

Medicare Advantage Plans Target Special Groups

BY MARY ELLEN SCHNEIDER
Senior Writer

WASHINGTON — Medicare managed care plans, known as Medicare Advantage, can now design targeted plans for low-income and institutionalized patients.

"Those are the beneficiaries who have the most to gain from our health care system but only if they get help in maneuvering the complexity and putting all the different kinds of services that they need to receive together in an effective way," said Mark McClellan, M.D., administrator

for the Centers for Medicare and Medicaid Services.

Under the 2003 Medicare Modernization Act, Medicare Advantage plans can limit enrollment to beneficiaries who are dually eligible for Medicare and Medicaid, or long-term institutionalized beneficiaries.

Already health plans are starting to take advantage of the new provisions, Dr. McClellan said at a meeting on Medicare and Medicaid sponsored by America's Health Insurance Plans.

This new option is a key way for Medicare, which was originally designed to care for acute problems, to begin addressing the increasing needs of low-income and frail seniors, said Patricia Smith, director of the Medicare Advantage Group at CMS.

"It's a baby step for the program, but it's a very important one," she said.

Under CMS interim guidance, health plans have to offer the specialty plan to the entire group of dual eligibles, instead of targeting a subset of that group. Plans can't

just target the Qualified Medicare Beneficiaries or the Special Low-income Medicare Beneficiaries, said Danielle Moon of CMS.

With institutionalized patients, plans are limited to those who reside or who are expected to reside continuously for 90 days or longer in a skilled nursing facility or nursing facility. CMS also can specify other chronically ill or disabled beneficiaries who could benefit from a specialized plan. Agency officials are still working on a definition of these beneficiaries. ■

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Reference: 1. Sunshine A, Olson NZ, Colon A, et al. Analgesic efficacy of controlled-release oxycodone in postoperative pain. *J Clin Pharmacol.* 1996;36:595-603.

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