

Centers for Medicare and Medicaid Services

Request for Information on Severe and Disabling Chronic Conditions and Enrollment in Medicare Advantage Chronic Condition Special Needs Plans (C-SNPs)

Summary: This request for information seeks input from the public on the review and updating of the list of special needs plan (SNP) specific chronic conditions by a panel of clinical advisors to be held during the fall of 2019.

Dates: To be assured consideration, comments must be received at the address provided below, no later than 5 p.m. on September 8, 2019.

Addresses: Comments must be submitted electronically. You may submit electronic comments on this RFI to daniel.lehman@cms.hhs.gov.

For further information contact: Daniel Lehman, (410) 786–8929.

I. Introduction

Chronic Condition Special Needs Plans (C-SNPs) are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions, defined at 42 CFR 422.2. CMS provides further guidance on severe or disabling chronic conditions through a list of SNP-specific chronic conditions in Chapter 16b, section 20.1.2 of the Medicare Managed Care Manual (MMCM).

These conditions were drawn from a panel of clinical advisors established pursuant to Section 164(e)(2) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. The panel was convened in October 2008 and recommended fifteen SNP-specific chronic conditions that met the definition of severe or disabling and needed specialized care management. The list was later incorporated into the MMCM.

More recently, the Bipartisan Budget Act of 2018 (BBA) amended the definition of “severe or disabling chronic condition” for purposes of identifying individuals eligible to enroll in C-SNPs beginning January 1, 2022; added care management requirements for special needs individuals who have a severe or disabling chronic condition; mandated the inclusion of several current C-SNP chronic conditions onto the new list; directed the Secretary to convene a panel of clinical advisors to establish and update a list of severe or disabling chronic conditions that meet certain criteria; and directed that the panel take into account the availability of benefits in the Medicare Advantage Value-Based Insurance Design model. Additional information on the BBA amendments relevant to C-SNPs can be found in Section II of the RFI. Section 1859(f)(9), as added by the BBA, instructs the Secretary to convene the panel of clinical advisors not later than December 31, 2020 and every 5 years thereafter.

This request for information is seeking public comment on the redefinition of severe and disabling chronic conditions as amended by the BBA; the current list of severe and disabling chronic conditions; whether those conditions could be further clarified; and if there are any potential conditions missing from the list. Comments will be used to inform the panel’s review and update of the current list of qualifying chronic conditions under Chapter 16b of the MMCM.

II. Background

Upon amendment by section 164(e)(1) of MIPPA and prior to the amendments made by the BBA of 2018, Section 1859(b)(6)(B)(iii) of the Act defined special needs individuals with severe or disabling chronic conditions as special needs individuals “who have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life threatening; have a high risk of hospitalization or other significant adverse health outcomes; and require specialized delivery systems across domains of care.” This definition is also codified in regulation at 42 C.F.R. § 422.2. After enactment of MIPPA, CMS solicited public comments on chronic conditions meeting this definition and convened the SNP Chronic Condition Panel in the fall of 2008.

After discussing public comments on a proposed list of SNP-specific chronic conditions and conducting their own thorough review, the panelists recommended, and CMS subsequently incorporated, a list of 15 SNP-specific chronic conditions and associated diseases and disorders under each chronic condition category (where applicable) into the MMCM, Chapter 16b, section 20.1.2. That list is as follows:

1. Chronic alcohol and other drug dependence;
2. Autoimmune disorders, limited to: Polyarteritis nodosa, Polymyalgia rheumatica, Polymyositis, Rheumatoid arthritis, and Systemic lupus erythematosus;
3. Cancer, excluding pre-cancer conditions or in-situ status;
4. Cardiovascular disorders, limited to: Cardiac arrhythmias, Coronary artery disease, Peripheral vascular disease, and Chronic venous thromboembolic disorder;
5. Chronic heart failure;
6. Dementia;
7. Diabetes mellitus;
8. End-stage liver disease;
9. End-stage renal disease (ESRD) requiring dialysis;
10. Severe hematologic disorders, limited to: Aplastic anemia, Hemophilia, Immune thrombocytopenic purpura, Myelodysplastic syndrome, Sickle-cell disease (excluding sickle-cell trait), and Chronic venous thromboembolic disorder;
11. HIV/AIDS;
12. Chronic lung disorders, limited to: Asthma, Chronic bronchitis, Emphysema, Pulmonary fibrosis, and Pulmonary hypertension;
13. Chronic and disabling mental health conditions, limited to: Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, and Schizoaffective disorder;
14. Neurologic disorders, limited to: Amyotrophic lateral sclerosis (ALS), Epilepsy, Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), Huntington’s disease, Multiple sclerosis, Parkinson’s disease, Polyneuropathy, Spinal stenosis, and Stroke-related neurologic deficit; and
15. Stroke.

In 2018, the BBA amended the definition of special needs individuals qualifying for a chronic condition special needs plan in Section 1859(b)(6)(B)(iii) of the Act. Beginning January 1, 2022, a C-SNP eligible individual 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 and that is listed under subsection (f)(9)(A).” Subsection (f)(9)(A) requires severe or disabling chronic conditions to meet the following criteria:

1. The condition meets the definition of a severe or disabling chronic condition under section 1859(b)(6)(B)(iii) of the Act on or after January 1, 2022; and
2. Conditions that require prescription drugs, providers, and models of care that are unique to the special needs individuals with several or disabling chronic conditions (as defined in subsection (b)(6)(B)(iii) as of that date) and -
 - (a) as a result of access to, and enrollment in, a C-SNP, these special needs individuals would have a reasonable expectation of slowing or halting the progression of the disease, improving health outcomes and decreasing overall costs for individuals diagnosed with such condition compared to available options of care other than through a C-SNP, or
 - (b) have a low prevalence in the general population of Medicare beneficiaries or a disproportionately high per-beneficiary cost under Medicare.

In addition, the statute requires the list of severe or disabling chronic conditions to include HIV/AIDS, end stage renal disease, and chronic and disabling mental illness. The statute also requires the advisory panel, in establishing and updating the list of severe and disabling chronic conditions, to take into account the availability of varied benefits, cost-sharing, and supplemental benefits under the Medicare Advantage Value-Based Insurance Design model.

Given the legislative mandate provided by the BBA, CMS will convene a panel of clinical advisors in the fall of 2019 tasked with reviewing and updating the current list of chronic conditions to meet the new statutory requirements for the list of severe or disabling chronic conditions. As noted earlier, CMS is interested in stakeholder feedback regarding the current list of severe and disabling chronic conditions, whether those conditions could be further clarified, and if there are any potential conditions missing from the current list that meet the new statutory criteria.

III. Request for Information

We are requesting public input on the following areas:

1. Does the current list of chronic conditions as noted in Medicare Managed Care Manual adequately cover all conditions that could be reasonably considered as severe or disabling under the new definition? Are there other conditions that the panel should consider?
2. Should the panel further clarify and/or revise the set of diseases and disorders that accompany the current list of chronic conditions?

3. CMS currently allows MA organizations to offer multi-condition C-SNPs. See MMCM, Chapter 16b, sections 20.1.3.1 – CMS-Approved Group of Commonly Co-Morbid and Clinically-Linked Conditions and 20.1.3.2 – MAO-Customized Group of Multiple Chronic Conditions. Does the current list of chronic conditions listed in the MMCM as commonly co-morbid and clinically-linked conditions adequately identify groupings of co-morbid and clinically-linked conditions that CMS should approve for multi-condition C-SNPs?
4. MAOs may develop their own multi-condition C-SNPs that use groupings of the severe or disabling chronic conditions identified in the MMCM for C-SNPs. To be eligible for such a multi-condition C-SNPs, enrollees must have all of the qualifying commonly co-morbid and clinically linked chronic conditions in the MAO’s specific combination. To date, MA organizations have underutilized this type of multi-condition C-SNP. CMS is seeking comment on multi-condition C-SNPs that are designed by MAOs as opposed to using specific groupings identified by CMS. Specifically, what are the benefits of keeping this option versus the risks to removing it?

IV. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. However, section III of this document does contain a general solicitation of comments in the form of a request for information. In accordance with the implementing regulations of the Paperwork Reduction Act of 1995 (PRA), specifically 5 CFR 1320.3(h)(4), this general solicitation is exempt from the PRA. Facts or opinions submitted in response to general solicitations of comments from the public, published in the Federal Register or other publications, regardless of the form or format thereof, provided that no person is required to supply specific information pertaining to the commenter, other than that necessary for self-identification, as a condition of the agency’s full consideration, are not generally considered information are not therefore not subject to the PRA.

We note that this is a RFI only. This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP), applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or make a grant award. Further, we are not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense. We note that not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this request. In addition, we note that CMS will not respond to questions about the policy issues raised in this RFI.

We will actively consider all input as we develop future regulatory proposals or future subregulatory policy guidance. We may or may not choose to contact individual responders. Such communications would be for the sole purpose of clarifying statements in the

responders' written responses. Contractor support personnel may be used to review responses to this RFI. Responses to this notice are not offers and cannot be accepted by the Government to form a binding contract or issue a grant. Information obtained as a result of this RFI may be used by the Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. All submissions become U.S. Government property and will not be returned. In addition, we may publically post the public comments received, or a summary of those public comments.

V. Response to Comments

Because of the large number of public comments we normally receive on RFI documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the "Dates" section of this preamble, and, if we proceed with a subsequent document, we may respond to the comments in a subsequent document.