



MEDICARE ADVANTAGE SPECIAL NEEDS PLANS

The Medicare Advantage Special Needs Plan Experience: Beneficiary Perspective from Pennsylvania

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Enrollee Issues

- Representative Sampling of 22 Issue areas seen from Enrollees in Pennsylvania
 - Patterns of Problems
- Additional Questions Raised about Enrollment in I-SNPs and C-SNPs



SNP Enrollees' Problems

- Information
- Enrollment and Transition Issue
- Coverage Issues
- Network and Provider Issues



SNP Enrollees' Information Problems

- Upon Initial Enrollment, Special Needs Individuals are unfamiliar with Managed Care. They lack clear information on how the SNP works, what it costs, or who is in the network.
- Throughout enrollment, SNP enrollees lack sufficient information of changes to their coverage and they lack a means of obtaining realtime answers to questions about their coverage.
- Upon disenrollment, SNP enrollees lack clear information of how to transition to new coverage.



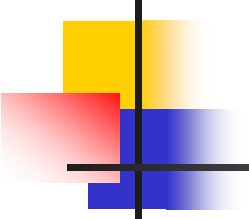
SNP Enrollees' Enrollment and Transition Problems

- Upon Initial Enrollment, Special Needs Individuals have trouble transitioning into their new coverage
 - They do not get continuity of care when they are in an ongoing course of treatment.
 - They do not get time to transition to new plans network, through new plan's procedures for service approvals, etc.
- Upon Disenrollment, SNP enrollee is not provided with continuity of care from SNP.



SNP Enrollees' Coverage Problems

- During Enrollment, SNP enrollees have been unable to obtain
 - Coordination of benefits or coordination of care
 - For duals – between SNP coverage and Medicaid coverage
 - For others – between SNP coverage and other private insurances
 - Assistance in navigating the SNP's benefits or internal processes for prior authorization, formulary exception, or appeals
 - Continuity of care when benefits or networks change



SNP Enrollees' Provider and Network Problems

- SNP enrollees have been unable to
 - Obtain accurate information about or help in accessing providers
 - Help from SNPs in stopping SNP providers from balance billing
- SNPs have had
 - Insufficient networks to meet consumer need
 - Unwillingness to ensure network providers take Medicaid and refrain from balance billing dual consumers
- SNP providers have
 - Refused to participate in Medicaid, to balance bill Medicaid, or to understand Medicaid coverage rules



Additional Questions Raised About Institutional SNPs

- For Institutionalized individuals
 - What does the SNP offer that is not required by the federal nursing home reform law, or, in the case of services for people with mental retardation, by the requirements of intermediate care facilities for the mentally retarded?
 - How reconcile the requirements of NHRA?
 - What cost?
 - How is care limited or managed?
 - What network for HCBS folks? How helped?



Additional Questions Raised About Chronic Condition SNPs

- For individuals with Chronic Conditions
 - What is the breadth of the SNP's enrollment?
 - How is their specialty/network/panel comprised to serve enrollees?
 - What are network access requirements?
 - How is care coordinated?
 - Can specialists be PCP or are referrals to "specialists" required?