



SNP Alliance

October 2022

SNP Alliance Member 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 2.8 million special needs individuals in 47 states and the District of Columbia.

Special Needs Plans (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 (FIDE SNPs)
 - Highly Integrated Dual Eligible SNPs (HIDE SNPs)
- Medicare-Medicaid Plans (MMPs): alignment initiative in which Medicare and Medicaid benefits are offered as a single plan in a three-way contract between CMS.

provide additional benefits and services to their target populations and to implement tailored care management according to unique Models of Care (MOCs) that serve every enrollee.

SNPs have grown substantially in number and enrollment. As of August 2022, a total of 1,198 SNPs have an enrollment of 4.9 million beneficiaries.

While SNPs are regulated, evaluated, and paid on the same basis as other MA plans, they are required to

National SNP Plan # and Enrollment, August 2022

SNP Type	Contracts	Plans	Enrollment
C-SNPs	98	283	413,371
D-SNPs	307	729	4,439,758
I-SNPs	87	186	102,420
Total	492	1,198	4,955,549

Plans Working with States to Integrate Medicare-Medicaid Benefits for Dual-Eligible Beneficiaries

SNP member plans provide extensive service to those who are dual-eligible for both Medicare and Medicaid. These individuals require LTSS, behavioral health services, and other assistance 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. Respondents to the most recent survey represented three-fourths of Alliance members and about 2.2 million SNP enrollees (N=22).

SNP Alliance members serve unique subgroups of beneficiaries with more complex health and social issues:

- **HCCs** – 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 **71%** of enrolled population had 2 or more HCCs.
- **C-SNPs** collectively reported **60%** of enrolled population had 2 or more HCCs.
- **I-SNPs** collectively reported **95%** of enrolled population had 2 or more HCCs.

Behavioral Health/Mental Health Conditions

The enrolled population of SNPs had much higher rates of behavioral and mental health conditions than the beneficiaries enrolled within all Medicare Advantage health plan products.

Survey Data Points

- **65%** of **C-SNP** enrollees in member plans had diabetes compared to just **22%** of MA enrollees overall
- **10%** of **D-SNP** enrollees in member plans had drug or alcohol dependence compared to **5%** of MA enrollees overall enrolled population

Wide Age Variability

SNPs disproportionately serve the *under 65* Medicare subgroup population—individuals who are eligible for Medicare given their disability. For example, **51%** of the D-SNP enrollment was under 65, compared with just **16%** of all Medicare beneficiaries nationally.

Nationally about **18%** of the Medicare population is dually eligible for both Medicare and Medicaid. In the past five years the percentage of the dual eligible population in fee-for-service Medicare has been cut in half to **35%**.

SNP health plans are managing care despite

SNP Alliance members 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. Live alone/few social supports
2. Poverty/low-income status
3. Housing instability/transience
4. Food insecurity
5. Low health literacy/education

having populations with high complexity and risk scores—the great majority of whom are dually eligible.

SNP health plans have higher risk scores compared to regular Medicare Advantage

General MA	I-SNP	C-SNP	D-SNP
1.03	2.47 (+140%)	1.68 (+63%)	1.57 (+52%)

The dual eligible population reports more limitations in ADLs than the non-dual eligible population

Limitations in ADLs	Non-Dual Eligible	Dual Eligible
No Limitations	74%	47%
Limitations in 1-2 ADLs	17%	25%
Limitations in 3-6 ADLs	8%	29%

SNP Alliance members have numerous collaborative partnerships to address social risk factors via supplemental benefits:

1. Transportation (84%)
2. Food (74%)
3. Social Support (63%)
4. Housing (58%)
5. Health Literacy-Language (47%-53%)

SNP Alliance members noted two priority issues with existing performance measures

1. Measures are not risk adjusted for socioeconomic status and SDOH risk factors, which are prevalent in the SNP population
2. Measures are misaligned across providers and health plan—quality improvement is hampered