The SNP Alliance

A National Health Policy Group Initiative Working to Change Policy and Practice for High-Risk Beneficiaries

Summary of SNP Alliance Legislative Priorities for 2014

September 29, 2014

A. Extend SNP Authority (Currently authorized through December 31, 2016)

1. Permanently authorize FIDE-SNPs and I-SNPs.
2. Re-authorize D-SNPs and C-SNPs through December 31, 2021. (Five-year extension)

B. Modify MA Risk Adjustment Model to Improve Payment Equity and Accuracy

1. Remove payment bias for dual eligible enrollees: Require the Secretary to include adjustment factors to the CMS-HCC risk model so that FFS costs are predicted accurately for duals vs non-duals in aggregate (i.e. both subsets have an equal benchmark-to-cost ratio for each contract year) until bias has been removed from the risk model.
2. Include interactions terms for multiple diseases related to SES, e.g. interact alcohol and drug abuse with schizophrenia and/or major depression and/or physical disabilities.
3. Extend new enrollee factor used for C-SNPs to D-SNPs.
4. Apply frailty adjustment to individual enrollees rather than plan level.

C. Address Challenges of High-Risk/High-Need Beneficiaries in MA Star Ratings

1. Provide relief for SES-vulnerable plans from financial penalty under MA star ratings: Exempt "SES-vulnerable" plans that specialize in care of populations with low-SES factors from all or part of the benchmark penalty under the MA quality bonus program.
   a. SES-vulnerable plans could be defined as plans with a high percentage of dual enrollment (e.g. 65% penetration) living in communities (defined as census tracks) with a greater than average percentage of persons with low SES factors.
2. Risk-adjust and/or stratify quality measures consistent with NQF recommendations.
3. Include quality measures that reflect characteristics of SNP enrollees and address SES disparities.
4. Validate data from self-reported quality measures collected from HOS and CAHPS.

D. Integrate Medicare and Medicaid for Plans Serving Dual-Eligible Populations

1. Align Medicare and Medicaid requirements for a) plan procurement, b) eligibility determination, c) enrollment, d) member communication, e) model of care, f) performance evaluation, and g) grievance and appeals for plans serving a high percentage of dual eligibles.
2. Combine benefit packages.
3. Allow single enrollment card.
4. Strengthen administrative role of CMS Medicare-Medicaid Coordination Office (MMCO).

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