



## Dual Eligible Special Needs Plans (D-SNPs)

A D-SNP is a special type of Medicare Advantage Plan that provides health benefits to members who qualify for Medicare and who are either fully or partially qualified for Medicaid services in their state. Members must reside in a county where Aetna offers a D-SNP.

### Member Eligibility and Benefits

Who is eligible for D-SNP?

- Eligible for Medicare; entitled to Part A and enrolled in Part B: 65 and older or under 65 with certain disabilities, **and**
- Receive assistance with Medicare Premiums in a Medicare Savings Plan (MSP): QMB, SLMB, QI, QDWI, (partially eligible) **or**
- Eligible for Medicaid benefits and assistance with Medicare costs (fully eligible).

What services do D-SNP members receive?

Members enrolled in a D-SNP 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)**.

When can a member enroll in a D-SNP?

D-SNP 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.

What if a member loses eligibility?

**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. 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.

What if I'm not a Medicaid participating provider?

D-SNP is a Medicare Advantage plan. You are not required to become a Medicaid participating provider.

Am I required to see D-SNP members?

Yes. If your practice is open to new patients, you are required to see these members.

What services and benefits are covered in our D-SNP?

- **Benefits covered:** All benefits covered under Original Medicare.
- **Additional benefits** offered: Supplemental benefits vary by plan but can include dental, SilverSneakers, smoking cessation, non-emergency transportation, meal programs, over the counter (OTC) products, hearing aids and eyewear.
- D-SNP members should show their D-SNP **member ID card** as well as their State-issued Medicaid card each time they visit their doctor or facility.
- Members must select a **primary care physician** to coordinate their care.

- Members may only see providers in the Aetna DSNP network. **No out-of-network benefits** exist for these plans unless the member follows the approval process by contacting Member Services directly.

Where can I get more information?

Find more information at: <https://www.aetna.com/health-care-professionals/newsletters-news.html>.

### Provider Claim Processing

Can I balance bill a member?

**Member cost sharing:** Depending on the member's level of Medicaid eligibility, some individuals may have a cost share responsibility. Providers may **not balance bill** members who do not have cost share responsibility (including QMB-only). For more information, please go to the 2020 DSNP Provider Cost Share Grid: <http://www.aetna.com/healthcare-professionals/assets/documents/2020-dnsp-cost-share-grid.pdf>.

Will members have Aetna D-SNP and Medicaid plan?

Members may or may not be enrolled in an Aetna Medicaid plan if enrolled in an Aetna D-SNP plan. If they are enrolled in an Aetna sponsored D-SNP and Medicaid plan, Aetna will coordinate benefits for both plans.

Should I bill Medicare or Medicaid?

Federal rules dictate that Medicaid is the payer of last resort. For select D-SNPs, when providers receive the Aetna EOP, they may **bill Medicaid** for any remaining balance. 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.

Am I in Aetna's D-SNP network?

In most states, if you are contracted for Medicare Advantage HMO products you are in our DSNP network\*. The DSNP network is in limited states and counties. Check your participation status using our Provider Search tool: <https://www.aetnamedicare.com/en/find-doctors-hospitals/find-provider.html>.

\*VA only: Please review your contract or contact our Provider Service Center at 1-855-463-0933 about your network participation.

What number do I use to submit electronic claims?

EDI # - 60054.

### Policies and Procedures

Do I have to take any training?

All D-SNP plans are required to have an approved Model of Care. Providers must take a **mandatory Model of Care Training** required by CMS each year. A simple Attestation Statement is provided within this training document as well to make it easy for you to get credit for completing the course. You can take the training and record your attestation here: <http://www.aetna.com/healthcare-professionals/documents-forms/dsnps-model-of-care.pdf>.

Is all office staff required to take the Model of Care training?

All providers and office staff who interact with D-SNP members are required to complete this training. Please note that attestations are collected on the TIN level.

Where can I get my patient's Health information?

Providers can view and download their patients' **HRAs** and **ICPs** through our secure member/provider portal at these links:

- For all D-SNP markets (except VA): <https://aetna-prd.assurecare.com/provider/>
- For VA: [aetnabetterhealth.com/virginia-hmosnp/providers/portal](http://aetnabetterhealth.com/virginia-hmosnp/providers/portal)

What other information do I have to submit?

To support Healthcare Effectiveness Data and Information Set (**HEDIS**) initiatives, be sure to submit **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).

### **More information**

Where can I find the provider newsletter and updates on policy information?

Our **provider newsletter** can be found here: <https://www.aetna.com/health-care-professionals/newsletters-news.html>.

Where can I find the Aetna provider manual?

View more D-SNP information by checking our **Provider Manuals** here:

<https://www.aetna.com/health-care-professionals/provider-education-manuals/provider-manuals.html>

How do I contact you?

For all D-SNP markets (except VA):

- For Case Management (CM) Needs: [MCRDSNP@aetna.com](mailto:MCRDSNP@aetna.com)
- For Provider Needs: 1-800-624-0756 (TTY:711)

For VA:

- For CM Needs: [AetnaBetterHealthVA-CaseManagement@aetna.com](mailto:AetnaBetterHealthVA-CaseManagement@aetna.com)
- For Provider Needs: [AetnaBetterHealth-VAProviderRelations@aetna.com](mailto:AetnaBetterHealth-VAProviderRelations@aetna.com)

How can I reach my patient's care manager?

You can reach your patient's care manager by calling one of the numbers listed below:

- For all DSNP markets (except VA): 1-800-241-9379 (TTY: 711)
- For VA: 1-855-463-0933 (TTY: 711)