

### **Special Needs Plans- Greater Oversight does not necessarily Equal Better Results**

CMS has four specific Star Ratings metrics for Special Needs (SNP) plans that traditional Medicare Advantage Plans are not scored on. The following is an assessment of Geisinger Health Plan's Dual Eligible SNP (D-SNP) product performance for CY 2013/Star 2015 as compared to the Parent Contract Geisinger Gold HMO (H3954).

Under the domain of Staying Healthy, Geisinger Health Plan's D-SNP plan members are notably less compliant than at the contract level as a whole on 4 of the 8 measures. While the contract as a whole scored 5 Stars on this metric, had the D-SNP been scored separately, it would have earned 2 Stars.

Under the Domain of Managing Long-Term conditions, the D-SNP members seemed compliant with the 3 Care for Older Adults metric of Annual Medication Review, Functional Status Assessment, and Pain Screening, scoring in the mid-90's on all 3 measures.

Plans which include I-SNP tend to have much greater access and availability to their membership than do plans who do not offer such a product, yet both plans are scored on the same scale. The D-SNP population scored lower than the parent contract on Comprehensive Diabetes Care (CDC) - Cholesterol Control, CDC- Blood Sugar Control and Osteoporosis Management in Women. These variances average 18% lower for the D-SNP population than for H3954 as a whole. For the Rheumatoid Arthritis Measure, H3954 as a whole scored 85% or 4 Stars whereas the D-SNP only breakout showed those members to be compliant 76.19% of the time. In this instance, the lower compliance rate by the D-SNP population did pull the plan's aggregate score below the 5 Star cut point. Finally, in this Domain, the D-SNP population had a readmission rate that was nearly 3 percentage points higher (lower is better) than the parent contract as a whole. Overall, the D-SNP members would have scored 9 total Stars lower than the parent contract had it been scored individually. Differences in the remaining Star domains were negligible or could not be accurately calculated.

This is an issue that our health plan continues to examine and look for ways to improve. In brief, managing a D-SNP product requires Geisinger Health Plan to invest significant time, manpower, and financial resources which, in our plan's experience, can actually result in lesser performance outcomes. In looking at prior year's results, I-SNP plans, which Geisinger does not offer currently, seem to be the notable exceptions to this premise as the members get a level of time, attention, and care that may not be able to be replicated in a community-based model.