Devoted HEALTH PLANS



2025 Special Needs Plans (SNP) FAQs

SNP Plans: What they are, what we offer

Who is eligible for a SNP Plan?

- **Dual Special Needs Plans** (D-SNP plans) are available for individuals who qualify for both Medicare and Medicaid.
- **Chronic Special Needs Plans** (C-SNP plans) are available for individuals who have a specific chronic condition, like diabetes, cardiovascular disorders, or chronic heart failure. C-SNP plans are tailored for individuals who need specialized care and benefits that focus on managing and treating their chronic health issues. C-SNP plans offer focused care coordination and access to specialized providers and treatments.

How are SNPs different from other plans?

- **They offer benefits tailored to the special healthcare needs of the population:** Compared to Devoted Health non-SNP plans, Devoted Health SNPs may offer lower cost shares for certain benefits (e.g., specialist visits for members on C-SNPs, or lower prescription drug costs for members receiving "Extra Help" on D-SNPs). Devoted Health SNPs may also offer more supplemental benefits (e.g., Food & Home Cards).
- **They provide additional care coordination and support:** Devoted Health works with SNP members to complete Health Risk Assessments (HRAs) and design Individual Care Plans (ICPs) based on member needs. For those who need it, Devoted Health also provides additional support in navigating Medicaid and Medicare benefits (D-SNP only), care transitions, disease management, and/or care coordination.
- **They have special eligibility requirements and special election periods.**
    - Individuals eligible for a C-SNP can use a one-time SEP to join a C-SNP for the first time. CMS also provides an SEP for individuals enrolled in a SNP, but who are no longer eligible because they lose the specific special-needs eligibility for their plan. This SEP begins when the period of deemed continued eligibility starts, and ends when the beneficiary makes an enrollment request—or within 3 calendar months after the expiration of the period of deemed continued eligibility.
    - For D-SNP plans individuals with new, a loss of or change in medicaid status will have an SEP. Additionally Starting January 1, 2025, there will be a new monthly SEP for Full Dual members to enroll in an integrated (HIDE/FIDE) D-SNP or AIP. We only offer an integrated D-SNP in Florida, so the only individuals who can use this new monthly SEP to enroll with Devoted Health are Full Dual members residing in Florida enrolling in Devoted Health FL D-SNPs.

What kinds of SNPs will Devoted Health offer in 2025?

- D-SNP plans will be offered in select markets in AL, AR, CO, FL, MO, MS, NC, OH, PA, and TX
    - *D-SNP plan eligibility varies by market*
- C-SNP plans will be offered in select markets in AZ, TN, and TX
    - *C-SNP plan eligibility varies by market*

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Plan	Plan Type	Description	Where we offer it	Who is eligible
D-SNP	**Highly integrated (HIDE)**	**The D-SNP plan covers:** ✓ Medicare benefits ✓ Medicaid benefits *(except LTSS)* for members who qualify The D-SNP *replaces* the member's Medicaid coverage, except for LTSS services, which Medicaid covers directly.	• Florida (HMO)	**Varies by PBP.** In all states in which we offer D-SNPs (except Pennsylvania)[1], we offer PBPs for members with these Medicaid statuses: • QMB/QMB+ • SLMB/SLMB+ • QI • QDWI • FBDE Each PBP identifies specific Medicaid levels eligible for enrollment. Check the Summary of Benefits or Evidence of Coverage (EOC) for each PBP to identify which Medicaid levels can enroll.
D-SNP	**Coordination only**	**The D-SNP plan covers:** ✓ Medicare benefits **The D-SNP plan does not cover:** ✗ Medicaid benefits: These are covered through the State Medicaid Agency (or an individual's Medicaid Managed Care Plan, if they have one)	• Alabama (HMO) • Arkansas (PPO) • Colorado (HMO) • Florida (HMO) • Mississippi (PPO) • Missouri (HMO) • North Carolina (HMO) • Ohio (HMO)[2] • Pennsylvania(HMO) • Texas (HMO)[3]	
C-SNP	**Diabetes**	**The C-SNP plan covers:** ✓ Medicare benefits, and is designed for people with special healthcare needs	• Tennessee *(part of Memphis market)* • Texas *(part of San Antonio market)*	Members with diabete:- Must be verified by a provider
C-SNP	**Group 4** (Cardiovascular Disease, CHF, Diabetes)	**The C-SNP plan covers:** ✓ Medicare benefits, and is designed for people with special healthcare needs	• Arizona *(Maricopa & Pinal counties)*	Members with Cardiovascular Disorders, Congestive / Chronic Heart Failure (CHF), or Diabetes. Must be verified by a provider
C-SNP	**Plus**	**Plus C-SNP plans have a premium and cover:** ✓ Medicare benefits, and are designed for people with special healthcare needs ✓ Individuals with 100% LIS will not pay the premium ✓ Individuals with LIS will pay $0 for prescriptions, or 25% without LIS	• Arizona *(Maricopa & Pinal counties)* • Tennessee *(part of Memphis mkt)*	Members with the chronic condition specified by the plan (either Diabetes or Group 4, depending on the PBP). Must be verified by a doctor.

[1]**Note**: In Pennsylvania, we will only offer D-SNP PBPs for individuals with Medicaid statuses FBDE, SLMB+, QMB+, & QMB in 2025.
[2]**Note:** Per Ohio Medicaid guidance, only individuals with the "Medicaid" code qualify as an FBDE, and the following Ohio Medicaid programs do not qualify an individual as an FBDE: BCCP, Inpatient Hospital Services Plan, Alternative Benefit Plan Medicaid Expansion, PACE Benefit Plan.
[3]**Note:** Dual Plus plans in TX are for all duals (partial and full). FBDE members in TX may have to pay full cost share- Pending confirmation from state.

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SNP Eligibility and Enrollment

How can a member join a D-SNP?

1. **Be eligible for Medicare and the Medicaid eligibility level required by the PBP.** Some Devoted D-SNP PBPs only allow individuals with certain eligibility levels to enroll. Eligible Medicaid categories for each plan in 2025 are outlined in each plan's Summary of Benefits and Evidence of Coverage (EOC) as listed below.
    - Agents will be able to confirm the level of Medicaid that an individual has through Orinoco (internal) or the Agent Portal (external).

Devoted Health 2025 D-SNP plans

	HMO D-SNPs						PPO D-SNPs	
Market	**Florida**		**Texas**	**Pennsylvania**	**Alabama, Colorado, Missouri, North Carolina, Ohio[4]**		**Arkansas, Mississippi**	
Plan	Devoted DUAL PLUS HMO D-SNP	Devoted DUAL HMO D-SNP	Devoted DUAL PLUS HMO D-SNP	Devoted DUAL PLUS HMO D-SNP	Devoted DUAL PLUS HMO D-SNP	Devoted DUAL HMO D-SNP*	Devoted DUAL PLUS PPO D-SNP	Devoted DUAL PPO D-SNP
Medicaid levels	QMB+/QMB SLMB+ FBDE	SLMB QI QDWI	QMB+/QMB SLMB+/SLMB FBDE QI QDWI	QMB+/QMB SLMB+ FBDE	QMB+/QMB SLMB+ FBDE	QMB+/QMB SLMB+/SLMB FBDE QI QDWI	QMB+/QMB SLMB+ FBDE	QMB+/QMB SLMB+/SLMB FBDE QI QDWI

2. **Submit a complete application** for a D-SNP PBP.
3. **Have a qualifying election period** and live in the plans service area.
4. **Devoted Health will confirm the applicant has a qualifying level of Medicaid eligibility** with the State Medicaid Agency before approving the application.

How can a member join a C-SNP?

- **Qualify to enroll in an MA plan -** live in the plans service area, have a qualifying election period, be eligible for Part A and enrolled in Part B.
- **Submit a complete application for a C-SNP, including a completed C-SNP attestation form.** To enroll in a Diabetes C-SNP, members must answer "yes" to at least one of the diabetes questions. To enroll in a Group 4 C-SNP, members must answer "yes" to at least one of the diabetes or cardiovascular questions.
    - These questions can be found in the electronic application if completing an electronic enrollment when the plan is selected, or in the enrollment kit if completing a paper application.
- **Devoted Health will send the member's provider(s) the member verification form to verify the member's qualifying condition.** The member's verification form **must be signed** by a current provider that is treating the member for that condition. Devoted Health must receive verification by the end of the first month of the member's enrollment.

[4] **Note:** Ohio Medicaid has let us know that only individuals with the "Medicaid" code qualify as an FBDE, and that the following Ohio Medicaid programs do not qualify an individual as an FBDE: BCCP, Inpatient Hospital Services Plan, Alternative Benefit Plan Medicaid Expansion, PACE Benefit Plan.

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- If a member's provider is non-responsive to the Devoted Health request, a member may be able to complete a Devoted to Me visit to establish care with Devoted Medical. Once care is established, Devoted Medical can complete the member's form if the member's condition is verified.
- If Devoted Health is unable to verify the members' condition, Devoted Health will send the member a notice of disenrollment within the first 7 days of the members' second month of enrollment, and will disenroll the member at the end of the second month of enrollment, unless Devoted Health receives verification from a provider. The member will have a special election period (SEP) to select a new plan.
    - The enrollment period reason is *'No Longer Qualifies for Special Needs Plan (SNP)'* and the election period is '*SEP: No Longer Meets SNP Status'*
- If Devoted Health Telesales completes a plan change for the member before they disenroll, the original agent will remain the agent of record

D-SNP FAQs

Q: What do the Medicaid Eligibility Levels mean?
A:

Full or Partial Dual?	Eligibility Level	Medicaid covers:				
		Part A Premium	**Part B Premium**	**Part D Premium**	**Cost Share for Medicare Benefits**	**Medicaid Benefits***
Full	**FBDE**		✓* (With exceptions)	Covered by the LIS/Extra Help subsidy *if* members also qualify for LIS *(Note: Not all individuals with QDWI qualify for LIS)*	✓ (with exceptions - see below) - **FL, AL:** For any D-SNP-covered services - **AR**, CO, MS**, NC, OH, PA:** For D-SNP-covered services provided *by in-network providers*. Members may have a small Medicaid co-pay. - **MO:** For D-SNP-covered services provided *by in-network providers.* Spenddown must be met each month for Medicaid to pay Medicare cost sharing. - **TX:** May have no cost-sharing support for deductibles, coinsurance, or copayments. ****For any PPO D-SNPs:** *For services provided by OON providers, members are liable for full cost share if providers don't accept Medicaid.*	✓
Full	**SLMB+**		✓		*(same as above except TX)* - **TX:** *will* cover cost sharing for deductibles, coinsurance, or copayments.	✓
Full	**QMB+**	✓	✓		✓	✓
Partial	**QMB**	✓	✓		✓	
Partial	**SLMB**		✓			
Partial	**QI**		✓			
Partial	**QDWI**	✓				

** For Medicaid services delivered by Medicaid providers. Medicaid benefits differ by state.*

****Note:** Dual Plus plans in TX are for all duals (partial and full). FBDE members in TX may have to pay full cost share- Pending confirmation from the state.

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Q: Can you explain a bit more about how the new Dual/LIS SEP will work for 2025?
A: The previous quarterly special election period (SEP) for duals and individuals with Part D low-income subsidy (LIS) is now removed. A new SEP available monthly is now available for full dual beneficiaries to enroll in highly or fully integrated (HIDE/FIDE) Dual special needs plans. Additionally any beneficiary who qualifies for LIS or Medicaid will have a monthly SEP to leave their Medicare Advantage plan, return to original medicare and enroll in a PDP.

***Watch this video in English or Spanish to learn more about this new SEP.**

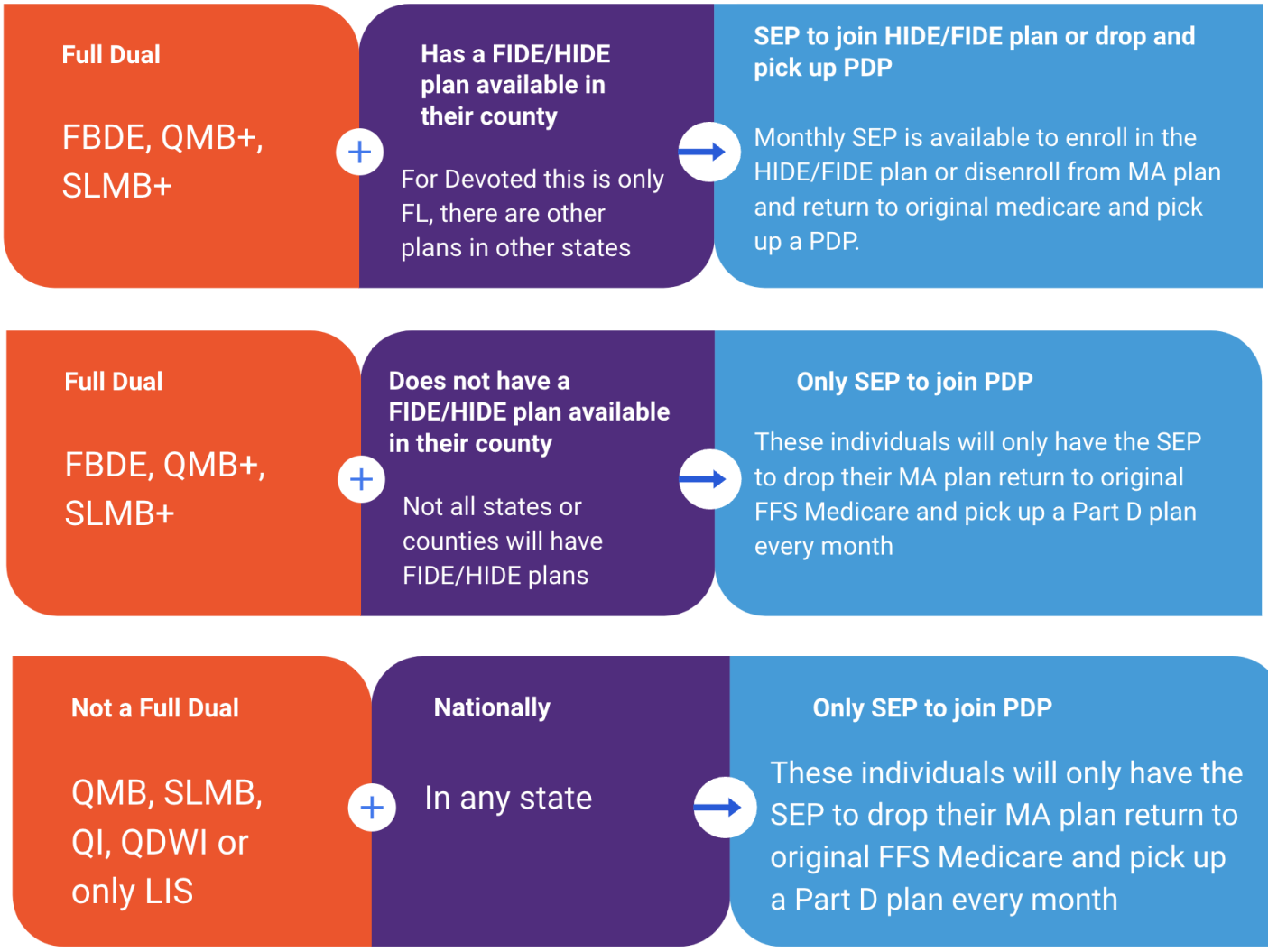
- **What is a full dual beneficiary for this election period?**
  - Full benefit dual eligible (FBDE)
  - Qualified medicare beneficiary plus (QMB+)
  - Specified low-income beneficiary plus (SLMB+)
- **What is a highly or fully integrated (HIDE/FIDE) Dual special needs plan?**
  - In an integrated plan members eligible for Medicaid benefits will receive both their Medicaid and Medicare benefits through their D-SNP plan, rather than separately through Original Medicare (or through an MA plan) and a private Medicaid plan.
- **Which states in general have HIDE or FIDE dual special needs plans? (As of 9/1/2023)**

AZ	ID	ND	OR	VA
CA	KS	NE	PA	WA
DC	KY	NJ	PR	WI
FL	MA	NM	TN	
HI	MN	NY	TX	

- **Which states does Devoted have a HIDE/FIDE plan in?**
  - Devoted only has a HIDE plan in Florida ONLY all other D-SNP states for Devoted are what is known as coordination only plans.
- **What does that mean for your other states where you have a D-SNP?**
  - In these other states where Devoted has a dual special needs plan they are what is known as coordination only D-SNPs. This includes: AL, AR, CO, MO, MS, NC, OH, PA, and TX
- **What does a "Coordination-Only" D-SNP mean?**
  - The members' Medicaid benefits are covered/paid for by Medicaid (or the member's Medicaid Managed Care plan), not the D-SNP. Note: Devoted Health is still responsible for helping members understand and access their Medicaid benefits.

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- **Who will have the SEP to join a plan?**



Q: What happens if an enrolled D-SNP member loses or changes Medicaid eligibility?

A: If the member loses Medicaid, or the member's Medicaid level does not qualify them for their current plan (meaning the Medicaid level is too low or too high for their current plan), and they don't regain a qualifying Medicaid level, they must either switch to another Devoted Health plan that they qualify for, or be involuntarily disenrolled at the end of the 6-month grace period.

- During this period, members may be responsible for Part D premiums and Part D cost shares (based on their level of "Extra Help") and/or Medicare Part A and Part B premiums (based on their Medicaid eligibility level). If Devoted Health covered the member's Medicare cost shares and/or Medicaid benefits prior to the grace period, Devoted Health will continue to cover the member's Medicare cost shares and/or Medicaid benefits (as applicable) during the grace period. Members whose Medicare cost shares and/or Medicaid benefits are covered by Medicaid may lose access to Medicaid benefits and may be responsible for Medicare cost shares during the grace period.
- After learning that a member has lost eligibility, Devoted Health will reach out to assist the member to re-apply for Medicaid (via Community Guides) and/or to offer to connect the member to telesales to make a plan change to a plan they are qualified for. Any time Devoted Health helps a member complete a plan change, the Agent of Record is maintained.

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Q: Many prospects have a private Medicaid plan. How will enrollment in a D-SNP impact their Medicaid plan?

A:

- **Florida D-SNPs:** By enrolling in a Devoted Health HIDE D-SNP plan, members eligible for Medicaid benefits will receive both their Medicaid and Medicare benefits through their D-SNP plan, rather than separately through Original Medicare (or through an MA plan) and a private Medicaid plan. When converting members, brokers should review current coverage against coverage offered under Devoted Health's D-SNP.
    - *Exception:* If the member qualifies for Medicaid Long Term Care Services and Supports (LTSS) coverage, they will need to separately enroll in a Medicaid LTSS plan (members should contact their local Area Agency on Aging to qualify and contact Florida Medicaid to enroll in an MLTSS plan). Once approved, the individual will enroll with a local provider (list provided by ACHA). They will keep their MLTSS plan while on the Devoted Health D-SNP.
- **All other market D-SNPs:** Members can only be enrolled in one D-SNP at a time, but can be concurrently enrolled in a Medicaid Managed Care Plan/private Medicaid plan and a Devoted Health D-SNP. They will receive their Medicaid benefits through their Medicaid Plan and receive their Medicare benefits through the D-SNP.

Q: Are members automatically switched over mid-year if Devoted Health finds them eligible for a D-SNP?

A: No, members must submit an application to join a D-SNP. If Devoted Health identifies eligible members on a non-D-SNP plan, there could be outreach to those members who would then be transferred to telesales. Telesales will help with the transition, and in the event of a plan change, the agent of record will remain with the original writing agent.

Q: My member got a letter saying they're being passively disenrolled from their plan - what does that mean?

A: When this happens, Certain states are allowed to passively (without a member's consent), disenroll individuals from their current Medicare or Medicaid plans, and enroll them into D-SNP plans.Medicaid sends members a letter, and Devoted Health sends members a letter as well (the Devoted Health letter is titled "Disenrollment Due to Passive Enrollment by CMS"). Members have two months to opt out if they want to continue to receive their Medicare benefits through their current MA plan. They must call State Medicaid to opt out if they would like to do so. If they do not, CMS will passively enroll them in their new plan and passively disenroll them from Devoted Health at the end of that two month period.

Q: Does the Devoted Health D-SNP product cover long-term services and supports (LTSS)?
A: The Devoted Health D-SNP does not cover these services. Joining a Devoted Health D-SNP does not affect an individual's existing enrollment in a MLTSS plan.

Q: If the provider accepts a Devoted Health plan, but it doesn't say "Medicaid Certified," do they accept the D-SNP Plan?
A: Yes.

- D-SNP Members may see providers who are not Medicaid Certified, but any benefits/services that are not covered under the D-SNP will not be paid by the plan.
- Members should review their EOC to ensure the services they need from providers who are not Medicaid certified are services covered by Medicare and are not services only covered by Medicaid. If Devoted Health covers the member's Medicaid benefits (HIDE SNP), the member will need to see "Medicaid Certified" providers in the Devoted Health network for their Medicaid-only benefits.

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D-SNP benefits

Q: How does Medicaid impact cost shares (copays, coinsurance, deductibles) that D-SNP members pay?

A: See table above to see which eligibility levels qualify for which assistance from Medicaid in each state.

- **Members with a SLMB, QI, or QDWI status** are always responsible for cost share, and are not eligible for Medicaid benefits.
- **D-SNP members with QMB or QMB+ Medicaid status** are federally protected from cost sharing. *Federal law forbids **Medicare providers and suppliers, including pharmacies***, from billing people in the QMB program for Medicare cost sharing. Medicare beneficiaries enrolled in the QMB program have no legal obligation to pay Medicare Part A or Part B deductibles, coinsurance, or copays for any Medicare-covered items and services. Providers must accept payment from Devoted Health as payment in full, or bill Medicaid for any applicable cost share.
- **D-SNP members with an FBDE or SLMB+ status** will not pay any cost share for Medicare benefits on the D-SNP plan *provided by in-network providers*, so long as they continue to qualify for Medicare cost share assistance through Medicaid and follow plan rules to receive their care (i.e., receiving care from in-network providers when required, receiving referrals, and/or prior authorizations when required). They may have cost share for supplemental benefits, and may be responsible for a small Medicaid copay. When the EOC says "$0 or $X copay/coinsurance, depending on your level of Medicaid eligibility" these members will pay the lower amount.
    - Devoted Health in-network providers are required to bill Devoted Health first, and either accept the Devoted Health payment as payment in full, or bill Medicaid as secondary coverage for members who receive Medicaid benefits (see the "Coordination of Benefits (COB)" section of the Devoted Health Provider Manual).
    - ***Exceptions:***
        - ***PPO D-SNPs:*** For services provided by OON providers, members may be liable for full cost share. To ensure Medicaid can be billed as secondary, members should only see OON providers who accept Medicaid.
        - ***Spend Down:*** D-SNP members in MO with FBDE or SLMB+ Medicaid levels are eligible for cost-sharing assistance on Medicare covered benefits from Medicaid only after the member meets their Spend Down requirements in that month.
        - ***Texas FBDEs*:*** Texas FBDEs may be liable for full cost share for Medicare services (*information pending)

In addition, members who receive "Extra Help" from Medicare may have lower Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance, and may be eligible for other targeted supplemental benefits and/or targeted reduced cost sharing. See the EOC for details.

Q: Who are DUAL plans best for?

A: Non-QMB partial duals (SLMB, QI, QDWI) don't have Medicare cost-sharing protection so they may experience cost share. Many plans in the market aren't designed for partial duals and have high coinsurances that can be a financial burden. The Devoted Health DUAL plan has reasonable cost shares.

Q: Who are DUAL PLUS plans best for?

A: Full duals and QMBs have Medicare cost-sharing protections. Members have $0 cost sharing for covered Medicare benefits with in-network providers even if the plan is filed with coinsurances (members may have a small Medicaid co-pay depending on their state). This plan has richer supplemental benefits.

Note:

- DUAL PLUS plans in TX are for all Dual members (full and partial), and FDBE members in TX(may have to pay full cost share (*information pending)

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- If a PPO D-SNP member sees an out-of-network provider who doesn't accept Medicaid, the member may have to pay full out-of-network cost share
- If members have 'Spend Down' requirements with Medicaid, they will be responsible for cost share for Medicare benefits until their Spend Down requirements have been met

Q: What's different about a PPO D-SNP?

A: There are a few things that are unique in a PPO D-SNP:

- **Cost-share protections for FBDE and SLMB+ members:** Devoted Health provider contracts require in-network (INN) providers to accept Devoted Health payment as payment in full, or to bill Medicaid as secondary insurance to cover Medicare cost share for Full Duals and QMBs when Medicaid is liable. In a PPO D-SNP, Devoted Health can't enforce similar requirements on out-of-network (OON) providers since Devoted Health isn't contracted with them. As such, PPO members with FBDE or SLMB+ Medicaid levels may be held liable for full OON cost shares if they see OON providers who don't accept Medicaid. OON providers who accept Medicare can't bill QMB or QMB+ members any cost share for Medicare services given federal QMB cost share protections.
- **PPO D-SNP members aren't required to select a PCP:** However, Devoted Health does coordinate care for D-SNP members. If a member lets us know they have a PCP that's OON, Devoted Health may contact the member to learn more about their OON PCP to help us coordinate the member's care.

Q: What happens when benefits are covered both by Medicaid and a Coordination-Only D-SNP?

A: Medicare covers healthcare and prescription drugs. Full Dual (FBDE, SLMB+, QMB+) members may be eligible for additional benefits through Medicaid. *Services are paid first by Devoted Health* and then by Medicaid (or a member's Medicaid Managed Care Plan). For services covered by both Devoted Health and Medicaid, Medicaid may pay a member's Medicare cost-sharing amount depending on their Medicaid coverage level as listed above. Medicaid may also provide coverage if a benefit is used up or not covered by Devoted Health. Members' Medicaid benefits and cost share amounts may vary based on the level of their Medicaid coverage; benefit limitations, referrals, and prior authorizations may apply.

Q: Why do Devoted Health D-SNP plans have a premium, Part D cost shares, and Part D deductibles?

A: The federal government will help cover the Part D portion of a members' premium, and will also reduce Part D costs, for any members who receive "Extra Help" (also known as Low Income Subsidy, or LIS). Nearly all members with Medicaid (and so nearly all members on Devoted HealthD-SNPs) receive Extra Help from CMS. With a Devoted Health D-SNP plan, members who receive LIS pay $0 for Part D drugs, and have their Part D deductibles (if applicable) reduced to $0. Their premium will also be reduced based on their level of LIS. Members who do not receive Extra Help will need to pay their premium, Part D deductible, and Part D cost shares. Members need to **apply for the Extra Help/LIS program**. Devoted Health Community Guides can help members reapply for LIS annually, apply for the first time, and/or discuss options for lowering drug costs. For any members referred to a Community Guide, a Community Guide will call the member back within 7 days.

Q: Will all D-SNP members have an assigned case manager?

A: Devoted Health SNP members have a team ready to support them. That includes the Devoted Health Member Service Guides that answer questions, Community Guides that can help members access local resources, and pharmacists and nurse clinical guides to support members with their healthcare needs. Depending on members' needs, Devoted Health also has dedicated case managers who can support members navigate complex issues.

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C-SNP FAQs

Q: Is a member technically enrolled after an application is processed? Will they have access to their Devoted Health benefits at that time? What happens if Devoted Health is not able to obtain verification from their provider?

A: Once an application is approved, a member is "conditionally enrolled." The member will have access to their Devoted Health benefits as of the plan's effective date printed on their enrollment letter. Devoted Health still needs to receive verification of a member's chronic condition within the first two months of their enrollment, or the member will be disenrolled from the plan after two months.

Q: Does pre-diabeties qualify someone for a C-SNP for individuals with Diabetes?

A: No. Individuals must have diabetes to qualify for a Diabetes C-SNP.

Q: Why do some C-SNPs have a premium?

A: Devoted Health designed premium C-SNPs for individuals with chronic conditions who receive assistance from the federal government due to low or limited income. Devoted Health offers two premium C-SNPs (Devoted Health BE WELL PLUS Tennessee and Devoted Health BE WELL PLUS Arizona) tailored to the unique needs of this population.

HRA FAQs

Q: What can a SNP member expect as a member of Devoted Health?

A: SNP members complete a Health Risk Assessment (HRA) when they join the plan. Based on the member's HRA responses and Care Plan (ICP) goals, Devoted Health staff may reach out to provide support coordinating healthcare and/or managing a chronic condition. Devoted Health sends an HRA to SNP members annually and updates the ICP (at least annually) based on changes in the member's HRA responses and health, such as instances of emergency inpatient admissions. Devoted Health care managers also help members navigate care transitions with pre- and post-discharge calls to support a safe discharge and recovery.

Q: What is a Health Risk Assessment (HRA)? How and why do members complete an HRA?

A: An HRA is a series of questions that CMS requires all plans to ask SNP members. A member's HRA responses inform their care plan. Members can complete an HRA in-person with their broker, via a paper form they receive by mail, via the member portal, or over telephone. SNP members will receive a $20 Devoted Dollars rewards card if they complete an HRA within 90 days of enrollment. They'll also be eligible for another reward every plan year when they complete their HRA. Reward cards are usually triggered within a few days of the time the member completes the HRA (or their SNP plan effective date — whichever is later), but the mail can take time. Brokers should let members know that reward cards can take between 60-90 days to arrive.

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