

Types of MA Plans

Coordinated Care Plans

- > HMO
- > PSO
- Local PPO
- Regional PPO
- > SNP



Other MA Plans

- Private Fee-for-Service
- Medical Savings Account (MSA)



What do MA Plans Offer?

- Provide the full Medicare Part A and Part B benefits
- May offer additional benefits to beneficiaries or lower premiums and cost sharing
- Each Medicare Advantage Organization (MAO) must offer one MA-PD in each service area



Access to MA Plans

 Beginning January 2006, 98% of all Medicare beneficiaries have access to an MA plan



Special Needs Plans (SNPs)

- MMA of 2003 created new type of Medicare coordinated care plan
- Allows a SNP to restrict enrollment for certain categories of special needs individuals
 - > Dual Eligibles
 - Institutionalized Individuals
 - Severe or Disabling Chronic Conditions





Dual Eligibles

> All Dual Eligibles may be enrolled in a SNP

> A Subset of Dual Eligibles may be enrolled, such as Full Dual Eligibles, but not other subsets such as just SLMBs





Institutionalized Individuals

- Reside or expected to reside continuously for 90 days or longer in SNF/NF
- Requiring institutional level of care, but living in the community





Severe or Disabling Chronic Conditions

- Case-by-case basis—No specific Federal definition
- > Appropriateness of target population
- Existence of Clinical programs and special expertise
- Non-discrimination against sicker members





Approved Chronic Care SNPs

- > DM
- > CHF
- > ESRD
- > CAD
- Mentally ill

- COPD
- Cancer
- Cardiomyopathy
- Stroke
- HIV/AIDS





Disproportionate Percentage

May enroll a greater percentage of the target population while include non-targeted Medicare beneficiaries

Must enroll target members at a percentage greater than occur nationally in the Medicare population





- Be affiliated with or be an MA plan
- Offer all MA services, plus Part D drugs
- Provide services tailored to target group
- Follow MA plan marketing requirements
- Meet all Federal MA plan application requirements





- Set to expire December 31, 2008, But expect/hope for Congressional remedy
- Evaluation Report on SNPs due to Congress by December 31, 2007
 - > Assess impact on cost savings
 - > Assess impact on quality of services



SNP Concerns

Dual Eligible SNPs

- Integration with State efforts
- > Different Medicare vs. Medicaid enrollment periods
- > On/off the Medicaid roles





Institutionalized

- Restricting enrollment to designated facilities
- Steerage of sicker vs. health individuals
- Medicaid medically needy issues
- Marketing barriers





Chronic Care

Inclusion of multiple co-morbidity conditions

Ensuring access to non-institutional care



SNP Concerns

- How are they providing superior quality?
- More open formularies? Fewer restrictions on access?
- Which Medicaid services can be provided under the SNP benefit package?

