.

Second, the lack of integration and the many means of delivering services and long-term care to at-risk beneficiaries created a fragmented and complicated care plan for individuals dually eligible to receive benefits from both Medicaid and Medicare programs. This scattershot approach to care has served only to frustrate beneficiaries who were forced to navigate a confusing landscape of overlapping jurisdictions and contradictory rules and regulations.

The FIDE SNP project strives to overcome these challenges by unifying the many moving parts of an individual's care plan into a manageable whole. To qualify as a FIDE SNP, DSNPs must enroll individuals qualified to receive care under a Medicaid State plan and meet a host of criteria established by CMS that have been designed to amalgamate the provision of services to these high risk beneficiaries. For instance, DSNPs must agree to:

- coordinate Medicare and Medicaid benefits through a single managed care organization (MCO)
- participate in a CMS approved Medicare Improvements for Patients and Providers Act (MIPPA) compliant contract with a State Medicaid Agency (SMA)
- utilize and adhere to CMS and State approved policies and procedures
- provision Medicare, Medicaid, and long-term care services by utilizing approved management methods for high-risk beneficiaries

These and other CMS stipulations ensure that the FIDE SNP project produces the intended result.

A Multifaceted Approach to Managing Multifaceted Risk

To accurately account for the risk adjustments associated with dual eligible beneficiaries enrolled in a FIDE SNP, plan administrators must be willing to embark on a multipronged, proactive approach to risk adjustment. Specifically, plan administrators should seek to understand the value garnered by employing retrospective chart reviews, in-home prospective assessments, and from gaining access to chronic condition knowledge that can only be offered by risk adjustment specialists with extensive experience servicing Medicare Advantage and PACE plans.

Retrospective Chart Reviews

Retrospective chart reviews proffer FIDE SNP programs an opportunity to verify the accuracy and completeness of submitted claims and participant diagnoses. A thorough chart review conducted by a sophisticated risk adjustment vendor can rescue revenue that would otherwise have been left by the wayside – at the expense of the providers and plan's bottom line.

What constitutes a company's capacity to conduct a comprehensive retrospective chart review?

At a minimum, FIDE SNPs should limit their vendor considerations to risk adjustment companies that possess a strong grasp and demonstrable track record of applying industry-leading analytics, a credentialed and experienced staff of coders capable of capturing missed diagnoses, and the wherewithal to create all of the necessary Risk Adjustment Processing System (RAPS) and Encounter Data Processing System (EDPS) files that are required when submitting claims to CMS. The hallmark characteristics of a true expert go even further to include:

- A commitment to transparency,
- A documented history of compliance with HIPPAA privacy rules and CMS regulations,
- A streamlined process underscored by intuitive quality control procedures,
- A comprehensive suite of reporting capabilities, and
- A commitment to post-submission validation support

When appropriately conducted, retrospective chart reviews can not only serve to verify the accuracy of a FIDE SNP's financials risks but can vouch for the validity of previously documented diagnoses, thereby ensuring the highest possible degree of care and population health.

In-Home Prospective Assessments

In-home prospective assessments are an invaluable tool at the disposal of FIDE SNPs that allow for targeted, multidimensional clinical evaluations of beneficiaries. Completed by a HHS approved health care provider, prospective assessments are "snapshots" of a beneficiary's wellbeing that allow for detection of members with urgent or imminent care needs and for discovery of shortfalls in care management. Prospective assessments can be conducted in a number of ways depending on the scale of interventional intensity required, including by way of:

- A member completed Health Risk Assessment (HRA)
- A telephonic assessment
- A face-to-face assessment

The results from a professionally managed prospective assessment can serve as either a verification of a member's condition and quality of care or a potentially life-saving referral source for inclusion of a beneficiary into additional care management programs. Either way – face-to-face, in-home assessments should be an essential component to every FIDE SNP's approach to risk management.

Risk Score Management

Mastery of risk scores serve as the keystone to successfully managing a FIDE SNP's propensity to risk and, when properly documented and reported, ensure that plans are properly reimbursed for the care provided. A risk adjustment vendor well-versed in the minutiae of risk score factors can provide FIDE SNPs with vital insight into their member base and even recommend implementation strategies for a host of challenging situations, including:

- Beneficiaries entering a plan without a risk score
- Newly enrolled beneficiaries porting a risk score from another plan
- Changes in members' risk scores
- Changes in regulations/coding guidelines

FIDE SNPs looking to "cover their bases" would do well to actively seek out a risk adjustment vendor with demonstrable experience of successfully navigating Medicare Advantage and PACE plans through each of the above challenges.

A Triad of Trusty Tools

Retrospective chart reviews, in-home prospective assessments, and a knowledgeable approach to risk score management are equally instrumental to the success of the FIDE SNP program. As is the case with any great tool, however, the competency of the instrument's wielder is no less important than the implement itself. By selecting a seasoned risk adjustment partner, FIDE SNP plan administrators can rest

easy knowing that both their plan, as well as their notable goal of lifting up population health, resides in good hands.

Kim Browning is Executive Vice President of Cognisight, LLC, a nationally recognized organization specializing in risk adjustment services for Medicare Advantage Plans, PACE Plans, ACOs, and issuers on and off the Health Insurance Exchange. She can be reached by phone at 585-662-4215 or via email at kbrowning@cognisight.com.