



# 2020 Strategic Plan

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## Strategic Planning Methodology

The SNP Alliance Strategic Plan was developed collaboratively with the organization's senior leadership team with support and input from the Board of Directors, a Strategic Planning Core Team comprised of:

- **Ghita Worcester**, Vice President of Public Affairs and Chief Marketing Officer, UCare (Minnesota)
- **Eve Gelb**, Senior Vice President of Healthcare Services, SCAN Health Plan (California)
- **Claire Wulf-Winiarek**, Vice President of Public Policy, Magellan Health (Virginia)
- **Cheryl Phillips, MD**, President and CEO, SNP Alliance
- **Joe Perretta**, Health Communications Analyst, SNP Alliance

Internal and external input was gathered through over thirty interviews with SNP Alliance Members and other key influencers. Diana Rivenburgh of Strategic Imperatives Inc. was retained to design and facilitate the strategic planning process and prepare the Strategic Plan and recommendations for implementation.

The Strategic Planning process included imagining and articulating a future vision for the SNP Alliance. With a vision in mind, the group explored the organization's strengths, weaknesses, opportunities and threats (SWOT). This SWOT Analysis and recommended actions from this analysis are contained within the Strategic Plan. Each action is addressed within the SNP Alliance Key Initiatives.

Preparation for the Strategic Planning Session also included gathering information on relevant financials, services and competition.



The National Chronic Care Consortium (NCCC) is founded to transform chronic illness care, and driving consensus among research, technical, clinical, and policy experts to achieve person-centered care for complex needs individuals.

The NCCC becomes the National Health Policy Group (NHPG). The SNP Alliance is formed as a component of the NHPG

Congress passes the Medicare Modernization Act, establishing Medicare Advantage coordinated care plans, and setting the stage for what would become Special Needs Plans.

First SNPs are offered requiring reauthorization every 2 years..

Congress passes the Medicare Improvements for Patients and Providers Act (MIPPA), reauthorizing SNPS and increasing applications requirements for plans offering SNPS.

Congress passes the Affordable Care Act (ACA), reauthorizing SNPs.

SNP Alliance is incorporated as a 501 (c) (6), and names CEO

SNPs achieve statutory permanency through the Balanced Budget Act

SNP Alliance to lead for the future of SNPs and MMPs

1991

2003

2003

2006

2008

2010

2017

2018

Focus is on chronic care

SNPs Are Authorized

Permanency and Beyond

## Special Needs Plan Alliance

Time Line From Where We Started to Where We Are Now

## Board of Directors

### CHAIR

#### **John Baackes**

*CEO, L.A. Care (California)*

### TREASURER - VICE PRESIDENT

#### **Helene Weinraub**

*Vice President, Medicare, UPMC Health Plan (Pennsylvania)*

### SECRETARY - EXECUTIVE VICE PRESIDENT

#### **Lois Simon**

*Executive Vice President, Policy and Programs, Seniorlink (Massachusetts)*

### MEMBERS

#### **Ghita Worcester**

*Vice President, Public Affairs and Chief Marketing Officer, UCare (Minnesota)*

#### **Michele Lepore**

*Chief Operating Officer-Optum State Government Solutions, Massachusetts TPA (Massachusetts)*

#### **Sepideh Chegini, MD**

*Senior Medical Officer for CareMore's Touch Program (California)*

#### **Thomas von Sternberg, MD**

*Senior Medical Director of Community Senior Care, Home Care, Hospice Services, Government Programs and Care Management at HealthPartners (Minnesota)*



#### **Eve Gelb**

*Senior Vice President of Health Care Services, SCAN Health Plan (California)*

#### **Michael Polen**

*Executive Vice President, Medicare and Operations, WellCare (Florida)*

### EX-OFFICIO

#### **Rich Bringewatt**

*President, National Health Policy Group and Co-founder, SNP Alliance (Washington, DC)*



## **Workforce Resources**

The SNP Alliance is organized with a core in-house staff supplemented by external experts and consulting resources. As the SNP Alliance continues to grow, the Board and executive leadership will prioritize succession planning for all key staff and consultants.

### **SNPA Internal Staff**

#### **Cheryl Phillips, MD, AGSF**

*President and CEO*

#### **Joseph Perretta**

*Senior Communications Associate*

#### **William Dede**

*Health Policy Associate*

### **SNPA Support Team Resources**

#### **Consulting Team**

##### **Richard Bringewatt**

*President & CEO, National Health Policy Group*

##### **Mark S. Joffe, ESQ**

*SNP Alliance Legal and Regulatory Counsel*

##### **Pamela J. Parker, MPA**

*Medicare-Medicaid Integration Consultant*

##### **Deborah Paone, DrPH, MHSA**

*Policy Consultant & Performance Evaluation Lead*

#### **Congressional Affairs Team**

##### **Ginger Loper**

*Principal, Loper Consulting*

##### **Tracy Spicer**

*Founding Partner, Avenue Solutions*

##### **Elizabeth Barnett**

*Partner, Avenue Solutions*

#### **Administrative Team**

##### **Karen Seidman**

*Printing and graphics consultant*

##### **Peggy Cooley**

*Accountant*

## Core Values

Our Core Values serve as guiding principles for our behaviors and decisions.

**Integrity and Trust:** We do what's right, for the right reasons.

- Our decisions and actions are intended to benefit high-risk, vulnerable people and communities.
- We value the trust others place in us.
- We are transparent, honest and consistent in what we say and what we do.

**Catalytic Transformation:** We lead as passionate agents of change.

- We lead, innovate and collaborate across the complex healthcare and regulatory system to drive much needed change.
- We persevere to serve our mission and achieve our vision by advancing both evolutionary and revolutionary change.
- When we encounter opportunity and challenge, we focus on the right policies and actions for this vulnerable community.

**Radical Empathy:** We understand and embrace the diversity of experience of people living with complex needs.

- We bring deep compassion in our service to this unique high-risk, high-need community.

- We serve as a conduit to amplify the complex needs and experiences of these individuals and communities.
- We reflect the authenticity of messages from these individuals, not our interpretation of their needs and experiences.

**Wisdom and Expertise:** We bring rich, real-world expertise and collective wisdom.

- We actively seek learning, knowledge and insights of others.
- We share our learning openly and encourage others to do the same.
- We collaborate with others to leverage this shared expertise and wisdom to further our mission and achieve our vision.

**Member Focus:** We pride ourselves in being a valued resource to our members.

- We understand the needs and priorities of SNP Alliance Members.
- We equip our members so they can best serve their individual beneficiaries.
- We give a platform for peer to peer engagement and collaboration

## Mission Statement

We are the national force for improving the health and well-being of individuals living with significant, complex needs through specialized managed care.

## Vision Statement

All individuals with complex medical, behavioral, functional and social challenges have access to integrated, coordinated care and services that meet their needs.

## Visionary Goals

1. Ensure that individuals with significant, complex needs have the knowledge, access and choice to select services that address their unique care needs.
2. Develop content for potential meaningful measures, serve as a convener of other voices, and be a promoter of how social risk factors impact individuals' care and care delivery.
3. Develop and promote policies and best practices for integrated care that are driven by individual needs and preferences.
4. Serve as a leadership voice to align incentives for payors, providers and consumers to advance integrated care models.

5. Develop and disseminate innovative and best practice models for delivering complex care for special needs populations.

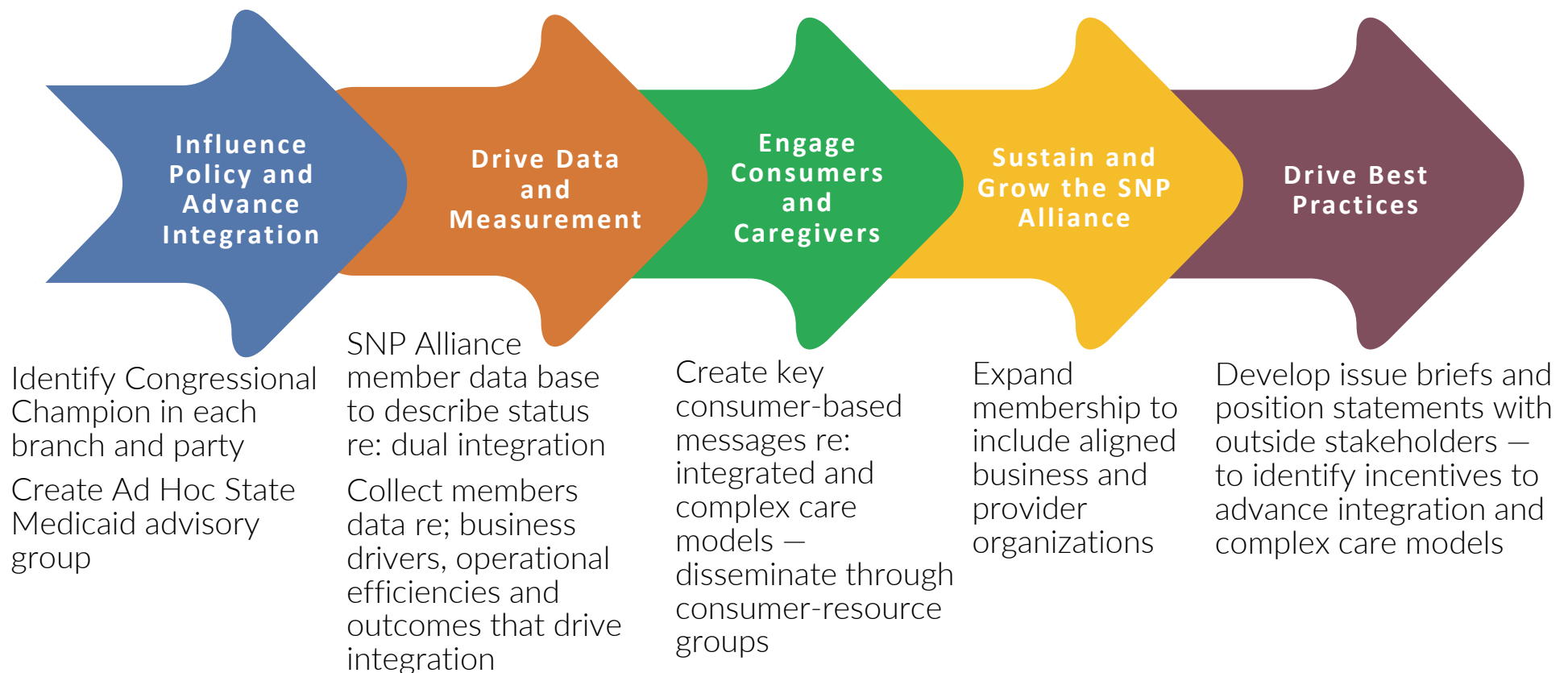
## Value Proposition

The SNP Alliance is the leading voice for specialized health plans for those that need them most.





# Driving Priorities to Initiatives 2020-2022



## Priorities and Initiatives 2020-2022

The SNP Alliance affirms that our foundational work is to support our members and our mission through advocacy, shared learning and education. Our on-going work includes advocacy through Congressional influence, providing CMS, other agency and stakeholder responses to proposed rule-making and requests for information, and involvement in expert committees. Our shared learning and education involve regular member calls and meetings.

We continue the essential work of addressing disparities and methodological issues in quality measurement and performance evaluation to better reflect the SNP and MMP population. This includes changes to the Stars measures and cut-points, Health Outcomes Survey, Consumer Assessment of Healthcare Providers & Systems (CAHPS), Model of Care, and Social Determinants of Health (SDOH) risk adjustment.

We also continue to build our dataset on SNP and Medicare-Medicaid Plan (MMP) unique operational characteristics through our Annual Survey.

We also have an on-going priority of advancing integration for those dually eligible by addressing issues and member concerns around integration of Medicare and Medicaid including implementation of the requirements outlined in the 2018 Balanced Budget Act which provided permanency for special needs plans.

The priorities and related initiatives described below serve to identify additional activities for the SNP Alliance over and above our core work, as requested by member feedback and Board direction. These initiatives will further support our mission, vision and core values.

“ The SNP Alliance is a truly refreshing group to be a part of: highly knowledgeable and dedicated people, a lot of expertise in one room, evident camaraderie, and a sense of engagement that goes beyond what most people expect out of advocacy groups. ”

- SNP Alliance Member

## Industry/Market Analysis

The Special Needs Plan Alliance is a national leadership organization dedicated to improving quality and cost performance through specialized managed care and advancing integration of care for individuals who are dually eligible for Medicare and Medicaid. Given the landscape of American healthcare in 2019, the mission of the SNP Alliance is evolving alongside trends and developments in the fields of managed care, research on social determinants of health, Medicare Advantage, and the broad national conversation on healthcare reform post-Affordable Care Act.

At the core of the environment in which the Alliance and its members operate are the beneficiaries that SNPs serve. In 2019, there were roughly 10 million individuals eligible for both Medicare and Medicaid. These dually eligible individuals experience high rates of chronic illness, with many having long-term care needs and social risk factors.

Dual-eligible beneficiaries are more likely than non-dual-eligible beneficiaries to be under age 65 and disabled. In 2016—the last year for which data is available—43% of dual-eligible beneficiaries were under age 65 and disabled compared with 10% of the non-dual-eligible population. Forty-one percent of dually eligible individuals have at least one mental health diagnosis, 49% receive long-term care services and supports (LTSS), and 60% have multiple chronic conditions.

These individuals represent a nexus of several keystone trends in health policy: an aging population (The growth rate for the 75-79 year old age band is 35%, far and above the fastest growing cohort in the world), increased health

spending (topping over \$11,500 per person in the US in 2018), and changes in health delivery driven by value based care and ending the Fee for Service model.

Dual-eligible beneficiaries account for a disproportionate share of Medicare FFS expenditures. Although they were 19% of the Medicare FFS population in 2016, they represented 33% of aggregate Medicare FFS spending. On average, Medicare FFS per capita spending is more than twice as high for dual-eligible beneficiaries compared with non-dual-eligible beneficiaries: In 2016, \$18,280 was spent per dual-eligible beneficiary, and \$8,817 was spent per non-dual-eligible beneficiary.

The over 3 million Medicare beneficiaries served by SNPs account for 12.3% of the total 20.4 million Medicare Advantage enrollees, and 4% of the total 58.9 million Medicare beneficiaries. This is an increase of 92% between 2010 and 2017. Dual eligibles are the predominant group participating in SNPs, representing 83% of the total population, while individuals with chronic conditions represent 14% of the population, and individuals in institutions represent 3% of the population.

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As a market product, Special Needs Plans have increased in popularity each year since their initial offering. Enrollment in SNPs has been steadily increasing: A recent Open Minds report found the number of consumers enrolled in SNPs has increased steadily over the last five years. In 2010, there were 1.3 million Medicare beneficiaries enrolled in SNPs, and in August of 2019, there were roughly 3.1 million beneficiaries enrolled in SNP plans. There was an increase of 13.6 percent between 2016 and 2017, and an overall increase of 92 percent between 2010 and 2017.

**Politically**, the SNP Alliance is well positioned for continued bipartisan support throughout the foreseeable future. Medicare Advantage is a well-liked program on both sides of the political aisle, boasting numerous well regarded proponents in both the Democratic and Republican caucuses. Republican members of the Senate Finance Committee signed a letter in Spring 2018 after a recent meeting with CMS Administrator Seema Verma, saying, “It is clear from the Annual Notice that the administration recognizes the value of the MA program and the positive impact on the health and welfare of Medicare beneficiaries. Enrollees continue to choose MA plans for quality healthcare services and the benefits that meet their needs.”

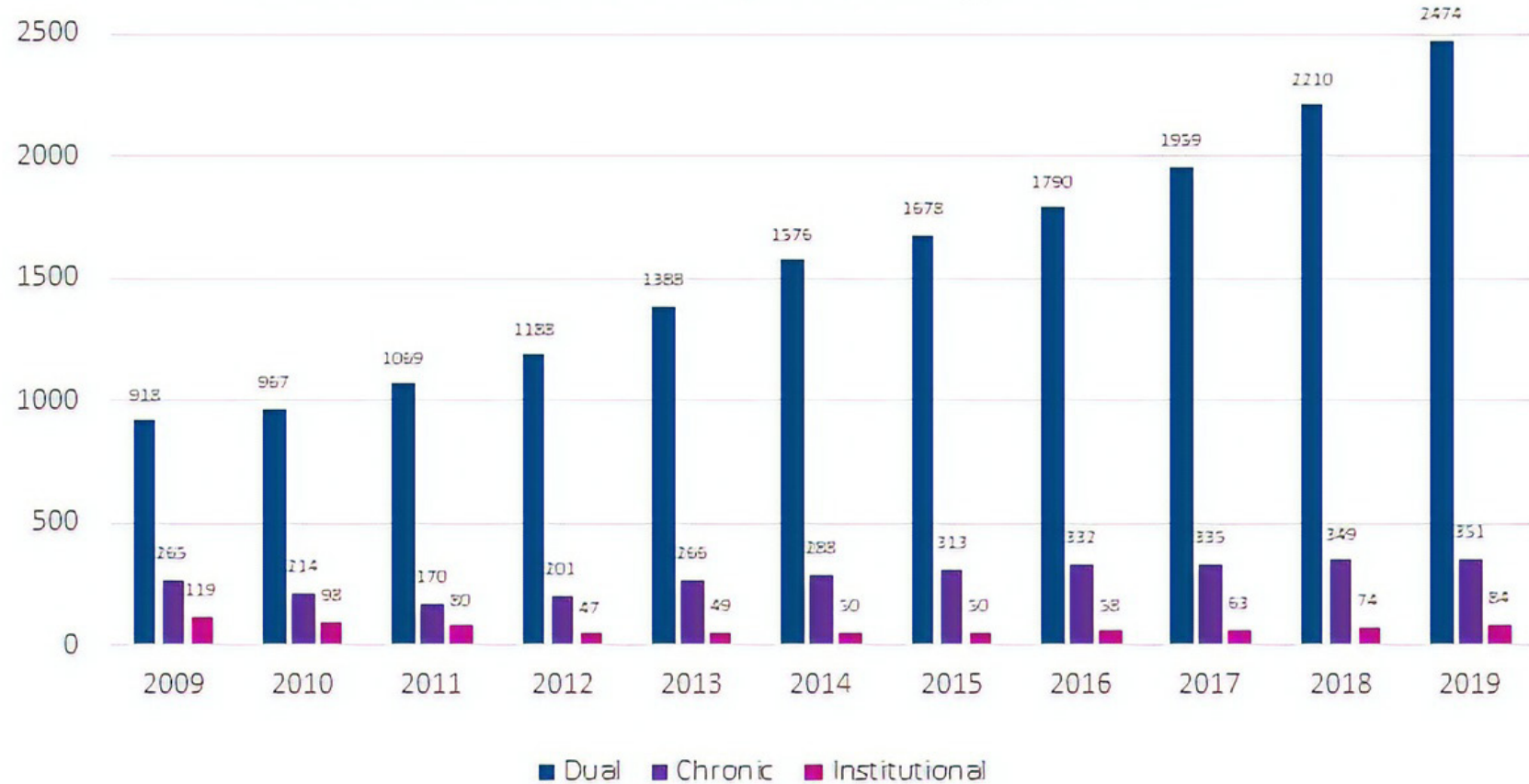
The SNP Alliance is benefiting from trends in Medicare Enrollment. The 21 million beneficiaries enrolled in MA represent 34% of the total Medicare eligible population, and growth in MA plans has doubled over the past 10 years. As a share of total Medicare benefit spending, payments to Medicare Advantage plans for Part A and Part B benefits nearly doubled between 2007 and 2017, from 18 percent (\$78 billion) to 30 percent (\$210 billion), as enrollment in Medicare Advantage plans increased over these years.

Most specifically, the Medicare Advantage special needs plan (SNP) market is relatively top heavy – in total, the ten largest insurers cover more than 72% of the market. UnitedHealthcare, a SNP Alliance member, is the largest player with more than 31% of the SNP market share. And market concentration is growing—although enrollment has increased over the years, the number of plans being offered has decreased. The reality that plans are merging and/or acquiring others at a faster pace than ever before is one that the SNP Alliance must stay abreast of, with particular sensitivity to SNP Alliance member plans that are in the either doing the acquiring or being acquired.

While the needs of each type of SNP may be different, there is momentum among plans towards individualized programs with the patient the center of the integrated program models. These tailored models provide an interdisciplinary approach to coordinate patient care.

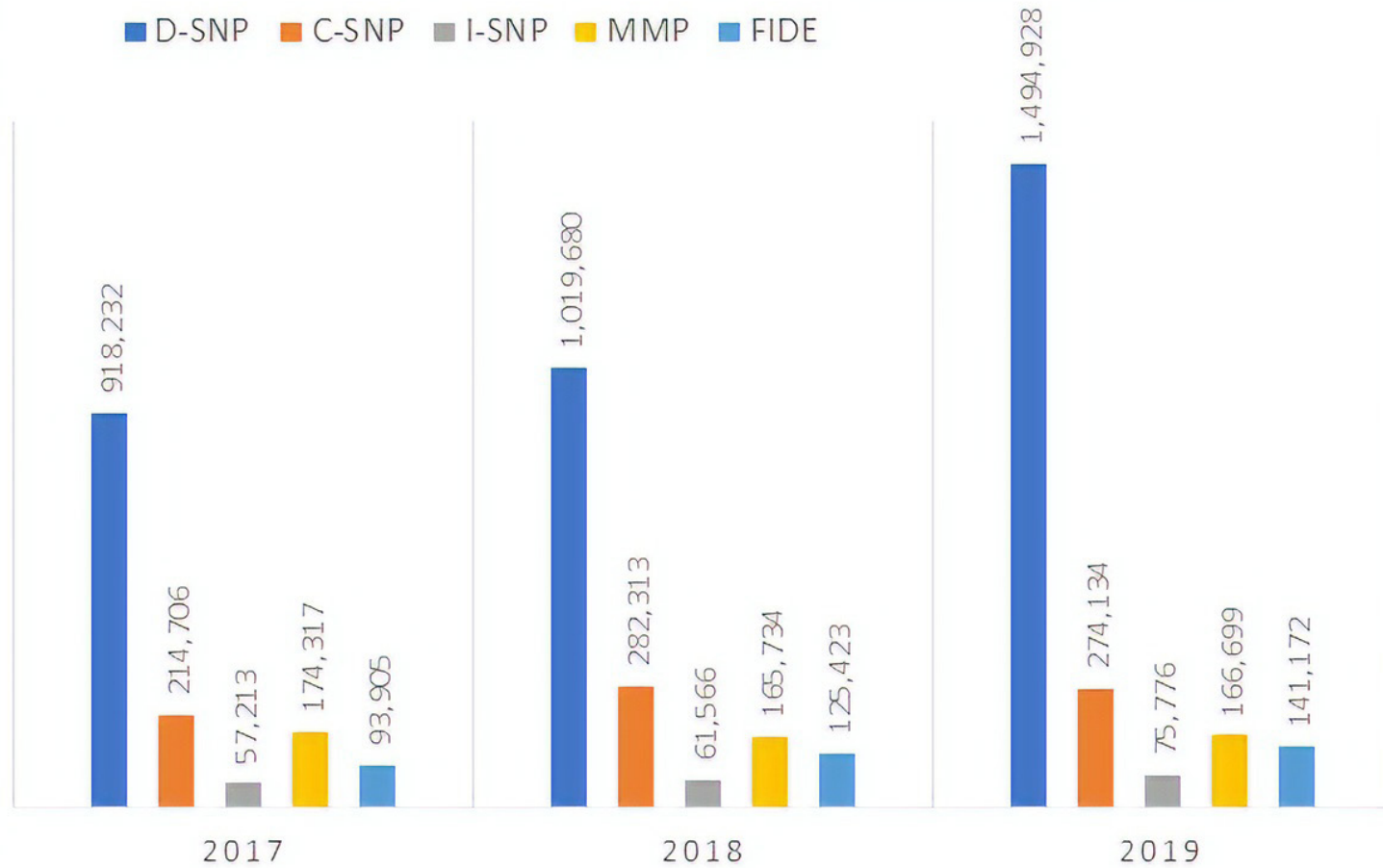
These core elements include robust care management, health risk assessments, individualized care plans and a framework that enables beneficiaries to be treated in the most appropriate setting. The models below are examples from Anthem and Aetna SNPs, but many other market leaders have similar models. These interconnected care teams are key to managing member health. In these models, the member is at the center and is supported by various providers and services including primary care provider, specialists, family/caregiver, care manager, social services and community partnerships and more. Models such as these have shown success in metrics such as reduced inpatient admissions, improved access to care and improved quality.

# Number of SNP Enrollees (thousands), 2009 - 2019



## SNP ALLIANCE ENROLLMENT 17-19

■ D-SNP ■ C-SNP ■ I-SNP ■ MMP ■ FIDE





## Closing Statement

This Strategic Plan of the SNP Alliance has brought together the voices, values and priorities of our members, culminating in imagining and articulating a future vision for the SNP Alliance. Thirty-five interviews were conducted, 10 of which were with outside stakeholders and non-members.

With a vision in mind, the group explored the organization's strengths, weaknesses, opportunities and threats (SWOT).

We have identified key challenges, as well as exceptional opportunities. Although staff and financial resources are finite, we recognize the true breadth of what we can accomplish is with the partnership and expertise of our membership.

Each of the priorities identified, while often ambitious, will propel the SNP Alliance forward and continue to validate our unique role as "the leading voice for specialized health plans for those that need them most."





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