

# Special Needs ——— ————— Plan Alliance

**Working to Change Policy and Practice for High-Risk Beneficiaries**

In 2024, the SNP Alliance will continue its historical focus on systemic complex care strategies for people with permanent chronic care needs of all abilities among all three types of SNPs. The Alliance's areas of focus this year home in on the unique composition of SNP enrollment, enhancing ties to Medicaid, supporting all duals, both full and partial, as well as ensuring SNPs have the maximum amount of flexibility feasible to meet the needs of this highly vulnerable population.

1. **Delineate Special Needs Plans (SNPs) from traditional Medicare Advantage by demonstrating the unique needs of our population.** Duals Special Needs Plans, Chronic Conditions Special Needs Plans and Institutional Special Needs Plans all serve high populations who have multiple chronic conditions, differing levels of ability requiring support services, and are more likely to need help understanding their health care coverage options. Because SNPs serve such a distinct population, they require targeted consideration as Medicare Advantage policy changes are considered.
2. **Drive integration policy in keeping with our core value of systemic care for persons with complex needs among all SNP types.** The majority of persons enrolled in all SNP types are eligible for both Medicare and Medicaid. Coordinating the federal Medicare benefits, cost sharing and other Medicare policies with the patchwork of state-specific Medicaid services and policies is complex and confusing for all beneficiaries eligible for both Medicare and Medicaid. These individuals are called dually eligible beneficiaries. Since its inception, the SNP Alliance has focused upon policies which advance the integration of Medicare and Medicaid with the goals of enhancing access to services as well as improving quality and outcomes for beneficiaries.
3. **Expand our role in Medicaid and among States in keeping with our focus on vulnerable populations and evolving systems of care.** Medicaid is a critical resource for high need populations. It is the only funding source for long-term services and support. Medicaid covers an array of other services not available in Original Medicare. To improve access to Medicaid services, which are designed and operated by states, SNPs must work closely with state Medicaid agencies. The SNP Alliance is focused on expanding its

relationships with federal Medicaid officials as well as with state Medicaid officials to improve access to Medicaid services as part of our integration policy goal.

4. **Advance care models and integration approaches for partial duals.** Some persons who are dually eligible for Medicare and Medicaid only are eligible for certain types of Medicaid support such as coverage of Medicare copays and deductibles. This is in contrast with persons who are eligible for Medicare and the full array of Medicaid supports – full duals. Individuals eligible for only certain Medicaid supports are called partial duals. Because Medicaid is intended for low-income individuals, the type of partial dual is typically linked to income and asset levels. These financial requirements vary by state. Despite the variation in financial eligibility, partial duals typically have the same needs as people are full duals. Additionally, being eligible for all Medicaid benefits or only a portion is dependent on state eligibility policy. Thus, the true nature of a duals population by state may be masked by the states' eligibility policies. Because of the needs of partial duals and the impacts of variation in state policies, the SNP Alliance is focused on care models and approaches to integration for partial duals as well as full duals.
  
5. **Ensure maximum plan flexibility but with appropriate beneficiary protections.** The SNP Alliance supports and respects the federal government's role in overseeing Medicare Advantage Plans including SNPs. At the same time, because of the complex nature of SNP enrollees and the wide variation in state Medicaid programs' benefits and eligibility, SNPs require flexibility in benefit design including Supplemental Benefits and targeted benefits called Special Supplemental Benefits for the Chronically Ill (SSBCI). The latter typically are non-medical, such as in-home care, and are intended to maintain function and often focus on preventative care and wellness. The Alliance appreciates the federal government's need to carefully monitor valuable Medicare dollars, particularly as the Trust Fund is stressed by the nation's aging population. However, we believe SNPs should have considerable flexibility with Supplemental Benefit and SSBCI design as long as they are able to meet the evidentiary requirements articulated in federal policy with reasonable administrative requirements.