

SNP Reauthorization: Comparison of S.870 and H.R. 3168

July 21, 2017

NOTE: H.R. 3168 built off language in S. 870. Key differences are highlighted in *italic*.

Key Provisions	Senate 870	H.R. 3168
SNP Extension	<ul style="list-style-type: none"> • Permanency for all three SNP types. 	<ul style="list-style-type: none"> • Permanency for I-SNPs. • <i>5-year extension for D-SNPs and C-SNPs.</i>
Strength role of MMCO	<ul style="list-style-type: none"> • Serves as a dedicated point of contact for states to address misalignments that arise for D-SNPs. • Required to establish a uniform process for disseminating to State Medicaid agencies information impacting SNP contracts and basic resources for States interested in exploring D-SNPs as a platform for integration. • Be responsible for developing regulations and guidance for implementing a unified grievance and appeals process. 	<ul style="list-style-type: none"> • Serves as a dedicated point of contact for states to address misalignments that arise for D-SNPs. • Required to establish a uniform process for disseminating to State Medicaid agencies information impacting SNP contracts and basic resources for States interested in exploring D-SNPs as a platform for integration. • Be responsible for developing regulations and guidance for implementing a unified grievance and appeals process. • <i>Be responsible for developing regulations and guidance related to the integration or alignment of policy and oversight under Medicare and Medicaid.</i>
Unifying grievances and appeals	<ul style="list-style-type: none"> • Secretary is required to establish procedures to align grievances and appeals procedures by no later than April 1, 2020. • Required to solicit comment from key stakeholders. • Procedures shall: a) be included in the plan contract, b) include provisions that are most protective for 	<ul style="list-style-type: none"> • Secretary is required to establish procedures to align grievances and appeals procedures by no later than April 1, 2020. • Required to solicit comment from key stakeholders. • Procedures shall: a) be included in the plan contract, b) include provisions that are most protective for

	<p>enrollees, and to the extent feasible, are compatible with unified timeframes and consolidated access, and c) take into account differences in State Medicaid plans, be easy to navigate for enrollees.</p> <ul style="list-style-type: none"> • They must also include: a) single written notifications, b) single pathways for resolution, c) notices written in plain language and accessible to non-English languages, d) unified timeframes, and e) requirements for how plans much process, track, and resolve grievances and appeals. • The procedures must provide for continuation of benefit pending appeal. • SNPs are required to use these procedures (by including them in their MIPAA contracts) for 2021 and beyond. 	<p>enrollees, and to the extent feasible, are compatible with unified timeframes and consolidated access, and c) take into account differences in State Medicaid plans, be easy to navigate for enrollees.</p> <ul style="list-style-type: none"> • They must also include: a) single written notifications, b) single pathways for resolution, c) notices written in plain language and accessible to non-English languages, d) unified timeframes, and e) requirements for how plans much process, track, and resolve grievances and appeals. • The procedures must provide for continuation of benefit pending appeal. • SNPs are required to use these procedures (by including them in their MIPAA contracts) for 2021 and beyond.
<p>Pathway to integration for D-SNPs</p>	<ul style="list-style-type: none"> • For 2021 and subsequent years, D-SNPs must meet one or more of the following requirements, for integration of Medicare and Medicaid benefits, to the extent permitted under State law. <ol style="list-style-type: none"> 1) Plans must the requirements of contracting with the State Medicaid agency in addition to coordinating long-term services and supports or behavioral health services, or both by meeting an additional set of requirements established by the Federal Coordinated Health Care Office, based upon input from stakeholders, such as notifying the State in a timely manner of hospitalizations, emergency room visits, and hospital or nursing home discharges of enrollees, assigning one primary care provider 	<ul style="list-style-type: none"> • For 2021 and subsequent years, D-SNPs must meet one or more of the following requirements for integration. <i>(Dropped “to the extent permitted by State law.”)</i> <ol style="list-style-type: none"> 1) Plans must meet the requirements of a fully integrated plan, other than the requirements have a similar aggregate level of frailty as determined for PACE. 2) Plans must enter into a capitated contract with the State Medicaid agency to provide long-term services and supports or behavior health services or both. 3) <i>To the extent the State does not allow for or require a SNP to enter into a capitated contract they must enter into another type of integrated</i>

	<p>for each enrollee, or sharing data that would benefit coordination of Medicare and Medicaid. Such requirements must be included in the SNP contract with the state Medicaid agency.</p> <ol style="list-style-type: none"> 2) Plans must meet the requirement of a fully integrated plan (other than requirements that the plan have a similar average level of frailty to PACE) or enter into a capitated contract with the State Medicaid agency to provide long-term services and supports or behavior health services or both. 3) in the case where an individual is enrolled in a SNP and a Medicaid managed care organization that provides long-term services and support or behavioral health services with the same parent organization, the parent organization of both must assume clinical and financial responsibility for the Medicaid benefits. 	<p><i>arrangement determined by the Secretary, after consultation that might include:</i></p> <ol style="list-style-type: none"> <i>a. Entering into a contract with the State that requires notifying the State in a timely manner of hospitalizations, emergency room visits, and hospital or nursing home discharges of enrollees, assigning one primary care provider for each enrollee, or sharing data that would benefit coordination of Medicare and Medicaid.</i> <i>b. Being offered by a parent organization that also offers a Medicaid managed care plan that provides long-term services and supports or behavioral health services to the same enrollees as under the D-SNP.</i> <ul style="list-style-type: none"> • <i>For 2021 and subsequent years, if the Secretary determines that a SNP fails to comply with the integration provisions the Secretary may provide for application of sanctions against the MA organization offering the plan including civil money penalties, suspension of enrollment, or suspension of payment.</i>
<p>Improvements to Severe or Disabling Chronic Condition SNPs</p>	<ul style="list-style-type: none"> • For 2020 and subsequent years, C-SNPs will be required to meet these requirements — <ol style="list-style-type: none"> 1. The interdisciplinary team must include providers with demonstrated expertise, including training in an applicable specialty, in treating individuals similar to the plan’s targeted population. 2. Provide face-to-face encounters not less 	<ul style="list-style-type: none"> • For 2020 and subsequent years, C-SNPs will be required to meet these requirements— <ol style="list-style-type: none"> 1. The interdisciplinary team must include providers with demonstrated expertise, including training in an applicable specialty, in treating individuals similar to the plan’s targeted population. 2. Provide face-to-face encounters not less frequently than on an annual basis.

	<p>frequently than on an annual basis.</p> <ol style="list-style-type: none"> 3. Include in their model of care that the results of the initial assessment and annual reassessment of each individual enrolled are addressed in the individual’s individualized care plan. 4. As part of the Secretary’s annual evaluation of the plan’s model of care, the Secretary shall take into account whether the plan fulfilled their previous year’s goals. 5. The Secretary will only approval a plan’s model of care if they meet minimum benchmarks established by the Secretary for each element of the plan’s model of care. <ul style="list-style-type: none"> • On or after 2022, C-SNP enrollees must have one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination. • No later than December 31, 2020 and every 5 years thereafter, the Secretary shall convene a panel of clinical advisors to establish and update a list of conditions that on or after January 1, 2022 meet the definition of severe and disabling chronic conditions. • The C-SNP condition clinical advisory panel would establish and update the list of severe or disabling chronic conditions that met the following criteria: <ol style="list-style-type: none"> 1. Conditions that require prescription drugs, providers, and models of care that are unique to the specific population of enrollees of a C-SNP 	<ol style="list-style-type: none"> 3. Include in their model of care that the results of the initial assessment and annual reassessment of each individual enrolled are addressed in the individual’s individualized care plan. 4. As part of the Secretary’s annual evaluation of the plan’s model of care, the Secretary shall take into account whether the plan fulfilled their previous year’s goals. 5. The Secretary will only approval a plan’s model of care if they meet minimum benchmarks established by the Secretary for each element of the plan’s model of care. <ul style="list-style-type: none"> • On or after 2022, C-SNP enrollees must have one or more comorbid and medically complex chronic condition that is life threatening or significantly limits overall health or function, have a high risk of hospitalization or other adverse health outcomes, and require intensive care coordination. • Not later than December 31, 2020, and every 5 years thereafter, the Secretary shall convene a panel of clinical advisors to establish and update a list of condition that meet the definition of severe and disabling chronic conditions on or after January 1, 2022. These conditions must— <ol style="list-style-type: none"> 1. <i>Require prescription drugs, providers, and models of care that are unique to the specific population of enrollees in a SNP for special needs individuals, and</i> <ol style="list-style-type: none"> a. <i>As a result of those conditions compared to those who have access to and enrolled in other MA plans is projected that such individual would improve health outcomes</i>
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	<p>and as a result of access to and enrollment in a C-SNP, patients with such condition would have a reasonable expectation of slowing or halting the progression of the disease, improving health outcomes and decreasing overall costs for beneficiaries diagnosed with such condition compared to available options of care other than a specialized MA plan for C-SNPs; or</p> <p>2. Conditions that require prescription drugs, providers, and models of care that are unique to the specific population of enrollees of a C-SNP and have a low prevalence in the general population of Medicare beneficiaries or a disproportionately high per-beneficiary cost.</p> <ul style="list-style-type: none"> • In establishing and updating the list, the panel shall take into account the availability of varied benefits, cost-sharing, and supplemental benefits. 	<p><i>with respect to such conditions, that such individuals would have reduced overall Medicare costs and without any increase in expenditures for such individuals OR</i></p> <p>b. <i>Have a low prevalence in the general population of beneficiaries or disproportionately high per-beneficiary Medicare cost.</i></p>
<p>Feasibility of quality measurement at the plan level</p>	<ul style="list-style-type: none"> • Secretary may require SNPs to report data at the plan level instead at the contract level. In making that determination, the Secretary shall— <ol style="list-style-type: none"> 1) Take into account the minimum number of enrollees in a SNP to determine if a statistically significant or valid measurement of quality is possible. 2) Ensure that MA plans are not required to provide duplicative information if quality measures are reported at the plan level, and 3) Ensure that such reporting does not interfere with the collection of encounter data submitted 	<ul style="list-style-type: none"> • Secretary may require SNPs to report data at the plan level instead at the contract level. In making that determination, the Secretary shall— <ol style="list-style-type: none"> 1) Take into account the minimum number of enrollees in a SNP to determine if a statistically significant or valid measurement of quality is possible. 2) Ensure that MA plans are not required to provide duplicative information if quality measures are reported at the plan level, and 3) Ensure that such reporting does not interfere with the collection of encounter data submitted

	<p>by MA organizations or the administration of any changes to the program as a result of the collection of such data.</p> <ul style="list-style-type: none"> • If the Secretary applies quality measurement at the plan level it may include reporting for HOS, HEDIS, CAHPS, and quality measures under Part D. • The Secretary may also determine the feasibility of quality measurement at the plan level for ALL MA plans. 	<p>by MA organizations or the administration of any changes to the program as a result of the collection of such data.</p> <ul style="list-style-type: none"> • If the Secretary applies quality measurement at the plan level it may include reporting for HOS, HEDIS, CAHPS, and quality measures under Part D. • The Secretary may also determine the feasibility of quality measurement at the plan level for ALL MA plans. • <i>The Secretary shall consider applying administrative actions, such as penalties, to the plan level.</i>
<p>Special SNP Studies</p>	<p>A GAO study on state-level integration between Dual SNPs and Medicaid. GAO must report to Congress no later than 2 years after the date of enactment of this Act.</p> <p>The study would include an analysis of:</p> <ol style="list-style-type: none"> 1) The characteristic of States regarding how it administers contracts for managed long-term services and supports. 2) The type of SNPs 3) The characteristics of enrollees 4) Which populations are eligible to receive long-term services and supports and whether they are provided on a capitated basis, or carved out and provided through FFS. <ul style="list-style-type: none"> • The availability and variation of integration arrangements. 	<ul style="list-style-type: none"> • A GAO study on state-level integration between Dual SNPs and Medicaid. GAO must report to Congress no later than 2 years after the date of enactment of this Act. • The study would include an analysis of: <ol style="list-style-type: none"> 1) The characteristic of States regarding how it administers contracts for managed long-term services and supports. 2) The type of SNPs 3) The characteristics of enrollees 4) Which populations are eligible to receive long-term services and supports and whether they are provided on a capitated basis, or carved out and provided through fee-for-service. • The availability and variation of integration arrangements. • <i>Barriers and opportunities for making further progress on dual integration, as well as recommend legislation to expedite or refine pathways to fully integrated care.</i>

<p>Expansion of Supplemental Benefits</p>	<p>For 2020 and subsequent plan years, for MA plans with respect to chronically ill enrollees, supplemental benefits shall include services where there is a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and such supplemental services may not be limited to being primarily health related benefits. For such individuals, the Secretary may waive the uniformity requirement.</p>	<p>For 2020 and subsequent plan years, for MA plans with respect to chronically ill enrollees, supplemental benefits shall include services where there is a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and such supplemental services may not be limited to being primarily health related benefits. For such individuals, the Secretary may waive the uniformity requirement.</p> <p><i>The House bill explicitly states that this flexibility includes SNPs.</i></p>
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