

Special Needs Plan (SNP) options

Overview

What is a Special Needs Plan?

A Special Needs Plan (SNP) is a Medicare Advantage (MA) Coordinated Care Plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals. A special needs individual may be an individual who is:

- Dual-eligible,
- Experiencing a severe or disabling chronic condition, as specified by Centers for Medicare and Medicaid Services (CMS), or
- Institutionalized.

What types of SNPs are there?

A SNP may be any type of MA CCP, including a local or Regional Preferred Provider Organization (LPPO or RPPO) plan, a Health Maintenance Organization (HMO) plan, or an HMO Point-Of-Service (HMO-POS) plan.

There are three different types of SNPs:

- Dual-Eligible SNP (D-SNP)
 - Highly Integrated D-SNP (HIDE)
- Chronic Condition SNP (C-SNP)
- Institutional SNP (I-SNP)

Dual-Eligible Special Needs Plans (D-SNP)

D-SNP enrolled individuals are entitled to both Medicare (title XVIII) and Apple Health (Medicaid) (title XIX). States cover some Medicare costs, depending on the state and the individual's eligibility. For more information, view the Apple Health Medicare Connect eligibility fact sheet.

Highly Integrated D-SNP (HIDE)

HIDE SNPs have a higher level of integration than typical D-SNPs and must have a contract with the state Medicaid agency that complies with the Medicare Improvements for Patients and Providers Administration (MIPPA) requirements and includes coverage of long-term services and supports benefits and/or behavioral health.

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D-SNP characteristics

| Characteristics | Highly Integrated D-SNP (HIDE) | Coordination only |
|--|---|--|
| Enrollee advisory | Required | Required |
| Health Risk Assessments (HRA) to include social risk factors | Required | Required |
| Exclusively aligned enrollment | Not Required | Not Required |
| Medical risk, long-term services and support and behavioral health | Long-term services and support or behavioral health | Not Required |
| | (must choose one) | |
| Caption for Medicare cost- sharing, all dual-eligible clients | Not required but recommended to states | Not required but recommended to states |
| Unified appeals and grivences | Required for exclusively aligned HIDE plans | Required for certain plans |
| Continuation of Medicare benefits pending appeal | Required for exclusively aligned HIDE plans | Required for certain plans |
| Integrated member materials | States to defined and required for exclusively aligned HIDE plans | States to define and require for certain plans |

Chronic Condition Special Needs Plans (C-SNP)

C-SNPs have restricted enrollment to special needs individuals with specific severe or disabling chronic conditions, as defined in 42 CFR 422.2. Approximately two-thirds of Medicare enrollees have multiple chronic conditions requiring coordination of care among primary providers, medical and mental health specialists, inpatient and outpatient facilities, and extensive ancillary services related to diagnostic testing and therapeutic management.

Institutional Special Needs Plans (I-SNP)

I-SNPs restrict enrollment to MA-eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a Long-Term Care (LTC) Skilled Nursing Facility (SNF), a LTC Nursing Facility (NF), a SNF/NF, an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD), or an inpatient psychiatric facility.

A complete list of acceptable types of institutions can be found in the Medicare Advantage Enrollment and Disenrollment Guidance.