

70.2 – SNP-Specific Plan Benefit Packages

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CMS expects MAOs offering SNPs to have a well-developed MOC, to structure their health care service delivery system to support this model, and to design their PBP to address the specialized needs of the targeted enrollees. All SNPs should have specially designed PBPs that go beyond the provision of basic Medicare Parts A and B services and care coordination that is required of all CCPs. These SNP-specific PBPs should include, but not be limited to:

- Supplemental health benefits specific to the needs of the unique SNP population;
- Specialized provider networks (e.g., physicians, home health, hospitals, etc.) specific to the unique SNP population; and
- Appropriate enrollee cost sharing structured around the unique SNP population's health conditions and co-morbidities for all Medicare-covered and supplemental benefits.

The following are examples of SNP benefits that exceed basic Medicare Parts A and B benefits:

- No or lower cost sharing;
- Longer benefit coverage periods for inpatient services;
- Longer benefit coverage periods for specialty medical services;

- Parity (equity) between medical and mental health benefits and services;
- Additional preventive health benefits (e.g., dental screening, vision screening, hearing screening, age-appropriate cancer screening, risk-based cardiac screening);
- Social services (e.g., connection to community resources for economic assistance) and transportation services; and
- Wellness programs to prevent the progression of chronic conditions.

All social-support services must be approved supplemental benefits consistent with the guidance in chapter 4 of the MMCM.