

SPECIAL NEEDS PLANS

- **MMA created a new type of coordinated care plan**
- **Focused on individuals with special needs**
- **Special Needs Individuals :**
 - Institutionalized
 - Entitled to medical assistance under a State plan under Title XIX (dually eligible)
 - Severe or disabling chronic conditions

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- **Institutionalized Beneficiaries:**
 - Reside or are expected to reside continuously for 90 days or longer in skilled nursing facility (SNF)/NF, ICF or inpatient psychiatric facility
 - Living in the community but requiring a level of care equivalent to that of those individuals in long term care facility

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- **Dually Eligible Beneficiaries:**
 - Beneficiaries must have Medicaid coverage at the time of enrollment
 - SNP's may enroll a subset of the dual eligible population, e.g., enroll full benefit dual category w/o enrolling QMB only, SLMB only, QIs
 - Majority of dual eligibles are full benefit duals

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- **Severe or disabling chronic conditions:**
 - No detailed definition in the regulation
 - CMS evaluated proposals on case-by-case basis
- **SNPs were req'd to describe criteria used to identify individuals who would benefit from enrollment:**
 - Appropriateness of target population
 - Existence of clinical programs and special expertise
 - How SNP will cover full spectrum of target population w/o discriminating against "sicker" members.

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- **Disproportionate Percentage SNP:**
 - Regulation allowed SNPs to enroll a greater percentage of target population (e.g., institutionalized beneficiaries or individuals w/ condition, etc.) as compared to a national percentage of target population
 - Industry did not make use of this option as virtually all SNP proposals were submitted as “Exclusive”

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- **Service area**
 - At least 1 long term care facility under contract for an institutional SNP
 - No discriminatory selection
- **Access**
 - Must provide or arrange for all Medicare covered services
 - Encourage Medicaid benefits coordination
- **Marketing**
 - Strategy for the plan may be specific to the contracted facility in the case of an institutional SNP
 - Must be on CMS' Medicare Compare web-site
- **Reporting**
 - HEDIS, CAHPS, HOS may not be appropriate for some institutional SNPs.

SNP Marketing flexibility

- **Member cost sharing**
 - Allowed SNPs to make hard copy changes to Summary of Benefits (SB) to reflect reduced cost sharing
- **SNPs may develop a comprehensive EOC which combines Medicare and Medicaid benefits**
- **Provider promotional activities (for Chronic Disease SNPs)**
 - Providers permitted to distribute CMS approved materials to ALL their Medicare beneficiaries

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- **Effective January 2006 there are a total of 273 plans being offered**

Dual SNPs -	224
Institutional -	36
Chronic Condition-	13
- **91 Coordinated Care Organizations are offering SNP's in 2006**

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- The legislation permitted restriction on enrollment for specialized MA plans for special needs individuals in the three classes: duals, institutional and chronic conditions
- **Congressional Intent for SNPs:**
 - Expand plans ability to provide focused care programs to vulnerable populations

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- **Severe or disabling chronic conditions:**
 - No detailed definition in the regulation
 - CMS evaluated proposals on case-by-case basis
 - Looking for the clinical expertise and uniqueness of the plan to offer special benefits
- **This group proved to be the smallest of the interest in 2006 due to the newness of the regulation and the timeframe for application submission**

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- Applications for the 2007 contract year are due March 20
- SNPs must file a MA and Part D application for a new SNP
- If a plan wants to create a new MA SNP product in an already approved service area, the MAO must submit a new SNP proposal to explain the new type of SNP
- SNPs must file a bid, which is due June 5

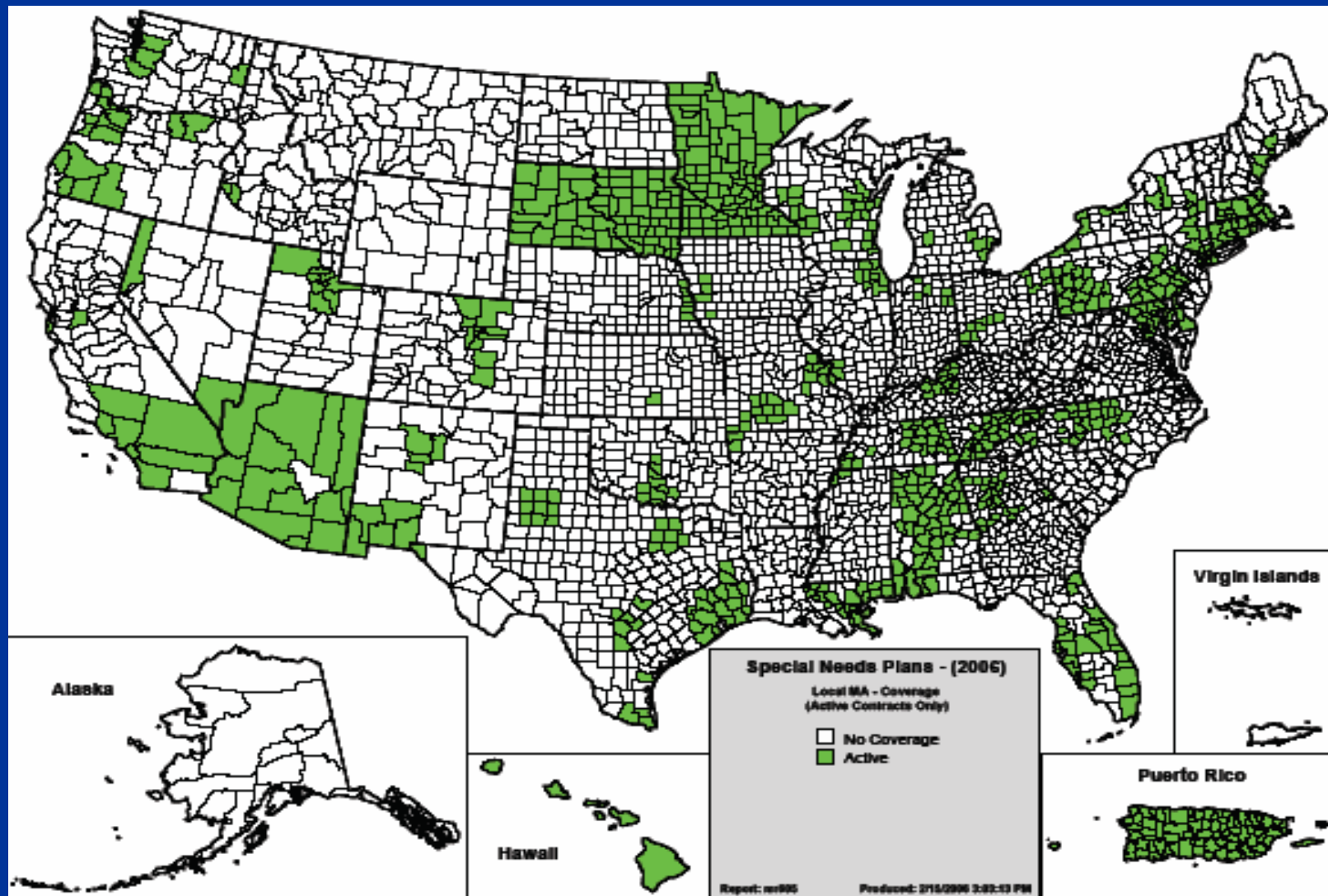
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- **The applications are reviewed both in Regional Offices and Central Office**
 - The Regional Office reviews all of the MA requirements
 - The Central Office reviews all of the SNP proposal requirements
- **The key component to your SNP proposal is the uniqueness of your plan**
 - What is it that you are offering to the beneficiaries that is different from any other MA plan
 - Disease management strategies and clinical interventions
- **Congressional intent was to give the MA plan the ability to target a population AND to make a difference in the vulnerable population by placing the focus on clinical outcomes, not only cost savings to the beneficiary.**

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- **The application must be complete**
 - If you are in the middle of a licensing process, explain where in the process
 - If network contracts are not all signed, provide the timeline when they will be signed
- **The application must be accurate**
 - That includes your plan benefit package. There will be penalties for inaccurate information.
 - If your bid is accurate, your plan benefit package must reflect your bid submission

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CMS WEB SITE FOR SNP GUIDANCE:

www.cms.hhs.gov/healthplans

CMS WEB SITE FOR THE APPLICATIONS:

www.cms.hhs.gov/medicareadvantageapps/