

Your Guide to Medicare Special Needs Plans (SNPs)



This official government booklet has important information about Medicare Special Needs Plans, including the following:

- ★ What is a Medicare SNP?
- ★ How Medicare SNPs work
- ★ Joining and switching a Medicare SNP
- ★ Information to help you decide if a Medicare SNP is right for you

Table of Contents

Introduction to Medicare Special Needs Plans (SNPs) 1

About Special Needs Plans (SNP) 3

- What Is a Medicare Special Needs Plan (SNP)? 3
- Who Can Join a Medicare SNP? 3
- How Medicare SNPs Work 4
- How Much Do Medicare SNPs Cost? 5
- Extra Help for People With Limited Incomes 6
- Where Are Medicare SNPs Offered? 6
- Medicare SNP Services and Benefits 7–8

Joining and Switching Medicare SNPs 9

- When Can You Join a Medicare SNP? 9
- Disenrollment from a Medicare SNP 9
- How to Join a Medicare SNP 11
- How to Switch Your Medicare SNP 12

Your Appeal Rights 13

- Your Rights When You Join a Medicare SNP 13
- How to Appeal a Medicare SNP Coverage Decision 13
- What If Your Services Are Ending too Soon? 14
- Advance Coverage Decisions 14

Medigap Policies and Medicare SNPs 15

For More Information About Medicare SNPs . . 17

- Get Personalized Medicare Information Anytime 17

Introduction to Medicare Special Needs Plans (SNPs)



Medicare **S**pecial **N**eeds **P**lans (SNPs) are a type of Medicare Advantage Plan tailored for people with certain chronic diseases and conditions or who have specialized needs (such as people who have both Medicare and Medicaid, or people who live in certain institutions). Medicare SNPs provide their members with all Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) services, and Medicare prescription drug coverage (Part D). Medicare SNPs were created to give certain groups of people better access to Medicare managed care.

Joining a Medicare SNP is your choice. For information about other types of Medicare health plans you can join, look at your copy of the “Medicare & You” handbook or, visit www.medicare.gov on the web. You can also call 1-800-MEDICARE (1-800-633-4227) and ask about Medicare health plan options in your area. TTY users should call 1-877-486-2048.



About Medicare Special Needs Plans (SNP)

What Is a Medicare Special Needs Plan (SNP)?

Medicare Special Needs Plans (SNPs) are a type of Medicare Advantage Plan that generally limits membership to people with specific diseases or conditions. Medicare SNPs tailor their benefits, choose their providers, and create their drug formularies (list of covered drugs) to best meet the specific needs of the groups they serve.

Most Medicare SNPs are designed to serve the following:

- People who have specific diseases or conditions, such as End-Stage Renal Disease, cardiovascular disease, diabetes, congestive heart failure, osteoarthritis, mental health illness, or HIV/AIDS
- People who live in certain institutions (like a nursing home) or who still live at home, but need the same care as someone living in a nursing home
- People who are eligible for both Medicare and Medicaid

Most Medicare SNPs limit membership to people in one of these groups, or a subset of those groups, but some plans enroll other people as well.

For example, a Medicare SNP may be designed to serve only people who have been diagnosed with congestive heart failure. The plan would include access to a network of providers who specialize in treating congestive heart failure, and it would feature clinical case management programs designed to serve the special needs of people with this condition. The plan's formulary would be designed to cover the drugs that are usually used to treat congestive heart failure. People who joined this plan would get benefits specially tailored to their condition, and have all of their care coordinated through the Medicare SNP.

Who Can Join a Medicare SNP?

Depending on the plan, you may be required to have one or more diseases or conditions, or have both Medicare and Medicaid, to join a Medicare SNP. Contact the plan you are interested in or review plan materials to see if you meet the plan's conditions for membership.

About Medicare Special Needs Plans (SNP)

How Medicare SNPs Work

Medicare SNPs are approved by Medicare and run by private companies. When you join a Medicare SNP, you get all of your Medicare hospital and medical health care services through that plan, including Medicare prescription drug coverage.

Because they offer all health care services through a single plan, Medicare SNPs can help you manage your different services and providers. They can make it easier for you to follow your doctor's orders related to diet and prescription drug use. Medicare SNPs for people with both Medicare and Medicaid may also help them get assistance from the community and coordinate many of their Medicare and Medicaid services.

Just like with other Medicare health plans, if you join a Medicare SNP, you may have to see providers who belong to the plan or go to certain hospitals to get covered services. The Medicare SNP will still provide coverage for emergency or urgently needed care, even if you are out of the plan's service area. The plan may also require referrals to see specialists.

If you decide to join a Medicare SNP, you should know the following information:

- **If you have Medicare and Medicaid, or if your income and resources are limited, some or all of your health care costs may be covered.**

Contact your state Medicaid office to learn more. Call 1-800-MEDICARE (1-800-633-4227) for the phone number. TTY users should call 1-877-486-2048.

- You are still in the Medicare Program.
- You still have Medicare rights and protections.
- You still get complete Medicare Part A and Part B coverage.
- You get prescription drug coverage (Part D) through the plan.
- You may be able to get extra benefits offered by the plan that are tailored to the groups they serve, such as diabetes services, care coordination, and/or other health and wellness programs.
- You still pay the Part B premium. You may also pay the Medicare SNP premium that includes coverage for Part A and Part B benefits, prescription drug coverage, and any other extra benefits the plan offers.

About Medicare Special Needs Plans (SNP)

How Much Do Medicare SNPs Cost?

If you have Medicare and Medicaid, most of the costs of joining a Medicare SNP will be covered for you. If you join a Medicare SNP and you don't have both Medicare and Medicaid (or get other help from your state paying for your Medicare premiums), your exact costs will vary depending on the plan you choose. In general, you will pay the following:

- Your monthly Medicare Part B premium (\$93.50 in 2007)
- Any additional monthly premium the Medicare SNP charges above the Medicare Part B premium
- Any additional monthly premium the Medicare SNP charges for extra benefits
- Any plan deductible, coinsurance, or copayment amounts the Medicare SNP charges. For example, the plan may charge a set copayment amount, like \$10 or \$20, every time you see a doctor.



Your costs will also depend on the type of health care services you need, how often you get health care services, whether you follow the plan's rules, and what your plan charges for any extra benefits you may need. **It's important that you contact the Medicare SNP you want to join to learn what your exact costs will be before you decide to enroll.**

If you have Medicare and Medicaid, most of the costs of joining a Medicare SNP will be covered for you.

Contact your State Medical Assistance (Medicaid) office for more information and to see if you qualify for Medicaid benefits. Visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for your local Medicaid office. TTY users should call 1-877-486-2048.

About Medicare Special Needs Plans (SNP)

Extra Help for People With Limited Incomes

All Medicare SNPs include Medicare prescription drug coverage (Part D). Usually, you pay a copayment for your prescriptions. If you have limited income and resources, you may be able to get extra help paying for your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. There is no cost or obligation to apply for extra help, so anyone who thinks they might qualify should apply. You can apply for extra help at any time.

To apply for extra help paying for Medicare prescription drug coverage, call Social Security at 1-800-772-1213, visit www.socialsecurity.gov on the web, or visit your State Medical Assistance (Medicaid) office for an application. After you apply, you will get a letter in the mail letting you know what to do next. **If you have Medicare and Medicaid, you qualify for this extra help automatically and don't need to apply.**

Where Are Medicare SNPs Offered?

Because insurance companies decide where they will do business, Medicare SNPs may not be available in some parts of the country. Insurance companies can decide that a plan will be available to everyone with Medicare in a state, or be available only in certain counties. Insurance companies may also offer more than one plan in an area, with different benefits and costs. Each year, insurance companies offering Medicare SNPs can decide to join or leave the Medicare Program.

Here's how you can find the Medicare SNPs in your area:

- Look at the “**Medicare & You**” handbook that was mailed to you. The Medicare SNPs in your area are listed in the back.
- Visit www.medicare.gov on the web. Select “Compare Health Plans and Medigap Policies in Your Area.” If you don't have a computer, your local library or senior center may be able to help you access the Medicare website.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.



About Medicare Special Needs Plans (SNP)

Medicare SNP Services and Benefits

What services do Medicare SNPs cover?

Medicare SNPs must cover all of the services covered under Medicare Part A and Part B, and all services that Medicare considers medically necessary. Medicare SNPs may also cover extra services tailored to the special groups they serve, like extra days in the hospital. Contact your plan to learn exactly what benefits and services the plan covers.



Do Medicare SNPs cover prescription drugs?

Yes. All SNP plans must provide Medicare prescription drug coverage. Medicare SNP formularies may be designed to cover the drugs most needed to treat the special needs of its members.

Do you need to choose a primary care doctor in a Medicare SNP?

In some cases, Medicare SNPs may require that you have a primary care doctor, or the plan may require you to have a care coordinator to help with your health care. See page 8 for more information.

When you join a Medicare SNP, can you get health care from any doctor or hospital?

No. Generally, you must get your care and services from doctors or hospitals in the Medicare SNP's network (except emergency or urgent care, such as care that you get for a sudden illness or injury that needs medical care right away). Medicare SNPs typically have specialists in the diseases or conditions that affect their members.

Do you have to see a primary care doctor to get a referral to see a specialist in a Medicare SNP?

In most cases, you will have to get a referral. However, women don't need a referral to get a yearly mammogram or an in-network pap test and pelvic exam (covered at least every other year).

About Medicare Special Needs Plans (SNP)

How do you know if the plan covers a service you need?

Medicare SNPs must use Medicare's coverage rules to decide which services are medically necessary. This means that if a service is medically necessary under the Original Medicare Plan, then the Medicare SNP must cover the service. You can also ask the plan for an advance coverage decision to make sure the service is medically necessary and will be covered. (See page 14 for more information about advance coverage decisions.) If you ask for an advance coverage decision, you have the right to get a decision from the Medicare SNP.

Do Medicare SNPs cover services that Medicare doesn't consider medically necessary?

Medicare SNPs might not cover the costs of services that aren't medically necessary under Medicare. If you need a service that the Medicare SNP decides isn't medically necessary, you may have to pay all the costs of the service. However, you have the right to appeal the plan's decision (see pages 13 and 14).

What is a care coordinator?

Some Medicare SNPs use a care coordinator to help you manage your health. A care coordinator is someone who helps make sure people get the right care and information. For example, a Medicare SNP for people with diabetes might use a care coordinator to help members monitor their blood sugar, follow their diet, get proper exercise, schedule preventive services such as eye and foot exams, and get the right medicines to prevent complications. A Medicare SNP for people with both Medicare and Medicaid might use a care coordinator to help members access community resources and coordinate their different Medicare and Medicaid services.

Joining and Switching Medicare SNPs

When Can You Join a Medicare SNP?

If you are newly eligible for Medicare, you can join a Medicare SNP (as long as you qualify for the plan) during your Initial Enrollment Period, which is the period from three months before you turn age 65 to three months after you turn age 65.

If you get Medicare due to a disability, you can join from three months before to three months after your 25th month of cash disability payments.

Everyone with Medicare can join a Medicare SNP (as long as they qualify for the plan) or switch plans during the Annual Enrollment Period, which lasts from **November 15–December 31** of each year.

The chart on the next page lists other times you may be able to join a Medicare SNP, or switch out of a Medicare SNP to a different plan.

Disenrollment from a Medicare SNP

To be enrolled in most SNPs, you have to continue to meet the special condition served by the plan. For example, if you joined a Medicare SNP that only serves members with both Medicare and Medicaid and you lose your Medicaid eligibility, you may be disenrolled from the plan. Before that happens, the plan will notify you.

If you are involuntarily disenrolled from your Medicare SNP, you will be returned to the Original Medicare Plan, and you will have three months to join another Medicare health or drug plan. This three-month special enrollment period starts when your Medicare SNP coverage ends. It is very important to review your coverage options at this time to make sure you continue to have the Medicare coverage you want.

Joining and Switching Medicare SNPs

Who can join or switch?	When can you join or switch?
If you get help from Medicaid (your state), or you live in an institution like a nursing home or hospital...	You can join a Medicare SNP or switch plans at any time.
If you are newly eligible for Medicare... ...	You can join a Medicare SNP during your Initial Enrollment Period , which is the period from three months before you turn age 65 to three months after you turn age 65. You can join from three months before to three months after your 25th month of cash disability payments.
If you have Medicare...	You can join a Medicare SNP or switch plans during the Annual Enrollment Period from November 15–December 31 of each year.
If you have Medicare AND you have Medicare prescription drug coverage...	You can also join a Medicare SNP or switch to a new Medicare health plan that includes prescription drug coverage during the Medicare Advantage Plan Open Enrollment Period from January 1–March 31 of each year.
If you have Medicare and develop certain severe or disabling conditions...	You can join a Medicare SNP designed to serve people with those conditions at any time. This Special Enrollment Period applies as long as you have the qualifying condition(s) and ends when you join the Medicare SNP.



(continued on next page)

Joining and Switching Medicare SNPs

Who can join or switch?	When can you join or switch?
If you join a Medicare SNP and you move out of the service area of your plan...	You can switch plans when you move , or you will automatically be returned to the Original Medicare Plan. In some cases, you may be able to stay in your Medicare SNP. Call your plan for details.
If you belong to a Medicare SNP that leaves the Medicare Program ...	You can switch plans when your Medicare SNP notifies you that it is leaving the Medicare Program. In recent years, very few plans have left the Medicare Program.
If you are involuntarily disenrolled from your Medicare SNP...	You have three months to join a new Medicare SNP, or a Medicare health or drug plan, starting from the time your plan notifies you that your Medicare SNP coverage ends.

How to Join a Medicare SNP

Once you choose a Medicare SNP, you may be able to join in several ways:

- **By paper application.** Get an application from the plan you choose, fill it out, and return it to the plan.
- **On the plan's website.** Visit the plan's website to see if you can join online.
- **On Medicare's website.** Visit www.medicare.gov on the web. Under "Search Tools," select "Compare Health Plans and Medigap Policies in Your Area." Then, select "Enroll Online." Not all Medicare SNPs offer the option to join on the web.
- **By telephone.** Call the plan you want to join, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Joining and Switching Medicare SNPs

How to Switch Your Medicare SNP

- If you are already in a Medicare SNP and want to **switch to the Original Medicare Plan**, contact your current plan, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you are already in a Medicare SNP and you want to **switch to a new Medicare SNP or other Medicare Advantage Plan**, simply join the new plan. You will be disenrolled automatically from your old plan when your new plan coverage begins.

If you are already in a Medicare SNP, you may only be able to switch at certain times of the year. See pages 11–12 to learn when you may be able to join and switch Medicare SNPs.



Your Rights When You Join a Medicare SNP



Medicare SNPs must use Medicare's coverage rules to decide what services are medically necessary. This means that if a service is medically necessary under the Original Medicare Plan, then the Medicare SNP must cover the service.

If your plan won't pay for or doesn't allow a service that you think should be covered (including medically-necessary services), you can file an appeal. You have the right to appeal any decision about your Medicare-covered services or extra benefits. This is true whether you are in the Original Medicare Plan or a Medicare SNP.

How to Appeal a Medicare SNP Coverage Decision

If you are in a Medicare SNP, you can file an appeal if your plan won't pay for, doesn't allow, stops, or limits a service that you think should be covered or provided. If you think your health could be seriously harmed by waiting for a decision about a service, ask the plan for a fast decision. They must answer you within 72 hours.

Your Medicare SNP must tell you, in writing, how to appeal. After you file an appeal, the plan will review its original decision. Then, if your plan doesn't decide in your favor, the appeal is reviewed by an independent organization that works for Medicare, not for the plan. See your plan's membership materials, or contact your plan for details about your Medicare appeal rights.

What If Your Services Are Ending too Soon?

If you believe you are being discharged from a hospital too soon, you have a right to immediate review by the Quality Improvement Organization (QIO) in your area. A QIO is a group of doctors and health professionals who monitor and review complaints about quality of care. You may be able to stay in the hospital at no charge while the QIO reviews your case. The hospital can't force you to leave before the QIO reaches a decision. Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for the QIO in your area or visit www.medicare.gov on the web. Under "Search Tools," select "Find Helpful Phone Numbers and Websites." TTY users should call 1-877-486-2048.

If you think your services are ending too soon, you also have the right to a fast-track appeals process. You can get a fast review whenever you get services from a skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility. Contact your provider or plan, and they will tell you how to ask for an appeal if you think your services are ending too soon. You will be able to get a fast review of this decision, with independent doctors looking at your case and deciding if your services need to continue.

You may have additional rights if you are in the hospital or a skilled nursing facility, or if your home health care ends. Contact your provider or plan for more information about your rights.

Advance Coverage Decisions

If you're not sure whether your plan will cover a service you think you need, you can ask the plan for a decision in advance to make sure the service is medically necessary and will be covered. If you ask for an advance coverage decision, you have the right to get a decision from the Medicare SNP.

Before you join a Medicare SNP, ask the plan or check plan materials to see how they handle medically-necessary services and advance coverage decisions.

Medigap Policies and Medicare SNPs

You don't need, and generally can't use, a Medigap policy if you join a Medicare SNP. You may want to drop your Medigap policy if you already have one, but you should talk to your Medigap insurance company before you do. If you are in a Medicare SNP, it is illegal for anyone to sell you a new Medigap policy unless you are switching back to the Original Medicare Plan.

Can you keep your Medigap policy if you join a Medicare SNP?

Yes, you can keep your Medigap policy if you join a Medicare SNP. However, it may cost you a lot, and you may get little benefit from it while you are in the Medicare SNP. You may want to keep your Medigap policy until you are sure that you are happy with the Medicare SNP.

If you are already in a Medicare SNP, or if you are covered by Medicaid, you don't need a Medigap policy. Generally, it isn't legal for anyone to sell you one in these cases.

If you drop your Medigap policy when you join a Medicare SNP, what Medigap protections do you have?

If you drop your Medigap policy when you join a Medicare SNP, you may have the right to get another Medigap policy later if either of the following are true:

- Your Medicare SNP coverage ends (through no fault of your own).
- You join a Medicare SNP for the first time (and haven't been in another Medicare health plan), and you leave the plan within one year of joining.

If you were new to Medicare when you joined the Medicare SNP, you may be able to choose any Medigap policy you want. If you already had a Medigap policy before you joined the plan and you dropped it, you may be able to get the same policy back.

What happens if my Medicare SNP coverage ends?

If your Medicare SNP coverage ends or your plan stops providing care in your area, you can join another Medicare health plan, if one is available, or you can return to the Original Medicare Plan. Generally, if you return to the Original Medicare Plan, you may also have the right to buy a Medigap policy.



For More Information About Medicare SNPs

There are several places you can go to get more information about Medicare SNPs or to find out what Medicare SNPs are available in your area:

- Look at the “**Medicare & You**” handbook that was mailed to you in the fall. The Medicare SNPs in your area are listed in the back.
- Visit www.medicare.gov on the web. Under “Search Tools,” select “Compare Health Plans and Medigap Policies in Your Area.” If you don’t have a computer, your local library or senior center may be able to help you access the Medicare website.
- Call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call **the company offering the Medicare SNP** you are interested in to answer any questions you have about the plan. They can send you information about the plan and explain the plan’s benefits.
- Call your local **State Health Insurance Assistance Program (SHIP)** for help with choosing and joining a Medicare SNP, dealing with payment denials or appeals, Medicare rights and protections, help with complaints about your care or treatment, or Medicare bills.

Visit www.medicare.gov for the phone number of the SHIP office near you. Under “Search Tools,” select “Find Helpful Phone Numbers and Websites.” Or, you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Get Personalized Medicare Information Anytime



Access personalized information about your Medicare benefits and services online at www.MyMedicare.gov. After you register, you can use www.MyMedicare.gov to do the following:

- Track your health care claims
- Check the status of your Part B deductible
- Check what benefits you may be eligible for
- Track the preventive services you can use
- Find out about your Medicare health or drug plan, or search for a new plan
- Keep all your Medicare information in one convenient place

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business

Penalty for Private Use, \$300

CMS Pub. No. 11302

May 2007

*My Health.
My Medicare.*



To find out if a free copy of the “Your Guide to Medicare Special Needs Plans (SNPs)” can be mailed to you in Spanish, on Audiotape (English), in Braille, Large Print (English), call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

¿Necesita usted una copia de esta guía en Español?
Llame GRATIS al 1-800-MEDICARE (1-800-633-4227).
Los usuarios de TTY deberán llamar al 1-877-486-2048.