

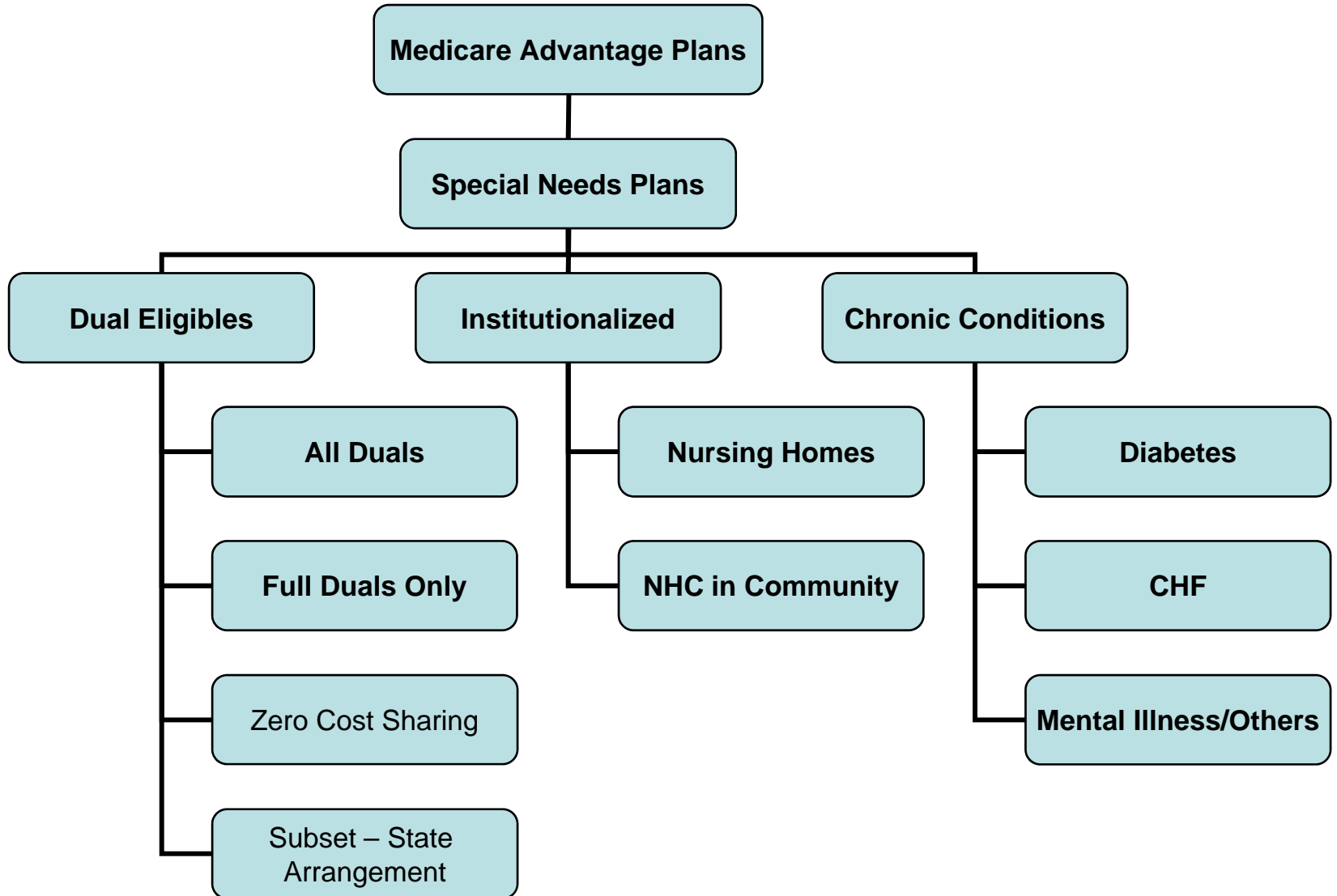
# Medicare Advantage Special Needs Plans (SNPs)

David A. Lewis  
Director, Medicare Advantage Group  
Presentation for CHCS  
December 12, 2007

# Legislative History

- Under the MMA of 2003 (Section 231), Congress created a new type of Medicare Advantage coordinated care plan that can target enrollment to beneficiaries with special needs.
- SNPs may restrict enrollment to the following eligibility groups:
  - Medicaid (dually eligible): Entitled to medical assistance under a State plan under Title XIX. (422.52(b)(1))
  - Institutionalized individuals: beneficiaries who reside or are expected to reside for 90 days or longer in a long term care facility; or, those who are living in the community but require an equivalent level of care based on a State approved assessment. (422.52(b)(2))
  - Chronic Care: beneficiaries who have a severe or disabling condition as defined by the Secretary in regulations. (422.52(b)(3))

# Types of Medicare SNPs



# 2009 Application and HPMS Enhancements

- The 2009 Part C application process will be paperless, including SNP proposals – will be due March 12, 2008.
- The 2009 bid submission will include whether a State contract is expected.
  - We are exploring using this indicator to indicate on Medicare Options Compare those dual SNPs associated with State contracts.
- The 2009 bid submission will include the specific diseases (for chronic SNPs) and disproportionate share status of each plan.
- Plan (rather than contract level) information will assist us in tracking and monitoring the program.

# Enrollment Subsetting

- Announced in most recent call letter -- DE SNPs are able to serve specific groups of dual eligible beneficiaries based on coordination w/ State Medicaid agencies.
- To the extent a State Medicaid agency excludes specific groups from the health plan's Medicaid contract, those same groups may be excluded from the Medicare SNP.
- Frequently States do not contract on the same cycle as Medicare, but the MA application and SNP proposals are due in March. To provide flexibility, CMS extended the due date for proof of a State contract to Oct. 1, 2007.
- Applicant bid approval under a subset is contingent on there being a contract w/ State.

# Verifying Dual Status w/ the State

- Clarified in the most recent Call Letter -- A dual SNP is required to have current dual information to accurately manage enrollment and continued eligibility.
  - The State is the appropriate source, and it is the SNP's responsibility to work out this arrangement.
  - SNPs are not allowed to rely on CMS LIS data as this is not accurate for the purpose of SNP enrollment and continued eligibility. Rather, LIS represents a static status for the year for the purpose of Part D payment.

# Zero Cost Share Status

- In the Call Letter released in 2007 -- Without a Medicaid State contract only the following distinctions between dual populations are allowed:
  - All dual, full dual, and zero cost share
- Some SNP plans prefer the zero cost share status as it can be marketed as such (provided that the plan is “exclusive” rather than “disproportionate” status), since the Medicaid wrap can cover the cost share amount.
- The zero cost share definition was introduced this year to better represent in CMS data what some full dual plans were actually doing – only enrolling zero cost share beneficiaries.
  - The auto-generated summary of benefits as well as Medicare Options Compare zeros out cost share amounts, and avoids the need for hard copy changes to marketing materials.

# Zero Cost Share Status

- The zero cost share definition followed the federal Medicare definition – QMBs and QMB+s, and will be further updated.
  - Some States have a broader definition of zero cost share than the federal definition. We are recognizing broader State definition of zero cost share, where the State holds harmless for any type of cost sharing.
  - SNPs with State contracts (subsets) typically also limit enrollment to broader definition of zero cost share. We are revising data entry into HPMS to accommodate both the subset and zero cost share status.

# New Pre-Enrollment Verification for Chronic Conditions

- In May 2007, CMS announced opportunity to conduct pre-enrollment verification of chronic diseases using a beneficiary Qualification Tool
  - Must be approved on case-by-case basis
  - Questions must be clinically appropriate to specific conditions. Can include past medical history, current signs and/or symptoms, and medication regime.
  - Completing the form is voluntary.
  - Must maintain confidential record of results.
  - Must conduct post-enrollment confirmation through provider.
  - Must measure number of post-enrollment verifications that do not match Qualification Tool.

# Assuring Value -- Tools to Assist Medicare & Medicaid Integration

Improvements to enhance understandability and ease in administering an integrated Medicare / Medicaid product:

- Model Evidence of Coverage –
  - Can more thoroughly represent Medicaid benefits
  - Document more streamlined and language more simplified
  - A work in progress
- Model combined enrollment form
- Model integrated grievance & appeals procedure
  - Close to being completed
- Working Aged Survey
  - On case by case basis to be approved by CMS, will consider if State working aged verification is sufficient, then plan can submit existing data rather than conduct survey
- Without a State contract, would not be able to implement the above

# Assuring Value – Institutional SNPs

- Effective January 1, 2008 application cycle, CMS requires institutional SNPs to have contracts with their partner LTC facilities to ensure that the LTC facilities understand, and are ready to cooperate with, the SNP models of care.
- Institutional SNPs are required to accept only enrollees who reside or agree to reside in a long term care facility under contract w/ the SNP.
- In addition, SNPs that are approved to serve individuals in the community are permitted to limit network to assisted living facilities (ALF).

# Assuring Value – SNP Model of Care

- Effective January 1, 2008 CMS expects the models of care to focus special attention on the most difficult to treat beneficiaries in each type of SNP:
  - the frail/disabled,
  - beneficiaries near the end of life, and
  - beneficiaries with multiple chronic conditions.
- SNP programs are expected to include goals and specific processes and outcome objectives for these populations in each of the three SNP types.

# Assuring Value – SNP Model of Care

- Model of care is the system of care to meet the goals and objectives, and reflects:
  - Pertinent clinical expertise and staff structures (e.g., clinicians with certificates to treat individuals with mental illness)
  - Types of benefits, and processes of care organized under evidence based protocols
  - Stratification of risk assessment with corresponding care planning and case management

# Assuring Value – SNP Model of Care

- Assure appropriately specialized provider network.
- Assure appropriate care coordination.
- Define roles, responsibilities and lines of communication and accountability.
- Assure SNP staff and providers understand and implement the protocols appropriately.
- Define process and outcome measures to gauge performance of the Model of Care.

# Assuring Value – SNP Quality Measurement

- The Geriatric Measurement Advisory Panel (GMAP) of the NCQA has been working with CMS and experts in chronic and disability care management to develop a conceptual framework for driving improvements in service delivery under SNPs.
- Domains of interest include:
  - Benefit design
  - Risk assessment and care planning
  - Coordination of services particularly during transitions in care settings and for dual eligibles
  - Caregiver engagement
  - Internal measurement of performance
  - Beneficiary & caregiver experience

# Assuring Value – SNP Quality Measurement

- Measures being developed over 3 years, going from what is most easily defined and implemented to more complex.
- Expect measures to be a mix of structure, process and outcome based.
- First measurement year and report on performance in 2008.
- Measurement expected to be at the SNP plan level.

# SNP Evaluation & the Future

- Report to Congress will include results of case studies and focus groups as well as to trends in SNPs relative to other Medicare Advantage offerings in the same or similar markets.
- Operating authority for SNPs sunsets on 12/31/08 .
- We are preparing both for a sunset, and for more rigorous requirements in the event Congress extends the program.

# SNP Reference Materials

- 2008 Call Letter
- Part C Application contains solicitation for SNP proposals
- Medicare Advantage marketing guidelines
- Medicare Advantage manual
- How-to guides and other papers to support Medicare & Medicaid integration at [www.cms.hhs.gov/IntegratedCareInt/](http://www.cms.hhs.gov/IntegratedCareInt/)