

2020 Dual Special Needs Plans (DSNP)

What is a DSNP?

A DSNP is a special type of Medicare Advantage Prescription Drug Plan (MA-PD) that provides benefits to members who qualify for Medicare and are receiving full Medicaid benefits and/or assistance with Medicare premiums or Medicare Parts A & B cost sharing through one of the Medicare Savings Program (MSP) categories. Members must reside in a county where Aetna Medicare offers a DSNP.

Member Eligibility and benefits

To qualify for the MSP, members must be:

- Eligible for or enrolled in Part A; **and**
- Meet certain income and asset requirements
- Members enrolled in a DSNP plan have an **Interdisciplinary Care Team (ICT)** that works together to help each member receive the most appropriate, highest quality of care. Each member has an **Individualized Care Plan (ICP)** based on the results of their comprehensive **Health Risk Assessment (HRA)**.
- DSNP members have **Special Enrollment Periods (SEP)** which allow them to **enroll, disenroll or switch** plans once a quarter for the first three quarters of the year. Enrollment changes become effective the first day of the following month.
- **If a member loses their Medicaid eligibility**, our plan will continue to cover Medicare benefits for a grace period of up to six (6) months. Payment of cost share during the grace period is dependent upon state Medicaid enrollment. This grace period begins the first day of the month after we learn of the loss of eligibility. If at the end of the six (6) month grace period Medicaid eligibility has not been regained and the member has not enrolled in a different plan, we will disenroll the member from our plan and they will be enrolled back in Original Medicare.
- **Services covered:** All benefits covered under Original Medicare.
- **Additional benefits offered:** Supplemental benefits vary by plan but can include dental, SilverSneakers fitness benefit, smoking cessation, non-emergency transportation, meal programs, over the counter (OTC) products, hearing aids and eyewear. In addition, our DSNP plans may offer supplemental benefits that are specifically geared to support better health outcomes for the DSNP population, such as home meal delivery, or home support services.

More provider claims processing information

- Members enrolled in an Aetna Medicare DSNP plan may have Medicaid coverage through Aetna Medicare, the state, or another plan. Aetna Medicare's clinical teams will assist with coordination of care for any covered service provided to an Aetna Medicare DSNP member.
- Federal rules dictate that Medicaid is the payer of last resort. For DSNPs, when you receive our remittance advice, depending on the state, you should follow this process.

- For DSNP members, when you receive our remittance advice, depending on the state, you should follow this process:
 - Bill the State Medicaid Agency for the cost share; or
 - Bill the member's Managed Medicaid Plan for the cost share; or
 - Cost share will be paid by Aetna Medicare
 - The provider remittance advice will include the amount of any member cost-sharing that should be submitted for payment to the Medicaid agency or any plan processing Medicaid claims for the member. Actual payment level depends on the state payment policies. Providers may be required to be enrolled in the state Medicaid program to bill the state Medicaid agency for eligible services.
- For state specific information on cost sharing, click **here**.

More policy and procedure information

- To support Healthcare Effectiveness Data and Information Set (**HEDIS**) initiatives, submit complete and accurate **encounter data** for the Care for Older Adults (COA) measure.
- Requirements: Advanced Care Planning (CPTII: 1157F, 1158F), Functional Status Assessment (CPTII: 1170F), Medication Review (CPTII: 1159F and 1160F must both be submitted on the same claim, same day), Pain Screening (CPTII: 1125F, 1126F)