

# SNP Alliance

OCTOBER 2018

## SNP Alliance Member Profile Briefing

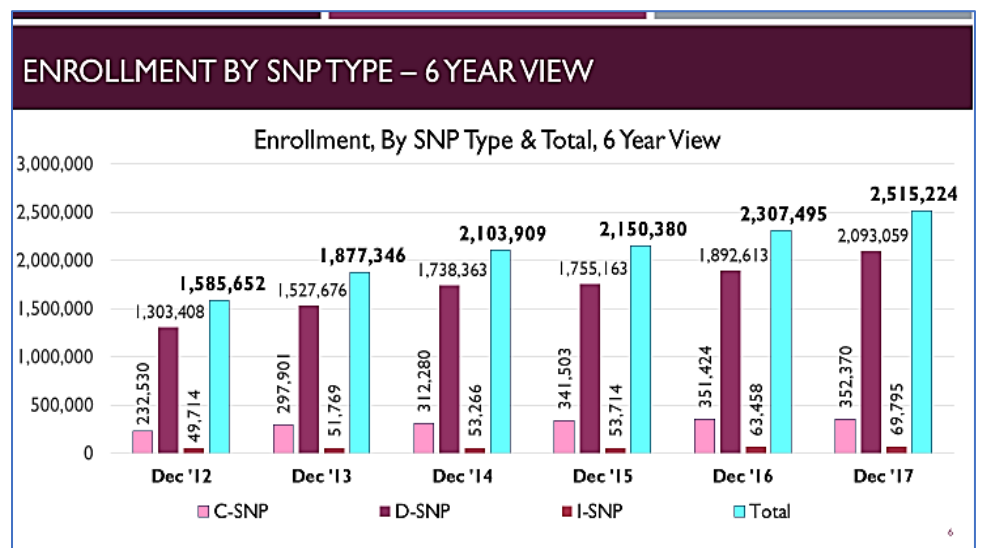
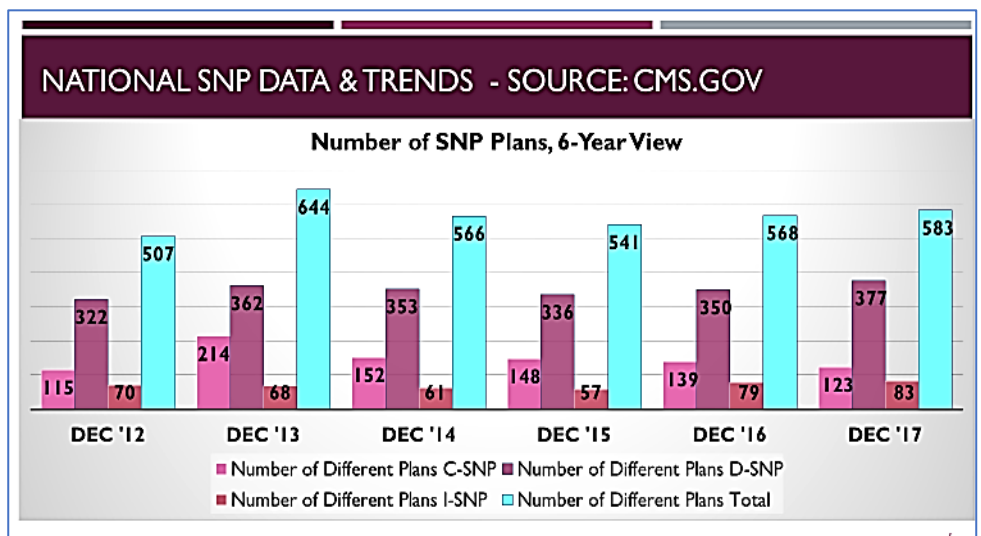
### Health Plans Specializing in the Care of High-Risk/High-Need Beneficiaries across the Nation

#### 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 the number of SNP plans has varied over the year, CMS data shows steady growth in the number of beneficiaries enrolled (see graphs).



**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). Plan members serve over 1.65 million beneficiaries, which is almost 60% of all SNP and MMP enrolled beneficiaries. These tables provide additional information on enrollment by SNP type for the SNPA member health plans.

SNP ALLIANCE MEMBER HEALTH PLANS ENROLLMENT – 4 YEAR VIEW							
Time Period	SNP Alliance Health Plan Members' Enrollment						All Enrollment (% SNPA) Exclude MMPs
	C-SNP	D-SNP	I-SNP	FIDE-SNP	MMP	Total	
2015	199,158	672,619	47,455	69,816	136,992	1,144,515	2,150,380 (53%)
2016	Missing data	Missing data	Missing data	100,742	165,842	Missing data	2,307,495
2017	214,706	918,232	57,213	93,905	174,317	1,373,858	2,515,224 (48%)
2018	282,313	1,019,680	61,566	125,437	165,734	1,654,730	2,599,224 (57%)

**SNAPSHOT: Majority** – SNP Alliance health plans account for almost 60% of all SNP enrollment

CURRENT SNP ALLIANCE MEMBER PLAN ENROLLMENT BY SNP TYPE– MARCH, 2018 (BASED ON H# REPORTED ENROLLMENT)		
Plan Type	Total Enrollment within SNP Alliance plans	SNPA Organizations Enrollment as % of All SNP Enrollment Nationwide
<b>D-SNP &amp; FIDE-SNPs</b>	<b>1,310,851</b>	<b>53%</b>
<b>C-SNP</b>	<b>282,313</b>	<b>81%</b>
<b>I-SNP</b>	<b>61,566</b>	<b>84%</b>
<b>ALL SNPs</b> (Nat'l data from CMS monthly reports)	<b>1,654,730</b>	<b>57%</b>
<b>MMPs</b> (Nat'l total from 2017, Source: ICRC Issue Brief)	<b>165,734</b>	<b>47%</b>

**SNAPSHOT: Robust representation** - The SNP Alliance represents over 80% of C-SNPs and I-SNPs, more than half of all D-SNPs and almost half of all MMP enrollment

### Care Needs of Enrolled People: Special Population Groups

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.


Special population groups include **younger people with physical disabilities** (age 18-64), people with **severe complex and disabling conditions** (e.g., ALS, Parkinson’s, advanced renal disease, COPD, AIDs-HIV, etc.), and **frail elderly persons** with cognitive, functional, and disease-related impairments.


SNPs work to coordinate an extensive service array with and for those who are **dually-eligible** for both Medicare and Medicaid. These individuals often require community long- term services and supports, behavioral health services, specialty medical, pharmaceutical, and condition-focused care, as well as other assistance to address their complex needs. 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 Membership

Each year, the SNP Alliance conducts an **Annual Survey** of its membership. The survey captures key enrollment and utilization characteristics as well as information on quality measurement issues unique to these populations and the SNPs and MMPs. Respondents to the most recent survey (2017) represented three-fourths of Alliance members (N=19).

19 RESPONDING MEMBER HEALTH PLANS – THANK YOU!





1) AIDs Healthcare Foundation	11) Independent Care (iCare)
2) AmeriHealth Caritas	12) LA Care Health Plan
3) Blue Plus MN	13) Medica Health Plan
4) Brand New Day/Universal Care	14) Molina Healthcare
5) Care Wisconsin	15) SCAN Health Plan
6) CareMore/Anthem	16) Senior Whole Health
7) Commonwealth Care Alliance	17) South Country Health Alliance
8) ElderPlan	18) UCare
9) Gateway Health Plan	19) UPMC Health Plan
10) HealthPartners	

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## Findings

➤ **Beneficiary characteristics** - Age and other characteristics of the enrolled beneficiaries *differed across SNP types*

➤ **High Proportion of Dually-eligible** - D-SNPs, FIDE-SNPs and MMPs *exclusively* serve dually-eligible persons; the proportion of dually eligible beneficiaries in I-SNPs and C-SNPs is very high as well—**61% and 73%** respectively

➤ **Risk scores** are high, indicating condition severity, number, and complexity. For example, I-SNPs reported 2.74 and C-SNPs reported 1.68 as the *average* risk score for their dually eligible members

➤ **Mental/Behavioral Health Needs** - There was a high prevalence of mental/behavioral health conditions; e.g. 22% with major depression or bipolar disorders in C-SNP and 51% in I-SNP populations

➤ **Multiple Chronic Conditions** - Persons with three or more chronic

ENROLLMENT PROFILE – 2017 SURVEY, 2016 DATA <small>N=19 PLANS RESPONDING</small>					
	C-SNP	D-SNP	FIDE-SNP	MMP	I-SNP
% Under 65	19%	49%	2%	47%	6%
% Age 65-84	72%	46%	75%	46%	44%
% Age 85+	8%	5%	23%	8%	50%

**SNAPSHOT: AGE VARIATION ACROSS SNP TYPES**

- Almost half of D-SNP and MMP enrollment is under age 65
- Half of I-SNP enrollment is age 85+

SELECTED CONDITION PREVALENCE – 2017 SURVEY, 2016 DATA					
	C-SNP	D-SNP	FIDE-SNP	MMP	I-SNP
% with 1-2 chronic conditions	16%	29%	25%	39%	11%
% with 3+ chronic conditions	70%	50%	58%	23%	79%

**SNAPSHOT: Multiple Chronic Conditions**

- Across all SNP types, at least half of those enrolled have three or more chronic conditions
- For some SNP types, most of their enrolled population has 3 or more chronic conditions
- Among MMPs reporting, about one-quarter of those enrolled have three or more chronic conditions

conditions represented 58% of the FIDE-SNP, 70% of the C-SNP, and 79% of the I-SNP enrollment among the plans reporting

- **Controlled Use of ER and Inpatient** - Despite this condition complexity and need for behavioral and long-term services and supports, utilization data showed controlled use of Emergency Room and hospital inpatient services

UTILIZATION – 2017 SURVEY, 2016 DATA N=19 PLANS RESPONDING					
	C-SNP	D-SNP	FIDE-SNP	MMP	I-SNP
ER Visits per 1,000	545	4,145	700	3,268	468
% Enrollees with NO ER visits	72%	35%	68%	69%	75%
% with 1 to 2 ER visits	23%	49%	25%	9%	22%
% with 3 or more ER visits	5%	16%	7%	22%	3%

**SNAPSHOT: ER Use Observations**


- I-SNPs had low use of ERs; D-SNP enrollees had the highest ER visit use in CY 2016
- As compared to SNPs, while MMP enrollees had low overall use of ER visits—those who did use the ER made more visits.

### COMPARISON DATA

**MedPAC/MACPAC National**  
(2013 data)

- **26%** of FFS Medicare beneficiaries who were full benefit dually eligible persons - utilized an inpatient hospital stay under Medicare in the 2013 calendar year

**SNP Alliance Survey Data**  
(2016 data)



- Inpatient hospital utilization among this population of SNP enrollees ranged from a low of **14%** (MMPs reporting) to **21%** (FIDE-SNPs reporting) in the 2016 calendar year

**SNAPSHOT: Inpatient Admission Observations**

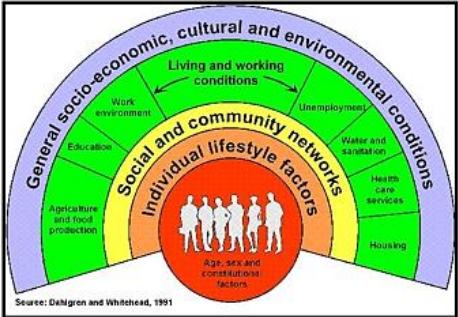
- Across the board (all SNP types and MMPs) had lower hospital inpatient use as compared to FFS Duals—however since these are two different time periods we cannot be certain, as FFS inpatient use may have declined in the three years.

- **Social Determinant of Health Risks** - Care management staff report a high observed prevalence of social determinant of health risk issues, such as low health literacy, poverty, few social supports, and housing instability or transience.

### EXAMINING SDOH FURTHER: RANKED ISSUES

**Risks Observed in SNP & MMP Populations affecting health/care outcome (ranked by plans in order of observed prevalence):**

1. Low Income/Poverty
2. Low Health Literacy
3. Lives Alone/Has Few Social Supports
4. Insufficient mental health services (incl. chemical dependency) in the area
5. Housing Instability/Transience
6. Food Insecurity
7. Lack of reliable communication device (e.g. run out of minutes)
8. History of trauma, violence, abuse



Source: Dahlgren and Whitehead, 1991

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