

Medicare Advantage: Questions to Ask Medicare Special Needs Plans (SNPs)

Medicare SNPs are one of the Medicare Advantage program's coordinated care plans. They agree to provide all the Medicare-covered benefits a person would receive under Medicare Parts A and B, and may choose to cover additional benefits. All SNPs must include Medicare Part D drug coverage. The main difference between SNPs and other types of coordinated care plans is that SNPs are allowed to limit enrollment to one of 3 groups of people with specific health or financial needs. There are three types of Special Needs Plans:

1. SNPs for people with Medicare and assistance from Medicaid
2. SNPs for people in institutions (including nursing homes)
3. SNPs for people with certain chronic conditions

Since Special Needs Plans are coordinated care plans, they may be designed like a Preferred Provider Organization (PPO) or like a Health Maintenance Organization (HMO). For example, a company can offer an HMO SNP for people in institutions. The same company can offer a PPO SNP for people with Medicare and Medicaid.

While Medicare SNPs may work well for many people, they are not for everyone. Because HMOs and PPOs have different rules about provider networks, referrals, and prior approval, it is important to understand what type of Special Needs Plan you are considering. Also, there are different questions to ask depending on which population the Special Needs Plan serves. Keep in mind that a Special Enrollment Period exists that allows people to join or leave SNPs throughout the plan year, so you can enroll in or disenroll from a Special Needs Plan at any time.

Take some time to get answers to the questions below. Use the space provided to jot down the names of plan contacts and the answers they give. To understand more about how Health Maintenance Organizations and Preferred Provider Organizations work, ask your SHIP counselor for the Making Informed Decisions tools on HMOs and PPOs.

A. About Access to Care in (name of SNP): _____

1. Is this Special Needs Plan an HMO or a PPO? _____

Note: Use the *Making Informed Decisions* tools on HMOs and PPOs to ask other important questions of the HMO SNP or PPO SNP you are considering.

2. Who can join this Special Needs Plan?

- Those with Medicare and assistance from Medicaid (dual-eligible beneficiaries) Go to Section B.
- Those in institutions (including nursing homes) Go to Section C.
- Those with certain chronic conditions (name of the disease or condition: _____) Go to Section D.

B. SNPs for Dual-Eligible Beneficiaries (D-SNPs)

3. Does the D-SNP contract with your state's Medicaid program?

- Yes No

4. Does the plan have a payment arrangement with Medicaid, which makes it easier for the plan to bill your out-of-pocket costs to Medicaid?

- Yes No

If you have original Medicare and assistance from Medicaid, your out-of-pocket costs should be minimal. Your doctors work directly with Medicare and Medicaid so that you do not have to be reimbursed for your care. While some D-SNPs contract with your state's Medicaid program, some may not. It is important to know that doctors and other health care providers are not allowed to charge cost-sharing for people with Medicare and Medicaid or people in the Qualified Medicare Beneficiary program.

Action step: Call your state's Medicaid office to see if the D-SNP has payment arrangements or a contract with Medicaid.

Notes: _____

5. Does the D-SNP offer services that are not covered by Medicare or Medicaid?

SNPs, including ones for dual eligible beneficiaries, are permitted to offer extra coverage (like vision and dental care) to their members. Sometimes this extra coverage is already covered by state Medicaid programs. It is important to know which of these services are actual extra benefits and which are not, so that you can decide if a SNP is the right choice for you.

Some D-SNPs allow enrollment from beneficiaries who have assistance from Medicaid but do not have full Medicaid; these beneficiaries are enrolled in programs known as Medicare Savings Programs. For these beneficiaries who do not have access to Medicaid's coverage, a D-SNP may indeed offer more coverage than Original Medicare.

Action step: Ask the D-SNP what extra health services their plan covers that are not covered by Medicare and Medicaid. You may also want to double-check coverage with your Medicaid caseworker.

Notes: _____

6. Does the D-SNP provide care coordination or assistance with navigating both the Medicare and Medicaid systems?

Because dual-eligible beneficiaries have health coverage from two sources, it is important to understand how the programs work together. Original Medicare and Medicaid do not provide care coordination or other services to help beneficiaries use their health coverage in more effective ways. Some D-SNPs offer services that help coordinate patients' care, navigate Medicare and Medicaid, and work more effectively with doctors.

Action step: Ask the SNP if it provides these types of services.

Notes: _____

C. SNPs for Beneficiaries in Institutions (I-SNPs)

7. Does the I-SNP contract with the institution in which you reside?

I-SNPs are required to have a contract with facilities before accepting the enrollment of any facility residents into the Special Needs Plan.

Action step: Ask the SNP if it contracts with the facility.

Notes: _____

8. What are the benefits of the I-SNP compared to your current coverage? How is this I-SNP different than a SNP for dual-eligible beneficiaries?

Institutional SNPs are permitted to offer extra benefits to their members. Sometimes these extra benefits are already covered by your current health insurance, especially if you have Medicaid. It is important to know which of these benefits are actually extra benefits and which are not, so that you can decide if an I-SNP is the right choice for you.

Some extra benefits that may be offered include:

- Transportation to a hospital
- Geriatric nurse practitioners in the facilities
- Home health services, for those in the community
- Respite for caregivers, for those in the community
- Homemaker assistance, for those in the community
- Transportation to appointments, for those in the community

Action step: Ask the I-SNP what extra benefits the plan covers. Ask the plan if it covers disease management programs or care coordination services. You may also want to ask if it offers services to help enrollees avoid hospitalization (if you live in a nursing facility) or institutionalization (if you live in the community).

Notes: _____

9. If you also have Medicaid, it is important to know if the I-SNP contracts with your state's Medicaid program. If not, does the plan have a payment arrangement with Medicaid, which makes it easier for the plan to bill your out-of-pocket costs to Medicaid?

If you have original Medicare and Medicaid and live in a nursing facility, your out-of-pocket costs should be minimal. Your facility works directly with Medicare and Medicaid so that you do not have to pay out-of-pocket. While some SNPs contract with your state's Medicaid program, some may not. It is important to know that doctors and other health care providers are not allowed to charge cost-sharing for people with Medicare and Medicaid or people in the Qualified Medicare Beneficiary program.

Action step: Call your state's Medicaid office to see if the I-SNP has payment arrangements or a contract with Medicaid.

Notes: _____

D. SNPs for Chronic Conditions (C-SNPs)

10. Does the C-SNP make it easier for people with your condition to get certain needed health services or prescription drugs?

Some SNPs for people with chronic conditions offer specialized access to health services or prescription drugs. They might have fewer restrictions on seeing specialists or have a bigger network of certain types of specialists. Some SNPs have fewer restrictions on classes of drugs for a chronic condition. For example, they may not have prior authorization requirements on drugs that people with your condition use frequently.

Action step: Ask the C-SNP about how their coverage is tailored to make it easier for you to get health services or prescription drugs.

Notes: _____

11. Does the C-SNP offer extra benefits that are not covered by your current coverage?

SNPs, including ones for beneficiaries with chronic conditions, are permitted to offer extra benefits (like vision and dental care) to their members. SNPs for chronic conditions may provide benefits that aim to help you avoid hospitalization or better manage your condition. Sometimes these extra benefits are already covered by your current health insurance, especially if you have Medicaid. It is important to know which of these benefits are actually extra benefits and which are not, so that you can decide if a C-SNP is the right choice for you.

Action step: Ask the C-SNP what extra health benefits their plan covers. Ask the plan if it covers disease management programs or care coordination services.

Notes: _____

12. If you also have Medicaid, it is important to know if the SNP contracts with your state's Medicaid program. If not, does the plan have a payment arrangement with Medicaid, which makes it easier for the plan to bill your out-of-pocket costs to Medicaid?

If you have original Medicare and Medicaid, your out-of-pocket costs should be minimal. Your doctors work directly with Medicare and Medicaid so that you do not have to be reimbursed for your care. While some C-SNPs contract with your state's Medicaid program, some may not. It is important to know that doctors and other health care providers are not allowed to charge cost-sharing for people with Medicare and Medicaid or people in the Qualified Medicare Beneficiary program.

Action step: Call your state's Medicaid office to see if the SNP has payment arrangements or a contract with Medicaid.

Notes: _____

Remember: You have the right to have your questions answered. You can take home a SNP plan's application and other information materials and think about it. Before enrolling in any Medicare Advantage product, including SNP plans, weigh your health coverage options and costs carefully. Talk to people you trust, including counselors at your state's SHIP program, who have nothing to gain from your enrollment decision. Because all Medicare Advantage products change how you receive your health care benefits through Medicare, do not rush to a decision or sign anything under pressure.