2008 Special Needs Plan Chronic Condition Panel
Final Report Questions and Answers

Question 1: Will the Center for Medicare and Medicaid Services continue to allow SNPs that serve multiple chronic conditions in a single plan benefit package (PBP)?

Response: Beginning January 1, 2010, a Chronic Condition-Special Needs Plan can only offer a PBP that covers one of the fifteen SNP-specific chronic conditions. Several Special Needs Plan -specific chronic conditions (i.e., autoimmune disorders, cardiovascular disorders, severe hematologic disorders, chronic lung disorders, chronic disabling mental health conditions, and chronic disabling neurologic disorders) incorporate multiple types of disorders within the major category. For example, chronic disabling mental health conditions include bipolar disorder, major depression, paranoid disorders, schizophrenia, and schizoaffective disorder. A Chronic Condition Special Needs Plan that selects a PBP covering chronic disabling mental health conditions or any other major category containing several sub-categorical disorders must:

- enroll an eligible beneficiary having one or more of these conditions;
- identify any co-morbidities an eligible beneficiary has through the mandated initial comprehensive risk assessment;
- assign each beneficiary an interdisciplinary care team to manage the SNP-specific chronic condition and all co-morbidities; and
- implement an individualized plan of care that meets the specialized needs of the SNP-specific chronic condition and all co-morbidities

Please note that a Special Needs Plan may only cover one of the fifteen qualifying chronic conditions in a single PBP. If a SNP wants to cover more than one of the fifteen SNP-specific chronic conditions in a given service area, it must offer a separate PBP for each condition it chooses to cover. Additionally, Special Needs Plans shall not exclude an eligible beneficiary having the covered condition or a covered sub-categorical condition.

Question 2: The Center for Medicare and Medicaid Services will allow for end-stage renal disease (ESRD), but ESRD beneficiaries are not allowed to join Medicare Advantage plans. Will the Center for Medicare and Medicaid Services waive this prohibition for ESRD SNP?

Response: Section 1859(b)(6)(B) provides the Center for Medicare and Medicaid Services the ability to waive of the ESRD enrollment exclusion specifically for SNPs (further described in regulation at 422.52(c)). SNPs interested in enrolling ESRD individuals request waiver of the exclusion during the application process.

Further, while individuals with ESRD are generally prohibited from joining MA Plans (aside from the waiver described previously), the Center for Medicare and Medicaid Services has clarified various exceptions to this prohibition, including allowing individuals with ESRD who are enrolled in an MA plan to enroll in

another plan offered by the organization. The list of exceptions is provided in Chapter 2 of the Medicare Managed Care Manual (see section 20.2.2).

Question 3: Will the Center for Medicare and Medicaid Services consider amending the list of qualifying chronic conditions?

Response: For 2010 application cycle, the Center for Medicare and Medicaid Services will consider only Chronic Conditions-Special Needs Plans applicants who offer a PBP for one of the fifteen SNP-specific chronic conditions. The Center for Medicare and Medicaid Services has discretion to reconvene the panel to discuss amending the list of qualifying conditions in future years.

Question 4: What criteria did the panel consider in making its selections?

Response: First and foremost, the panel considered the MIPPA guidance that Chronic Condition SNPs must be built on serving conditions that are "medically complex, 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". In addition the panel considered such factors as the prevalence of the condition among Medicare beneficiaries, the ability of beneficiaries, practitioners and health care industry to recognize the disease, and the existence of nationally-recognized clinical practice guidelines and protocols for treating the condition. The Panel was not charged with, and did not make judgments about, the economics of the selected conditions as the Center for Medicare and Medicaid Services expects interested Medicare Advantage organizations to reach their own conclusions with respect to the products and markets in which they wish to operate, and to file applications accordingly.