



# SNP Alliance

MARCH 2017

## SNP Alliance Profile Briefing Health Plans Specializing in the Care of High-Risk/High-Need Beneficiaries across the Nation

**The SNP Alliance** is a national membership organization dedicated to improving policy and practice of MA Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs). The SNP Alliance’s 26 members serve over 1.3 million special needs individuals in 36 States and the District of Columbia.

### SNPs

SNPs are a subset of Medicare Advantage (MA) plans specifically authorized and designed to meet special care needs of Medicare beneficiary sub-groups. The plan types and subgroups include:

- **Chronic condition SNPs** (C-SNPs): serving persons with certain severe or disabling chronic conditions (e.g., HIV-AIDS, chronic heart failure, COPD, mental illness, etc.).
- **Institutional SNPs** (I-SNPs): serving persons residing in nursing homes or with comparable care needs in the community.
- **Dual eligible SNPs** (D-SNPs): serving persons covered by both Medicare and Medicaid.
- **Fully Integrated Dual Eligible SNPs** (FIDESNPs) and **Medicare-Medicaid Plans** (MMPs) – which are a specific type of D-SNP and provide both Medicare and Medicaid benefits, including long-term services and support.

While SNPs are regulated, evaluated, and paid on the same basis as other MA plans, they are required to provide additional benefits and services to their target populations and to implement tailored care management according to unique Models of Care that serve every enrollee.

Since authorized by the *Medicare Modernization Act* of 2003, SNPs have grown substantially in number and enrollment. As of February 2017, a total of 583 SNPs had an enrollment of over 2.3 million beneficiaries. Total SNP

enrollment has grown over 60% since 2010. During 2016, SNP enrollment grew by more than 117,000 members nationwide.

**National SNP Plan # and Enrollment, February 2017**

SNP Type	# of Plans	Enrollment
Chronic Condition SNPs	123	328,867
Dual Eligible SNPs (All types)	377	1,922,183
Institutional SNPs	83	62,805
<b>TOTAL</b>	<b>583</b>	<b>2,313,855</b>

Source: CMS SNP Comprehensive Report, February 2017

### Plans working with states to integrate Medicare-Medicaid benefits for dually-eligible beneficiaries

SNP member plans provide extensive service to those who are dually-eligible for both Medicare and Medicaid.

These individuals may require community long-term services and supports, behavioral health services, and other assistance in order to have their complex needs addressed.

The health plan works to integrate and coordinate the two separate programs — Medicare and Medicaid — each with different rules governing how plans and providers may interact with the beneficiary.

### Profile of SNP Alliance

Each year, the SNP Alliance conducts an annual survey of its membership.<sup>1</sup> Respondents to the most recent survey represented three-fourths of Alliance members and about 1.1 million SNP enrollees (N=20).

There were 7 C-SNPs, 11 D-SNPs, 10 FIDE-SNPs, 6 I-SNPs, and 9 MMPs represented in the results. Key findings of this report indicate:

<sup>1</sup> 2016 SNP Alliance Survey data analysis by SNP Alliance, March, 2017.

- **Member SNPs serve unique subgroups of beneficiaries with more complex health and social issues:**
  - **HCCs**- looking at high cost, complex chronic conditions, SNP enrolled populations show a high rate of chronic conditions.
  - **Risk Scores** - Beneficiaries enrolled in these SNP plans had higher risk scores than in the general Medicare population.

#### SURVEY DATA POINTS

- **D-SNPs** collectively reported **69%** of enrolled population had 1 or more HCCs and **33%** had 3 or more HCCs
- **C-SNPs** reported that **84%** of enrolled population had 1 or more HCCs and **40%** had 3 or more HCCs
- **D-SNPs** collectively reported **1.40** average risk score, while **FIDE-SNPs** reported **1.63** and **I-SNPs** reported **2.26** suggesting greater complexity.

- **Behavioral health/mental health conditions**- The enrolled population of the SNPs had much higher rates of behavioral and mental health conditions than the beneficiaries enrolled within all Medicare Advantage health plan products.<sup>2</sup>

#### SURVEY DATA POINTS

- **38.8%** of the **I-SNP** enrollees in member plans had a major depressive, bipolar, or paranoid disorder compared to just **8.7%** of enrollees overall in MA plans (including SNPs)
- **7.6%** of enrollees in **C-SNPs** had drug or alcohol dependence compared to **2.2%** overall in MA plans (including SNPs).
- **Wide age variability**- SNPs disproportionately serve the under 65 Medicare subgroup population—individuals who are eligible for Medicare given their disability. For example, **43.9%** of the D-SNP plan enrollment was under 65, compared to just **16%** of all Medicare beneficiaries nationally.

Nationally about 18% of the Medicare population is dually-eligible for both Medicare & Medicaid. Most (70%) of these individuals are not in MA plans, but receive care through fee-for-service payments. However, within these member SNPs, from **33%** (C-SNPs) to **100%** (FIDE-SNPs) were dually-eligible.

- **SNP health plans are managing care despite having populations with high complexity and risk scores -- the great majority of whom are dually-eligible.**

- Inpatient admissions were below expected, as compared to fee-for-service beneficiaries who are also dually-eligible.

- **SNP health plans observe significant social risk issues in their populations.**

- Health plan care managers who conduct health risk assessments for individuals enrolled identified the top 5 social risk factors they observe:

1. Low health literacy
2. Poverty/low income status
3. Lack of mental health services and supports to assist the member
4. Lives alone or has few social supports
5. Housing instability

One care manager explained:

*A high proportion of our enrollees have mental health diagnoses. They are vulnerable to crises, especially when not compliant with medications--and one of the common indicators is they become difficult to reach - they are evicted from their apartment, kicked out or move out of a friend/family home, are confused or in a state of panic and their situation is unstable.*

- **SNP health plans noted challenges with the existing performance measures which are skewed to a healthier population who do not have extensive social risk factors or behavioral health issues. Top concerns were:**

1. Measures are not risk adjusted for socioeconomic status and social determinant of health risk factors, which are prevalent in the SNP population.
2. Existing self-report surveys of beneficiaries are not translated, nor do they accommodate diverse ethnic groups, nor those without access to a stable address or communication technology.
3. Measures are misaligned across providers and plan—quality improvement is hampered.

<sup>2</sup> MedPAC June 2016 Data Book; Section 9 "Medicare Advantage." Figures include SNPs in calculations, therefore true comparison with general MA enrollment (non-SNP) would show even greater differences.

