

The SNP Alliance



A National Health Policy Group Initiative Working to Change Policy and Practice for High-Risk Beneficiaries

Executive Summary

SNP Alliance Profile and Advanced Practice Report Report Provides Evidence of Success

BACKGROUND

In 2008, the National Health Policy Group (NHPG) engaged The Lewin Group to conduct a comprehensive survey of Special Needs Plans (SNPs) participating in the SNP Alliance. The NHPG also contracted with Reden and Anders to prepare “benchmark” data for Medicare fee-for-service, drawing upon the CMS 5 Percent Sample data sets, as well as a general survey of standard Medicare Advantage plans.¹

The Lewin Group collected qualitative and quantitative data from sixteen organizations sponsoring over 230 SNPs, representing all SNP types and serving over 330,000 special needs individuals as of December 2007. The plans provided information regarding the number and types of beneficiaries served, risk scores, program expenditures, service utilization and operating methods. Members also provided extensive programmatic information on their outreach interventions, staffing composition and other tailored features, as well as statistical findings from member satisfaction surveys and other program evaluations. All plans reporting data were either involved in a national demonstration prior to SNP designation, or were an early entrant in the SNP program with prior specialty care experience.

The purpose of the survey was to address three questions: Are SNPs targeting high-risk beneficiaries? Are SNPs doing anything special? Are SNPs making a positive difference for their enrollees? The report found that:

¹ The NHPG founded and manages the SNP Alliance. The SNP Alliance is the only national organization exclusively dedicated to improving policy and practice for Special Needs Plans. Membership is by invitation only, with all members required to provide evidence of high quality standards and a commitment to working together to improve policy and practice in serving high-risk beneficiaries. SNP Alliance members represent over 250 SNPs serving over 500,000 beneficiaries. The membership represents all major SNP types, organizational structures and regions of the US, as well as involvement from leading State Medicaid Agencies advancing Medicare/Medicaid integration programs.

SNP Alliance members do target high-risk beneficiaries:

- **The average risk score for participating SNPs is 1.37, 40% above the Medicare fee-for-service average.** The average risk score across non-SNP Medicare Advantage plans used for benchmarking purposes is 0.97, almost identical to the overall Medicare FFS population.
- **SNP enrollees have nearly 60 percent more Hierarchical Condition Categories (HCCs) than the Medicare fee-for-service population.** Most SNP enrollees have multiple chronic conditions. On average the SNPs report 2.36 HCCs per enrollee, versus the estimated Medicare program-wide average of 1.48. These statistics exclude the many chronic conditions absent from the HCC list.
- **SNP enrollees have significantly higher rates of diagnosed mental health disorders.** Among the Dual SNPs, 45 percent of enrollees have at least one mental health condition, along with 39 percent of the enrollees of Institutional SNPs and 16 percent of enrollees of Chronic SNPs. The diagnosed prevalence of mental health disorders in the overall Medicare population is 9.4 percent.
- **SNP enrollees have significant socio-economic needs that often adversely affect their health status and health-related behaviors.** The vast majority of enrollees are impoverished, with many also experiencing problems related to housing, nutrition, transportation, and/or family or relationship issues.

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SNP Alliance Report Provides Evidence of Success Continued

- **The SNP Alliance plans are serving a disproportionately high number of minorities.** African Americans comprise 10% of the overall Medicare population, but comprised 35% of Chronic SNP enrollees and 22% of Dual SNP members.

SNP Alliance plans offer services that go well beyond what is available in the traditional Medicare fee-for-service setting.

- **SNPs routinely identify special needs for all enrollees.** At enrollment, most SNPs conduct a comprehensive assessment of each member's health status as well as the personal circumstances and behaviors that influence their health.
- **SNPs typically provide ongoing care coordination to all enrollees.** They regularly develop person-centered care plans, and routinely work with enrollees on an ongoing basis. They consider caregivers a key stakeholder in the care planning process. Care management nurses are more heavily involved in outreach, member education and ongoing care management than in utilization review and prior authorization activities.
- **SNPs demonstrate an "extra mile attitude" and use a proactive, "high-touch" approach in treating the whole person.** The plans make substantial up-front investments in outreach and "relationship-building." The SNPs typically deploy interdisciplinary teams (including social workers, nutritionists, registered nurses, etc.) to implement a holistic approach to treatment, education, and support, with an ability to promptly identify changes in health status and intervene as appropriate throughout a person's life.
- **Plans' staff have specialized skills and expertise of unique importance to the complex medical and behavioral needs of their enrollees.** These specialized staff also provide leadership to others involved in the SNP program. For example, pharmacists often play a central role in the ongoing treatment of chronic disease, with specialized staff frequently available.

- **The SNP care networks go well beyond a traditional health network definition.** The SNPs often contracted with and/or closely interact with social services agencies, housing programs and agencies, nutritional programs, transportation providers, and other non-medical organizations. They proactively work with related network providers to ensure care continuity, safe and effective care transitions, and collaboration around a common care plan.

The survey found strong evidence of added value.

- **The SNPs provided evidence of high consumer satisfaction.** In one SNP, 80 percent of members expressed being "very satisfied" with the health plan. In another SNP, 91 percent of enrollees indicated that their health status had "stayed the same" or "gotten better" since joining. A third SNP's results showed that 72 percent of respondents would be "extremely likely" to recommend the SNP to others. Ninety-two (92) percent of another SNP's survey respondents indicated that the SNP is getting them more involved in their own health care.
- **The SNPs, on average, reduce hospitalization rates 30% below rates for a comparable group of persons in FFS.** Large-scale reductions in inpatient days per 1,000 were quantified in all three SNP categories.