SNP Alliance

The National Voice for Special Needs and Medicare-Medicaid Plans

A National Nonprofit Leadership Organization

JULY 2019

SNP Alliance Member Profile Brief

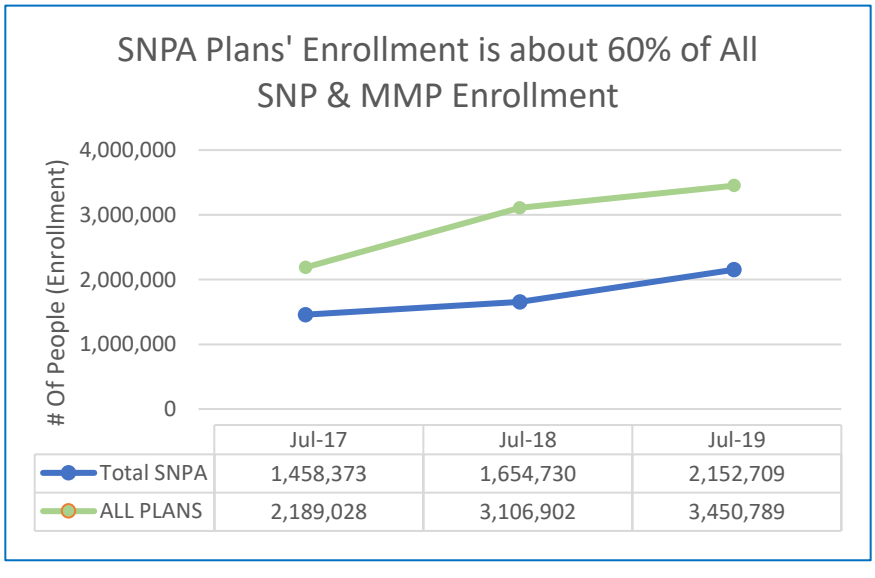
The SNP Alliance is a national membership organization dedicated to improving policy and practice of MA Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs). Plan members serve over 2.1 million beneficiaries, which is almost 60% of all SNP and MMP beneficiaries enrolled nationally.

Special Needs Plans (SNPs) and Medicare Medicaid Plans (MMPs)

SNPs and MMPs are a subset of Medicare Advantage (MA) plans specifically authorized and designed to meet special care needs of Medicare beneficiary sub-groups, including:

- ***Chronic condition SNPs*** (C-SNPs): focus on people with severe or disabling chronic conditions (e.g., HIV-AIDS, CHF, COPD, etc.);
- ***Institutional SNPs*** (I-SNPs): focus on people who are at a "nursing home level of care" and live either in a facility or in a community setting;
- ***Dual eligible SNPs*** (D-SNPs): focus on people covered by both Medicare and Medicaid;
- ***Fully Integrated Dual Eligible SNPs*** (FIDESNPs)–a specific type of D-SNP with extra requirements for integration
- ***Medicare-Medicaid Plans*** (MMPs) – under a CMMI demonstration, these plans exclusively serve dually-eligible individuals and have additional requirements around state agency contracting.

CMS data shows steady growth in the number of beneficiaries enrolled in special needs plans and MMPs. Institutional SNP enrollment has grown the fastest in recent years. By July of 2019 there were 41 states (plus DC and PR) with D-SNPs.



	Jul-17	Jul-18	Jul-19
Total SNPA	1,458,373	1,654,730	2,152,709
ALL PLANS	2,189,028	3,106,902	3,450,789

SNP Alliance member health plans represent almost 60% of all enrollment in of these types of health plans nationally.

SNP Alliance Annual Survey of Health Plans

The SNP Alliance conducts an ***Annual Survey*** of its member plans. 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. It also gathers information on ***social determinant of health risk factors*** and how SNPs and MMPs are identifying people with these vulnerabilities. Findings from the most recent survey (2018)* are provided in this briefing and provide insight to the unique characteristics of SNPs and MMPs.

*Overall response rate to the 2018 Annual Survey was 90% or 22 plans reporting.

Key Data Points & Analysis – Enrollment Characteristics & Utilization

The age distribution of enrollment varies by SNP type.

I-SNPs, FIDE-SNPs, and C-SNPs had older populations, with 94%, 93% and 85%, respectively, of enrollment age 65 or older, whereas MMPs and D-SNPs served younger people, with 45% and 41%, under age 65, respectively. As expected, the oldest population was enrolled in I-SNPs, with 48% of their enrollment age 85 or older.

Proportion of enrollment dually-eligible also varies by SNP type.

The proportion of enrollment made up of dually eligible beneficiaries varied substantially across SNP types, among these organizations. C-SNPs had the lowest proportion of their enrollment who were dually eligible (18%), with I-SNPs next (45%). D-SNPs, FIDE-SNPs, and MMPs were at or near 100% of their enrollment dually eligible (temporarily loss of Medicaid eligibility within the course of the calendar year suppresses this being at 100%).

Individuals in SNPs and MMPs have complex chronic conditions.

I-SNPs reported the highest proportion of their enrollment with two or more chronic conditions (87%), followed by C-SNPs (84%), FIDE-SNPs (71%) and D-SNPs (55%). FIDE-SNPs reported a high proportion of their enrollment with six or more chronic conditions—more than 1 out of every 5 persons (21%).

The prevalence of hierarchical chronic conditions (HCC) among these SNPs and MMPs is much higher than in general Medicare Advantage plans.[1] For example, C-SNPs report 67%, of enrollment had Diabetes with complications. I-SNPs report 39% with this HCC and D-SNPs 29% with this HCC, whereas MedPAC's July 2019 Data Book shows only 20% with this HCC. Similarly, I-SNPs report 29%, D-SNPs report 12% and C-SNPs report 18% of their enrollment has Drug/Alcohol dependence HCC, whereas general Medicare Advantage plans report less than 4% with this HCC.

[1] MedPAC July 2019 Data Book: Health Care Spending and the Medicare Program, Chapter 9, Chart 9-10.

The level of risk/severity is high.

Across SNP/MMPs, risk scores were well above 1.0 which is set by CMS to indicate the average among Medicare beneficiaries. The highest overall average risk scores reported were among I-SNPs, with a score of 2.37 across their enrollment. The lowest average risk score was among MMPs which was still high at 1.31. C-SNPs reported an average risk score of 1.76 and FIDE-SNPs an average of 1.74. Among the dually eligible beneficiaries, risk scores were generally even higher.

Deeper Dive:

These risk scores suggest very high level of complexity/condition severity. A score of 1.0 means that a beneficiary's expected costs equal the computed average (based on CMS' modeling) for Medicare costs. A score of 1.2 means that the beneficiary's expected costs are 20 percent higher than average.[1] Thus, a risk score of 2.37 means that the expected Medicare costs were more than double (almost two and a half times greater) than average.

Inpatient utilization rates are in line with rates reported in national data

General hospitalization/inpatient admission rate was between a low of 17% (D-SNPs) of enrollment to a high of 28% (I-SNPs) of enrollment. This compares with national rates for people age 65+, especially considering that the SNP and MMP population characteristics presenting greater condition complexity and far greater proportion of dually-eligible individuals than in the general Medicare beneficiary population.

The National Center for Health Statistics 2016 data reported hospitalization rates at 13% for people ages 65-74, 17% for people 75-84, and 21% for people 85 and older. NCHS data are from a sample of non-institutionalized people in the U.S—people living in a nursing facility (such as in I-SNPs) are excluded from the sample—likely suppressing these comparison rates slightly.

SUMMARY OF ENROLLMENT CHARACTERISTICS & UTILIZATION

- **There are clear differences by SNP type in enrollment characteristics. I-SNP enrollment is very old (48% over age 85).**
- **A high proportion of enrollment have high complexity chronic conditions (across all SNPs and MMPs). FIDE-SNPs have a very high proportion of people with six or more chronic conditions (21%).**
- **Within this group of SNPs and MMPs, inpatient utilization was in line with national rates, even though the enrollment profile shows substantial risk profile and severity of condition characteristics.**

[1] MedPAC *Report to Congress.* June 2019 (p 483).

Key Data Points & Analysis – Measurement, Data, SDOH

Plans provided qualitative information about performance measurement, social determinant of health (SDOH) risk factors within their enrollment, and data issues.

Plans report concerns with Medicare Stars and specific measures and methods used.

Top reported issues were:

- Measure thresh holds between Star levels vary from year to year, making quality targets uncertain (90% rating this a significant concern).

- There are multiple measure specification and methodological challenges with the physical and mental health composite score measures generated from the *Health Outcomes Survey.* Individuals report on their health status, and responses are compared to their scores two years ago (88% rating this a significant concern).

- The *Health Outcomes Survey* lacks linguistic accommodation—the survey is only in English, Spanish, and Chinese. Some plans report more than 70 different languages spoken by beneficiaries.

- The lack of adequate risk adjustment of measure results for social determinant of health risk factors is a concern. This was noted by 82% of plans.

There are some problems with State quality measures as well.

- Almost 50% said some state-mandated quality measures had not been adequately tested for validity and reliability, especially for dually-eligible beneficiaries, and this is a significant concern.

- The lack of standardization in measures across states is also a significant concern (40% of plans). Those operating in multiple states must collect, aggregate, and report data on different measures even if they are very similar in focus; thus the lack of standardization adds to administrative costs.

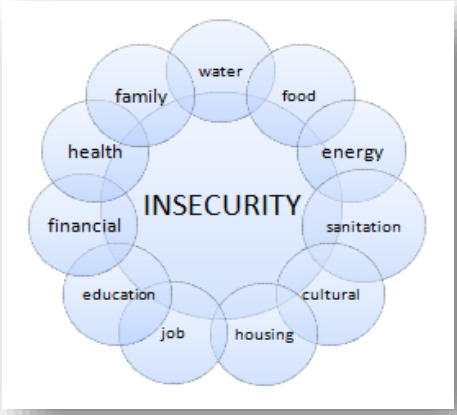
- Plans also reported that states vary substantially in their development and implementation of managed long-term services and support programs (MLTSS) and this impacts the level of integration of services, administration, and quality measurement.

There are challenges getting the data necessary to report on some of the quality measures.

Fifty-six percent of plans said they had difficulty obtaining complete, accurate, and timely data from providers for Medicare Star measures

Plans are working with providers on quality improvement (QI) efforts.

Sixty-five percent of plans reported they have one or more QI projects where they are working with a set of providers serving the SNP or MMP group toward improvement.



Plans' care mangers reported on the top SDOH risk factors they see. Poverty is #1.

1. Low Income/Poverty (88%)
2. Insufficient mental health related services and supports in the area (71%)
3. Lives alone or has few social supports (64%)
4. Housing Instability/Transience (64%)

PLAN Quote: "We reviewed the characteristics of our special needs health plan enrolled members, and found they live with many social determinants of health challenges in addition to their physical, medical and behavioral conditions. For example, 76% are non-English speaking, 44% did not graduate from high school, and 49% cannot read."

Plans are collaborating with others in their community on SDOH issues.

Plans said they either currently have a collaborative partnership or have completed a partnership in the last 2 years around a specific SDOH issue:

- *Housing – 67% reporting*
- *Food- 67% reporting*
- *Social Support- 53% reporting*
- *Transportation- 53% reporting*
- *Health Literacy – 53% reporting*

SUMMARY OF MEASUREMENT, DATA, & SDOH

- **Quality measures and methods used in both federal (Medicare) and state (Medicaid) quality measurement programs are presenting challenges to SNPs and MMPs, as the measures or methods do not match up well with the characteristics of their populations.**

- **Plans are actively identifying social determinant of health risk factors and working with others to address these social issues that affect health outcomes.**

For more information go to the SNP Alliance website site at: www.snpalliance.org