



SNP Alliance

2023-2025 Strategic Plan

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Strategic Planning and Update Methodology

The 2020 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.

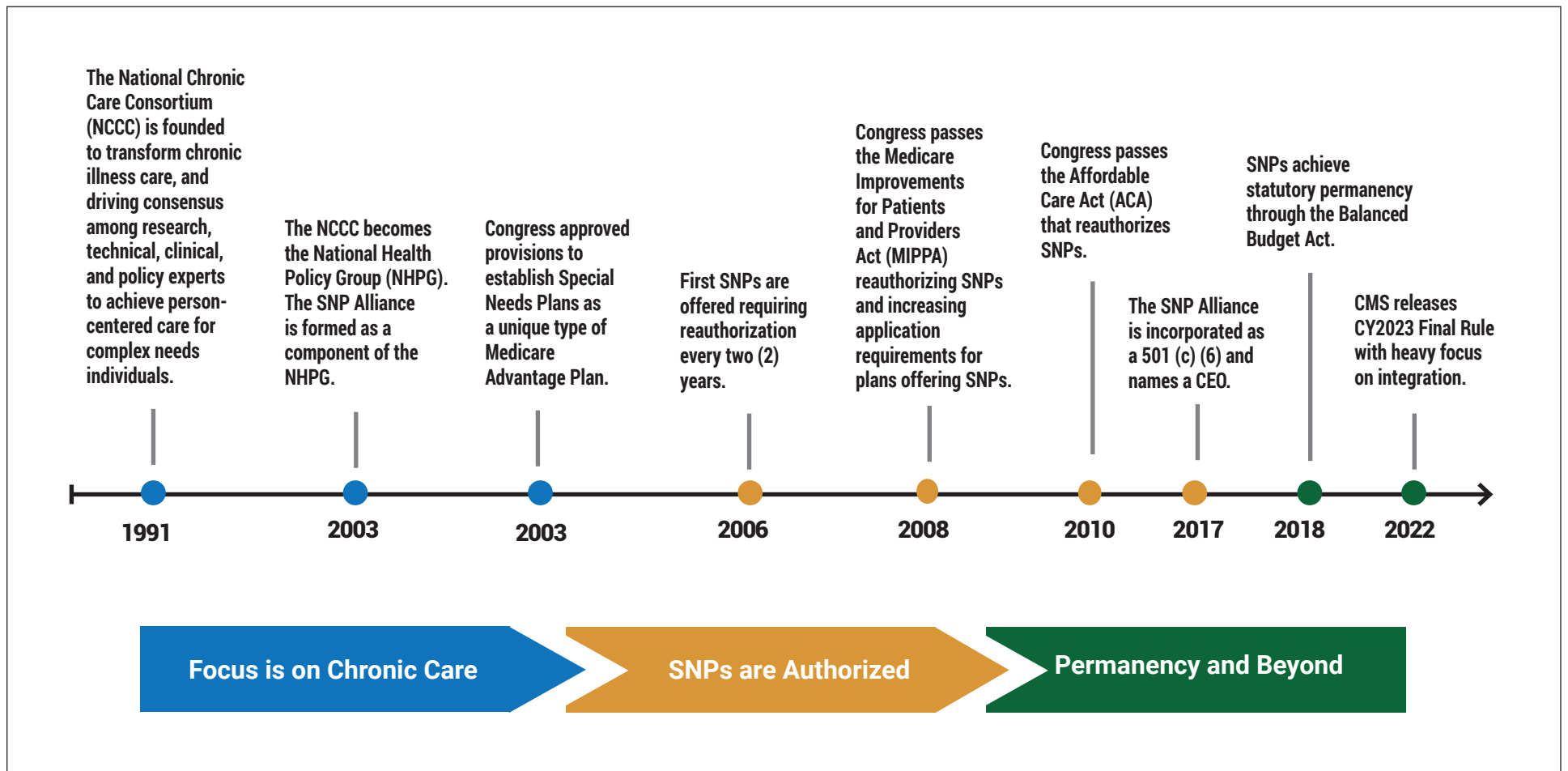
This updated version involved SNP Alliance staff, consultant, member, and Board of Directors' input. Member plan input was obtained by written survey. While the Mission, Vision, Core Values and Driving Priorities listed in the 2020 Strategic Plan have remained unchanged, the initiatives under each priority area have been updated to reflect new goals.

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). The original SWOT Analysis has remained essentially constant, with a few additional threats included in the 2023 Strategic Plan to reflect the on-going evolution of both the internal and external environment impacting the SNP Alliance.



Special Needs Plans Alliance (SNPA)

A Timeline from Where We Started to Where We are Now



Board of Directors

CHAIR

Eve Gelb

Senior Vice President of Duals, SCAN Health Plan (California)

TREASURER

Thomas von Sternberg, MD

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

SECRETARY

Maria Lackner

Area Vice President, Cal MediConnect and Dual Eligibles, Blue Shield of California, Promise Health Plan (California)

MEMBERS

Sharon Alexander

President, LTSS Solutions, Amerihealth Caritas (Pennsylvania)

Michelle Herman Soper, MHS

Vice President of Policy Development, Commonwealth Care Alliance (Massachusetts)

Victor Hurtado

Executive Director for Medicare Products, LA Care (California)



Kate Paris

Vice President of Policy & Influence, UnitedHealthcare Community and State (Minnesota)

Stephanie Schwartz, JD

Vice President, Government Relations, UCare (Minnesota)

Donna Sidham, RN

Chief of Managed Care, AIDS Healthcare Foundation (California)

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, MPP
Associate Director of Health Policy

SNPA Support Team Resources

Consulting Team

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 and Legal Support

Karen Seidman
Printing and graphics consultant

Peggy Cooley
Accountant

Mark S. Joffe, ESQ
SNP Alliance Legal and Regulatory Counsel

“ I think the SNP Alliance is outstanding in their coverage of the issues effecting SNPs, their support of members, and their dedication to fighting the good fight for all SNP Plans. The SNP Alliance has given me the confidence to express myself about SNP healthcare issues when other people and organizations have been intimidating or stifling. ”

- SNP Alliance Member

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

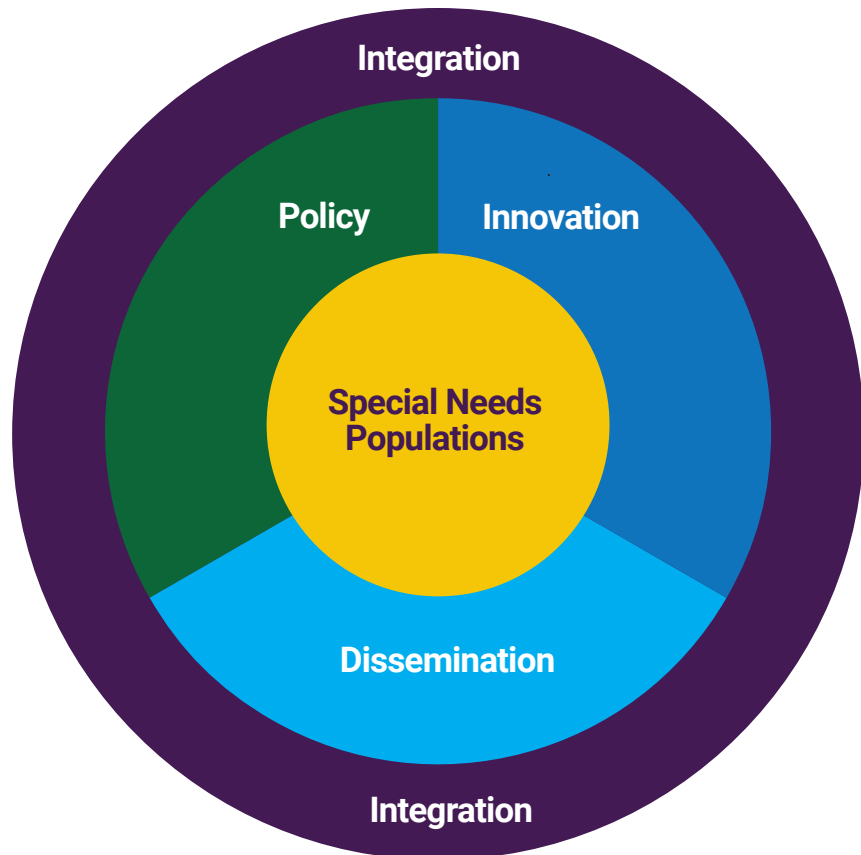
All individuals with complex medical, behavioral, functional, and social challenges have access to integrated, coordinated care and services that meet their needs.

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.



SWOT Analysis

STRENGTHS

- Recognized national experts in managed care policy—the board, executive leadership, and team are all established leaders in the fields of health policy, Medicare Advantage, and complex care management
- A trusted voice to members and external stakeholders
- Have relationships with key influencers (Aligned trade/membership organizations, MMCO, Hill staff, MedPAC, NCQA)
- Specificity of mission: we serve SNPs and MMPs representing the most complex patient populations in Medicare Advantage, SNPA depth of focus on these populations is unique
- Expertise within membership to advance work—industry leaders
- We embody a nationwide, diverse group of plans who have been innovators (trail blazers) in this space to advance policy, care delivery, and business model innovation
- Power of shared learning to drive innovation
- Members are very active and engaged in the work of the SNPA

INTERNAL THREATS (Weaknesses)

- Financial resources almost exclusively tied to membership dues
- Small internal staff
- Needed succession planning for all staff
- Lack of internal operational resources (HR, business compliance)
- Lack of data supporting value of SNPs and MMPs (including UM and outcomes)
- Interests of individual members not always aligned with SNPA policies and priorities
- Engagement with the SNPA often does not get to operational staff, as well as decision-makers, within the health plan membership
- Improve ability to keep a finger on the pulse of changes and disruptive innovation in the healthcare landscape to be more proactive than reactive

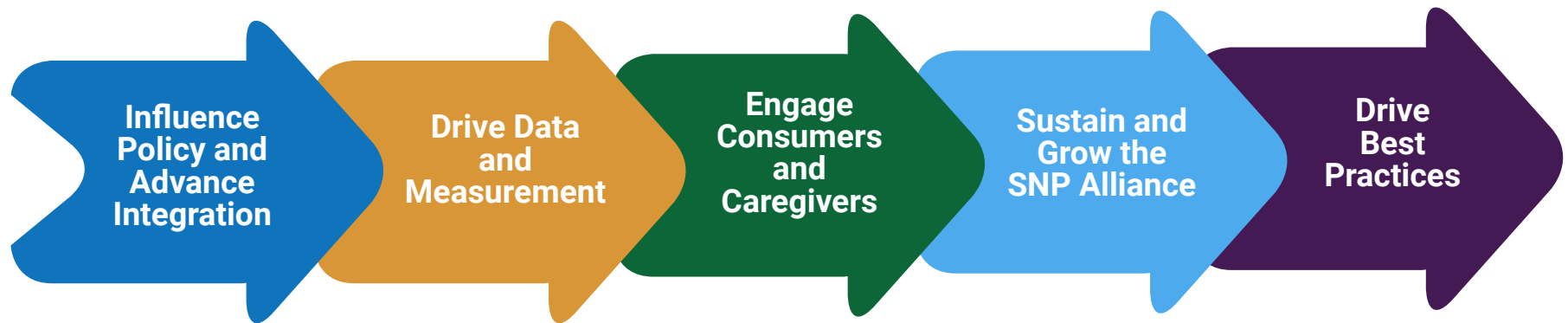
OPPORTUNITIES

- Big ideas/thought leadership that outside entities—members, consumer groups, and policymakers—desire, seek-out, and value
- Outside entities want the knowledge produced by SNP Alliance
- Access to increased data to promote the value of SNPs and MMPs
- Exploit new flexibilities in models and benefits to expand service models for high-risk populations.
- New partnerships with research and foundations to address both increased data as potential revenue
- Align strategic initiatives with Associations and Stakeholder groups on shared priorities
- Expand relationships with key administration leaders, Congressional members, and states
- Serve as a convener with outside stakeholders such as Center for Health Care Strategies, Mathematica, other associations and policy groups
- Provide expertise, in collaboration with other state-facing organizations, to help states understand the importance of whole-person integration beyond Medicare and Medicaid payments and policies, including the value of C-SNPs and I-SNPs for specific subpopulations of individuals with complex needs

EXTERNAL THREATS

- Array of new “new models” and demonstrations from CMS, such as the ACO REACH model, that may distract from integration
- Market realignment and consolidation
- Lack of consumer awareness and knowledge of integration and value of integrated plans
- Larger associations’ ability to influence policy-makers and legislators in ways beyond the scope of the SNPA—potential to derail SNPA policy priorities
- Medicare and Medicaid policy, financing and oversight still not fully aligned with what needs to be done at the plan level
- Long-term sustainability of Medicaid and Medicare and rising pharmacy costs
- Potential for industry complacency
- Focus on Medicare Advantage Coding and Risk Payments
- Institutional knowledge gap with plans as turnover prevents consistent, deep knowledge
- I-SNPs and C-SNPs that enroll significant number of dually eligible members may face direct enrollment challenges when states move to aligned D-SNPs

Driving Priorities to Initiatives 2023-2025



Priorities and Initiatives 2023-2025

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 and other agency and stakeholder responses to proposed rule-making and requests for information, and having continued involvement in expert panels. Our shared learning and education involves regular member calls and meetings, as well as 1:1 member assistance.

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.

“
Having an opportunity
to talk with just SNPs
is invaluable, other
organizations have
split focus and this
is the only place
I hear only about
the SNP world.”

– SNP Alliance Member

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 use such information to show policy makers how our member plans serve different populations than that of General Medicare Advantage.

We have an on-going priority of advancing integration for those dually eligible by addressing issues and member concerns, related to integration of Medicare and Medicaid, including new proposed models for integrated models that may have negative unintended consequences for SNPs and MMP. We will focus on identifying potential state incentives to further advance dual integration, and will also continue to explore options for improved dual integration models following state transitions away from Federal Alignment Initiative Demonstrations (MMPs) to integrated D SNPs.

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.

Influence Policy and Advance Integration

Initiative	Measurables	Brief Strategy	Timeline	Budget & Resources	Team
Connect to higher level agencies, admin leaders and congressional champions	<p>In-person meetings with 1 senior leader in Administration and 2 senior agency directors related to SNP/MMP work – beyond current MMCO relationship</p> <p>Identification of a Congressional champion in each branch and for each major party</p>	Define key targets; Utilize lobbying team for Contacts; Promote value statement for Specialized managed care models and the SNPA, as well as responding to current initiatives and proposed legislation impacting SNPs and MMPs	Annually	Within current staff duties and lobbying resources	CP, lobby team, WD, PP, DP
Dissemination of SNPA Policy and Position Statements	Development of 2 expanded issue briefs and 1 Congressional briefing or Roundtable on key SNPA priority areas.	Leverage key partners for collaboration (e.g., ATI, Advancing States) to create materials, slides, decks, webinars and Congressional briefings. Will also update SNPA Website to include additional materials developed	12-23	BOD to approve potential scope-of-work agreements with outside entities, based on the recommendation from the impact and Information Advisory Committee of the Board.	Full team; Board Impact and Information Committee, and outside entities, as needed.
	Develop and circulate Issue brief(s) on proposed dual-integration legislation	Utilize these briefs to clarify our core principles for Dual Integration and advance the mission and values of the SNP Alliance	12-23	Within the scope of advocacy work	CEO and MMI team, with communications support for material development
Expand state engagement	Engagement with at least 2 state Medicaid teams involved in integration	Will work with members, where appropriate, or with state Medicaid offices. Will provide resources to better understand value of dual integration for states and for beneficiaries, and provide (as applicable) work plans for potential next steps. Will coordinate these efforts with CHCS and ICRC	12-24	Most likely done via virtual visits and electronic exchange of materials, so resources would be focused on staff time.	CP, PP, WD
	Create State Medicaid breakout session, specific to addressing state issues with integration rules, proposed legislation and new CMS guidance, at one of the SNPA in-person meetings	Using key contact lists of state staff focused on dual Medicaid issues and reach out directly with meeting invitations. Timing will be based on state "readiness" to address – based on State feedback and input from state partners (CHCS, ICRC and Advancing States)	1-24	May require travel expenses for state Medicaid leaders (to be determined in the 2023 and forward budget planning)	PP, WD, CP,

Drive Data and Measurement

Initiative	Measurables	Brief Strategy	Timeline	Budget & Resources	Team
Develop SNP-specific Health Equity & SDOH – Position Statements and materials	<p>Create 2 Publications - Issue Brief and a 1-page Policy Statement specific to Health Equity, to align with the CMS priorities for SNPs in the 2023 Final Rule</p> <p>Preliminary Analysis - SNPA prepares initial analysis with document that lays out purpose, reason, and options, presenting relevant existing policy and related indexes that we can use to explore/offer options for methods, variables, data, feasibility</p> <p>Policy Statement – SNPA creates 1-pager; SNPA continues to identify this within CMS comment letters (already floated concept over last several years in comment letters)</p>	Obtain input from membership PE Leadership group and member survey responses. Include outside collaborators (e.g., Community Catalyst, Camden Coalition, Disability and other consumer advocacy groups) and from SMEs. Seek consumer stakeholder input (such as through Advisory Councils).	12-23	Within the scope of SNPA resources	DP, Full team
Exploration of development of a “Beneficiary Complexity Index” to better understand the complexity of members served, with potential use as an improved risk adjuster	RFP for consultant engagement to create/test beneficiary complexity index	<p>SNPA staff and consultant team, with SNPA member input, to do initial analysis</p> <p>Collaboration with other associations and stakeholders to determine interest</p> <p>Prepare request for proposal for consultant engagement for more formal analysis and dissemination.</p>	12-25	<p>Initial work within the scope of SNPA resources.</p> <p>Creating/testing index options requires outside resources</p> <p>Estimate: \$50,000-75,000</p>	Whole team with DP leading; WD assist on policy position work. Will likely involve Information and Impact Committee of the SNPA Board
<p><i>These deliverables will also align with the goals of:</i></p> <ul style="list-style-type: none"> • “Influence Policy & Advocacy” • “Drive Best Practice in Care Delivery” • “Engage Consumers and Caregivers” 					

Related Activities Key to Strategic Initiatives

ACTION ITEM	DESCRIPTION/PRODUCT	TIMEFRAME	CONNECTION TO OTHER SNPA GOAL
SNP Alliance Annual Member Survey	7 years developing this unique database specific to SNPs – with quantitative and qualitative data directly from member plans; we find/use comparison data from national surveys; trend analysis as well	Annual Cycle: July draft of instrument/data elements, finalize August, distribute September, response Nov/Dec, internal audit and data check January, analysis/aggregation February & March; present at April meeting; prepare Brief for publication on website July/August to display/highlight key takeaway messages and findings	Connects to: <ul style="list-style-type: none"> • Policy & Advocacy • Drive Best Practice in Care Delivery & Finance (benchmarks)
CMS/RAND Technical Expert Panel on Medicare Stars	4 years on this TEP by invitation from CMS – We get in-depth analysis from RAND measurement experts on Stars and on methods/possible changes. We have interactive discussions and make recommendations to CMS regarding measurement issues or ideas for modifying MA Stars measurement (Medicare)	Meets 2x or 3x per year. Also provide in-between meeting comments when asked for input and respond to ideas that are floated or follow-up. RAND publishes materials about 6-9 months after the meetings – this has helped us get a “heads up” on where things may be going with CMS	Connects to: <ul style="list-style-type: none"> • Policy & Advocacy

Drive Best Practice Models in Care Delivery and Finance

Initiative	Measurables	Brief Strategy	Timeline	Budget & Resources	Team
Develop core materials describing SNPs and MMPs to provide member value	<ul style="list-style-type: none"> One member-only intensive (half-day virtual session) on SNP basics, current authorizing regulations, and key concepts for dual integration models. One member-only intensive (half-day virtual session) on Model of Care basics, and other fundamental performance measurement strategies essential for SNP plan success. 	Based on current and past member requests, will create a core knowledge set useful for member plans to provide education for new and/or more junior staff. Will be promoted as a member benefit and will be updated based on changing regulatory environment, changing legislation, and member input.	12-22 and then at least every other year.	Existing staff time and resources.	WD, DP, JP, CP, PP
Identify opportunities to better align incentives for payors and states in advancing dual integration	<ul style="list-style-type: none"> Analyze implications of Medicare-Medicaid integration proposals (regulations, legislation and external research groups (e.g., from congress, MACPAC and other sources such as ATI), and communicating these to members, discussing with peer organizations including state groups, and then based on feedback with members and others, we meet with proposers to influence and educate. 	<p>Work with internal members (integration sub-work group); as well as outside stakeholders and experts (e.g., M. Bella, BPC, CHCS/ICRC, Mathematica) to identify potential implications and incentives – which will differ by target audience.</p> <p>Address the impact of C-SNPs and I-SNPs in such integration, with a focus on recognizing the value of specific complex-needs subpopulations currently served by these plans.</p>	On-going thru 12-25	<p>Existing Consultant and internal staff, as well as external SMEs.</p> <p>Any financial resources required for external consultants will be presented to the SNPA Board of Directors for approval.</p>	Full team, plus outsourced consultants, as needed.

Engage Consumers and Caregivers in Defining Value of Specialized Managed Care

Initiative	Measurables	Brief Strategy	Timeline	Budget & Resources	Team
Actively engage with consumer and caregiver groups to understand current knowledge and gaps, as well as challenges and opportunities related to specialized managed care for complex needs individuals.	<p>Development and dissemination of Key consumer-based messages regarding integrated and complex care models to improve lives and outcomes, to include a focus on younger individuals with physical disabilities. Work to include:</p> <ul style="list-style-type: none"> • 2 issue briefs with reference to SNPA member plans • Co-hosted RIC and SNPA webinar focused on strategies for supporting consumers and caregivers with integrated care. 	This work is to be primarily accomplished through our partnership with the Lewin Group and the Resource for Integrated Care (RIC) team.	Ongoing thru 12-23	Within current staff. Additional resources are provided to SNPA from RIC	JP, CP, WD
Work with consumer and state Medicaid organizations to better understand the challenges consumers face in the plan selection and enrollment process.	Provide expertise and direction to assist a collaborative effort in understanding consumer enrollment challenges and identify 3-4 policy recommendations.		12-24	Within the scope of current work. May involve some shared resources for collaborative meetings. Further budget requests will come to the board	All

Sustain and Grow the SNP Alliance

Initiative	Measurables	Brief Strategy	Timeline	Budget & Resources	Team
Identify and target new member types – tech, providers, businesses; as well as new and existing Special Needs Plans	2 new plan members 2 new non-plan members	CEO to continue exploration for new potential plan members and new member types for business partnership.	Annually	0.3 FTE CEO	CP, Board
Be intentionally vocal regarding SNPA services that bring high value to SNP Alliance members	<ul style="list-style-type: none"> Annual member evaluation Annual retention of 95% of members 	Create formal annual member evaluation re: value of SNP Alliance	On-going through 12-25	0.2 FTE for content development and dissemination	CP, JW, WD Consultant staff and Board

Customer Needs and Priorities

Customer Challenges	What are Short-Term Needs (2022 – 2025)	What are Long-Term Needs	What Can the SNPA do to Address these Needs
<ul style="list-style-type: none"> More coordination with LTSS and BH 	<ul style="list-style-type: none"> Integration for LTSS without full MCO alignment for the remainder of duals – allow DSNP competition to continue to exist and drive innovation and value for all Improved financing for LTSS 	<ul style="list-style-type: none"> Determine the model of care delivery that best suits different risk levels 	<ul style="list-style-type: none"> SNP Alliance should position SNPs as leaders in caring for high-risk and complex needs members. Continue with value proposition
<ul style="list-style-type: none"> Continued issues related to Stars and risk adjustment – address challenges with SNP plans (particularly D-SNPs) comparison to general MA plans 	<ul style="list-style-type: none"> Lack of meaningful measures for SNPs 	<ul style="list-style-type: none"> Creating of SNP – specific (and population-specific) quality measures that are meaningful 	<ul style="list-style-type: none"> Recommendation of proposed measures relevant to the SNP populations; and comparison (tiered) strategies to support outcomes in meaningful ways
<p>Medicare-Medicaid Integration:</p> <ul style="list-style-type: none"> Misalignment between CMS, plans and the states regarding dual integration, including aligned enrollment and who determines – CMS for Medicare, or states for MCOs Misaligned timelines between CMS for MA and states for MCOs 	<ul style="list-style-type: none"> Align SMAC due date with the bid timeline Push for change in the FIDE rule to no longer require Medicaid and Medicare on the same legal entity Lack of Medicare knowledge for state Medicaid offices, and high turnover of Medicaid staff and leadership at the state 	<ul style="list-style-type: none"> Better understanding of state MCO procurement approached – creating of a state-specific “scorecard” 	<ul style="list-style-type: none"> SNP Alliance must continue on-gong advocacy with CMS, and with Congress to address specific opportunities to better align Medicare-Medicaid Continue to push for expanded authority for MMCO to address integration issues Address unintended consequences for legislative proposals regarding various integration models Where possible, support plans working with their state Medicaid offices to understand Medicare and benefits of Medicare-Medicaid integration

Customer Needs and Priorities, continued

Customer Challenges	What are Short-Term Needs (2022 – 2025)	What are Long-Term Needs	What Can the SNPA do to Address these Needs
<ul style="list-style-type: none"> SNPs need to continue to justify their existence to CMS, Congress, States, and beneficiaries 	<ul style="list-style-type: none"> Use of outcomes data, where available, to differentiate SNPs, including SNP types (C-SNPs and I-SNPs) Identify strategies to improve member engagement with the SNP plans, particularly for dual integration 	<ul style="list-style-type: none"> One-size fits all approach to regulation and to proposed coding adjustment 	<ul style="list-style-type: none"> The SNP Alliance will continue to work to develop meaningful evidence for the value of SNPs and seek to further clarify how SNPs differ from MA Identify strategies and consumer group partnerships to improve beneficiary knowledge of SNPs and their value Continued Congressional and CMS advocacy to differentiate SNPs and adverse impact of indiscriminate coding adjustment “solutions” to SNP plans that serve high-risk and high-cost members (and those with higher risk scores by the nature of their conditions)
<ul style="list-style-type: none"> Challenges serving “near duals” and partial duals 		<ul style="list-style-type: none"> Development of better models for integrate care that can be implemented more broadly and scaled 	<ul style="list-style-type: none"> Support greater alignment of LTSS across states, focus on additional HCBS support for those “near duals”
<ul style="list-style-type: none"> Future of MMPs 	<ul style="list-style-type: none"> Potential opportunities for waivers or other strategies to incorporate some of the successful policies for MMPs 		<ul style="list-style-type: none"> SNP Alliance to lead discussions with CMS – explore additional flexibilities applied to MMPs to be included in D-SNP policies, were appropriate.
<ul style="list-style-type: none"> Workforce – particularly for direct and home care workers 		<ul style="list-style-type: none"> Address aging in America and agism in policies and funding appropriations 	<ul style="list-style-type: none"> SNP Alliance support for adequate supports and education for an adequate and prepared work force to better serve the most vulnerable populations. Continue to expand work on health equity, decreasing disparities – to better support both members and workforce
<ul style="list-style-type: none"> Member engagement over time 	<p>Strategies to address “lost to follow-up” members; need person-centered methods for connection and sustained engagement</p>	<ul style="list-style-type: none"> Ongoing engagement over time 	<ul style="list-style-type: none"> Through shared learning and best practices – identify successful tools and strategies to help support plans maintain person-centered relationships with those who have complex needs.

Industry/Market Analysis

SNP Enrollment and Beneficiary Characteristics

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 dually eligible for Medicare and Medicaid. Given the landscape of American healthcare in 2022, the mission of the SNP Alliance is evolving alongside the trends and developments in the fields of managed care, research on social determinants of health, Medicare Advantage, and attention to matters of diversity, equity, and inclusion.

At the core of the environment in which the Alliance and its members operate are the beneficiaries that SNPs serve. As of the February 2022 MACPAC Data Book, there are roughly 12.2 million individuals eligible for both Medicare and Medicaid. These dually eligible individuals experience higher 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 65 and disabled. In 2019—the last year for which data is available—38% of dual eligible beneficiaries were under age 65 and disabled—compared to 17% of the non-dual-eligible population.

Dual eligible beneficiaries continue to account for a disproportionate share of Medicare and Medicaid spending. Combined Medicare and Medicaid spending on individuals dually eligible for both Medicare and

Medicaid was \$440.2 billion in CY 2019—totaling 19% of the Medicare population but 34% of spending, and 14% of all Medicaid beneficiaries but 30% of Medicaid spending. In addition to their large share of federal and state spending, they are also a growing share of the Medicare population. Presently, 4.2 million duals are enrolled in SNPs, accounting for 15% of the Medicare Advantage population and 6.5% of the total Medicare population.

While those dually eligible for Medicare and Medicaid represent the vast majority of the special needs population, enrollment in C- and I-SNPs of individuals non-dually eligible has continued to grow, albeit modestly compared to D-SNP enrollment. C-SNPs are SNPs that restrict enrollment to special needs individuals with specific severe or disabling chronic conditions. Approximately two-thirds of Medicare enrollees have multiple chronic conditions requiring coordination of care among primary providers, medical and mental health specialists, inpatient and outpatient facilities, and extensive ancillary services related to diagnostic testing and therapeutic management. Additionally, I-SNPs—SNPs that restrict enrollment to MA eligible individuals who, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility—are supporting approximately 100,00 Medicare beneficiaries as of January 2022.

As a market product, special needs plans have increased in popularity each year since their initial offering. In 2007, enrollment in special needs plans was 906,000. Today, that number sits at 4.7 million.

Policy Challenges and Opportunities in the Market

A number of recent policy and potential policy changes are directly impacting the environment in which SNPs and MMPs operate.

Dual Integration

Since the 2018 Bipartisan Budget Act and implementation of its integration requirements, the SNP Alliance and stakeholders have been examining next steps to further advance Medicare- Medicaid integration. CMS Medicare Advantage rule making has made significant progress, but many issues remain as both states and health plans strive to better align Medicare and Medicaid payment and operations. Specific areas of impact for SNP Alliance members include the required transition of “look alike” plans that enroll more than 80% of members dually eligible in general MA plans, into D SNP plans, as well as the termination of the Federal Alignment Initiative which will end the Medicare- Medicaid demonstration plans after 2025. State Medicaid managed care contract procurement challenges will continue to create potential barriers to many existing and planned D SNPs.

Over the past year Congressional interest in Medicare-Medicaid integration has taken the form of several legislative proposals being drafted and circulated. While it is unlikely that any of these legislative proposals will result in near-term final bills, the momentum to find “solutions” for dual integration is apparent. The SNP Alliance continues to monitor these proposals and other legislative activity regarding dual beneficiaries.

Coding Adjustment and Other MA Payment Issues

Much attention from CMS and Congress has been paid to Medicare Advantage risk score payment adjustments, bonus payments and other areas of perceived Medicare Advantage “over-payment” when compared to traditional fee-for-service Medicare. This clearly poses near and long-term threats to special needs plans who enroll higher risk and more costly members, and who operate on smaller margins. The SNP Alliance has and will continue to ensure CMS and congress are aware of the many differences between general Medicare Advantage and SNPs, including clinical and functional complexity, increased behavioral health needs, and higher social risk factors impacting overall health.

Mergers and Acquisitions

COVID-19 continues to affect the Medicare Advantage industry by driving market consolidation, especially in 2021. An impact of COVID-19 on the SNP market has been to increase the profits of the largest plans, while decreasing profit of small local and regional SNPs, who tend to disproportionately serve beneficiaries with complex care needs. This is evident in SNP Alliance membership, as 75% of SNP Alliance members enroll fewer than 35,000 special needs beneficiaries, reducing the benefits of necessary risk adjustment. And due to the growth in Medicare Advantage over the past decade, with Medicare Advantage on the verge of surpassing FFS in enrollment, America's largest health plans are seeking to expand their footprint in the Medicare Advantage market, leading to an increase of mergers and acquisitions—consolidating the market. The special needs plan market remains relatively top-heavy, with the four largest Medicare Advantage plans controlling nearly 75% of the special needs plan market. UnitedHealthcare, a SNP Alliance member, continues to be the largest player with about a third of the SNP market share. The reality that plans are continuing to merge and/or acquire others at a faster pace is one the SNP Alliance continues to stay abreast of, with particular sensitivity to SNP Alliance member plans are doing the acquiring or being acquired, as has happened.

Congressional Relations

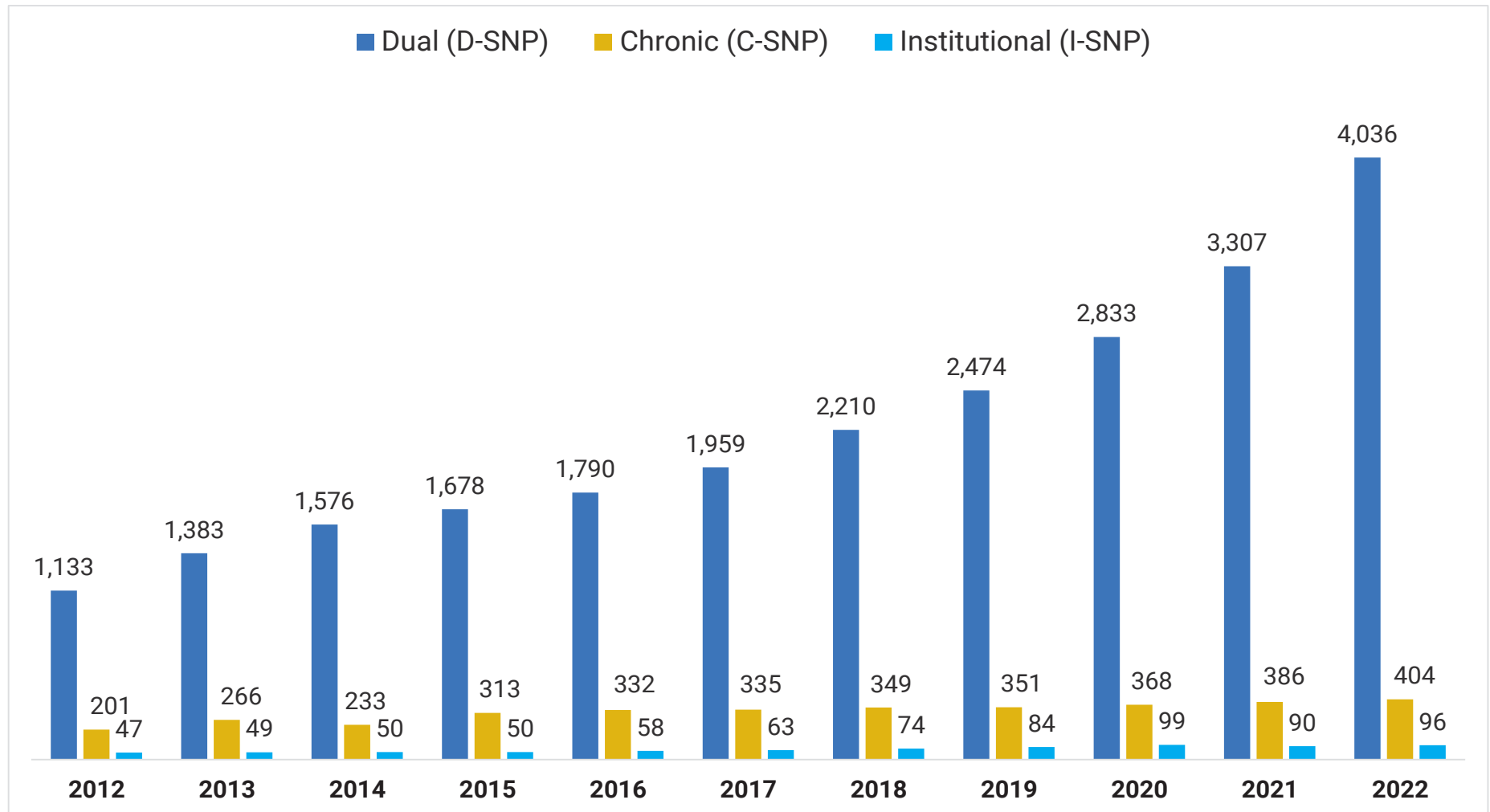
The SNP Alliance is well positioned for continued bipartisan support throughout the foreseeable future. Medicare Advantage is a well-liked program on both

sides of the political aisle, boasting numerous well-regarded proponents among both Democrats and Republicans. We have had and continue to have conversations with both Democratic and Republican staff in the House and Senate on a variety of topics, primarily the SNP priorities mentioned above. The SNP Alliance continues to be a resource for congressional staff on matters about and affecting SNPs and their beneficiaries and appreciates the discussions occurring on Capitol Hill regarding SNPs and their beneficiaries—primarily the dual eligible population—of which the SNP Alliance has been consistently involved.

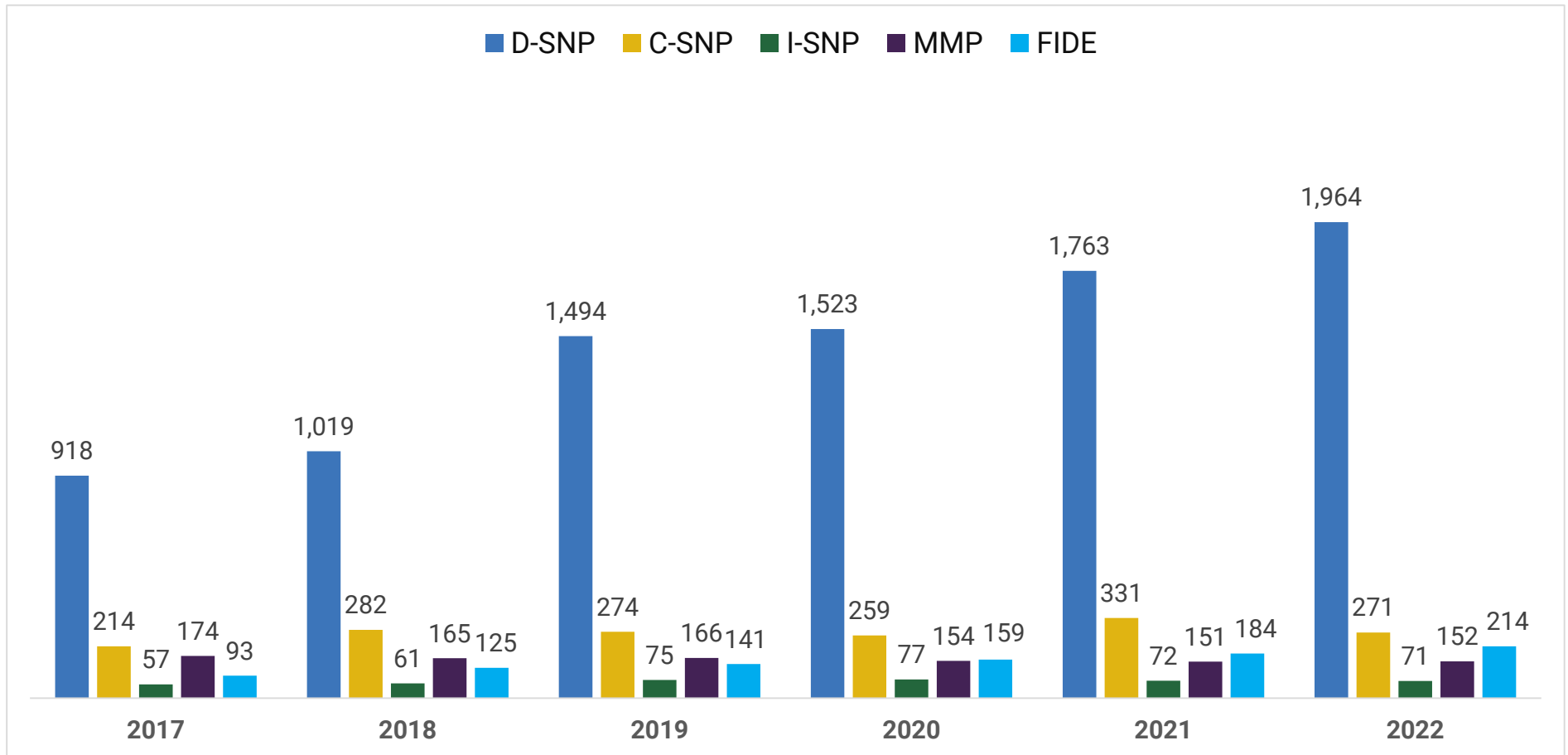
“The greatest strength of the SNP Alliance is providing a forum and leadership for plans with SNP expertise to continue to innovate and provide care to a unique group of beneficiaries.”

– SNP Alliance Member

Number of SNP Enrollees Nationally (Thousands) 2012-2022



SNP Alliance Enrollment (Thousands) 2017-2022



Closing Statement

This updated 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.

We have identified ongoing 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.”

“ There’s power in a voice
for the vulnerable
together. The greatest
strength of the
SNP Alliance is the
alignment created by
the organization. ”

- SNP Alliance Member





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