

SNP Readiness Checklist



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Enrollment: *You must assess your ability to enroll enough people into your plan.*

1. Size of Residential Population: You need to have at least 500 residents to start.

Considerations:

- Do you have at least 500 residents?
- If not, have you secured provider partners with whom you can combine resident populations?

2. Size and Characteristics of Potential Enrollees: Most of these residents need to be good candidates for Medicare Advantage enrollment. Medicare beneficiaries must be enrolled in Medicare Part B to enroll in Medicare Advantage. If they have health care coverage through a previous employer, they should not give that up to enroll in Medicare Advantage.

Considerations:

- Do most of your residents pay their Medicare Part B premium that provides access to physician coverage?
- Is a large portion of your resident population receiving health care coverage through a previous employer, for example, as a state or federal government retiree?
- How many of your residents would qualify for enrollment in either an I-SNP for those with an institutional level of need, or a C-SNP, for individuals with a particular chronic condition such as dementia?

3. Ability to Attract Enrollment: You should aim to enroll as many of your residents as possible. Considerations:

- Are many of your residents already enrolled in Medicare Advantage? If so, they are used to receiving their Medicare coverage through a private insurer.
- Do your residents currently access regular primary care? Will they need to change primary care providers if they enroll in your plan?
- Who are your competitors and what are the premiums, cost sharing and supplemental benefits they are offering?
- Are you committed and can you build support for this program with your leadership and staff? How much resistance will you get and how will you overcome that?

Care Management: *You must be able to deliver a care model that keeps enrollees out of the hospital.*

1. Primary Care:

- Do you have primary care practitioners (e.g., SNFists; NPs) already delivering care in your building?
- If not, are you prepared to find and employ or contract with one or more nurse practitioners?

2. Electronic Health Record:

- Do you have an electronic health record in your buildings?

3. Care Coordination and Integration:

- How well does everyone who works with residents communicate and coordinate to prevent hospitalizations?
- Do you have a protocol in place?
- Do you have a process for ensuring smooth transitions to and from the hospital?

4. Therapy:

- How do you manage therapy for long-stay residents in your building?
- If you operate independent living, assisted living or senior housing, do you work with just one therapy company and coordinate its care with other care being delivered in the building?
- If you operate a SNF, are you prepared to reduce the number of hours being delivered?

External Factors: *A state regulatory environment and relationships with hospitals and health systems can impact your ability to form a Medicare Advantage or Special Needs Plan.*

- 1. Licensure Requirements:** CMS requires that any organization operating a Medicare Advantage plan obtain a state health insurance license.
 - What are the licensing requirements in your state?
- 2. Reserve Requirements:** Each state requires that a certain amount be available to pay claims.
 - What are the reserve requirements?
- 3. Capital:**
 - Do you have the capital to meet the reserve requirements and the ability to obtain a license?