



**TO:** Medicare Advantage Special Needs Plans

**FROM:** Brett Kay, Director, SNP Assessment

**DATE:** April 16, 2012

**RE:** 2012 Structure & Process Measures Requirements: Key Changes and Updates

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This memorandum provides the changes to the Structure & Process (S&P) measures for 2012. The revisions reflect CMS and NCQA agreement to focus more on evidence of implementation of actual processes and actions, and to streamline S&P reporting requirements. Below please find a brief summary of the proposed revisions. The full measures specifications are attached to this memorandum.

### REPORTING REQUIREMENTS FOR NEW SNPS & RETURNING SNPS

For purposes of reporting, SNPs are split into two categories, new and returning, with different reporting requirements for each group. A new SNP is any SNP plan benefit package (PBP) or stand-alone SNP contract that CMS approved to operate in the current Medicare Advantage (MA) contract year and that has not previously reported S&P measures. A returning SNP is any SNP PBP or stand-alone SNP contract that CMS approved to operate in current MA contract year and that has reported S&P measures the preceding year(s). Please see the table below for the proposed reporting requirements:

| S&P Measure/Element                               | New SNPs | Returning SNPs |
|---|----------|----------------|
| <b>SNP 1: Complex Case Management</b>             |          |                |
| SNP 1: A: Identifying members for case management | X        | X              |
| SNP 1: B: Access to Case Management               | X        | X              |
| SNP 1: C: Case Management Systems                 | X        |                |
| SNP 1: D: Frequency of Member Satisfaction        | X        |                |
| SNP 1: E: Providing Members with Information      | X        |                |
| SNP 1: F: Case Management Process                 | X        |                |
| SNP 1: G: Individual Care Plan Assessment         | X        |                |
| SNP 1: H: Informing and Educating Practitioners   | X        |                |
| SNP 1: I: Satisfaction with Case Management*      |          | X              |
| SNP 1: J: Measuring Effectiveness*                |          | X              |
| SNP 1: K: Action Remeasurement*                   |          | X              |
| <b>SNP 2: Member Satisfaction</b>                 |          |                |
| SNP 2: A: Improving Member Satisfaction           | X        |                |
| SNP 2: B: Opportunities for Improvement           | X        |                |
| SNP 2: C: Implementing Interventions*             | X        | X              |
| <b>SNP 3: Clinical Quality Improvement</b>        |          |                |

|  |   |   |
|--|---|---|
| SNP 3: A: Clinical Quality Improvements                                  |   | X |
| <b>SNP 4: Care Transitions</b>   |   |   |
| SNP 4: A: Managing Transitions   | X | X |
| SNP 4: B: Supporting Members Through Transitions                         | X | X |
| SNP 4:C: Analyzing Performance   | X | X |
| SNP 4: D: Identifying Unplanned Transitions                              | X | X |
| SNP 4: E: Analyzing Transitions  | X | X |
| SNP 4: F: Reducing Transitions   | X | X |
| <b>SNP 5: Institutional SNP Relationship with Facility (I-SNP Only)</b>  |   |   |
| SNP 5: A: Monitoring Members' Health Status                              | X | X |
| SNP 5: B: Monitoring Changes in Health Status                            | X | X |
| SNP 5: C: Maintaining Members' Health Status                             | X | X |
| <b>SNP 6: Coordination of Medicare and Medicaid Coverage</b>             |   |   |
| SNP 6: A: Coordination of Benefits for Dual-Eligible Members             | X | X |
| SNP 6: B: Administrative Coordination for Dual-Eligible Benefit Packages | X | X |
| SNP 6: C: Administrative Coordination for C & I-SNP Benefit Packages     | X | X |
| SNP 6: D: Service Coordination   | X | X |
| SNP 6: E: Network Adequacy Assessment                                    | X | X |

**Key:**

\* New S&P requirements for 2012.

**OVERVIEW OF CHANGES****SNP 1: Complex Case Management**

- Removed documented processes as a required data source for the following elements and added reports/materials to the required data sources for those elements. This increases the emphasis on evidence of implementation of actual processes.
  - Element A
  - Element B
  - Element D
  - Element E:
  - Element G: New Element (resulting from revision to 2011 Element F): Documented processes and reports or materials are required data sources.
  - Element H
- Element C: Deleted language that excluded application of guidelines for members who are frail or near the end of life.

- Element F: Separated Element F, “Case Management Process,” into two elements, Elements F and G. The new Element F, “Case Management Process” focuses on the initial member assessment.
  - Deleted Factor 1. The right to decline participation or disenroll from case management is covered in Element E.
- New Element G: “Individualized Care Plan” that focuses on taking action, specifically developing an individualized care plan and ongoing assessment for members.
- New Elements I, J and K: Added elements that focus on measuring member satisfaction with the case management program (Element I), as well as measuring the effectiveness of the case management program, identifying opportunities for improvement of the case management program (Element J), and taking action to implement interventions based on the opportunities identified (Element K).

#### SNP 2: Member Satisfaction

- New element (Element C): “Implementing Interventions” focuses on implementing interventions based on opportunities for improvement identified in Element B.

#### SNP 3: Clinical Quality Improvement

- Element A: Revised this element to require SNPs to show improvement on three clinical HEDIS measure results when compared to the results from the previous reporting year. NCQA will assess any three measures from the Effectiveness of Care domain (15 of the 17 HEDIS measures SNPs are required to report come from this domain—only the Board Certification and Plan All-Cause Readmissions measures would not be included) to determine if the SNP has achieved year-over-year improvement.

#### SNP 4: Care Transitions

- No significant changes were made to the elements in this measure. NCQA clarified some of the language in the explanations to make the requirements more explicit.

#### SNP 5: Institutional SNP Relationship with Facility

- Element A: Changed the time frame for monitoring health status changes from quarterly to monthly. More frequent monitoring will allow plans to take action on members’ health status changes in a timelier manner.
  - Added language to explicitly extend SNP 5 requirements to Assisted Living Facilities (ALFs).
- Element B: Revised the scoring to better reflect the intent that the SNPs must address all 4 factors to receive a score of 100%. Also, specified which 3 of the 4 factors must be met to receive a score of 50%.
  - Added language to explicitly extend SNP 5 requirements to ALFs.
- Element C: Added language to explicitly extend SNP 5 requirements to ALFs.

SNP 6: Coordination of Medicare and Medicaid Coverage

- Elements A & B: Add reports/materials to the required data sources. This adds emphasis on evidence of implementation of documented processes.
- Element A: Eliminated previous factors 1-3 because the Medicare Improvements for Patients and Providers Act (MIPPA) already establishes these requirements.
- Element C: Eliminated Element C, “Relationship with State Medicaid Agency for Dual-Eligible SNPs,” because it measures contracting status of dual-eligible SNPs (D-SNPs). Pursuant to MIPPA and the Affordable Care Act (ACA), all D-SNPs must have a contract with a State Medicaid agency by January 1, 2013, thereby making Element C redundant.
- Old Element D: Renumbered Element D, “Coordination for Chronic and Institutional Benefit Packages,” to account for elimination of Element C described above. This is now Element C.
  - Added reports/materials to the required data sources. This adds emphasis on evidence of implementation of documented processes.
  - Revised the language regarding billing and co-payments for dual-eligible members.
- Old Element E: Renumbered Element E, “Service Coordination,” to account for elimination of Element C. This is now Element D.
- Old Element F: Renumbered Element F, “Network Adequacy Assessment,” to account for elimination of Element C. This is now Element E.
  - Require SNPs to quantify and establish standards for the number of each type of practitioner and provider in the network (Factor 1) as well as for the geographic distribution of those practitioners and providers (Factor 2).
  - Require SNPs to analyze network performance against those standards (Factor 3 and Factor 4).