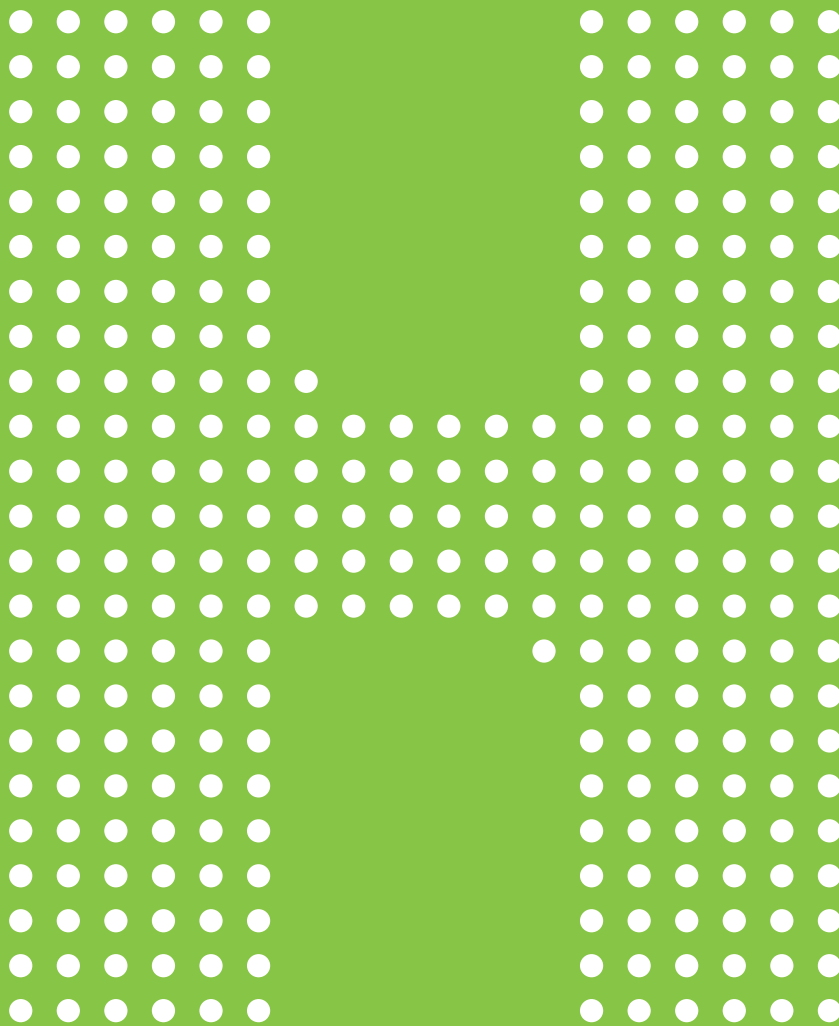


Humana's Dual Eligible Special Needs Plan Guide for Call Center Agents

How to grow your book while doing more good



Humana[®]

Updated 03/03/2023

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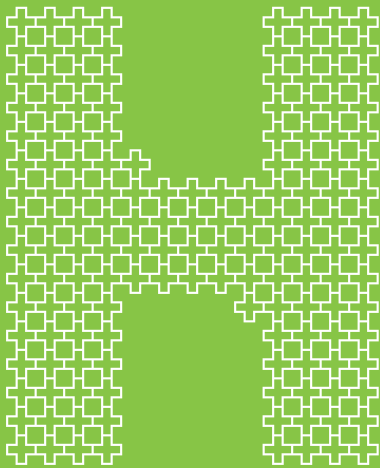
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An introduction to this guide

Welcome to Humana's Dual Eligible Special Needs plan (DSNP) guide! Thanks to agents like you, our beneficiaries have the support and resources they need to choose the plans that meet their needs.

Throughout this guide, we've added links to helpful resources. We've also included video and audio content to help you learn, and you can download this guide for future reference. Now let's get down to business.





SECTION 1

Why you should sell DSNPs

Chances are, you became an agent to help people. One way to make a real difference for dual eligible beneficiaries is by selling DSNPs. Although DSNPs aren't necessarily the right plan for every dual eligible beneficiary and a thorough NEADS analysis should be conducted before a beneficiary chooses a plan, DSNPs are specially designed to meet the needs of dual eligible beneficiaries. These plans might include benefits that can help members at the grocery store, at home and with the doctor and potentially give a leg up to those beneficiaries with the most barriers to health.

“DSNP is a real calling. The more agents selling DSNP, the better.”

Jill Harris, independent sales agent, South Carolina

Do good, grow your book

Agents need a robust Medicare portfolio with year-round sales to sustain and grow their books of business. Adding DSNPs to your suite of Medicare plan types helps you to maximize your sales growth potential. Here's how.



Potential year-round selling opportunities

With DSNPs, you can sell outside the Annual Election Period (AEP) to dual eligible beneficiaries who may qualify for one of the Medicaid Special Election Periods (SEPs).



No additional certification, licensing or contracting needed

If you're certified, licensed and contracted to sell Medicare Advantage (MA) and contracted with Humana, you're ready to sell DSNPs because they're a type of MA plan.



Same commission rates as MA

Because DSNPs are a type of MA plan, Humana DSNPs offer the same competitive compensation rates as Humana MA plans.



Untapped market share

More than 11.9 million people are dual eligible for Medicare and Medicaid.¹ However, only 3 million of those people were enrolled in DSNPs as of February 2021, and 93% of dual eligible beneficiaries live in a county in which at least one DSNP is available.²



Large overall enrollment

Among the 58.6 million Medicare beneficiaries, more than 4.6 million are enrolled in Special Needs Plans (SNPs). In the District of Columbia and Puerto Rico, SNPs comprise about half of all MA enrollees, and in 11 states, SNP enrollment accounts for about one-fifth of MA enrollment. Of those in SNPs, the majority (89%) are in DSNPs.³



Enrollment growth

Enrollment in all types of SNPs increased from 3.8 million beneficiaries in 2021 to 4.6 million beneficiaries in 2022 (20% increase). That accounts for about 16% of total Medicare Advantage enrollment in 2022, up from 11% in 2011, with some variation across states. Of that, DSNP growth went from 3.38 million in 2021 to 4.12 million in 2022, an increase of 21.89%.⁴

“I get a lot of satisfaction from educating consumers and getting them into a plan that can make a real difference in their lives. It’s what I was born to do.”

Barbara Prince, independent sales agent, Ohio



Don't miss out on DSNPs

As an agent, you strive to grow your book of business year round. Humana will give you the knowledge and the tools to make DSNPs a core element of your Medicare sales strategy.





SECTION 2

General DSNP foundations

Get the basics down pat. We'll teach you the who, what, when, where and why of DSNPs in this section. Let's dive in.



Who is Dual Eligible? Those who qualify for both Medicare and Medicaid are considered dual eligible.

Medicare-eligible: Americans 65 and older, Americans younger than 65 who qualify due to a permanent disability, end-stage renal disease (ESRD) or ALS (also called Lou Gehrig's disease).

Medicaid-eligible: Americans with incomes that fall below a certain threshold determined on a state-to-state basis.



Dual eligible vs. DSNP:

Dual eligible: a description for a person who is eligible for both Medicare and Medicaid.

Dual Eligible Special Needs plan (DSNP): a type of MA plan for people who are eligible for both Medicare and Medicaid.

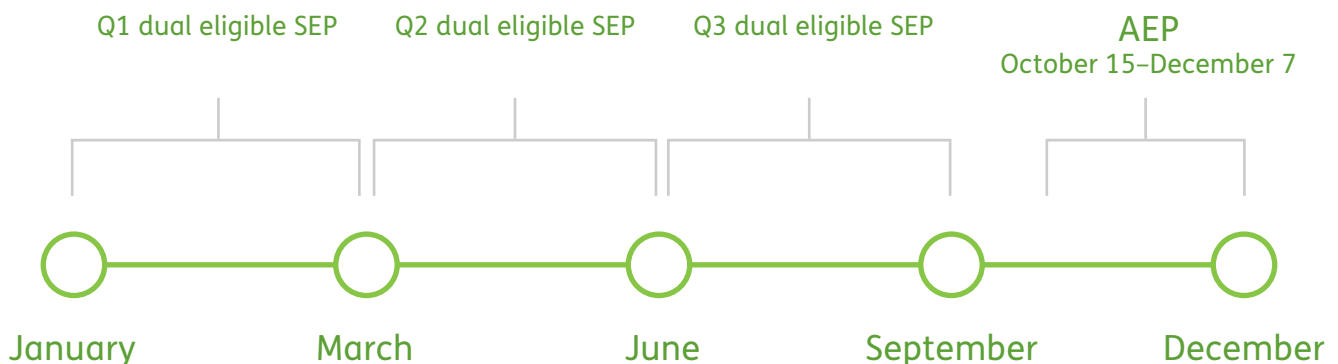


What is DSNP? It's an MA plan from a private insurance carrier that combines the benefits of Medicare and Medicaid into one cohesive plan along with mandatory supplemental benefits (varies by plan and service area) and coordinated care.

DSNP out-of-pocket costs may vary, as may benefits under state Medicaid programs for benefits above and beyond MAPD. Make sure you confirm the enrollee's DSNP eligibility status level and that any recommended plan is approved for the enrollee's eligibility level.



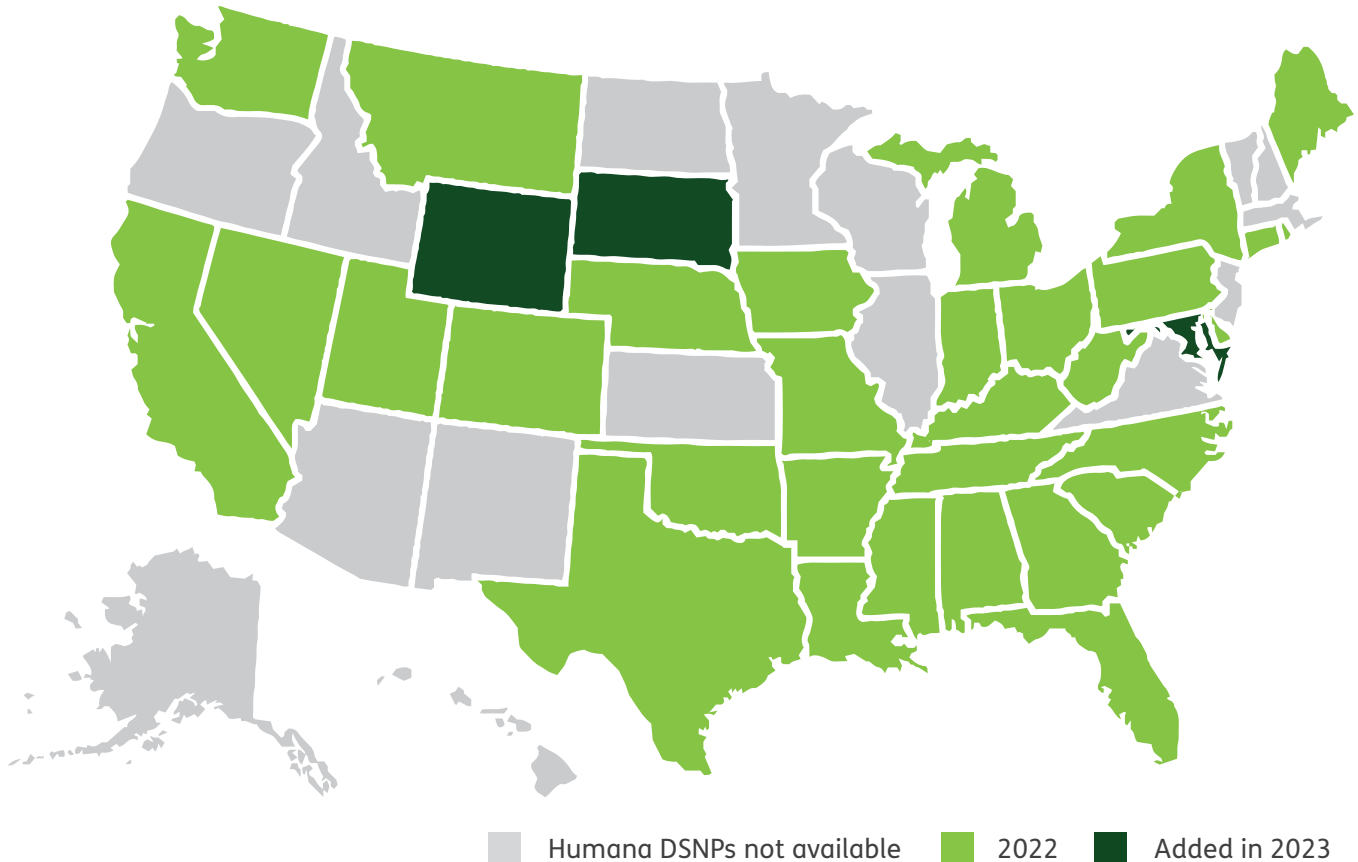
When can a beneficiary enroll in DSNP? Eligible beneficiaries can enroll in a DSNP Medicare Advantage plan once per calendar quarter from January through September. They may also enroll during the AEP from October 15–December 7. Make sure to check your enrollment tools and book of business reports to ensure that you identify anyone who might have off-cycle SEPs.





Where are DSNPs available? DSNPs across various carriers are available in most states and the District of Columbia.⁵ Humana DSNPs are available in most of those states, as shown in the map below.

Where Humana DSNPs are available



Why do DSNPs matter? Dual eligible beneficiaries are among the most vulnerable because they could face both financial and healthcare challenges in addition to social determinants of health such as food insecurity, housing insecurity, social isolation/loneliness and transportation barriers. Coverage between Medicare and Medicaid may be fragmented and confusing for beneficiaries to navigate. A DSNP helps beneficiaries use their Medicare and Medicaid benefits under one plan, which may help them better access care and improve their health and well-being.





SECTION 3

Understanding the dual eligible beneficiary audience

The dual eligible beneficiary audience is large and growing. As Deft Research said in its 2021 Dual Eligible Member Study research brief, “The growth in the non-dual MA space is downright puny compared to what is going on in the low-income/dual market.”⁶ Let’s take a look at what makes this audience unique.

A duty to perform due diligence

According to Deft Research, nondual eligible Medicare beneficiaries switch carriers 60% of the time when their agent recommends doing so. By contrast, dual eligible beneficiaries switch almost 90% of the time when their agent recommends doing so.⁷ Agents can infer from these statistics that dual eligible

beneficiaries rely more heavily on their agents to recommend the right plan for them.⁷ They might be less likely to comparison shop on their own, which means it's even more important for agents to take the time to do a thorough NEADS Analysis with dual eligible consumers to find the right plan for their health needs, wants, lifestyle and budget.

What makes the dual eligible beneficiary audience unique

The dual eligible beneficiary audience might face different challenges than the typical Medicare beneficiary. Here are some examples. We'll dive deeper into these topics in the pages to come. Don't ask about these matters directly, but keep them in mind and refer to MARx for the information you need.



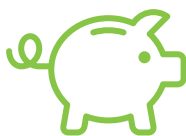
DEMOGRAPHIC TRENDS



HEALTH SITUATION



SOCIAL DETERMINANTS
OF HEALTH



INCOME LEVEL



LEVEL OF CARE NEEDED



ADMINISTRATIVE HURDLES



DISPARITIES AND BIAS

DEMOGRAPHIC TRENDS

The dual eligible population continues to be more diverse than the Medicare-only population in terms of race/ethnicity and gender.⁸ As an agent, that means you might need to adjust your approach for different dual eligible audiences.

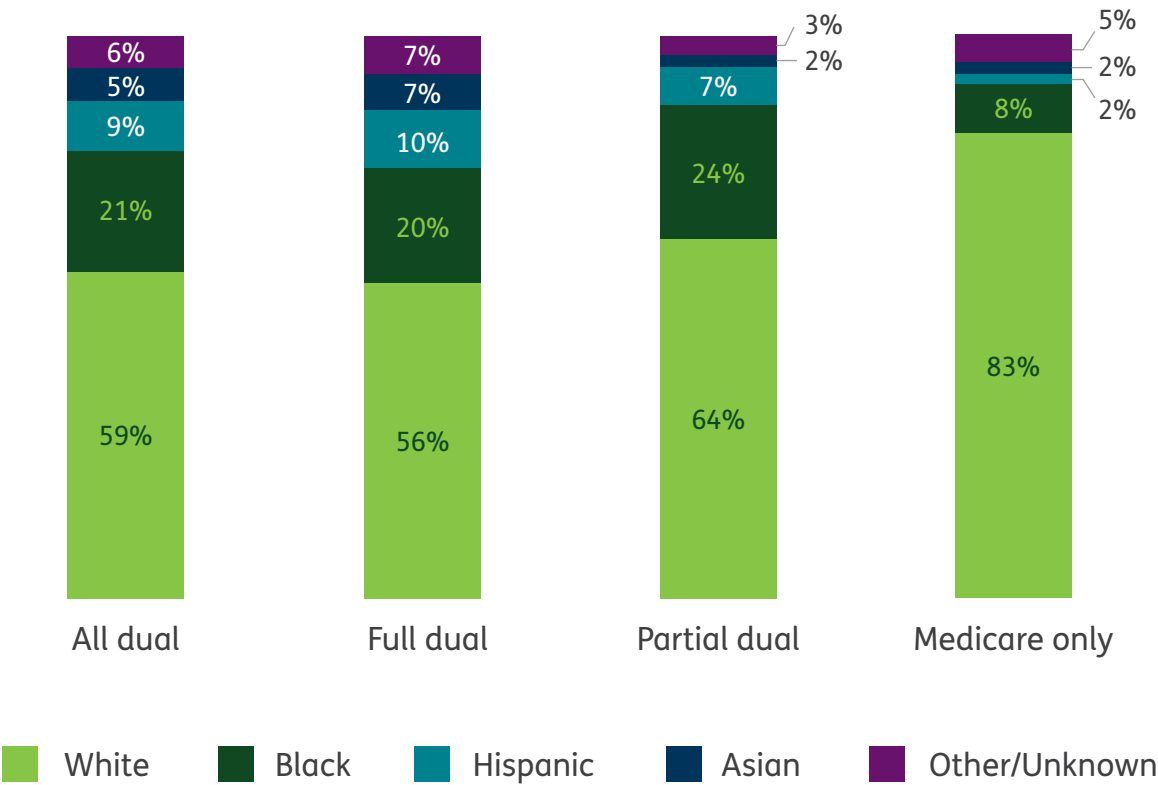
High racial/ethnic and linguistic diversity⁹

In 2021, 41% of the the dual eligible population identified as nonwhite. The chart below shows a more detailed breakdown of race/ethnicity.

3x

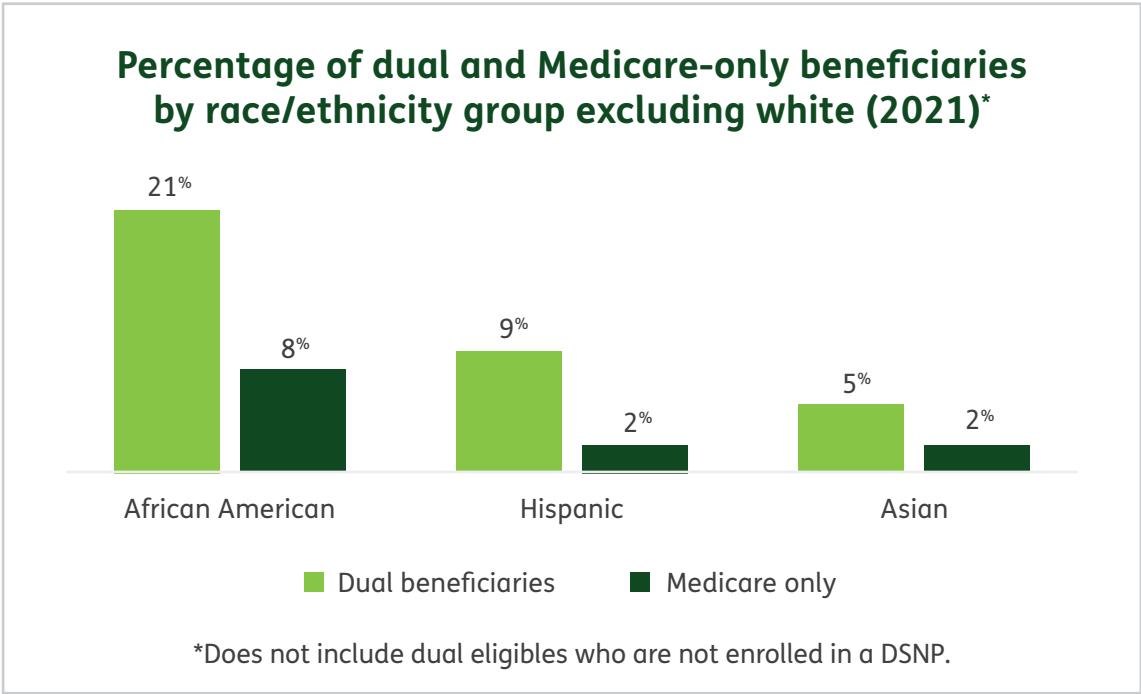
Dual beneficiaries are 3 times more likely to speak a language other than English at home and 9 times more likely to have limited English fluency.¹²

Race and ethnicity of Medicare beneficiaries by dual status



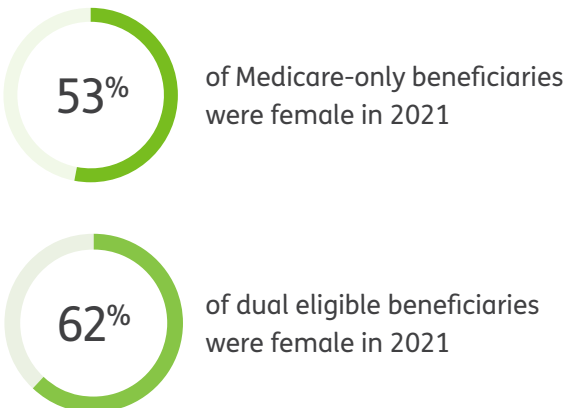
More racially and ethnically diverse than Medicare-only beneficiaries¹⁰

As an agent, the racial and ethnic diversity of DSNP beneficiaries means you might need to have more cultural awareness. We discuss racial disparities and bias later in this section. Pay attention to the ways these different dual eligible audiences may face barriers or hurdles to healthcare.



A higher percentage of female beneficiaries than Medicare-only¹¹

A majority of dual-eligible beneficiaries are women. Keep in mind that people may face gender-specific challenges to accessing healthcare as you explore their individual circumstances and preferences. You might consider sharing information related to women’s health in your member retention efforts.

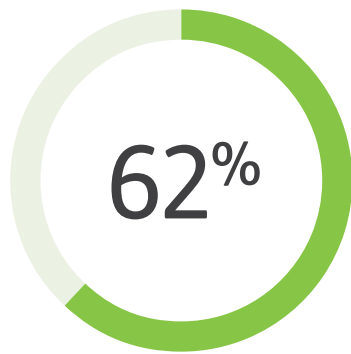


HEALTH SITUATION

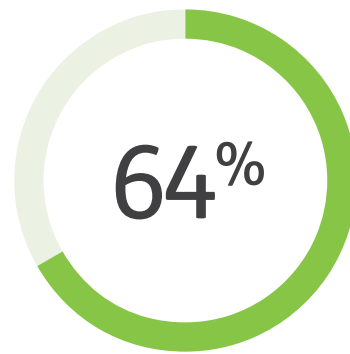
Dual eligible beneficiary audiences might have more chronic illnesses and long-term needs

According to the Centers for Medicare & Medicaid Services (CMS), those who have both Medicare and Medicaid experience high rates of chronic and mental illness with many requiring long-term care.¹² The statistics below put these rates into more context.

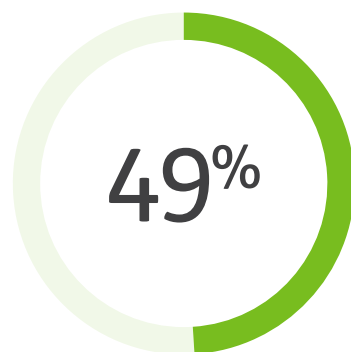
CMS strictly prohibits discrimination based on health status and it is important not to assume anyone's health situation because they are dual eligible. You also don't want to be judgmental. Health is a complex mix of genetics, environment, lifestyle and healthcare. If someone has one or more conditions, treat them with empathy and compassion.



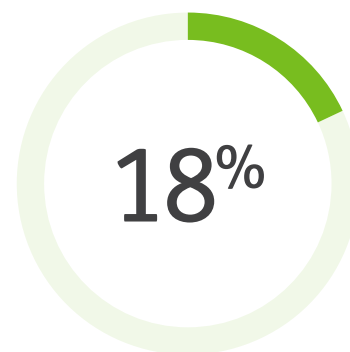
have three or more chronic conditions¹³



have at least one mental health diagnosis¹⁴



receive long-term care services and supports¹⁵



self-report they have "poor" health status¹⁶

SOCIAL DETERMINANTS OF HEALTH

Barriers to health and well-being for the dual eligible beneficiary audience

Social determinants of health are those factors that impact someone's health related to their lifestyle as well as their physical and social environments. Remember that these discussions are for Humana members only and should only take place post-enrollment. These discussions are also optional for members—if they don't want to participate or express hesitation at any point, you should not proceed.

Humana focuses on 5 social determinants of health through our Bold Goal initiative. Here's how we define them.¹⁷



Food insecurity

This is a household-level economic and social condition of limited or uncertain access to adequate food and nutrients. In comparison, hunger is an individual-level physiological condition that may result from food insecurity.



Loneliness and social isolation

Loneliness is a feeling of sadness or distress that individuals have when they feel disconnected from the world around them. Social isolation occurs when someone is physically separated from others and doesn't have (or can't access) their desired social connections.



Transportation

Lack of transportation can limit many things, like going to doctor's appointments, picking up medications, obtaining healthy foods and/or connecting with friends and family.



Financial strain

Financial strain is composed of cognitive, emotional and behavioral responses to financial hardships where an individual cannot meet financial obligations. It also encompasses other care needs, such as housing instability and food insecurity. Individuals experiencing financial strain may forgo medical care and prescriptions to meet their essential needs, such as housing and food, and may make more affordable but less healthy food choices.



Housing

Housing quality and safety issues can lead an individual to live with sub-standard conditions or in unsafe neighborhoods. Other issues can relate to housing instability or affordability, which is when an individual cannot make rent or doesn't have a stable place to live or is nearing or already homeless.

FIXED INCOME

Living on a fixed income could mean making trade-offs

When money is tight, people might be forced to choose between competing needs like whether to buy groceries or pay the utilities. Whether to buy medications or save that money for bus fare to get to the doctor. These trade-offs may compound at the end of the month as monthly income depletes, especially if an unexpected expense occurs.

These trade-offs may be even more difficult for people who live in rural or geographically isolated areas. Access to healthcare and food may be scarce. You might hear these areas referred to as “healthcare deserts.”

A shortage of healthcare professionals in rural areas of the U.S. can lead to a limited

supply of available services. As of March 2021, more than 61% of primary care health professional shortage areas were located in rural areas.¹⁸ If individuals have one or more chronic conditions that require more medical oversight, this could make easy access to care even more challenging because they may need to see providers more frequently.

In the case of food, some neighborhoods may have lots of food options, but ones that do not offer fresh fruits or vegetables or lean proteins. Some refer to these areas as “food swamps.” If a person cannot get to where the healthier food options are due to transportation barriers, their nutrition and health could suffer.

LEVEL OF CARE NEEDED

The more complexity, the higher the level of care needed

Complexity—in health, social and environmental needs—requires more navigation and understanding as a healthcare consumer. And, often, more support and services. Providers and plans offering more integration and streamlined services under one entity could improve care management overall.

ADMINISTRATIVE HURDLES

More hurdles to hop

The dual eligible population may be able to access services and support thanks to government and community programs. Government programs like Medicaid, Low-Income Subsidy (LIS)/Extra Help Community programs like food banks, meal delivery, affordable housing services, utilities assistance and others might offer various services to provide a safety net if they are available in a beneficiary's area. However, more services and support often go hand in hand with more forms and applications. It can be overwhelming for some to find these services, apply for them and then manage them once enrolled.

Because the enrollment process for government assistance is not automatic and the eligibility rules may be complicated or confusing, many eligible people may not know how to apply or even that they are eligible in the first place.¹⁹ They might not realize they could be entitled to benefits until a crisis like a hospitalization occurs or they encounter a social worker or licensed Medicare sales agent.



DISPARITIES AND BIAS

Racial and ethnic disparities

According to a 2021 report from CMS based on data from [Consumer Assessment of Healthcare Providers & Systems \(CAHPS\)](#) surveys, which play a large role in determining the annual [Medicare Star Ratings](#), racial and ethnic minority beneficiaries might experience worse care as compared to white beneficiaries.²⁰ For example, Black and Hispanic beneficiaries typically reported worse experiences with clinical-care measures as compared to white beneficiaries while Asian or Pacific Islander beneficiaries had

worse patient experiences than white beneficiaries.²¹ The chart below shows those measures where these groups had worse experiences and what you can do as an agent to help.²² Agents should not use this information to make assumptions about beneficiaries based on their race or ethnicity. Nor should agents assume that because a beneficiary is white they do not experience barriers to care. Agents should aim to help all members with their unique care needs regardless of their race or ethnicity.

BENEFICIARY GROUP ²³	AREAS THAT MAY BE BARRIERS TO HEALTH ²⁴
American Indian or Alaska Native	<ul style="list-style-type: none">• Getting needed prescription drugs
Asian or Pacific Islander	<ul style="list-style-type: none">• Getting needed care• Getting appointments and care quickly• Customer service• Doctors who communicate well• Care coordination• Getting needed prescription drugs
Black	<ul style="list-style-type: none">• Annual flu vaccine
Hispanic	<ul style="list-style-type: none">• Getting needed care• Getting appointments and care quickly• Annual flu vaccine



Learn more about racial and ethnic disparities in Humana’s [Multicultural Agent Playbook](#)

What you can do to help

If you discover any member, regardless of their race or ethnicity, experiences one of these barriers to care, here's what you can do to help.



Getting needed prescription drugs

Humana has removed barriers to getting needed prescription drugs by providing a \$0 prescription drug VBID on all DSNPs for dual eligible members who qualify for these plans. PR DSNPs all feature \$0 cost shares for prescription drugs.



Getting needed care

Help them find the right care for them and their needs using Humana's [Find a Doctor tool](#) with Care Highlight® ratings.

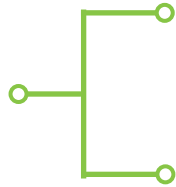


Getting appointments and care quickly

Let them know they may be able to access care via virtual or in-home visits by using the Find a Doctor tool with Care Highlight ratings to filter for providers who offer those services in their area.



Customer service



Use the My Humana Business center to submit service inquiries on behalf of members.

Encourage them to use [Humana's Customer Care](#) number or speak to a [Humana Neighborhood Center®](#) Customer Care Representative.



Finding providers in the network with their preferred language



Use the language search filter on the Find a Doctor tool with Care Highlight ratings to find doctors who speak their preferred language.



Care coordination



Educate them about value-based care to see if this primary care approach is right for them.



Annual flu vaccine



Encourage beneficiaries to get their annual flu vaccine as part of their routine screenings, tests and vaccines.



Learn more about the [Find a Doctor tool](#) and [Care Highlight ratings](#) and how they can help members find the right provider for their needs.



Part D subsidies with LIS/Extra Help

- All Dual Eligible beneficiaries automatically qualify for LIS/Extra Help which subsidizes Part D expenses.
- LIS/Extra Help can reduce or eliminate the beneficiary's portion of the MAPD/PDP premium (if applicable).
- LIS/Extra Help can reduce or eliminate the beneficiary's portion of the Part D Deductible (if applicable).
- LIS/Extra Help can reduce the beneficiary's portion of the Part D cost shares.

CenterWell Pharmacy

CenterWell Pharmacy is a mail-order pharmacy in-network on many Humana DSNPs. If the member has transportation barriers, mobility concerns or a limited budget, a mail-order pharmacy could be right for them so they can get prescriptions shipped directly to their door, order 90-day supplies to eliminate

multiple trips for eligible medications and potentially save.

CenterWell Pharmacy may possibly help DSNP members by making prescription drug access simple, affordable and convenient. Other pharmacies may also be available to meet members' needs.



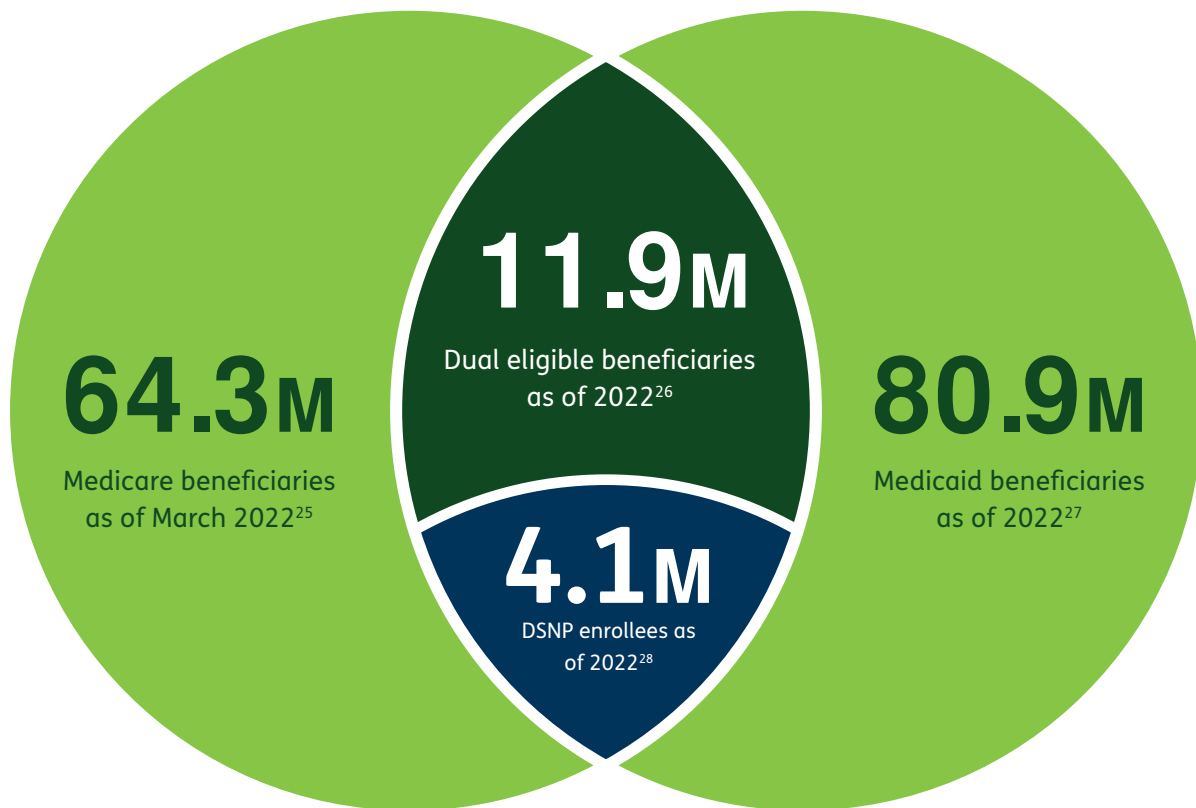
SECTION 4

Medicaid 101

As a licensed Medicare sales agent, you probably know Medicare like the back of your hand. But Medicare isn't the only government healthcare program in town. There's also Medicaid. Just like Medicare, Medicaid got its start in 1965, when Congress signed both programs into law. In this section, we'll explore the differences between Medicare and Medicaid to help you contextualize how Medicaid fits into DSNPs.

Total number of beneficiaries

Here's an approximate visualization of the number of Medicare, Medicaid and dual eligible beneficiaries based on recent data.



Medicaid basics

Medicaid provides health coverage for people with low incomes. Unlike Medicare, which most people become eligible for at age 65, there are no age limits with Medicaid. In fact, Medicaid covers people as young as infants as well as adults, elderly adults and people with disabilities.

Whereas Medicare is funded and administered by the federal government, Medicaid is jointly funded by the federal government and individual state governments. State governments manage their own Medicaid programs according to federal guidelines. This means that Medicaid eligibility and benefits may vary from state to state.

However, there are mandatory benefits that all states must provide as part of Medicaid. It’s in the optional benefits that you see differences from state to state. The chart below shows some of Medicaid’s mandatory and supplemental benefits as listed on [Medicaid.gov](https://www.Medicaid.gov). For a full list of Medicaid benefits, go [here](#).

Benefits and services²⁹

MANDATORY	OPTIONAL
<ul style="list-style-type: none">• Inpatient and outpatient hospital visits• Preventive screenings and diagnostic/treatment• Nursing facility• Home health• Primary care• Rural health clinic• Federally qualified health centers• Labs and X-rays• Transportation to medical care	<ul style="list-style-type: none">• Prescription drugs• Physical therapy• Occupational therapy• Respiratory care• Rehabilitative care• Podiatry• Optometry• Dental• Dentures• Eyeglasses• Chiropractic care• Other practitioner services• Private nursing duty• Personal care• Hospice• Case management

Dual eligibility categories³⁰

How does eligibility for DSNP Medicaid work? If a consumer indicates they have a low income, encourage them to contact their local Medicaid office or the Social Security Administration to apply for a Low-Income Subsidy (LIS, see next section). Qualifying individuals will be eligible for one of the parts of the Medicare Savings Program listed below, each of which provides a different level of support paying for Medicare and/or Medicaid coverage.

PART OF MEDICARE SAVINGS PROGRAM	Helps pay for
Qualified Medicare Beneficiary (QMB) Program	<ul style="list-style-type: none"> • Part A premiums • Part B premiums • Deductibles • Coinsurance • Copayments (for services and items Medicare covers, excludes Part D coverage)
Qualified Medicare Beneficiary Plus (QMB+) Program	<ul style="list-style-type: none"> • Part A premiums • Part B premiums • Deductibles • Coinsurance • Copayments (for services and items Medicare covers, excludes Part D coverage) • Provides full Medicaid benefits
Specified Low-Income Medicare Beneficiary (SLMB) Program	<ul style="list-style-type: none"> • Part B premiums (enrollee must have both Part A and Part B to qualify)
Specified Low-Income Medicare Beneficiary Plus (SLMB+) Program	<ul style="list-style-type: none"> • Part B premiums (enrollee must have both Part A and Part B to qualify) • Provides full Medicaid benefits
Qualifying Individual (QI) Program	<ul style="list-style-type: none"> • Part B premiums (enrollee must have both Part A and Part B to qualify)
Qualified Disabled Working Individual (QDWI) Program	<ul style="list-style-type: none"> • Part A premiums only
Full Benefit Dual Eligible (FBDE) Program	<ul style="list-style-type: none"> • Part A premiums • Part B premiums (in some cases) • Medicare Cost-Sharing Obligations (under certain conditions)



SECTION 5

The lowdown on Low-Income Subsidy/Extra Help

Low-Income Subsidy, also known as Extra Help, is a federal program administered by the Social Security Administration and Medicare to help people with low incomes and resources pay for their Medicare Part D prescription drug costs.

How beneficiaries enroll in LIS/Extra Help

Beneficiaries can be auto-enrolled in LIS by Medicare or they can apply through Social Security in 1 of 3 ways.

1. www.SocialSecurity.Gov/ExtraHelp
2. Toll-free at 1-800-772-1213 (TTY: 1-877-486-2048)
3. At a local Social Security office

What beneficiaries need to have when applying to LIS/Extra Help



Social Security card



Bank and investment
account statements



Tax returns



Payroll stubs



Most recent benefit
letter/statement



LIS/Extra Help eligibility thresholds

An LIS/Extra Help applicant must have income and assets at or below a certain level to qualify. All who qualify must have Original Medicare Part A and B and reside in one of the 50 states or the District of Columbia.

The information below is for your background knowledge only. If the prospect would like to understand how LIS works, let them know they can contact Medicare directly for more details. Always remember to read the disclosure related to change of status level.

LIS LEVEL	MARITAL STATUS	2023 LIS RESOURCE LIMIT ³¹
FULL SUBSIDY	Single	\$9,090
	Married	\$13,630
PARTIAL SUBSIDY	Single	\$15,160
	Married	\$30,240

WHAT COUNTS AS A RESOURCE ³²	WHAT DOESN'T COUNT AS A RESOURCE ³³
<ul style="list-style-type: none"> • Bank accounts • Stocks • Bonds • Liquid resources that can be readily converted to cash in 20 days • Real estate that is not the beneficiary's primary residence 	<ul style="list-style-type: none"> • Supplemental Nutrition Assistance Program (SNAP) benefits • Home-energy assistance • Earned-income tax credits • Primary residence • Vehicle • Furniture • Personal possessions • Life insurance policies

LIS/Extra Help SEPs

LIS/Extra Help beneficiaries have two SEPs depending on their situation:

1. The quarterly SEP is available once per quarter during the first 3 quarters of the year (January–September) if they have not had a change in their LIS/Extra Help status.
2. If they have a gain, loss or change in LIS/Extra Help status, they qualify for an SEP, which can be used year-round.

Get more details on these SEPs and others in Humana's [Election Period Playbook](#).

LIS/Extra Help and DSNP

LIS/Extra Help eligibility does not mean DSNP eligibility. Those who qualify for the [Medicare Savings Program](#) (certain levels of Medicaid Benefits) automatically qualify for LIS/Extra Help; however, LIS/Extra Help does not automatically qualify a beneficiary for Medicaid. It's a one-way association rather than a two-way association.

Medicaid → LIS

LIS ≠ Medicaid



Agent LIS/Extra Help enrollment tip

Be sure to review how LIS/Extra Help eligibility impacts monthly premiums for MA and DSNP plans with prescription drug coverage as well as those opting for a stand-alone prescription drug plan (PDP). Learn more about how beneficiaries can [apply for LIS](#) at the CMS website.

Compare and contrast

See how Medicare, Medicaid, LIS/Extra Help and DSNP compare to one another in the chart below.

	MEDICARE	MEDICAID	LIS/EXTRA HELP	DSNP
WHO IT COVERS	Americans 65+ or who qualify based on disability, ESRD or ALS disease	Those with low incomes (families and children, pregnant women, elderly adults, people with disabilities)	Medicare beneficiaries with low incomes	Those who are eligible for both Medicare and Medicaid
WHO ADMINISTERS IT	Federal government via CMS	Federal government via CMS and individual state governments	Federal government via Social Security Administration	Private insurance carrier
WHAT IT COVERS	Hospital insurance (Part A) Medical insurance (Part B)	Mandatory: hospital, medical and long-term care insurance Optional: prescription drugs, dental, vision, podiatry, chiropractic care, personal care, etc.	Helps pay for Part D costs	Combines Medicare and Medicaid benefits under a single plan with potential extras
WHAT IT COSTS BENEFICIARIES	Monthly premium Deductible Coinsurance	Little to nothing	Varies, benefits are given on a sliding scale	Varies depending on the plan and service area
NUMBER OF BENEFICIARIES COVERED	64.4 million (34.9 million in Original Medicare and 29.5 million in MA and other health plans as of March 2022) ³⁴	80.9 million (as of March 2022) ³⁵	14.2 million total (13.8 million full LIS, 0.4 million partial LIS as of 2020) ³⁶	4.1 million (as of March 2022) ³⁷





SECTION 6

Humana DSNP basics

Humana's DSNPs aim to simplify the healthcare experience, bolster health and well-being with robust, innovative and competitive benefits and keep healthcare costs affordable for the most vulnerable Medicare beneficiaries. This section will help you understand how human care makes Humana different, especially when it comes to DSNP.

Making health insurance accessible

Some of Humana's DSNPs have low and \$0 premiums, which help members get the healthcare they need at affordable costs. The [Prescription Drug Savings benefit](#) on some DSNPs helps eliminate out-of-pocket costs so members can take their medications as prescribed.

\$0 copays for preventive care, robust dental benefits, transportation and allowances for OTC products, groceries and eyeglasses make managing healthcare costs all year long easier (benefits and allowances vary by plan and service area).

Key DSNP benefits that DSNPs might include*



Dental allowances



Humana Spending Account Card allowances

- Healthy Options allowance
- OTC allowance
- Flex allowance



\$0 Rx copay benefit

Turn to First Look

Learn how Humana has expanded its DSNP offerings for 2023 at [First Look](#). First Look is your go-to destination for market-level plan highlights and details.

[View Humana Plans](#)



*Always refer to the specific plan's Summary of Benefits to see what benefits are included with a DSNP or any plan you are discussing.

Benefits that make a difference

Humana's DSNP benefits, which vary by plan and service area, may include:

Dental coverage	Hearing coverage
\$0 Rx copay benefit	Transportation
Flex allowance	Healthy Options allowance
Care coordination	SilverSneakers®
Mental health services	Go365
OTC allowance	Vision coverage





Humana Spending Account Card allowance

Take a deep dive into the Humana Spending Account Card to learn how members on plans with this benefit can activate and use their card, as well as useful tips to help them make the most of this unique and competitive benefit.



[Get the guide](#)

Dental coverage as a differentiator

Dental coverage is a key feature of many DSNPs. According to the Kaiser Family Foundation, cost has been a barrier to care for dual eligible beneficiaries receiving dental care. The largest groups saying they couldn't get dental care due to cost included those with low incomes, in poor health, in Black or Hispanic communities and in rural areas.³⁸ Dental coverage through a Humana DSNP gives members peace of mind that their dental needs are met.

Researchers have found that a lack of dental coverage for Medicaid beneficiaries can lead to an increase in emergency department visits as beneficiaries may delay preventive care or early diagnosis, which could lead to complications and more costly treatments.³⁹

3x

Adults in poverty are more than 3 times as likely to have untreated tooth decay⁴⁰

37%

The amount of adults aged 65 and older in poverty who had complete tooth loss⁴¹

13%

The number of people under the poverty line with unmet dental needs due to cost⁴²

Key benefits that drive Humana's DSNP value proposition



Dental coverage with a high maximum benefit



Benefits, such as a Healthy Options allowance of up to \$3,300 a year for healthy living essentials and over-the-counter (OTC) allowance for up to \$1,400 a year for health-related OTC items*

*For agent educational purposes only. Refer to the specific Summary of Benefits for the plan you are discussing with a beneficiary to ensure you discuss the benefits of that plan accurately.

Maximize Humana's maximum benefit coverage

Many of Humana's DSNPs offer a more competitive maximum dental benefit of up to \$5,000 depending on the plan. As an agent, you must refer to the specific Summary of Benefits for the plan you are discussing with a beneficiary to ensure you discuss the benefits of that plan accurately. Beneficiaries can use this benefit on a variety of preventive and comprehensive services including, but not limited to:

- Deep cleaning
- Crowns
- Emergency treatment
- Fillings
- Extractions
- Dentures:
 - Complete set
 - Partial (up to one every five years)
 - Rebase
 - Reline
 - Repair

The Flex allowance of up to \$2,500 per year on eligible plans help pay for out-of-pocket costs for a plan's covered dental, vision and hearing services at participating providers.

100% of DSNPs offer this \$0 Rx benefit

\$0 copays for members who are LIS/Extra Help eligible

This benefit features \$0 copays and no deductible for all Medicare Part D covered prescription drugs for all formularies, all tiers and all phases. This benefit helps eliminate out-of-pocket costs so members can take their medications as prescribed and not have to choose between paying for their medicines and other essential needs like utilities or food. This does not include Puerto Rico DSNPs. Members must be LIS/Extra Help eligible to qualify for this benefit.



Care that's coordinated

When enrollees sign up for a Humana DSNP, they are automatically assigned a DSNP Care Manager who they can reach out to directly for questions with their plans. Care Managers are nurses or care coordinators who support members' health and well-being by providing additional services including acute and chronic-care management, telephonic and in-person health support, assistance in coordinating Medicare and Medicaid

benefits, educational resources and workshops and support for families and caregivers.

In addition, Humana's DSNPs offer a model of care based on coordination. Humana's DSNP care teams include registered nurses, social services and health educators to help members manage complex and chronic conditions.

Value-based care: better patient engagement and outcomes⁴³

Provider networks for DSNPs may operate under a value-based care model. Humana's 2021 Value-based Care Report shows that this care model can lead to better patient engagement and outcomes, especially for DSNP members with complex, chronic conditions because of value-based care's high-touch, preventive-focused care model.⁴⁴ Humana's in-network providers can help encourage members to take advantage of Humana's wellness programs like Go365 and SilverSneakers if they're included on their Humana plan.

67%

The number of individual Humana MA members who seek care from primary care physicians (PCPs) in value-based agreements.⁴⁵

8–20%

Screenings for Humana's value-based care cohort were between 8–20% higher than non-value-based care members for colorectal screenings, diabetic eye exams, osteoporosis management and controlling blood sugar.⁴⁶

22%

Value-based care PCPs performed 22% more post-discharge medication reconciliations than non-value-based care PCPs.⁴⁷

Home: the center of the life and now, healthcare

For DSNP members with transportation or mobility barriers as well as those members who want added comfort and convenience, in-home healthcare can help them get their health needs met from home. In-home care is available only through providers offering these services and may not be available through all in-network DSNP providers.

Reasons home-based care might be beneficial



Comfort

Members can access care where they may feel most comfortable—at home.



Convenience

No need to travel. Members can go about their daily home activities while waiting for their provider to arrive.



Access

For those members with mobility or transportation barriers, home-based care makes getting the care they need simple.



Personal

What's more personal than care at home? Healthcare providers can get a more intimate and holistic picture of members.



Affordability

Home-based care may help members avoid costly care in a hospital or long-term care facility. Home-based primary care was shown to save Medicare beneficiaries more than \$6,500 per year.⁴⁸



Improved outcomes

Hospital at home programs, for example, have been proven to reduce complications.⁴⁹ Home-based primary care could also potentially reduce preventable adverse health events and close care gaps while decreasing site-of-care costs.⁵⁰

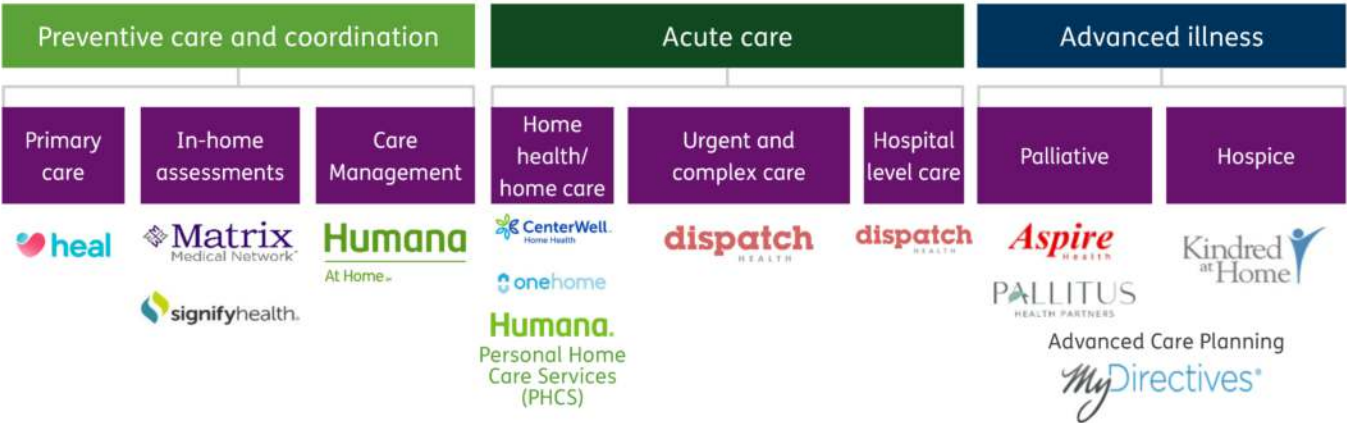


Enhanced experience

Home-based care can be more comfortable physically, emotionally and mentally for some members. Home-based care may allow members to age in place for longer.

Care for what members need

From routine exams to serious illness support, members can get care where they may be most comfortable—at home.



Not all providers are available in every market, agents should check availability of a provider before discussing with a member. CenterWell Home Health was formerly known as Kindred at Home. Humana care management was formerly known as Humana at Home. Other providers may be available in our network. Some providers offer virtual visits.

Learn more about home-based care with Humana

Check out the short video below for an overview of how home-based care works for members with eligible plans.



Video learning

Watch these videos to learn more about Humana's unique member benefits, included on many of Humana's DSNPs.

SilverSneakers



Learn about Humana member Vivian Stancil's inspiring health and fitness journey in the video above. Exercise helps maintain and improve the body's strength, flexibility and endurance and is key to whole-person health. SilverSneakers gives members with this benefit access to 15,000+ fitness locations nationwide plus dozens of virtual and on-demand classes they can participate in from the comfort of their own home.



Humana Neighborhood Centers

Humana Neighborhood Centers are open to members and the public as a community gathering place for health and wellness. Services are provided at no cost. Humana has brick-and-mortar locations across the U.S. that offer in-person and virtual programming, accessible from all 50 states and Puerto Rico.⁵¹

Neighborhood Centers have on-site and virtual customer care specialists and health educators available to help members with their plan benefits as well as developing healthy habits like staying active, sleeping enough and eating well. One-on-one appointments are available with health educators, either in person or virtually, to

provide customized education for improving mental, physical and emotional health.

Centers offer a variety of health and wellness programs and services from preventive screenings to Zumba classes. Certain activities and classes are only for Humana members. Classes cover a variety of topics, including chronic conditions, nutrition, emotional health, trivia and more. Neighborhood Centers also offer SilverSneakers fitness classes, and members can earn Go365 points for attending both SilverSneakers and health and wellness programming in the centers.



Real benefits, real-world solutions

When you change your mindset from driving sales to finding solutions, you make healthcare simple, personal and caring. You listen and learn. You present the right solution for that unique individual. You're helping to deliver what we call human care.

Because DNSP market penetration is still low (remember, only 4.1 million out of 11.9 million dual eligible beneficiaries are enrolled in a DSNP), beneficiaries may not know they are eligible for a DSNP. They may have Original Medicare only or be enrolled in a non-SNP Medicare Advantage plan.

Listen for these and similar statements from beneficiaries. You can then verify their dual eligibility status and help them find the right plan for them. Be sure to use the Medicaid Eligibility Tool in Vantage to see if the beneficiary qualifies for a DSNP plan in their area (if applicable).

View the slideshow below for some hypothetical examples that may apply when you're discussing certain plan benefits.



Identifying prospect needs

Humana.

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SECTION 7

SNP care management and Health Risk Assessment

A benefit of SNPs is that they include support to help connect members with the resources and support they need to manage their healthcare and live a healthy lifestyle. The Health Risk Assessment (HRA) helps Humana assess member needs and create personalized plans for each member. In this section, we'll look at the different assessments that help us gauge member needs and how they come together to support members.

Assessment and care management basics

Humana conducts the HRA to help design unique care plans tailored to the individual health needs of SNP members. Here's a brief overview of how it works.



WHO

Members: those enrolled in Special Needs Plan.

Humana: associates on our SNP Care Management Team.

Agent: help educate members.



LISTEN UP

The SNP Care Management Team will continue to reach out to the member until the HRA is completed.



WHEN

Within 90 days of enrollment: initial 15–20 minute HRA call. Can also be completed online.

Post-HRA call: 45–60 minute deeper-dive call.

Ongoing outreach: every 2–12 months. CMS requires the HRA to be completed annually.



WHERE

SNP members may be contacted over the phone or via mailed or electronic letter(s).



WHY

Every members' needs are different, and the HRA helps us create personalized care plans tailored to each member.



WHAT

The HRA is a CMS requirement on all SNPs to help SNP members get the resources and support they need.

Don't get these assessments confused

These all help Humana create more personalized, whole-person care for each member. They are all important to SNP members and work together to paint a picture of member needs, but they are all different.

HRA

Unlike the other assessments below, the HRA is not administered by you, the agent. The HRA focuses on medical needs and is essential to create a SNP member's care plan. You can help them get the best care by encouraging them to watch for calls and emails from Humana's SNP Care Management team and to take the assessment over the telephone or online. The SNP Care Management team will take it from there.

Member Care Assessment

The Member Care Assessment (MCA) is an optional survey for new MA members. The MCA helps identify social barriers to healthy living and is agent-administered within 30 days of enrollment. Be sure to connect members with resources based on their responses.

[Get the MCA guide](#)

The HRA is different from agent-led assessments

The HRA is administered by Humana's SNP Care Management team and is a CMS requirement. The chart below can help you clearly see the key similarities and differences between the 2 assessments at a glance.

	HRA	MEMBER CARE ASSESSMENT
WHAT IT IS	Formal survey with data capture for SNP members	Optional survey with data capture for new MA members
WHAT IT'S USED FOR	To identify gaps in care and needs for member individualized care plan and collect beneficiary health status information	To identify barriers to social determinants of health and identify member health and wellness needs
QUANTITY OF QUESTIONS	19	10+
TIME IT TAKES TO COMPLETE	10–15 minutes	10–15 minutes
WHEN IT IS ADMINISTERED	Within 90 days of enrollment	Within 30 days of enrollment
WHO ADMINISTERS IT	Humana's SNP Care Management team	Agent
WHAT HAPPENS POST-ASSESSMENT	Humana's SNP Care Management will conduct a 45–60 minute follow-up call and create a personalized care plan.	Agent should connect member to resources when available. Humana teams may reach out to offer additional support to the member.

What happens after the HRA?

As you can see from the timeline, the Humana SNP Care Management team will continue reaching out to members until the HRA is completed. Here's what happens afterward.

1. The Humana SNP Care Management team follows up with a call from a nurse or social worker. During this 45–60 minute call, the care manager asks questions to narrow down the health barriers members face and build out a plan for education, training and action.
2. Depending on their care needs, care managers will reach out to members every year, 6 months or 2 months. No matter what, every member will get contacted yearly to fill out their HRA.
3. If a member has a hospital stay, care managers will make 3 attempts to contact members following release to support their transition of care.

Agents should share very limited information about the HRA to prevent allegations related to information.







SECTION 8

DSNP enrollment reminders

Online enrollment tools have the power to help you and members. To start, going paperless can improve transparency. You'll be able to see an application status in real time and provide updates to the beneficiary, keeping them posted on any bumps in the road. You won't have to worry about losing, misplacing or mixing up forms because everything's stored for you online. Online enrollment can save you precious time by not having to fill out repeat information over and over, which means you're less likely to make mistakes.

Make PCP capture a habit if member consents to providing this information

Here's why:

- Gives attention to client needs
- Shows you care about them
- Confirms their PCP is in-network
- Surfaces needs and preferences
- Deepens client relationships
- Create a better member experience
- Helps maximize plan benefits

Capture language preference and email at enrollment

if member chooses to provide this information

Here's why:

- Increases ease and understanding
- Enhances the member experience
- Personalizes communication
- Increases trust and transparency
- Improves efficiency and convenience
- Helps you connect early and often



Engaging with multicultural audiences is about more than just language preference, though. Learn more about tools, plan materials and strategies to help you effectively engage with members of various cultures in Humana's [**Humana's Multicultural Agent Playbook.**](#)



Maybe you prefer good old-fashioned paper enrollment to online enrollment. Don't worry, we've got you covered. We've rolled out a new DSNP paper application. Here are the updates you need:

1. Using this stand-alone application for DSNP.
2. The following updates apply only to paper applications.
3. You will need the member's Medicare and Medicaid ID card numbers.
4. Complete the Medicaid ID on page 5 of the application.
5. Submit the application to Humana using this dedicated fax line: **877-889-9923**.

Humana[®]





SECTION 9

SEP reminders

Those who are dual eligible can change plans at certain times of the year and under specific situations. Keep in mind that dual eligible beneficiaries can enroll in any MA plan in their service area, not just DSNP; however, it's likely that a DSNP will have the most robust benefits to support their health and wellness needs.

SEPs for those with Medicaid

The chart below shows which SEPs to have on your radar for dual eligible beneficiaries or those who have LIS/Extra Help.

	SEP for dual eligible and other LIS-eligible individuals	SEP for individuals who gained, lost or had a change to their Medicaid or LIS-eligibility status	5-star plan SEP
What it means	Beneficiaries are allowed to make a change to their plans	Gain: newly eligible for Medicaid or LIS assistance Loss: no longer eligible for Medicaid or LIS Change: Medicaid benefit-level changes This SEP is tied to Extra Help and may be available without gaining or losing Medicaid-eligible status	Beneficiaries may enroll in a plan that earned 5 out of 5 stars from Medicare
When the SEP occurs	Once per calendar quarter from January–September	Once within 3 months of the qualifying event or notification of the update (whichever is later)	Once between December 8 and November 30 of the applicable contract year for the plan’s 5-star rating.
SEP code	MDE	MCD	Use AEP as the election code if enrolling a client in a 5-star plan during AEP. If outside of AEP, use the code 5-ST.



Get more details on these SEPs and others in Humana’s [Election Period Playbook](#).

DSNP deeming period

A dual eligible beneficiary's Medicaid status may change from month to month due to life changes or eligibility level changes. If such a change occurs while a beneficiary is enrolled in a DSNP, they enter what is called the deeming process, a 6-month timeframe, which allows them to requalify for their current DSNP or move to a different eligible plan.

If the beneficiary does not take any action to either regain Medicaid eligibility or switch to another plan, their Humana coverage will be dropped all together, including their Part D prescription drug coverage. This reverts them back to Original Medicare Parts A and B coverage.

Humana notifies affected DSNP members about deeming in 3 letters

1. 6-month notification letter explains the 6-month grace period during which the member must regain their Medicaid eligibility or switch to an eligible Humana plan. In Tennessee only, members have a 3-month deeming period.
2. 30-day notification letter lets the member know they have 30 days left in their 6-month grace period to either regain their Medicaid status or switch to an eligible Humana plan.
3. The continuation letter informs the member that they have regained their Medicaid status and that their current Humana DSNP coverage will continue uninterrupted.





How you can help members affected by DSNP deeming

1. If you learn from a member that they may be losing eligibility for their DSNP plan, help determine their Medicaid status with the Medicaid Eligibility Tool in Vantage using any letter they received from their state program.
2. If they no longer meet the eligibility requirements for the DSNP, help them find a Humana plan that meets their health needs, budget and lifestyle.
3. If no longer eligible for Medicaid at all, recommend that they contact the Social Security Administration to apply for LIS/Extra Help.
4. Connect them to community resources for social determinants of health such as food banks, Meals on Wheels, their Area Agency on Aging, housing-assistance groups and other local resources to fit their specific needs.



SECTION 10

DSNP member engagement and retention strategies

Enrolling a beneficiary in a plan isn't the end of the process. In fact, it's just one step in a bigger cycle. We could argue that what happens after an enrollment is just as important, if not more so, than what happened before.

When members have a good experience after enrollment, they are more likely to want to stick with you as their agent and Humana as their insurer.

Member engagement and retention hinge on positive experiences and good communication. Members want to feel heard. They want their problems to be fixed. They want things to be easy. They want to be treated with dignity, respect, kindness and compassion.

Build great relationships from the get-go

You have the power to make members feel special. You have the power to transform a sales transaction into a true relationship. You have the power to educate, motivate and help members live their healthiest, happiest lives. We show you how to enhance member experiences in the critical first few days and months of their plan in our [3-30-60-90 Day Conversation Guide](#).



[Get the guide](#)

Key post-enrollment moments of agent influence

You can make a difference in the way members experience their plans and healthcare for the better. This is especially important for the DSNP audience, who traditionally experiences more barriers to care yet has more complex, chronic health conditions as we discussed in [Section 3](#).

Coverage and costs

You probably spent a good deal of time during the sales presentation call explaining coverage and costs to members. But think about things from the member's point of view. They got a ton of complicated info all at once—chances are, they aren't going to remember it all.

And then they get another set of information when their application is

accepted, which can also feel complicated and confusing, especially if they are new to Medicare and/or Medicaid.

As their agent, you can help break all that information down for them so it's easy to digest and retain. Make it a habit to periodically educate them about different parts of their coverage during check-in calls.

DSNP coverage and cost education best practices

1. Explain they need to show both their **Medicaid ID card and their Humana ID card** when using plan benefits.
2. Tell them about **in-network vs. out-of-network providers** and the potential cost differences if discussing a PPO or POS DSNP.
3. Let them know **where they receive care is up to them**, whether that's care at a provider's facility, virtually or in their home for providers offering telehealth or in-home services.
4. Encourage them to **use the Find a Doctor tool with Care Highlight ratings** to find **quality and cost-efficient care** where ratings are available.
5. Remind them to take advantage of free **preventive care and screenings** as part of their plan coverage.

Real talk from a real agent

“Let’s face it: Medicare can be intimidating for most people. But when you have to navigate Medicare and Medicaid, it’s a double dose of intimidation. I encourage customers to ask questions and really challenge themselves to learn about DSNP. As I educate them, I help them build their confidence.”

Barbara Prince, independent sales agent, Ohio

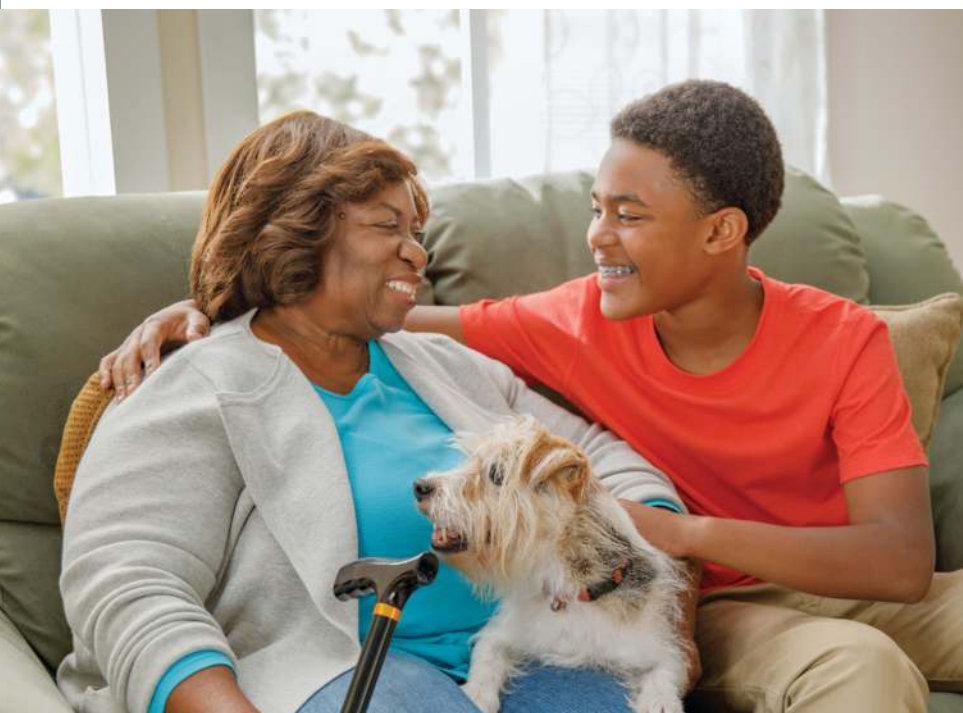
Customer service

As an agent, you're often a member's first and go-to point of contact for questions or concerns with their plan and coverage. Being empathetic and compassionate will go a long way in communicating that you care about the beneficiary and their needs.

Leverage the My Humana Business Center to help yourself help members with a slew of customer service needs. For example, we've added an application status tracker bar that tells you exactly where an application is in the process. My Humana Business Center and Service Inquiries also let you submit customer service requests for a variety of items such as:

- Application errors
- Claims
- Demographics changes
- Benefits
- Provider changes
- Fulfillment for ID cards, ANOC letters and more

And you can use it to pull reports for more targeted communications. The Consumer Insights feature lets you pull reports for things like Veteran or Low-Income Subsidy/Extra Help status.



Providers

Use Humana’s [Find a Doctor tool](#) with [Care Highlight ratings](#) to help members find the right care for them. Be sure to help make healthcare simple and accessible for them in these ways.

POTENTIAL MEMBER HURDLE	AGENT SOLUTION
The doctor can’t see them for a month or more.	See if a virtual or in-home care visit is an option in their area. Find another provider using Humana’s Find a Doctor tool with Care Highlight ratings who meets their criteria who can see them sooner.
They had to wait a long time at the doctor’s office.	Let them know they can avoid waiting in the lobby by instead seeking care virtually or in the home with providers who offer those services.
The care received during the visit was not ideal.	Empower them to choose a better fit and use Humana’s Find a Doctor tool with Care Highlight ratings to find a new provider.

Be sure you don’t steer beneficiaries toward any one provider. Be clear that they can select any provider in the network. Do not use undue influence to affect a beneficiary’s provider selection or impede them from selecting their provider of choice. Their provider choice must be theirs alone. Remember that Care Highlight ratings are one of many metrics a beneficiary can use when considering a provider.





SECTION 11

DSNP glossary and codes

Sift through the DSNP alphabet soup with this handy glossary and list of codes.

- DSNP** – Dual Eligible Special Needs Plan, a type of Medicare Advantage plan for those who are eligible for both Medicare and Medicaid. It combines the benefits of both programs under a single plan.
- LIS** – Low-Income Subsidy (also known as Extra Help), a federal program that helps Medicare beneficiaries with qualifying incomes and assets pay for their Part D prescription drug costs.
- FBDE** – Full Benefit Dual Eligible. This refers to the package of services, beyond coverage for Medicare premiums and cost-sharing, that certain individuals are entitled when they qualify under eligibility categories covered under a state’s Medicaid Program. Some of these coverage groups are ones that states must cover (for example, Supplemental Security Income [SSI] beneficiaries), and some are ones that states have the option to cover (for example, the “special income level” institutionalized group for individuals or home- and community-based waiver participants and “medically needy” individuals).
- Individuals who get Medicaid only are enrolled in Medicare Part A and/or B and qualify for full Medicaid benefits but not for the Medicare Savings Program categories. However, the state may pay for their Part B premiums.
- Beneficiaries pay no more than the amount allowed under the state’s Medicaid Program for services furnished by Medicare providers.
- QMB** – Qualified Medicare Beneficiary. Helps pay Part A, Part B or both premiums as well as deductibles, coinsurance and copayments.
- SLMB** – Specified Low-Income Medicare Beneficiary. Helps pay Part B premiums.
- QDWI** – Qualified Disabled Working Individual. Pays Part A premiums for certain disabled and working beneficiaries under 65 not getting Medicaid and who meet certain income and resource limits set by their state.
- MDE** – Quarterly SEP election code for use only by Dual Eligible individuals and those who qualify for LIS between January–September.
- MCD** – SEP election code for Medicare beneficiaries who gain, lose or have a change in their Medicaid status.
- NLS** – SEP election code for Medicare beneficiaries who gain, lose or have a change in their LIS/Extra Help status.
- AEP** – Election code for DSNP customers who are eligible to make a change during AEP because they did not use the quarterly SEP or have a gain, loss or change in their Medicaid-eligibility status.



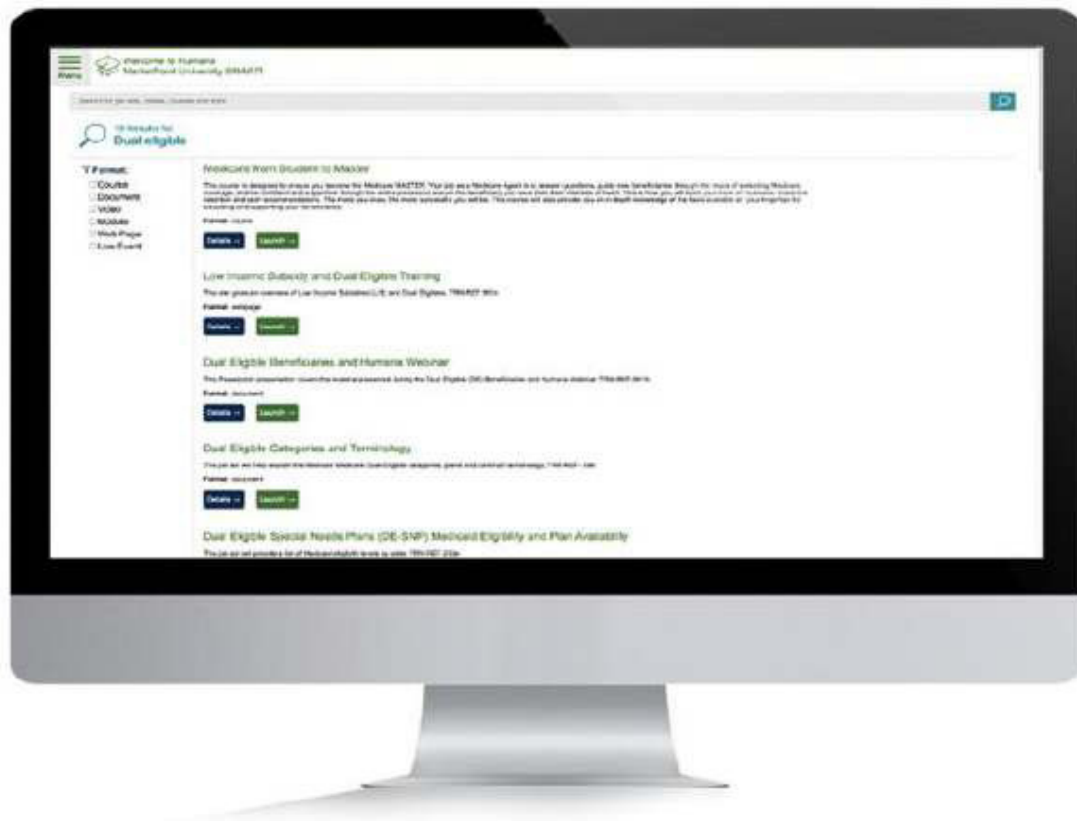
SECTION 12

Additional resources

Humana is here for you whether you want one-on-one coaching, group learning or prefer to go it alone. Be sure to take advantage of all we offer. We're here to help you help more prospects and members.

Humana MarketPoint University

Learn about Humana's policies, take required training, get certified and get tutorials all on your own. Accessible via [Vantage](#).



National and local market events

Connect with fellow agents, Humana leaders and subject-matter experts at virtual events throughout the year. Keep a lookout for these national events.

Personalized support

We’ve got a whole support team dedicated to helping agents. You can contact your call center leadership or [Agent Support](#). Plus, we have local DSNP Community Managers who can help you answer your most challenging DSNP questions and help you make strides with the DSNP audience in your community. Reach out to your local market leader to get connected to the DSNP Community Manager in your area.

When to seek which support

Use this chart to learn which support resource to use for your various needs.

	Call center leadership	Agent Support (available in English and Spanish)	DSNP community manager
Agent need	<ul style="list-style-type: none">• Business planning• Communications strategy• Community outreach• Sales tactics• Humana tools and initiatives• Member engagement and retention	<ul style="list-style-type: none">• Enrollment questions• Application assistance• Paper-application status checks• Technical support	<ul style="list-style-type: none">• DSNP and Humana Spending Account Card information• DSNP community engagement• DSNP member engagement and retention

Time to make things happen

You can do more good for prospects and members as an agent who sells DSNP. Here's how to put the contents of this playbook into action:

1. **Educate** yourself about DSNP eligibility, Humana's DSNP offerings and key benefits and care models that offer more integration and value for the DSNP audience.
2. Position yourself as a **DSNP resource for prospects and members**.
3. Sell DSNP year-round.
4. Make a **real and lasting impact** in someone's life by helping them find a plan that fits their individual needs and **helping them get the most** from it.

DSNP opportunity awaits.
Seize it.



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