

Special Needs Plans

What's a Special Needs Plan (SNP)?

A Special Needs Plan (SNP) provides benefits and services to people with specific diseases, certain health care needs, or who also have Medicaid. SNPs include care coordination services and tailor their benefits, provider choices, and list of covered drugs (formularies) to best meet the specific needs of the groups they serve.

SNP networks vary in size and the populations they serve. Two types of networks include:

- Networks covering a specified area. For example, one network may cover an entire state, while another network covers one county. Often, this means that an area might be served by more than one network.
- Networks dealing with a certain health issue, like dementia. Providers who provide services to patients with the specified condition can join the network.

SNPs are either HMO or PPO plan types, and cover the same Medicare Part A and Part B benefits that all Medicare Advantage Plans cover. However, SNPs might also cover extra services for the special groups they serve.

Who can join an SNP?

SNPs require enrollees to:

- Have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance)
- Live in the plan's service area
- Meet the eligibility requirements for one of the 3 types of SNPs:
 - Dual Eligible SNP (D-SNP)
 - Chronic Condition SNP (C-SNP)
 - Institutional SNP (I-SNP)

FAQs

Question	Answer
Do these plans charge a monthly premium?	Varies by plan. Some plans may charge a premium, in addition to the monthly Part B (Medical Insurance) premium. However, if an enrollee has Medicare and Medicaid, most of the costs will be covered.
Do these plans offer Medicare drug coverage (Part D)?	Yes. All SNPs must provide Medicare drug coverage (Part D).
Can enrollees use any doctor or hospital that accepts Medicare for covered services?	Varies by plan. • Some SNPs require that enrollees get care and services from providers and facilities in the plan's network (except for emergency care, out-of-area urgent care, or out-of-area dialysis). • Some SNPs offer out-of-network coverage, so enrollees can get services from any qualified provider or facility, but you'll usually pay more.
Do enrollees have to get a referral to see a specialist?	Varies by plan. Referrals may be required for certain services but not others.

Other information:

- D-SNPs can help coordinate enrollees' benefits between Medicare and Medicaid.
- If interested in an I-SNP, and live in a facility, enrollees can check that the plan has providers that serve people in the area.
- C-SNPs can limit membership to a single chronic condition or a group of related chronic conditions.
- All SNPs use a care coordinator to help enrollees develop a care plan and stay healthy.

- Participants can stay enrolled in a Medicare SNP only if they continue to meet the condition served by the plan. If an enrollee loses the plan because they no longer meet the plan's conditions, they may be eligible for a Special Enrollment Period to join another plan.
- A plan can't charge more than Original Medicare for certain services like chemotherapy, dialysis, and skilled nursing facility care.
- If the plan gives prior approval for a treatment, the approval must be valid for as long as the treatment's medically necessary. Also, the plan can't ask to get additional approvals for that treatment. If an enrollee is currently getting treatment and switches to a new plan, they'll have at least 90 days before the new plan can ask for a new prior approval for ongoing treatment.

For more information, [click here](#).