

# The SNP Alliance



## Side-by-Side Legislative Comparison:

*SNP Provisions for H.R. 6331, S. 3101, S. 3118, H.R. 6365 and MedPAC Report*

	<b>H.R. 6331</b> Passed House 6/24/08 Passed Senate 7/9/08	<b>S. 3101</b> Senator Baucus June 6, 2008	<b>S. 3118</b> Senator Grassley June 11, 2008	<b>H.R. 6365</b> Kind-Ramstad June 25, 2008	<b>MedPAC</b> Report to Congress March 2008
<b>SNP Extension</b>	<ul style="list-style-type: none"> <li>■ Extends SNPs through 2010</li> <li>■ Moratorium on approval of new disproportionate SNPs thru 2010</li> </ul>	<ul style="list-style-type: none"> <li>■ Extends SNPs through 2010</li> <li>■ Moratorium on approval of new disproportionate SNPs thru 2010</li> </ul>	<ul style="list-style-type: none"> <li>■ Extends SNPs through 2010</li> <li>■ One-year extension of moratorium for Chronic Care SNPs</li> <li>■ One-year extension of moratorium on designation of disproportionate SNPs</li> </ul>	<ul style="list-style-type: none"> <li>■ Extends SNPs through 2012</li> </ul>	<ul style="list-style-type: none"> <li>■ Recommends extending SNPs through 2012 if in compliance with MedPAC recommendations</li> </ul>
<b>Targeting</b>	<ul style="list-style-type: none"> <li>■ Effective January 2010, 100% of NEW enrollees must meet targeting criteria</li> </ul>	<ul style="list-style-type: none"> <li>■ Effective January 2010, 100% of NEW enrollees must meet targeting criteria</li> </ul>	<ul style="list-style-type: none"> <li>■ Effective January 2009, 90% of NEW enrollees must meet targeting criteria; dual and institutional enrollees who temporarily lose eligibility remain part of 90%</li> </ul>	<ul style="list-style-type: none"> <li>■ After December 31, 2008, 90% of NEW enrollment must meet targeting criteria</li> <li>■ SNPs originally operating under Section 2355 DEFRA authority are exempt from targeting thresholds</li> </ul>	<ul style="list-style-type: none"> <li>■ Recommends that 95% of enrollment meet criteria for target population</li> </ul>

	H.R. 6331	S. 3101	S. 3118	H.R. 6365	MedPAC
New I-SNP Requirements	<ul style="list-style-type: none"> <li>Must verify institutional level of care for community enrollees using state assessment tool administered by independent entity</li> </ul>	<ul style="list-style-type: none"> <li>Must verify institutional level of care for community enrollees using state assessment tool administered by independent entity</li> </ul>	<ul style="list-style-type: none"> <li>Must certify institutional level of care for community enrollees using state assessment tool</li> </ul>		<ul style="list-style-type: none"> <li>Recommends eliminating open enrollment for institutional and dual beneficiaries, except for SNPs with state contracts, and allows disenrollment anytime</li> </ul>
New D-SNP Requirements	<ul style="list-style-type: none"> <li>Prior to enrollment, plans must fully disclose Medicaid benefits and cost-sharing protections that the individual is entitled to under the State Medicaid program; and which benefits and cost-sharing protections are covered under the plan</li> <li>Must have State contract beginning January 2010, to provide benefits or arrange for benefits to be provided</li> <li>Existing SNPs without a State contract cannot expand to new service areas</li> <li>States are not required to contract with SNPs</li> <li>Limits cost-sharing for duals to fee-for-service amounts</li> </ul>	<ul style="list-style-type: none"> <li>Prior to enrollment, plans must fully disclose Medicaid benefits and cost-sharing protections that the individual is entitled to under the State Medicaid program; and which benefits and cost-sharing protections are covered under the plan</li> <li>Must have State contract beginning January 2010, to provide benefits or arrange for benefits to be provided</li> <li>Existing SNPs without a State contract cannot expand to new service areas</li> <li>States are not required to contract with SNPs</li> <li>Limits cost-sharing for duals to fee-for-service amounts</li> </ul>	<ul style="list-style-type: none"> <li>Must provide accurate and easily understandable summary of benefits under FFS and under the plan</li> <li>Documented arrangements with State in three years which addresses cooperation on coordination of SNP and State Medicaid plan</li> <li>The documentation must include means to verify dual enrollee's eligibility and means to supply SNPs with information on Medicaid benefits</li> <li>The documentation must provide enrollees information on benefits and cost-sharing obligations under FFS and MA plans prior to enrollment</li> <li>The documentation must have arrangements with providers to prevent duals from being charged cost-sharing in excess of FFS amounts</li> <li>States are not required to contract with SNPs</li> <li>Must make arrangements to assure enrollees that they are not charged or liable for cost-sharing for Medicaid benefits in excess of what they would have been charged under fee-for-service</li> </ul>	<p>Agreement with State within 3 years to:</p> <ul style="list-style-type: none"> <li>Coordinate care and financing</li> <li>Describe Medicaid services covered by plan</li> <li>Describe state payment for Medicare cost sharing and Medicaid services</li> <li>Require disclosure of Medicaid benefits and providers</li> <li>Exempts plans from agreement if states are unable or unwilling to contract</li> <li>Limits on out-of-pocket costs for A &amp; B benefits to Medicaid FFS amounts</li> </ul>	<ul style="list-style-type: none"> <li>Recommends SNPs be required to have State contract within three years to directly or indirectly provide services</li> <li>Recommends eliminating open enrollment for institutional and dual beneficiaries, except for SNPs with state contracts, and allows disenrollment anytime</li> <li>Limit cost-sharing for duals to fee-for-service amounts</li> </ul>

	H.R. 6331	S. 3101	S. 3118	H.R. 6365	MedPAC
New C-SNP Definition	<p>As of January 1, 2010, C-SNP enrollees must have:</p> <ul style="list-style-type: none"> <li>o One or more co-morbid and medically complex conditions that are substantially disabling or life-threatening;</li> <li>o High risk of hospitalization or other significant adverse health outcomes; and</li> <li>o Require specialty delivery systems across domains of care</li> </ul> <ul style="list-style-type: none"> <li>■ HHS to convene a panel of advisors to determine the conditions that meet these criteria</li> </ul>	<p>As of January 1, 2010, C-SNP enrollees must have:</p> <ul style="list-style-type: none"> <li>o One or more co-morbid and medically complex conditions that are substantially disabling or life-threatening;</li> <li>o High risk of hospitalization or other significant adverse health outcomes; and</li> <li>o Require specialty delivery systems across domains of care</li> </ul> <ul style="list-style-type: none"> <li>■ HHS to convene a panel of advisors to determine the conditions that meet these criteria</li> </ul>		<p>As of January 1, 2010, C-SNPs must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> <li>■ Specialize in care of permanently disabled or those with ESRD</li> <li>■ Specialize in care for those with comorbid or complex conditions likely to result in hospitalization or adverse outcomes</li> <li>■ Have an average plan level risk score of 1.35 or more</li> </ul>	<ul style="list-style-type: none"> <li>■ Complex chronic conditions that influence many other aspects of health</li> <li>■ High hospital risk for condition with significant adverse outcomes</li> <li>■ Require specialty network</li> </ul>
Specialization Requirements	<ul style="list-style-type: none"> <li>■ All SNPs must establish an evidence-based model of care with appropriate networks of providers and specialists</li> <li>■ For each enrollee, the SNP must: (1) conduct an individual assessment; (2) develop a plan of care; and (3) use an interdisciplinary care team</li> </ul>	<ul style="list-style-type: none"> <li>■ All SNPs must establish an evidence-based model of care with appropriate networks of providers and specialists</li> <li>■ For each enrollee, the SNP must: (1) conduct an individual assessment; (2) develop a plan of care; and (3) use an interdisciplinary care team</li> </ul>	<p>Effective January 2010, plans must implement model of care specifying how plans will:</p> <ul style="list-style-type: none"> <li>■ Coordinate care</li> <li>■ Target special needs enrollees</li> <li>■ Include specialty care networks with relevant experience</li> <li>■ Use population specific protocols</li> <li>■ Apply process and outcome performance measures</li> <li>■ At least annually, contact each enrollee regarding appropriateness of care model. HHS Secretary required to review plan compliance</li> </ul>	<p>Must have complex care management capabilities:</p> <ul style="list-style-type: none"> <li>■ Initial assessment and annual reassessments of health</li> <li>■ Individual care plans with measurable outcomes</li> <li>■ Interdisciplinary care management team</li> <li>■ Population-based interventions and best practice protocols</li> <li>■ Access to appropriate clinicians and specialty care networks</li> <li>■ Assure coordination across care providers</li> <li>■ Assist dual enrollees in accessing and coordinating Medicare &amp; Medicaid benefits</li> </ul>	

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<b>New Quality Requirements</b>	<ul style="list-style-type: none"> <li>By January 1, 2010, all SNPs must collect, analyze and report data at the Plan level, which permits measurement of health outcomes and other indices of quality. This effort may be based on claims data</li> </ul>	<ul style="list-style-type: none"> <li>By January 1, 2010, all SNPs must collect, analyze and report data at the Plan level, which permits measurement of health outcomes and other indices of quality. This effort may be based on claims data</li> </ul>		<ul style="list-style-type: none"> <li>CMS must establish measures by 2010 that account for special needs of enrollees by SNP type</li> <li>SNP quality measures must take into account current SNP HEDIS and structure and process measures</li> <li>Secretary not required to impose additional new requirements on SNPs</li> <li>SNP reporting cannot be more burdensome than for standard MA plans</li> </ul>	<ul style="list-style-type: none"> <li>Recommends that HHS develop additional, tailored performance measures for implementation within 3 years</li> <li>HHS should provide beneficiaries and counselors with comparative information about SNP, MA and FFS benefits, features and performance</li> </ul>
<b>Medicare &amp; Medicaid Alignment</b>	<ul style="list-style-type: none"> <li>HHS must designate appropriate staff and resources to address State inquiries with respect to the coordination of state and federal policies for SNPs</li> </ul>	<ul style="list-style-type: none"> <li>HHS must designate appropriate staff and resources to address State inquiries with respect to the coordination of state and federal policies for SNPs</li> </ul>	<ul style="list-style-type: none"> <li>HHS must designate appropriate staff and resources to address State inquiries with respect to the coordination of state and federal policies for SNPs</li> </ul>	<ul style="list-style-type: none"> <li>Allows Secretary to modify Medicare &amp; Medicaid administrative policy to simplify enrollee access and coordination</li> <li>Establishes CMS Office on Integration to improve Medicare &amp; Medicaid coordination, eliminate cost-shifting, reduce Medicare &amp; Medicaid regulatory conflicts, support state integration</li> <li>Requires Secretary to: report on statutory changes needed to align Medicare &amp; Medicaid policies; evaluate with CBO total Medicare &amp; Medicaid costs and savings for duals; provide states and SNPs tools for aligning benefits; and identify state incentives for integration.</li> </ul>	

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<b>Risk Adjustment Study</b>				<ul style="list-style-type: none"> <li>■ Requires CMS to Report to Congress (RTC) within one year on MA payment adequacy for frail, disabled, new enrollees, those with sustained high risks/ costs, etc.</li> <li>■ Requires CMS to refine risk adjustment, as appropriate, within 12 months of RTC</li> </ul>	
<b>Other</b>				<ul style="list-style-type: none"> <li>■ Requires Secretary to provide for orderly transition for plans and enrollees no longer qualifying for SNPs</li> </ul>	