Teresa DeCaro, RN, M.S.

Acting Group Director, Center for Drug and Health Plan Choice (CPC), Medicare Drug & Health Plan Contract Administration Group (MCAG)

History of Special Needs Plans

Under the MMA of 2003, Congress created a specialized Medicare Advantage plan for individuals with special needs

Special Needs Plans (SNPs)

- Expected to provide "specialized" health care services through a coordinated care delivery system designed to serve certain high-risk populations

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

History of Special Needs Plans (cont'd)

- Allowed to target marketing and restrict enrollment to one or more types of special needs individuals, until January 1, 2009
- Paid on the same basis as other Medicare Advantage plans
- Must offer Part D benefits

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

History -- Special Needs Population

Special Needs individuals are categorized into 3 groups

- Institutional
  - Those expected to reside for 90 days or longer in a LTC facility
  - Those living in the community but requiring an equivalent level of care to those in a LTC facility based on a State approved assessment

- Severe or disabling chronic conditions
  - Proposals for plans are evaluated on a case-by-case basis

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

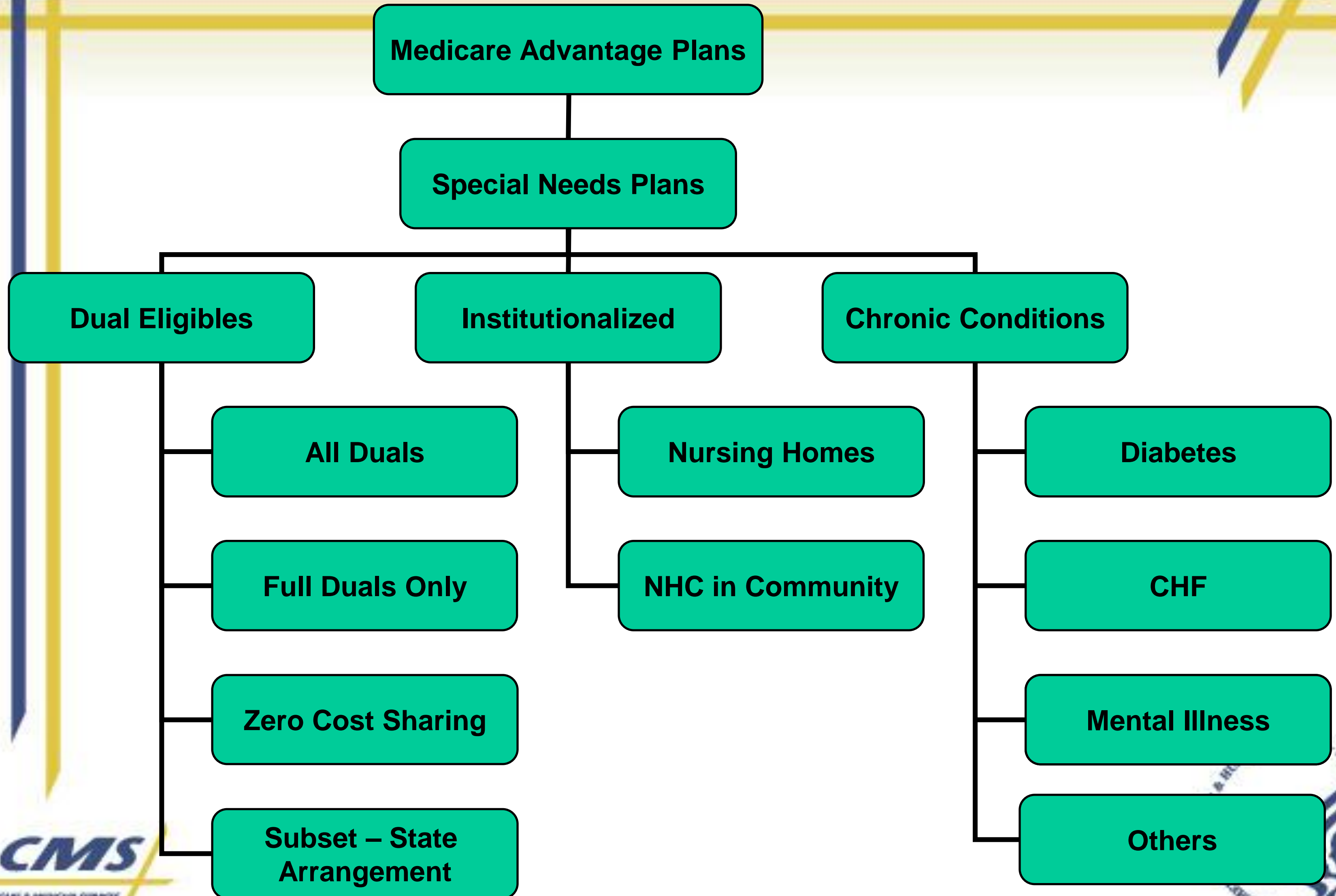
History -- Special Needs Population (cont'd)

- Dual Eligible
  - Entitled to medical assistance under a State plan (Medicaid)
  - SNPs may choose to enroll from 4 sub-groups of duals:
    - all dual types (those with full as well as limited Medicaid benefits)
    - full duals (only those with full Medicaid benefits, QMB+, and/or SLMB+),
    - zero cost share (QMB only, QMB plus, as well as state discretion for additional categories of duals)
    - Medicaid subsets (coincides with subsets in Medicaid managed care contracts)

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

History -- Types of SNPs



History -- Specialized Value Added

SNPs are expected to provide health care benefits geared towards the unique needs of their membership

- **Coordinate integration of Medicare and Medicaid services for dual eligibles**
- **Provide preventive care to reduce emergency room visits and inpatient hospitalizations for institutionalized beneficiaries**
- **Address chronic care needs to avoid acute care episodes and retard the progression of chronic illness**

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Growth & Distribution in Special Needs Plans

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

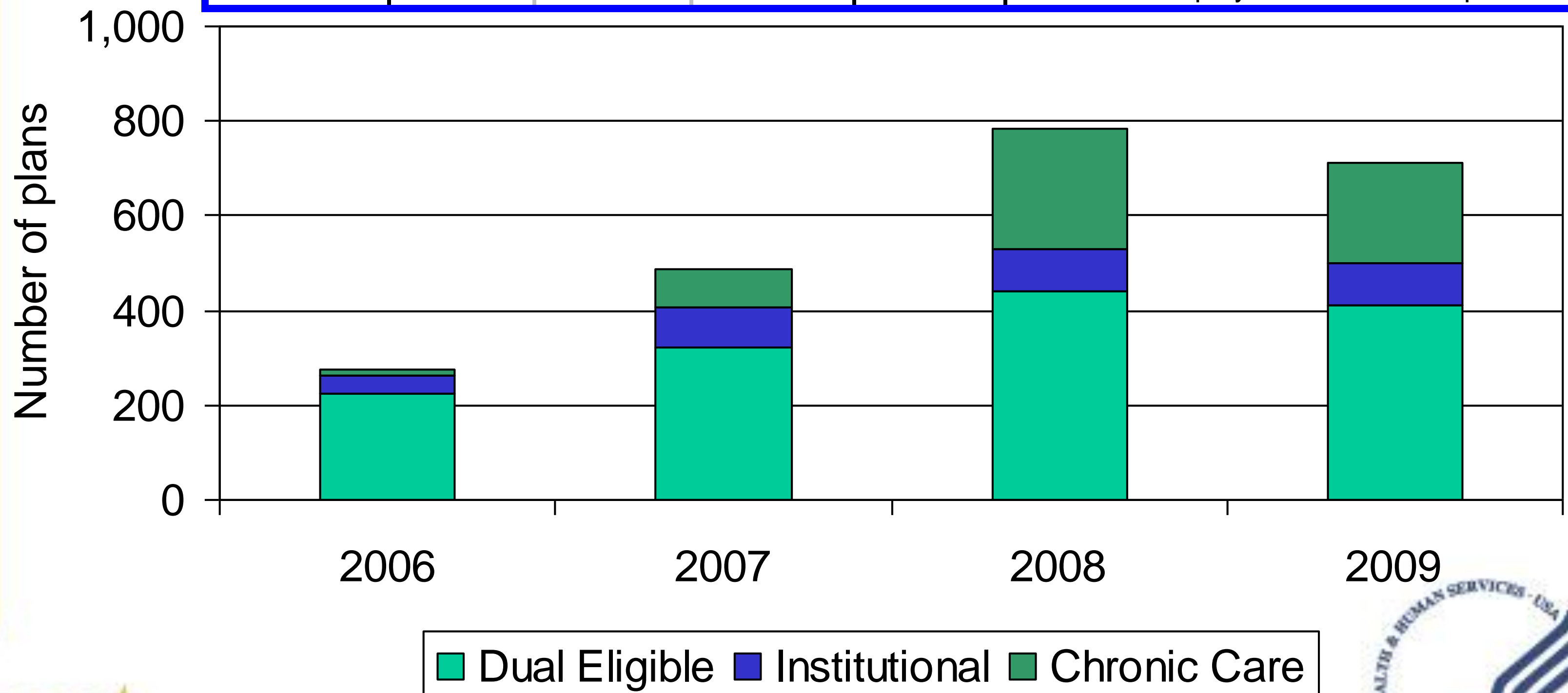
DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

8

Special Need Plans by Year

(includes employer and demo plans)

Year	Dual Eligible	Insti- tutional	Chronic Care	Total	Notes
2006	226	37	13	276	includes 20 demo plans
2007	321	84	84	489	includes 12 employer and 40 demo plans
2008	441	89	252	782	inlcudes 12 employer and 19 demo plans
2009	411	87	215	713	includes 4 employer and 19 demo plans

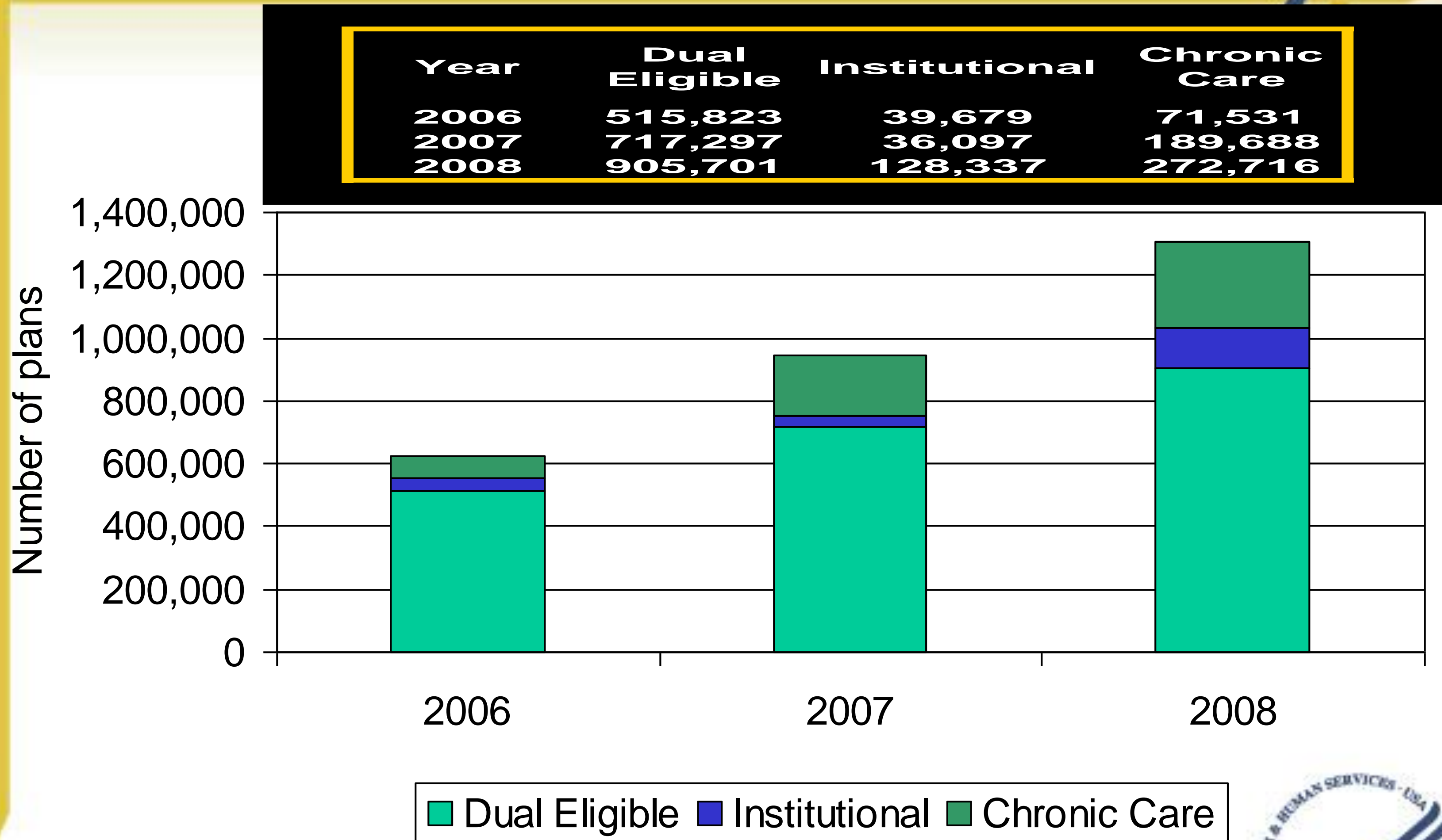


SNP Plan Growth
(percent increase in plans)

Years	Dual Eligible	Insti-tutional	Chronic Care	Total
2006-07	42.0%	127.0%	546.2%	77.2%
2007-08	37.4%	6.0%	200.0%	59.9%
2008-09	-6.8%	-2.2%	-14.7%	-8.8%

CMS
CENTERS for MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

SNP Enrollment Growth by Year



Year	Dual Eligible	Institutional	Chronic Care
2006	515,823	39,679	71,531
2007	717,297	36,097	189,688
2008	905,701	128,337	272,716

Note: 2009 enrollment not available

SNP Enrollment Growth

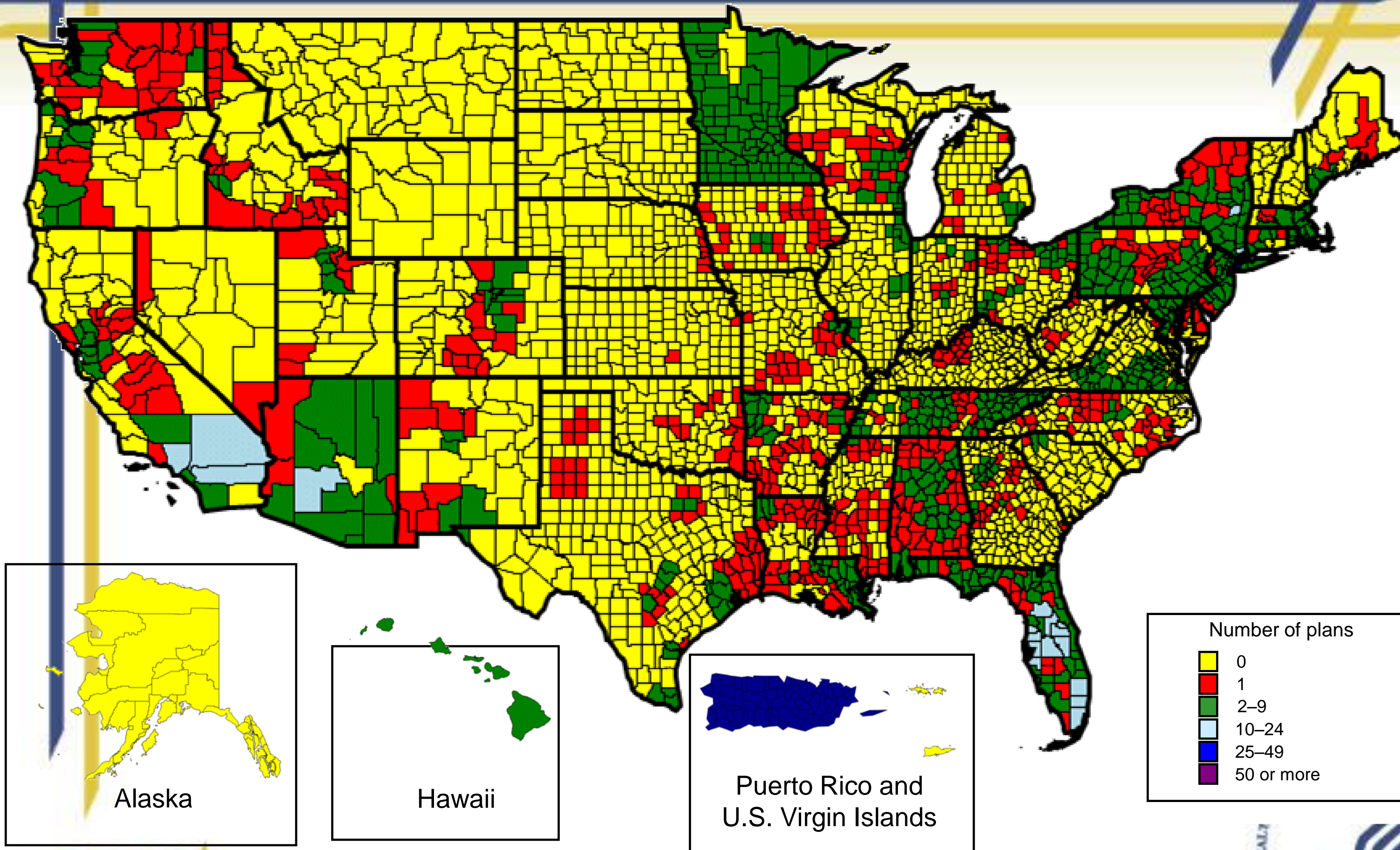
(percent increase in enrollment)

Years	Dual Eligible	Insti-tutional	Chronic Care	Total
2006-2007	28%	-2%	62%	34%
2007-2008	21%	72%	30%	28%

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

Dual Eligible SNPs
(A/B non-employer / 2009)



CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Top Ten Dual Eligible SNPs by Enrollment

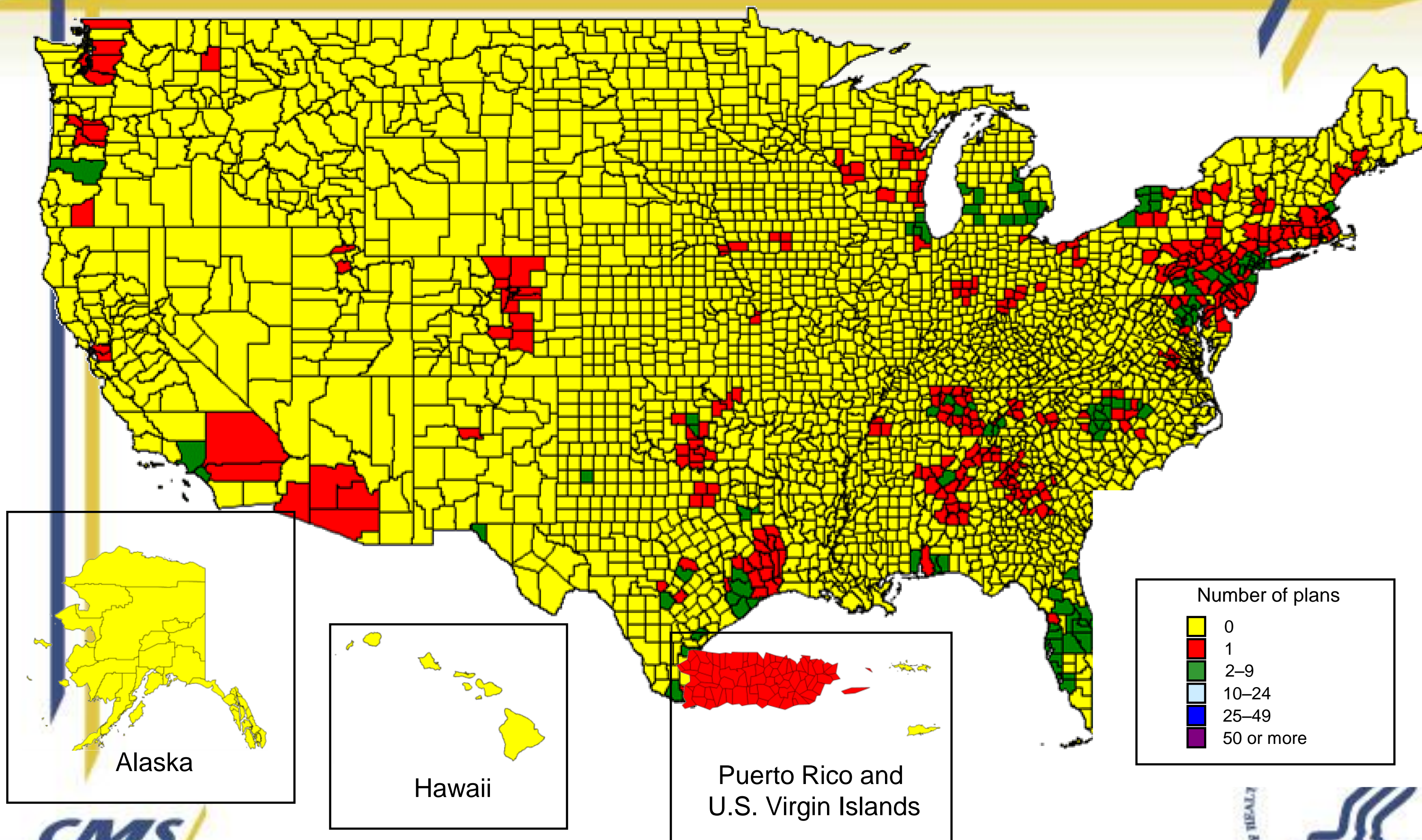
Chain Organization	Enrollment
UnitedHealth Group, Inc.	146,026
Aveta, LLC.	98,840
Kaiser Foundation Health Plan, Inc.	57,821
HealthFirst, Inc	39,012
WellCare Health Plans, Inc.	37,705
Medical Card System, Inc.	34,794
Triple-S Management Corporation	33,793
HealthSpring, Inc.	31,734
Humana Inc.	30,978
Independence Blue Cross	26,930

Top Ten Total	537,633
Dual Eligible Grand Total	905,701

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Institutional SNPs

(A/B non-employer / 2009)



CMS
CENTERS for MEDICARE & MEDICAID SERVICES

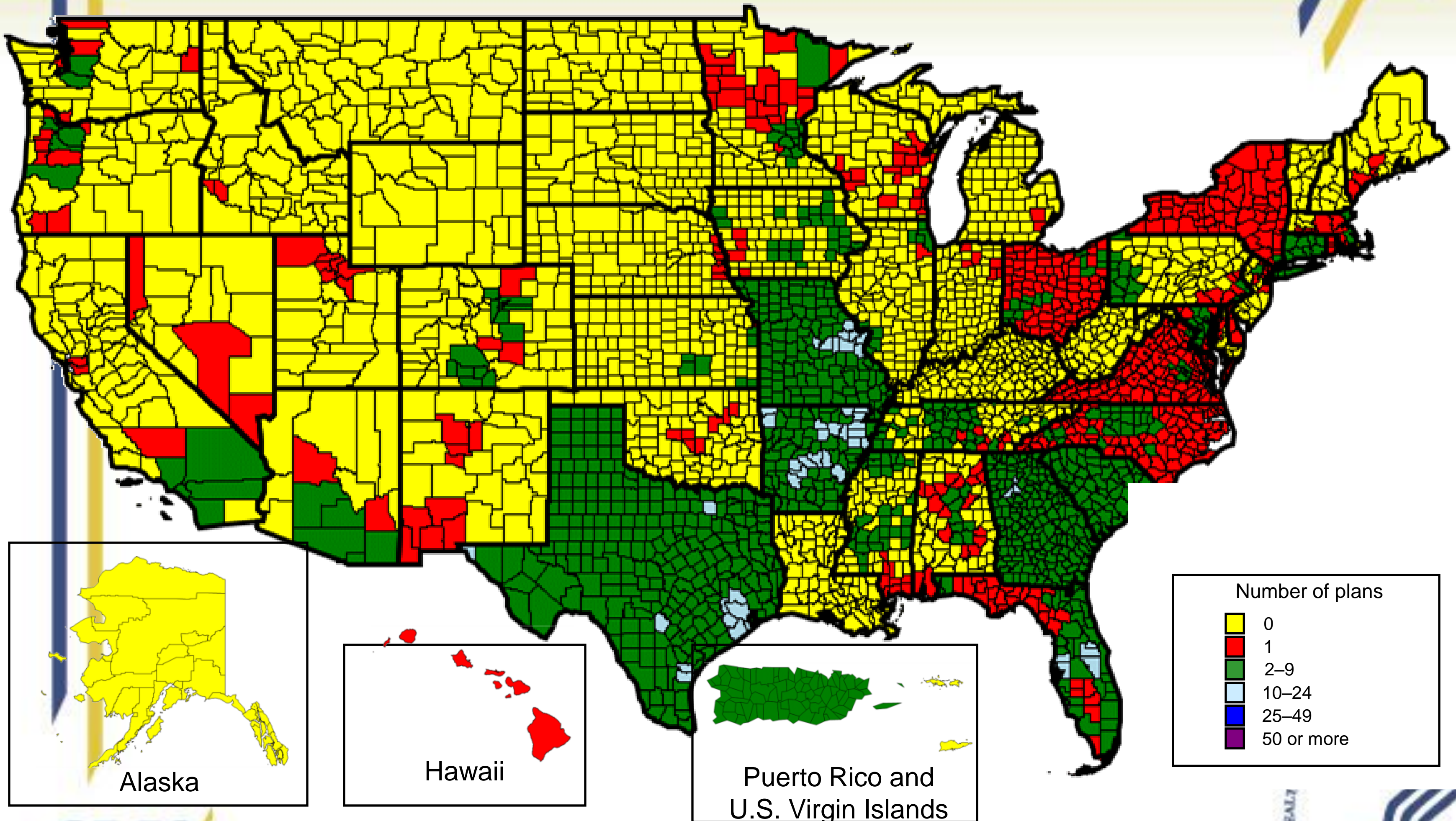
Top Ten Institutional SNPs by Enrollment

Chain Organization	Enrollment
UnitedHealth Group, Inc.	286,068
Aveta, LLC.	128,581
SCAN Health Plan, Inc.	79,741
XLHealth Corporation	69,049
Kaiser Foundation Health Plan, Inc.	57,821
HealthFirst, Inc	39,012
WellCare Health Plans, Inc.	37,705
Humana Inc.	37,357
HealthSpring, Inc.	37,195
Medical Card System, Inc.	34,794

Top Ten Institutional Enrollment	807,323
Grand Total Institutional Enrollment	1,306,754

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Chronic Care SNPs
(A/B non-employer / 2009)



CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Top Ten Chronic Care SNPs by Enrollment

Chain Organization	Enrollment
United Health Group, Inc.	110,817
XLHealth Corporation	69,049
Aveta, LLC.	28,992
Coventry Health Care Inc.	8,001
CareMore Medical Enterprises	7,558
Freedom Health, Inc	7,306
Humana Inc.	6,379
Health Net, Inc.	5,910
HealthSpring, Inc.	5,296
South Dakota Medical Association	4,419

Top Ten Chronic Care Total	253,727
Chronic Care Grand Total Enrollment	272,716

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Key Challenges & Opportunities

- Demonstrating Value
- Medicare/Medicaid Coordination
- Assuring Beneficiaries Understand the Product

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Key Challenges & Opportunities --

Demonstrating Value

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Model of Care

- Effective 1/1/10, SNPs are required to have care management in Models of Care including:
  - An evidence-based Model of Care
  - A specialized provider network
  - A comprehensive health risk assessment and reassessment for each beneficiary
  - A care plan specific to each beneficiary
  - An interdisciplinary care team for each beneficiary
- Automated mechanism for documenting care management/MOC in development

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Quality Improvement Program

- All existing SNPs and new 2010 SNP applicants are required to collect, analyze, and report data that measures health outcomes and quality, effective 1/1/10
- Reporting requirements include:
  - Public reporting data (HEDIS, structure & process measures)
  - Internal analysis of care management effectiveness through Chronic Care Improvement Program and Quality Improvement Projects
  - Monitoring data elements (under development)

Special Needs Plans Performance Measurement

- In 2008, SNPs Were Evaluated:
- Plan Benefit Package Level
  - 13 HEDIS Measures and
  - 3 Structure and Process Measures
  - >95% of SNPs submitted data for both measures

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

13 HEDIS Measures

- Colorectal Cancer Screening
- Glaucoma Screening in Older Adults
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Pharmacotherapy of COPD Exacerbation
- Controlling High Blood Pressure
- Persistence of Beta Blocker Treatment After a Heart Attack
- Osteoporosis Management in Older Women
- Antidepressant Medication Management
- Follow-Up After Hospitalization for Mental Illness
- Annual Monitoring for Patients on Persistent Medications
- Potentially Harmful Drug-Disease Interactions
- Use of High Risk Medication in the Elderly
- Board Certification

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Three Structure and Process Measures

- SNP 1: Complex Case Management-The organization coordinates services for members with complex conditions and helps them access the needed resources.
- SNP 2: Improving Customer Satisfaction-The organization assesses and improves member satisfaction.
- SNP 3: Clinical Quality Improvements-The organization demonstrates improvements in the clinical care of members.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Toward Public Reporting

- Nov. 2008, CMS will report a Subset of the 13 HEDIS on Medicare Options Compare:
  - Colorectal Screening
  - Controlling High Blood Pressure
  - Appropriate Monitoring of Patients Taking Long-Term Medications
  - Board Certified Physicians
- Plan Specific

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Early Findings

- Overall SNP performance was better than Medicare Advantage (MA) program mean on only 6 of 22 HEDIS measures
- Overall SNP performance on HEDIS measures varied considerably
- Overall performance of SNPs with relatively low enrollment was higher on HEDIS measures than SNPs with the largest enrollment
- Overall performance on HEDIS measures was highest most often for Institutional SNPs

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

SNPs: The Existential Challenge

- Value Proposition of SNPs:
  - MA plan, if allowed to segregate enrollment to a specific population
  - will deliver strongly-managed product that improves health outcomes for members
- To date, that value proposition is not demonstrated
  - Congress is skeptical
  - General concern over MA reimbursement
  - MIPPA re-opens program, but
    - Only temporarily
    - With new restrictions and reporting requirements

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Demonstrating the Value of SNPs

- More Data
  - Part C Reporting Reqs
  - SNP Measures
  - Model of Care
- With these data…
  - SNP differentiation becomes possible
    - SNP vs. MA
    - SNP vs. SNP
  - CMS can help determine if SNPs are delivering on the SNP value proposition

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Key Challenges & Opportunities --

Medicare/Medicaid Coordination

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Technical Assistance to States

MIPPA requires the provision of technical assistance to "address State inquiries with respect to the coordination of State and Federal policies" for Dual SNPs

- CMS is taking the following steps
  - National teleconference for State Medicaid Offices in November
  - Plans underway to:
    - Establish a CMS-contracted resource center
    - Create best-practice documents and template to assist States

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

State Contracts for Dual SNPs

MIPPA requires that effective 1/1/10, Dual SNPs must have “a contract with State Medicaid Agency to provide benefits or arrange for benefits to be provided”

- CMS issued guidance to further define what must be in these contracts:
  - The MA’s responsibilities, including financial obligations, to provide or arrange for Medicaid benefits.
  - The category(ies) of eligibility for dual eligible beneficiaries to be enrolled under the SNP, including the targeting of specific subsets.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

State Contracts for Dual SNPs (cont'd)

- The Medicaid benefits covered under the SNP.
- The cost-sharing protections covered under the SNP.
- The identification and sharing of information on Medicaid provider participation.
- The verification process of an enrollee's eligibility for Medicaid.
- The service area covered under the SNP.
- The contracting period.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

State Contracts for Dual SNPs (cont'd)

- States have discretion to contract or not contract with MA Organizations wishing to operate a Dual SNP in the State
  - Without a contract from State,
    - Incumbent SNPs cannot expand service area
    - New organizations cannot be approved to offer a Dual SNP in the State
  - Goal is to promote meaningful coordination and integration of Medicaid and Medicare benefits for duals
    - If State is not prepared to integrate Medicaid benefits into a SNP, contract must (at minimum) demonstrate meaningful coordination
      - Beneficiary cost-sharing protections
      - Participating provider coordination

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Comprehensive Written Statement for Prospective Enrollees

- New guidance – effective January 1, 2010
- Dual SNPs must provide each *prospective* enrollee with a comprehensive written statement
  - *Prior* to enrollment
  - At least annually, 15 days prior to the annual election period
  - As stated in the August 15, 2008 memo on "CY 2009 Summary of Benefits Global Hard Copy Changes…Due to MIPPA", plans may include a Section 4 to the SB to list additional Medicaid benefits not covered by Medicare.
  - For 2010, Plans must include the required comprehensive written statement in Section 4 of the SB.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Comprehensive Written Statement for Prospective Enrollees

- New guidance – effective January 1, 2010
- Dual SNPs must provide each *prospective* enrollee with a comprehensive written statement
  - *Prior* to enrollment
  - At least annually, 15 days prior to the annual election period
  - As stated in the August 15, 2008 memo on "CY 2009 Summary of Benefits Global Hard Copy Changes…Due to MIPPA", plans may include a Section 4 to the SB to list additional Medicaid benefits not covered by Medicare.
  - For 2010, Plans must include the required comprehensive written statement in Section 4 of the SB.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Dual SNP Cost-Sharing

- New guidance, effective January 1, 2010
- For individuals enrolled in a SNP who are:
  - Full-benefit dual eligibles (as defined in Section 1935(c)(6) of the Act) or
  - Qualified Medicare beneficiaries, QMBs (as defined in Section 1905(p)(1) of the Act)
- The plan may not impose cost-sharing that exceeds the amount of cost-sharing that would be permitted with respect to the individual under Title XIX (Medicaid) if the individual were not enrolled in the SNP.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Key Challenges & Opportunities --

Assuring Beneficiaries Understand the SNP Product

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

MIPPA Provisions Defining the SNP Product

Chronic Condition SNPs (effective 1/1/10)

- 100% of enrollees must have a CMS-defined disabling or chronic condition

Institutional SNPs (effective 1/1/10)

- Institutional SNP enrollees in the community must meet institutional level of care definition based upon State assessment tool

Coordination of benefits information

Educating about cost sharing

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Marketing in Health Care Settings

- New Guidance
- No marketing activities in healthcare setting
  - No sales activities or distribution/acceptance of enrollment forms
  - Examples: waiting rooms, exam rooms, hospital patient rooms, pharmacy counters
- Marketing allowed
  - In common areas, such as: hospital or nursing home cafeterias, community or recreational rooms, conference rooms
  - By providers, per current CMS Marketing Guidelines

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Marketing at Educational Events

- New guidance
- No plan marketing activities at educational events
  - Event advertising materials must include disclaimer
  - No sales activities, or distribution/acceptance of enrollment forms and/or business reply cards
  - Examples: health information fairs, conference expositions, state- or community-sponsored events
- Plans may distribute
  - Medicare and/or health educational materials
    - Educational materials are defined in Marketing Guidelines, and are not submitted for CMS review
  - Agent/broker business cards, upon beneficiary request
    - Containing no marketing information

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Prohibition of Meals

- New guidance
- Prospective enrollees may not
  - Be provided meals
  - Have meals subsidized
- Applies at any event or meeting where
  - Plan benefits are being discussed, or
  - Plan materials are being distributed
- Agents and/or Brokers may provide
  - Beverages
  - Light snacks
    - Cannot be "bundled" and provided like a meal

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Marketing Compliance

- MA plans are expected to be monitoring their broker/agents
  - Training/Certification program
  - Comprehensive internal monitoring activities
  - Appropriate follow up on non-compliant agents
  - Self-report problems
- CMS will issue additional guidance as we become aware of issues that require further clarification
- Dedicated mailbox for MIPPA Questions: regulationquestions@cms.hhs.gov

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Questions?

Teresa DeCaro, RN, M.S.
410-786-6604
Teresa.DeCaro@cms.hhs.gov

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA