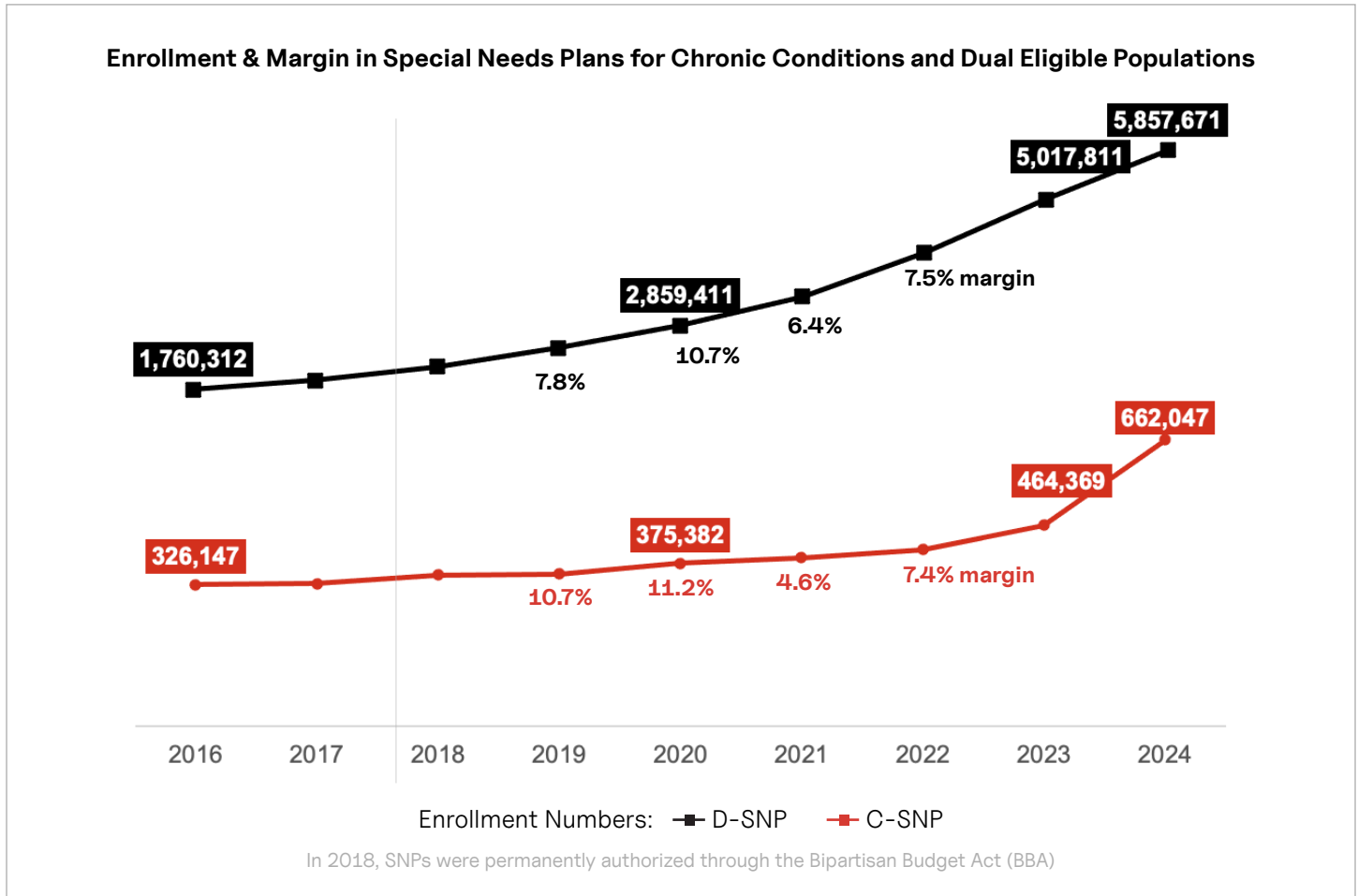


# Making the Move – Broadening Your Medicare Advantage Portfolio



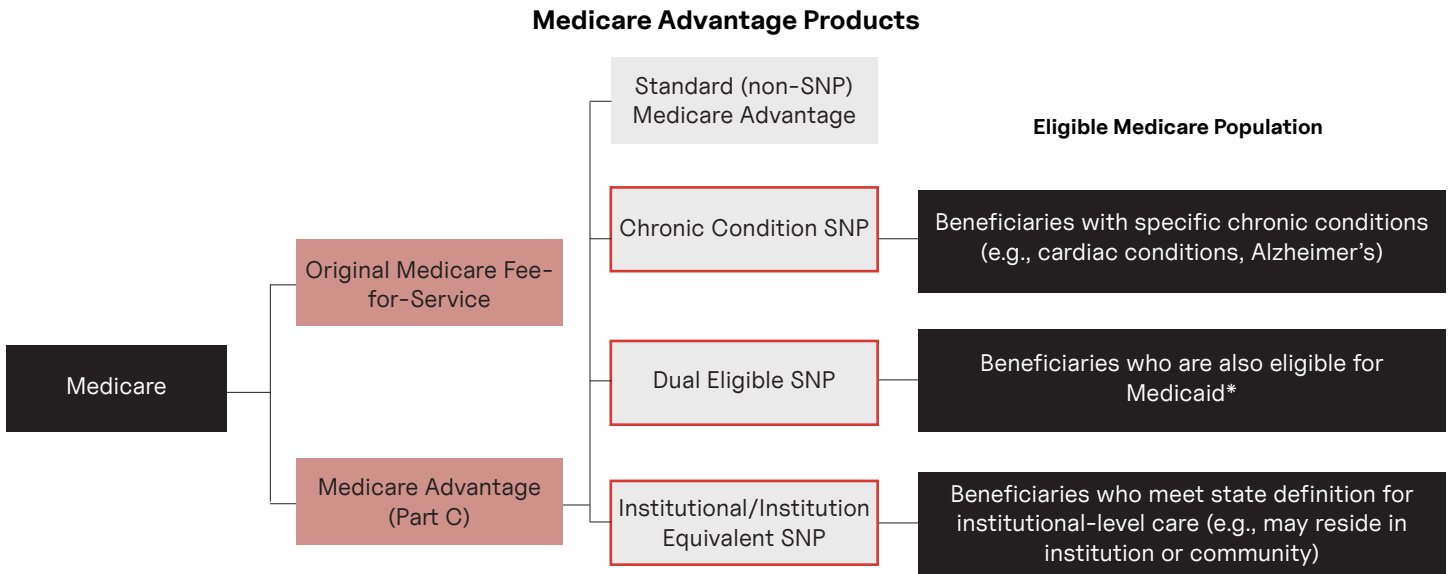
With Medicare Advantage (MA) growth steadily increasing, the opportunity for health systems to further expand their portfolio of higher margin offerings is gaining attention.

Special Needs Plans (SNPs) are especially appealing as seen in continued enrollment momentum. 2019-2022 margins for Chronic Condition and Dual Eligible SNPs have trended at nearly double the performance of Medicare Advantage plans. This is likely a result of their enhanced benefit design and targeted care model, positioning them for continued trends on favorable returns.



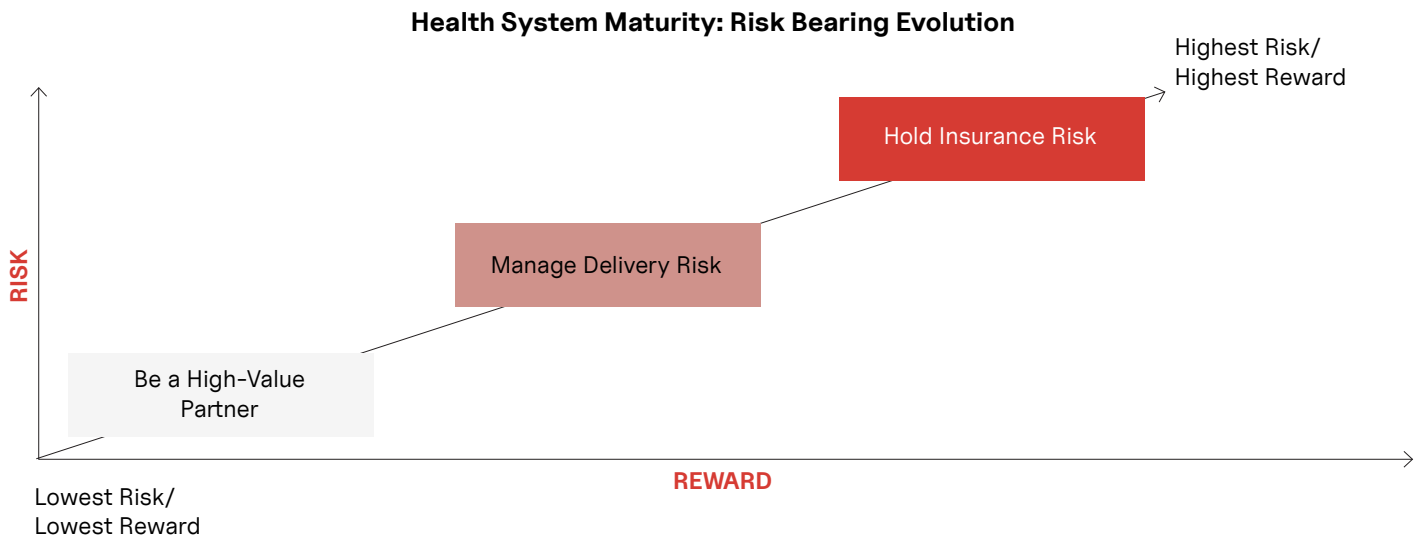
**Special Needs Plans Overview**

Special Needs Plans (SNPs) are a type of Medicare Advantage product designed to meet the unique care needs of the particular beneficiary group for which they are named after. Chronic Condition SNPs (C-SNPs) serve beneficiaries with specific chronic conditions and allow for more easily targeted product design; Dual Eligible SNPs (D-SNPs) serve dual eligible beneficiaries and are subject to considerable state oversight; and Institutional / Institutional Equivalent SNPs (I/IE-SNPs) serve beneficiaries with long term care needs, whether in a community or facility setting.



\*States can further limit which dual eligible people are eligible for D-SNP

SNPs are a strong tool to serve beneficiaries with complex care needs, a fact likely appreciated by the major commercial health plans which represent some of the largest C-SNP and D-SNP carriers. As health systems continue to grow their risk-taking capabilities in pursuit of margin, SNPs represent a natural next step for systems already offering an MA plan. Examples of health systems who have already made the leap and currently offer a C-SNP include Sentara, while Henry Ford, Intermountain, Banner Health offer D-SNPs, and Mass General Brigham.



## Launching a SNP

Like all health plans, SNPs require a long runway for preparation and launch – typically 24–30 months. While applications follow current MA cycles set up by CMS, an additional requirement unique for both C-SNPs and D-SNPs submissions includes the “**Model of Care,**” which is a four part framework outlining how the SNP will meet member needs. In addition, because D-SNPs require a State Medicaid Agency Contract (SMAC), building a D-SNP includes additional milestones, like negotiations with a state.

Assess	Plan	Develop	Implement				
<b>Q1-Q2 2026</b>	<b>Q2-Q3 2026</b>	<b>Q4 2026</b>	<b>Begin Q1 2027</b>	<b>February 2027</b>	<b>Q2-Q3 2027</b>	<b>Q4 2027</b>	<b>January 1 2027</b>
<ul style="list-style-type: none"> <li>• Begin planning for 1/1/28 SNP launch, including program design</li> <li>• GTM strategy including market assessment</li> <li>• Financial planning / pro formas</li> <li>• D-SNPs: state policy review and planning</li> </ul>	<ul style="list-style-type: none"> <li>• Assess capabilities &amp; begin clinical model design</li> <li>• Begin papering provider network</li> <li>• D-SNP: Engage with State Medicaid agency</li> </ul>	<ul style="list-style-type: none"> <li>• File Medicare Notice of Intent to Apply* (NOIA) with CMS</li> <li>• NCQA releases new MOC scoring guidance</li> <li>• Kickoff drafting MOC</li> <li>• Begin Model of Care (MOC training)</li> </ul>	<ul style="list-style-type: none"> <li>• Materials preparation (e.g., application)</li> <li>• D-SNP: begin SMAC** negotiations with state</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare application due to CMS</li> <li>• MOC due to NCQA/CMS</li> <li>• Benefit design/ bid development</li> </ul>	<ul style="list-style-type: none"> <li>• April: MOC score received from NCQA (Cure resubmission work if necessary)</li> <li>• June: Medicare bid due to CMS</li> <li>• D-SNP SMAC: sign in May, submit to CMS in July</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Annual Enrollment Period Opens</li> </ul>	<ul style="list-style-type: none"> <li>• Go-live</li> </ul>

\*contingent on if organization is going to stand up a new contract

\*\*State Medicaid Agency Contract

## Creating Your Model of Care

For health systems launching a SNP, the Model of Care (MOC) is a critical application component. Often over 100 pages by itself, the MOC is reviewed and scored by NQCA and CMS. SNPs need at least a 70% score to operate, with higher scores resulting in longer approvals (up to three years). Developing the MOC requires a significant interdepartmental effort, with inputs from key stakeholders across the plan and other external partners/vendors involved in managing and delivering care. It should outline the basic framework on how the plan will meet member needs, and it becomes part of the contract by which CMS holds plans accountable, such as for audits.

The MOC contains four parts, known as Standards, representing (1) who the plan will serve, (2) how care will be coordinated, (3) which and how providers will be involved, and (4) processes for quality monitoring and performance improvement. A successful MOC response requires detailed data analysis and a strong approach to serving the targeted enrollment.

**FY2026 NCQA standards**

Element/Section	Elements Included (# of Factors Included)	Focus
<p><b>Model of Care 1: Description of SNP Population</b></p>	<ul style="list-style-type: none"> <li>✓ Description of Overall SNP Population (4 factors)</li> <li>✓ Subpopulation - Most Vulnerable Enrollees (4 factors)</li> </ul>	<p>SNP membership description (e.g., demographics), as well as tailored services for beneficiaries</p>
<p><b>Model of Care 2: Care Coordination</b></p>	<ul style="list-style-type: none"> <li>✓ SNP Staff Structure (7 factors)</li> <li>✓ Health Risk Assessment (HRA) (4 factors)</li> <li>✓ Face-to-Face Encounter (6 factors)</li> <li>✓ Individualized Care Plan (ICP) (5 factors)</li> <li>✓ Interdisciplinary Care Team (ICT) (4 factors)</li> <li>✓ Care Transition Protocols (6 factors)</li> </ul>	<p>Comprehensive care coordination efforts to ensure health care needs / preferences are met</p>
<p><b>Model of Care 3: Provider Network</b></p>	<ul style="list-style-type: none"> <li>✓ Specialized Expertise (4 factors)</li> <li>✓ Use of Clinical Practice Guidelines and Care Transition Protocols (4 factors)</li> <li>✓ MOC Training for the Provider Network (4 factors)</li> </ul>	<p>Provider network and how it will be tailored to meet population needs</p>
<p><b>Model of Care 4: MOC Quality Measurement and Performance Improvement</b></p>	<ul style="list-style-type: none"> <li>✓ MOC Quality Performance Improvement Plan (4 factors)</li> <li>✓ Measurable Goals and Health Outcomes for the MOC (5 factors)</li> <li>✓ Measuring Patient Experience of Care (SNP Enrollee Satisfaction) (4 factors)</li> <li>✓ Ongoing Performance Improvement Evaluation of the MOC (4 factors)</li> <li>✓ Dissemination of SNP Quality Performance Related to the MOC (4 factors)</li> </ul>	<p>Performance measurement on an ongoing basis / making enhancements to deliver high-quality care</p>



Each Standard contains Elements and further subcomponents called Factors – all requirements that must be robustly addressed. Surprisingly, for D-SNPs, the most commonly failed portions in 2025 have been:

**Model of Care**

**1**

Element A – Description of Overall SNP Population

**Model of Care**

**2**

Element B – Subpopulation – Most Vulnerable Enrollees

**Model of Care**

**3**

Element C – Measuring Patient Experience of Care (SNP Enrollee Satisfaction)

**Moving Forward: Strategy & Application**

SNPs represent a material opportunity for health systems interested in or already providing Medicare Advantage plans. Annual application cycles represent high pressure and narrow opportunities to execute against 18-24 month development plans.

For health systems interested in seriously evaluating or pursuing SNP opportunities, ATI Advisory supports assessments as well as strategic alignment within c-suites and their boards.

For health systems with a determined strategy but who are seeking specific application support, including the Model of Care, ATI Advisory brings a team of nationally recognized experts with hands-on health plan leadership backed by extensive data and analytic resources.

**ATI helps organizations with critical SNP-related activities:**

- Capabilities Assessment
- Competitive analysis
- Market assessment
- Partnership development
- Financial modeling and pro forma development
- State Procurement Application strategy, drafting & submission
- Model of Care design, drafting and submission
- Supplemental benefit design
- Policy and thought leadership



**MEET OUR TEAM TODAY TO POSITION FOR SUCCESS AND ENABLE GROWTH**

info@atiadvisory.com | ATiAdvisory.com

**ATI Advisory**